Public Meeting of Council

Thursday 19 November 2026, 11:10 - 16:00

Canopi, Event Space Room D, Unit A, Arc House, 82 Tanner Street,
London, SE1 3GN

Declaration of conflict of interest: Members are reminded to make a declaration of a conflict of interest that they may have in relation to items on the agenda.

Agenda

11:10 - 11:10
0 min

1. Welcome and apologies

Information *Joanna Clift*

Public Agenda - November 2026 - FINAL.pdf (2 pages)

11:10 - 11:10
0 min

2. Questions from observers

Information *Joanna Clift*

11:10 - 11:10
0 min

3. Minutes of the 132nd Public Meeting of Council 15 July 2026

Decision *Joanna Clift*

For approval

Public Item 3 - Unconfirmed Public Meeting Minutes - 15 July 2026 - FINAL.pdf (14 pages)

11:10 - 11:20
10 min

4. Matters arising/Action Log 15 July 2026

Information *Matthew Redford*

For noting

Public Item 4 - Matters Arising and Action Log - July 2026 - FINAL.pdf (3 pages)

11:20 - 11:30
10 min

5. Chair's Report

Information *Joanna Clift*

For noting

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

11:30 - 11:45
15 min

6. Chief Executive and Registrar Report

Information *Matthew Redford*

For noting

Public Item 6 - Chief Executive and Registrar Report - FINAL.pdf (9 pages)
Public Item 6 - Annex A - Board Effectiveness Recommendation Tracker - FINAL.pdf (1 pages)

Coe Lorna
12/11/2026 17:09:03

11:45 - 12:05
20 min

7. Assurance Reporting

Information *Matthew Redford*

For Noting

Public Item 7 - Assurance reporting - FINAL.pdf (1 pages)

7.1. Business Plan Monitoring Report to 30 September 2026

Information *Matthew Redford*

For noting

Public Item 7 - Annex A - Business Plan Monitoring to 30 September 2026 - FINAL.pdf (26 pages)

7.2. Financial Report to 30 September 2026

Information *Darren Pullinger*

For noting

Public Item 7 - Annex B - Finance Report - September 2026 - FINAL.pdf (22 pages)
Public Item 7 - Annex B - Finance Report - September 2026 - FINAL V2.pdf (22 pages)

7.3. Six-month Registration Report: April to September 2026

Information *Ben Chambers*

For noting

Public Item 7 - Annex C - Registration report - FINAL.pdf (8 pages)

12:05 - 12:40
35 min

8. Fitness to Practise: Chair's Reports

Discussion

Public Item 8 - Fitness to Practise Chairs Report - FINAL.pdf (15 pages)

8.1. Investigating Committee Chairs Report

Discussion

Presented by Brian Wroe for discussion

8.2. Professional Conduct Committee Chairs Report

Discussion

Presented by Andrew Harvey for discussion

8.3. Health Committee Chairs Report

Discussion

Presented by Andrew Harvey for discussion

12:40 - 13:00
20 min

9. Fitness to Practise report and dataset

Information *Sheleen McCormack*

For noting

Public Item 9 - FTP quarterly report (Q2 2026-27) - FINAL.pdf (8 pages)

9.1. FTP Dataset

Coe Lorna
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Information *David Bryan*

For noting

Public Item 9 - Annex A FtP dataset - FINAL.pdf (10 pages)

9.2. Revised FTP Dashboard

Information *David Bryan*

For noting

- Public Item 9 - Annex B FtP dashboard - FINAL.pdf (4 pages)

13:00 - 13:45
45 min

Lunch Break

13:45 - 14:15
30 min

10. Registration Fee Consultation

Decision *Matthew Redford*

For decision

- Public Item 10 - Registration fee consultation analysis - FINAL.pdf (33 pages)
- Public Item 10 - Annex A - Consultation responses (235 final) names redacted - FINAL.pdf (45 pages)
- Public Item 10 - Annex B - NCOR response to GOsC fees consultation - FINAL.pdf (5 pages)
- Public Item 10 - Annex C - iO response to GOsC fee consultation - FINAL.pdf (8 pages)
- Public Item 10 - Annex D - COEI response to GOsC fees consultation - FINAL.pdf (3 pages)
- Public Item 10 - Annex E - Updated Equality Impact Assessment - FINAL.pdf (10 pages)

14:15 - 14:30
15 min

11. Budget Forecasting 2027-28

Discussion *Darren Pullinger*

For discussion

- Public Item 11 - Budget Strategy 2027-28 - FINAL.pdf (7 pages)

14:30 - 14:45
15 min

12. Investment Review

Information *Darren Pullinger*

For noting

- Public Item 12 - Investments review - FINAL.pdf (8 pages)
- Public Item 12 - Investments review - FINAL V2.pdf (8 pages)

14:45 - 15:15
30 min

13. Osteopathic Practice Standards: consultation ***Late Paper***

Decision *Steven Bettles*

For approval

- Public Item 13 - Consultation on the revised Osteopathic Practice Standards FINAL 20261112.pdf (14 pages)
- Public Item 13 - Annex A Draft Osteopathic Practice Standards FINAL 20261112.pdf (35 pages)
- Public Item 13 - Annex B OPS Review Consultation Document FINAL.pdf (36 pages)
- Public Item 13 - Annex C Osteopathic Practice Standards EIA FINAL 20261112.pdf (8 pages)

15:15 - 15:25
10 min

14. Update from Committee Chairs

14.1. Policy and Education Committee

Information *Patricia McClure*

For noting

Coe Lorna
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14.2. Audit Committee

Information *Harry Barton*

For noting

14.3. People Committee

Information *Debra Towse*

For noting

15:25 - 15:25
0 min

15. Any other business

Discussion *Joanna Clift*

Reflections on meeting against the GOsC Charter

15:25 - 15:30
5 min

16. Questions from observers

Information *Joanna Clift*

15:30 - 16:00
30 min

17. Private session for Council Members only

Discussion *Joanna Clift*

16:00 - 16:00
0 min

18. DATE OF NEXT MEETING 10 FEBRUARY 2027

Coe Lorna
12/11/2026 17:09:03

General Osteopathic Council

The 133rd meeting of the General Osteopathic Council to be held in public on Thursday 19 November 2026 commencing at 11:10 and concluding at 15:30, with a private session for Council members only to follow (15:30-16:00).

	Item description	Purpose	Executive lead	Timing
	Declaration of conflict of interest: Members are reminded to make a declaration of a conflict of interest that they may have in relation to items on the agenda.			
1.	Welcome and apologies		-	11:10 - 11:20
2.	Questions from observers		-	
3.	Minutes of the 132nd public meeting of Council	For approval	-	
4.	Matters arising/Action Log	For noting	Chief Executive and Registrar	
5.	Chair's Report	For noting	Chair of Council	11:20 - 11:30
6.	Chief Executive and Registrar Report	For decision	Chief Executive and Registrar	11:30 - 11:45
7.	Assurance reporting: A. Business Plan monitoring report to 30 September 2026 B. Financial report to 30 September 2026 C. Six-month Registration Report: April to September 2026	For noting	Chief Executive and Registrar, Head of Resources and Assurance, Head of Registration	11:45 - 12:05
8.	Fitness to Practise: Chairs Reports A. Investigating Committee Chairs Report	For discussion	Director of Fitness to Practise	12:05 - 12:40

Coe Lorna 12/11/2026 17:09:03

	Item description	Purpose	Executive lead	Timing
	B. Professional Conduct Committee Chairs Report C. Health Committee Chairs Report			
9.	Fitness to Practise report and dataset A. FtP dataset B. Revised FtP dashboard	For noting	Director of Fitness to Practise	12:40 - 13:00
Lunch break				**45 mins**
10.	Registration Fee consultation	For decision	Chief Executive and Registrar	13:45 - 14:15
11.	Budget Forecasting 2027-28	For discussion	Head of Resources and Assurance	14:15 - 14:30
12.	Investment review	For noting	Head of Resources and Assurance	14:30 - 14:45
13.	Osteopathic Practice Standards: consultation (**Late Paper)**	For discussion	Senior Research and Policy Officer	14:45 - 15:15
14.	Update from Committee Chairs • Policy and Education Committee • Audit Committee • People Committee	For noting	-	15:15 - 15:25
15.	Any other business • Reflections on meeting against the GOsC Charter	For discussion	-	15:25 - 15:30
16.	Questions from observers			
Date of next meeting: **Wednesday 10 February 2027**				

Catherine
12/11/2026 17:09:03

General Osteopathic Council

Meeting of Council

Minutes of the 132nd Meeting of Council held in public on Wednesday 15 July 2026 at Osteopathy House, 176 Tower Bridge Road, London SE1 3LU and via online platform Zoom

Unconfirmed

Chair:	Jo Clift
Present:	Dr Daniel Bailey Harry Barton (Chair, Audit Committee) Sandie Ennis Professor Patricia McClure (Chair, Policy and Education Committee) Professor Debra Towse (Chair, People Committee) David Propert Katie Oswell Caroline Guy
Non-Voting Members Present:	Arwel Roberts (Council Associate) Stephanie Jenkins (Council Associate) Amanda Cheesley (Patient Partner)
In attendance:	Fiona Browne, Director of Education, Standards and Development Lorna Coe, Governance Manager Sheleen McCormack, Director of Fitness to Practise (online) Darren Pullinger, Head of Resources and Assurance (online) Matthew Redford, Chief Executive and Registrar Steven Bettles, Head of Policy and Education (online) Liz Niman, Head of Communications David Bryan, Head of Fitness to Practise (Item 15) Paul Stern, Senior Policy Officer (Item 10) [joined 12:08 left at 12:40] Jess Davies, Senior Communications Officer (Item16) [joined at 15:08 and left 15:14]
Observers:	Sarah Fox, Professional Standards Authority (online) Dr Jerry Draper-Rodi, NCOR (online) [Joined 13:20] Dr Alison Robinson Canham, Chief Executive, Institute of Osteopathy [left at 12:40]

Coe Lorna
12/11/2026 17:09:03

Declaration of Conflicts of Interest

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

No conflicts of interest were declared.

Item 1: Welcome and Apologies

1. The Chair welcomed attendees to the meeting and welcomed observers:

    a. Sarah Fox, Professional Standards Authority
    b. Dr Jerry Draper-Rodi, NCOR
    c. Dr Alison Robinson Canham, Chief Executive, Institute of Osteopathy.

2. Apologies were received from:

    a. Reena Ainscough, Patient Partner

Item 2: Questions from Observers

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

Item 3: Minutes of the Previous Meeting

4. The minutes of the public Council meeting held on 13 May 2026 were considered.

Decision:

Council approved the minutes of the public meeting of Council held on 13 May 2026 as a true and accurate record.

Item 4: Matters Arising and Action Log

5. Council received the Matters Arising and Action Log report. There were no further matters arising that were not covered elsewhere on the agenda.

Decision:

Council noted the Matters Arising and Action Log.

Coe, Gina
12/11/2026 11:09:03

Item 5: Chair's Report

6. The Chair introduced her report which highlighted key activities undertaken since the previous meeting.

7. The Chair updated Council on the preferred candidate for the Council member role.

Decision:

Council noted the Chair's Report.

Item 6: Chief Executive and Registrar Report

8. The Chief Executive introduced the report and highlighted stakeholder engagement activity since the previous meeting, including work with the OPS stakeholder reference group and the educator workshop held in July. Council noted the value of bringing these groups together and recognised the productive, engaging and thoughtful nature of the discussion.

9. Council was advised that the launch of the new website had been paused briefly to allow final functional and security matters to be worked through which was considered a cautious and prudent approach.

10. The Chief Executive highlighted the Mann Review, its implications for the organisation and the requirement to report on progress within six months. Further work was under way to review the recommendations, identify required changes and consider appropriate training, including collaboration with other regulators where relevant.

11. Council discussed the importance of ensuring that osteopaths who did not work within the NHS were able to access relevant training. It was noted that recommendations included engagement between the Department of Health and Social Care, the GOsC and other regulators to consider how this could be supported.

12. A member asked whether existing training covered sexual harassment, professional boundaries and related issues, and whether further training or guidance was needed for the Executive, decision-makers and the profession.

13. It was agreed that the Governance Manager would review the current iHasco training provision and identify whether any updates or additional training were required.

14. Council noted that the PSA's 2025/26 report had been published and that members had seen the accompanying organisational statement which they considered was evidence-based, balanced, fair and succinct.

Coe Lorna
12/11/2026 17:09:16

15. Council discussed the wider regulatory context and noted that other healthcare regulators were also experiencing challenges in relation to fitness to practise performance standards. The Chief Executive advised that inter-regulatory

discussions were taking place and that early conversations were under way about opportunities to share data and learning with other regulators.

Harry Barton and Sandie Ennis left the meeting for the discussion and decision on the reappointment process at 10:55.

16. Council considered the recommendation relating to the closed reappointment process for Council members whose terms of office expire in April 2027.

17. Council noted the rationale for operating a closed reappointment process for the relevant eligible members and considered the recommendation set out in the report.

Decisions:

Council noted the Chief Executive and Registrar's Report.

Council agreed that a closed reappointment process be operated for two members of Council who are eligible for reappointment from 1 April 2027.

Harry Barton and Sandie Ennis returned to the meeting.

Item 7: Annual Report and Accounts 2025-26

18. The Head of Resources and Assurance introduced the Annual Report and Accounts, Audit Findings Report and Letter of Representation.

19. Council was advised that the auditors had raised a late point in relation to deferred income calculations. The Head of Resources and Assurance explained that the proposed adjustment was below the materiality threshold and that, following discussion, no change would be made to the Accounts at this stage.

20. Council noted that a revised Audit Findings Report would be circulated after the meeting, but that this would not require changes to the Accounts.

21. Council noted the post balance sheet event that had been notified through AdminControl, following the sale of the headquarter building.

22. Council noted the Head of Resources and Assurance's approach to ensuring that the Accounts remained robust and that any proposed changes were considered appropriately before approval.

23. There were no questions on the Annual Report. The Chair of the Audit Committee reported that the Committee considered it clear and concise, with a stronger narrative that reflected the organisation well. He thanked the Executive for clearly setting out the organisation's value proposition and providing a transparent, audited public account of the GOsC's work.

Coe Lorna
12/11/2026 17:29:03

24. Council welcomed the clarity of the Annual Report and Accounts and noted the assurance provided through the audit process.

Decisions:

Council noted the Audit Findings Report.

Council noted the Letter of Representation and agreed that the Chair should sign it.

Council approved the Annual Report and Accounts 2025-26 for signature by the Chair of Council, subject to the post balance sheet event being appropriately reflected.

Council noted the Charity Commission annual reporting requirements.

Item 8: Reserves Policy

25. The Head of Resources and Assurance introduced the proposed revised Reserves Policy which suggested a move from a fixed monetary amount to a reserves range based on months of expenditure. It was noted that this policy did not determine the organisation's investment strategy or the use of proceeds from the sale of the headquarter building which would be dealt with separately.

26. Council discussed whether the proposed range of six to nine months of expenditure was sufficiently prudent, including whether a higher range would provide greater assurance given the statutory responsibilities, future cost pressures and the expected sale of the building.

27. Council discussed the proposed range in comparison with other regulators, considered how any reserves above the agreed level should be justified and used, and noted the need to explain the position clearly as a charity.

28. Council noted the wider financial context, including reliance on fee income, expenditure exceeding income, quality assurance and Fitness to Practise cost pressures, outdated legislation and the anticipated stabilising effect of the building sale.

29. Council agreed that the policy should sit alongside the financial plan, including three-to-five-year forecasts and rolling modelling, and that a future strategic discussion would be needed on the use of reserves above the agreed level.

30. Council agreed that a range was preferable to a single fixed amount however felt closer to nine months was more prudent and supported an amended range of eight to nine months of expenditure.

Coe,Lorna
12/11/2026 17:09:03

Decision:

Council approved the revised Reserves Policy, based on a target reserves range of eight to nine months of expenditure.

Item 9: Registration Fee Consultation

31. The Chief Executive and Registrar introduced the paper setting out proposals for a registration fee consultation. Council noted that the document had been revised following the May 2026 private meeting to strengthen the financial context, explain the value of regulation and describe how registration fees were reinvested into the profession.

32. Council agreed that the consultation should be respectful, accessible and clear about the rationale for the proposed increase, including the history of registration fees, the benefits of a single profession regulator, quality assurance of education, Fitness to Practise cost pressures and the relationship with the building sale and wider financial position.

33. Council discussed the potential impact on different registrant groups, including students, new graduates, registrants approaching retirement, those on maternity leave or with caring responsibilities, and those moving to non-practising status. Council agreed that the consultation and Equality Impact Assessment should explain the available options and legislative constraints clearly.

34. **The Patient Partner insight** was provided by the Patient Partner noting that the key issue was confidence that osteopaths were properly regulated and competent, and that regulation supported public protection.

35. Council asked the Executive to improve the structure and accessibility of the document through clearer summaries, use of annexes where appropriate, and neutral consultation questions that invited meaningful responses.

36. Council agreed that final drafting would be delegated to the Executive and the final document would be circulated to Council for information only before publication along with a briefing sheet prepared to support Council members during the consultation period.

Decisions:

Council considered the Equality Impact Assessment.

Council agreed to launch a registration fee consultation, with final drafting delegated to the Executive and the final document circulated to Council for information before publication.

CoeLibrary 12/11/2026 17:09:03

Paul Stern arrived at 12:08 for Item 10.

Item 10: Patient Partner Programme Evaluation

Harry Barton left the meeting between 12:06 and 12:08.

37. Before the item was introduced, the Chair invited the Patient Partner present at the meeting to share reflections on the Patient Partner role and how it had developed during the pilot.

38. The patient partner noted that the role was initially difficult because expectations were unclear and that Patient Partners were balancing patient perspective with other professional expertise but that the briefings provided had been helpful and supported understanding of the organisation and its governance work.

39. She also noted that attendance at the Policy and Education Committee had helped develop a deeper understanding of the GOsC's work.

Amanda Cheesley left the meeting at 12:11 for the remainder of this item.

40. The Senior Policy Officer introduced the evaluation on behalf of the Executive and explained that the pilot had tested whether the patient voice could be embedded effectively in governance discussions, with Patient Partners helping Council and committees ask, where relevant, "where is the patient in this?"

41. The evaluation showed that Patient Partners had become more confident and involved, while identifying the need for clearer role expectations, structured development support and stronger evidence of impact. Council recognised that some contributions were intangible but agreed that the next phase should strengthen how patient perspective and impact were prompted in papers, reflected in discussion and recorded in minutes where relevant.

42. Council discussed the need to distinguish the Patient Partner role from that of Lay Council members, while retaining challenge from a patient perspective. Council noted that the Patient Partner contribution during the registration fee consultation had been particularly valuable and demonstrated the benefit of having a patient voice at the table.

43. The Chief Executive noted that other regulators, including larger regulators, were interested in how the GOsC pilot was developing.

44. Council discussed value, cost and future development, noting that any continuation or expansion should be supported by clearer evidence, while recognising that a year was a short period in which to evaluate the pilot fully.

Coe,Lorna
12/11/2025 10:09:03

45. Council supported Option 2 and noted that the next phase should strengthen role clarity, development support and evaluation.

Decisions:

Council noted the progress made within the Patient Partner Programme.

Council agreed to continue the Patient Partner Programme pilot with targeted enhancements (Option 2).

Amanda Cheesley returned to the meeting.

The meeting adjourned for lunch from 12:40 to 13:20.

Item 11: Scheme of Delegation

46. The Governance Manager introduced the revised Scheme of Delegation and Financial Delegation, developed in response to the Board Effectiveness Review to clarify responsibilities, reduce duplication and strengthen governance effectiveness. Council noted that the proposals would allow decisions to be taken at the most appropriate level, with Council retaining overall accountability through committee reporting, minutes, AdminControl updates and clear escalation routes for matters of significant importance.

47. The most significant change was the delegation of a number of education-related decisions to the Policy and Education Committee, enabling specialist decisions to be made by the statutory committee with the relevant expertise and removing the need for a Council approval before progression to the Privy Council.

48. Council noted that legal advice had confirmed the proposed delegations were permissible under the Osteopaths Act 1993 and that the Privy Council had indicated it did not foresee any issues with the approach.

49. The Executive recommended that the Scheme of Delegation should be reviewed annually by Council as a matter of good practice.

50. Council provided some suggestions:

    a. including missing responsibility fields, consistency on “co-opted”/external members, and whether committee chairs’ appointments should be clearer.

    b. Council discussed the need to distinguish between organisational performance/KPIs and people performance/appraisal arrangements.

    c. Council asked how People Committee decisions with financial implications would link to Council’s budgetary oversight.

Coe Lorna
12/11/2026 17:09:03

Decision:

Council approved the revised Scheme of Delegation and Financial Delegation and noted amendments would be made.

Item 12: Communications and Engagement Framework Update

51. Framework implementation and website development: The Head of Communications, Engagement and Insight presented an update on implementation of the Communications and Engagement Framework, whose key aims were to celebrate and communicate the value of regulation. Council noted progress, including development of the new website, and recognised that launch would begin a continuing improvement process rather than conclude the project.

52. Feedback, reach and impact: Council welcomed the summary table and discussed how the GOsC could gather, analyse and use feedback from the profession, patients and wider stakeholders. Council asked that future updates define success clearly and explain how website analytics, engagement data and feedback from different channels would be used to assess reach, impact and trust.

53. Engagement priorities: Council considered how outreach could reach a broader range of stakeholders, noting the practical challenges of engaging through regional groups, the potential to hear from patients through university clinics and other settings, and opportunities for Council members to support engagement activity where appropriate.

54. Council recognised that the paper gave useful weight to the research and evaluation aspects of Comms and engagement. However, it would be useful to see more about the actual approach to the comms activities – and, for example, to develop an instagram presence.

55. Communicating the value of regulation and trust: Council discussed how future communications could explain the value of effective regulation, including what the profession and the public would lose without it and how regulation protects osteopaths as well as patients and the public. Council noted the potential for innovation, including safe and proportionate use of AI with appropriate human oversight, and emphasised the importance of operating in a trustworthy manner rather than treating trust solely as something to be pursued through communications activity.

56. The Executive indicated that success measures and feedback on implementation would come back to Council in February 2027.

Coe Lorna
12/11/2026 17:09:03

Decision:

Council noted the update and provided feedback on future priorities and areas of focus for implementation of the Communications and Engagement Framework.

Item 13: Equity, Diversity, Inclusion and Belonging Annual Report 2025-26

57. The Chief Executive and Registrar introduced the Equity, Diversity, Inclusion and Belonging Annual Report 2025-26, noting the contributions of the report authors and the intention to present the report in a more accessible format.

58. Council noted that the annex illustrated how the material might be presented as accessible web content and welcomed the significant activity demonstrated during the year.

    a. Council challenged how the organisation could move beyond reporting activity to demonstrating outcomes, including whether EDIB work was improving regulatory fairness and fairness in decision-making.

    b. Council noted that the Fitness to Practise independent audit had not identified areas of concern but recognised that small datasets and a single year of data limited the conclusions that could be drawn.

    c. Council asked the Executive to consider meaningful outcome measures for future reporting, balancing quantitative and qualitative evidence and recognising ethical and practical issues in research involving live Fitness to Practise cases.

    d. Council discussed stretch targets, data sharing and whether additional EDIB data should be collected from patients and complainants, noting that any approach would need to be proportionate, sensitive and clearly justified.

Decisions:

Council noted the Equity, Diversity, Inclusion and Belonging Annual Report 2025-26.

Council agreed that future EDIB reporting should continue to develop outcome-focused measures where meaningful data was available.

The meeting adjourned for a break from 14:25 to 14:37.

Coe Verma
12/11/2026 17:10:03

Item 14: Assurance Reporting

59. The Chief Executive and Registrar introduced the assurance reports, including the Business Plan Monitoring Report.

Harry Barton joined the meeting at 14:40.

60. The Head of Resources and Assurance presented the Finance Report and invited Council to provide feedback on whether the current format continued to meet Council's needs.

61. Council suggested that finance reporting should include a clearer cashflow forecast, including whether reserves might need to be drawn down. The Head of Resources and Assurance advised that this could be considered as part of rebudgeting for the second half of the year.

62. Council considered performance against strategic objectives and current financial performance.

Decision:

Council noted the assurance reports.

Item 15: Fitness to Practise Report and Dataset

63. The Director of Fitness to Practise introduced the Fitness to Practise report and the Head of Fitness to Practise presented the dataset and dashboard.

64. Council noted that hearing activity remained broadly in line with the previous report, that there had been 15 new concerns during the reporting period, which was lower than in previous periods and noted forthcoming hearing activity including a substantive hearing involving several cases.

65. The Executive was considering further arrangements to support vulnerable witnesses, including learning from other organisations and available support services.

66. Council received an update on the Investigating Committee pilot and the work being undertaken to manage the volume of cases at that stage of the process.

67. Council noted that the GOsC was engaging with other regulators about rising Fitness to Practise caseloads and the wider reasons why healthcare regulators were experiencing increased pressure.

68. Council discussed cases involving alleged boundary breaches and sexual misconduct, including whether education or training on communication, expectations and consent could reduce risk.

69. Council discussed the emerging impact of AI on Fitness to Practise, including AI-generated complaints, possible use of AI in administrative processes, liability issues in clinical settings, transcription in clinical appointments and the potential evidential status of recordings or transcripts.

Coe, Emma
12/11/2026 15:08:03

70. Council noted the pace of change in AI, the need to keep the issue under review and the importance of any future use being subject to human oversight. Council suggested considering a webinar or guidance for registrants on AI use in clinical practice, including transcription and record-keeping. Council suggested that the FtP team consider how AI could help them save time within their heavy workload.

Decision:

Council noted the Fitness to Practise report and dataset.

David Bryan left the meeting at 15:09.

Jess Davies joined the meeting at 15:09

Item 16: Annual Report to the Welsh Language Commissioner 2025-26

71. The Senior Communications Officer introduced the item noting the GOsC's legal duty to comply with the Welsh Language Standards and to report to the Commissioner. The report would be published on the GOsC website in both English and Welsh.

72. Council noted that demand for Welsh language services remained low (no renewals of registration had been completed in Welsh during the reporting period) but Welsh language content was still promoted on the website and in communications.

73. Council noted that the new website would provide improved data on usage of Welsh language content.

74. The Executive confirmed that the Welsh language translation was undertaken through an external translation provider and that the Commissioner recommended the use of human translation rather than an AI option.

Decision:

Council agreed publication of the Annual Report to the Welsh Language Commissioner 2025-26.

Jess Davies left the meeting at 15:14.

Item 17: Committee Annual Reports

75. Council noted the committee annual reports and the assurance they provided on committee activity during the year.

Coe,Lorna
12/11/2026 17:09:03

76. The Governance Manager noted the correction made to the Policy and Education Committee membership as advised on Admincontrol and a corrected version will be uploaded after the meeting.

Decision:

Council noted the Committee Annual Reports.

Item 18: Minutes of the Policy and Education Committee Meeting Held on 2 June 2026

77. The Chair of the Policy and Education Committee introduced the minutes. Council noted that the quality assurance process had become more collaborative since being brought in-house and that the reporting process had become more risk-based.

    a. Council noted the use of more qualitative interviews and the wider theme of improving sector collaboration.

    b. Council noted progress with the Osteopathic Practice Standards review.

    c. Council noted the educator engagement activity with increased participation from students.

Decision:

Council noted the minutes of the Policy and Education Committee meeting held on 2 June 2026.

Item 19: Updates from Committee Chairs

78. The Chair of the Audit Committee provided an update from the Committee's recent meeting, noting that it had included additional scrutiny of the risk register, business continuity, the building sale, the Audit Findings Report and the draft Annual Report and Accounts.

79. The Chair of the People Committee noted that the Committee had welcomed new members and provided updates on recent business that could be reported in public session including progress with appointing a second external member to the People Committee.

Decision:

Coe, Lorna
12/11/2026 17:09:03

Council noted the updates from Committee Chairs.

Item 20: Any Other Business

80. The Chair advised that the September Development Day would include team building, external input on the role of Council members as trustees of a charity, and a presentation on AI. The agenda would be circulated in early September 2026.

81. Council discussed how papers could more clearly show where an item had previously been considered at a committee and suggested that recommendations, key messages and dates of relevant meetings should appear at the front of Council papers.

82. Council reflected on the meeting and considered whether the behaviours and commitments set out in the GOsC Charter had been demonstrated throughout the discussions.

83. The Executive reflected that the agenda had included several substantial items and welcomed the open and constructive way in which Council had engaged with them.

84. The Chair thanked members for their focus and attention and thanked the Executive for preparing the papers.

Item 21: Questions from Observers

85. There were no questions from observers.

Date of Next Meeting : Thursday 19 November 2026

Meeting closed at 15:28

Coe Lorna
12/11/2026 17:09:03

General Osteopathic Council

4

Council
19 November 2026
Matters arising/Action Log

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

Classification	Public
Action	For noting
Purpose of the paper	To update Council on matters arising from the previous meeting.
Strategic Priority implications	Delivering on agreed actions will ensure trust is maintained.
Standards of Good Regulation implications	There are no direct links to the PSA Standards of Good Regulation.
Communications implications	None arising.
Financial, resourcing and risk implications	None arising.
Patient perspectives	None arising.
Diversity implications	None arising.
Welsh language implications	None arising.
Annex(es)	None
Author	Lorna Coe
Background reading	15 July 2026 Public minutes of Council.

Coe Lorna
12/11/2026 17:09:03

Background

1. This paper addresses any matters arising from the 132nd public minutes of Council not covered elsewhere on the agenda. The matters arising and actions are set out below.

2. Key: **Green = completed**

Amber = not yet due

Red = outstanding

No	Action	Owner	Due Date	Status
1.	Review whether current iHasco training covers sexual harassment, professional boundaries and related issues, and identify any required updates or additional training.	Governance Manager	December 2026	**Ongoing**
2.	Revise the registration fee consultation document to reflect Council feedback, including the value of regulation, accessibility, financial context, legislative constraints, phased fee options and Equality Impact Assessment considerations.	Executive	Before publication in July 2026	**Completed**
3.	Share the final registration fee consultation document with Council for information before publication.	Chief Executive	Before publication in July 2026	**Completed**
4.	Prepare a briefing sheet to support Council members during the registration fee consultation period.	Communications	Before consultation launch	**Completed**
5.	Strengthen the next phase of the Patient Partner Programme by clarifying role expectations, development support and evaluation measures.	Executive	To be confirmed	**Completed**
6.	Apply the agreed Scheme of Delegation updates, including responsibility fields, terminology for external members and committee chair appointment wording.	Governance Manager	Before publication/use	**Completed**
7.	Provide future Communications and Engagement Framework	Head of Communications,	February 2027	**Ongoing**

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No	Action	Owner	Due Date	Status
	updates with clear success measures, website analytics, engagement data and feedback analysis.	Engagement and Insight		
8.	Develop future EDIB reporting to include meaningful outcome-focused measures where robust data is available.	Executive	Next annual report cycle	**Ongoing**
9.	Consider including a clearer cashflow forecast, including potential reserve drawdown, as part of finance reporting and rebudgeting for the second half of the year.	Head of Resources and Assurance	Second half-year rebudgeting	**Completed**
10	Upload the corrected Policy and Education Committee Annual Report following the membership correction advised on AdminControl.	Governance Manager	After the meeting	**Completed**
11	Ensure future Council papers clearly show prior consideration, recommendations, key messages and relevant meeting dates at the front of the paper.	Executive and Governance Manager	Future Council papers	**Completed**
12	Incorporate AI considerations into Strategic Priorities and Operational Measures	Executive Team	Next iteration of measures	**Not yet due**
13	Hold further Council discussion on AI direction at Strategy Day	Executive / Chair	September 2026 Strategy Day	**Completed**
14	Make it more explicit in notes for budget that any deficit would have to be funded from reserves/investment portfolio	Head of Resources and Assurance	Next budget report - November 2026	**Completed**
15	Add psychological safety session to Council development programme	CE / Governance Manager	Future Council meeting, TBC	**Not yet due**

Recommendation: To note the content of the report.

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General Osteopathic Council

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Chair's Report to Council November 2026

Recruitment

We have completed the shortlisting for the new Chair of the Investigating Committee. We are interviewing the candidates in December

Stakeholders and external groups

- I attended the PSA session for regulators on the new PSA standards.
- I took part in the Academy of Physical Medicine webinar (interview with GOsC CEO).
- In November, I am Chairing the Institute of Regulation Chairs Forum.
- In December, the Chairs of the health regulators meet to discuss areas of mutual interest and concern.

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General Osteopathic Council

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Council
19 November 2026
Chief Executive and Registrar Report

Recommendation(s)	1. To note the content of the report.

Key messages

- Since the July Council meeting, we have undertaken a significant programme of engagement with osteopaths, patients, students, educators, professional bodies and other partners.
- Although some of this engagement has taken place alongside the registration fee consultation, discussions have extended to wider issues affecting the profession, including professional development, education, fitness to practise, workforce sustainability and the value of registration.
- We are continuing to develop our engagement across all four UK nations, recognising both the common issues facing the profession and the different national contexts in which osteopaths practise.
- We are working with the General Chiropractic Council (GCC) and other healthcare regulators to respond to requests from the Department of Health and Social Care (DHSC) and the Professional Standards Authority (PSA) following publication of the Mann Review.
- Together with the GCC, we have identified a training provider to deliver a number of sessions at different times to accommodate the differing needs of staff, Council members, fitness to practise panel members and other decision-makers. Further information will follow.
- Our dialogue meetings with the PSA continue to provide an opportunity to understand its expectations and the wider context within which our performance is assessed.

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General Osteopathic Council

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

Coe Lorna
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Introduction

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

Engagement with the profession

2. Since July, we have undertaken a significant programme of engagement with osteopaths, patients, students, educators, professional bodies, fellow regulators and other partners.

3. The registration fee consultation has been an important part of this activity. However, our discussions have extended beyond the specific consultation questions and have provided insight into wider issues affecting osteopathy, including professional development, education, fitness to practise, workforce sustainability, public confidence and the value of registration.

4. As part of the registration fee consultation, we held webinars and regular drop-in sessions to explain the proposals, respond to questions and encourage participation in the formal consultation process. The webinars provided an opportunity to explain the financial position, the proposed fee options, the work already undertaken to reduce expenditure and the process through which any change to the registration fee would need to be made.

5. The discussions also covered:

    - the role of the GOsC in regulating and developing the profession;
    - how additional income would support our statutory functions;
    - current legislative constraints and the potential benefits of future regulatory reform;
    - fitness to practise trends and the increasing complexity of cases;
    - the distinction between regulation and promotion of the profession – and what is the distinctive role of the regulator and professional association;
    - the sustainability of osteopathic education and the future workforce;
    - the value of registration to osteopaths, patients and the public; and
    - the availability and accessibility of information about our finances and work.

6. The formal consultation findings and the decisions required of Council are addressed elsewhere on the agenda. We will consider separately how the wider feedback and insight gathered through the consultation can inform our future communications and engagement activity.

7. In addition to the consultation, engagement has continued through meetings with sector organisations, educators, students, researchers, patients and individual osteopaths.

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Four Nations Engagement

8. As the UK-wide regulator of osteopaths, it is important that we understand the different environments in which osteopathy is practised across England, Northern Ireland, Scotland and Wales.

9. Many of the issues raised are shared across the UK. These include the sustainability of the profession, the recruitment and education of future osteopaths, public understanding of regulation and the contribution that osteopaths can make to healthcare.

10. There are also differences between the four nations. Our engagement helps us to better understand those differences and to ensure we bring that understanding into our work. We know there is appetite from the devolved nations for closer collaboration and working between regional osteopaths and the GOsC, with discussions in Northern Ireland and Scotland generating interest about our proposals to hold regional Council meetings in these areas.

11. We are considering how future Council and partner activity can further strengthen the visibility of the GOsC across the four nations. The intention is not simply to relocate existing activity, but to use our presence in different parts of the UK to build relationships, improve mutual understanding and bring regional and national insight into our work.

Value of Registration

12. We continue to take opportunities to raise awareness of the value of registration through our communications, meetings with osteopaths and engagement with partner organisations. We have recently launched a new video which uses voices from across the profession to articulate this.

13. The registration fee consultation has demonstrated that many registrants want to better understand the work undertaken by the GOsC and how it supports patients, public confidence and the profession.

14. We are clear that effective regulation is not limited to waiting for things to go wrong and then responding when concerns are raised. It includes:

    - setting and maintaining standards of practice and conduct;
    - assuring the quality of osteopathic education;
    - supporting continuing professional development;
    - providing guidance to support safe and ethical practice;
    - maintaining an accurate public register;
    - engagement with osteopaths, sector organisations and patients across the four-nations;
    - taking proportionate action when concerns arise; and
    - using data and insight to identify areas where earlier support or intervention may prevent problems.

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15. We are continuing to consider how we communicate this work more clearly and consistently. This includes showing more of the work undertaken by individual

colleagues and explaining how different areas of the organisation contribute to public protection and the development of the profession.

16. Our work to develop a clearer framework around the development of the profession will support this activity. This will remain grounded in our statutory role and will be part of ongoing dialogue with partners across the sector in the months ahead.

Mann Review

17. The Mann Review was an independent government-commissioned review of antisemitism and other forms of racism across the NHS and the UK healthcare regulatory system. It was published in June 2026 and contains recommendations for government, healthcare organisations and professional regulators.

18. We have continued to consider the recommendations and their relevance to the GOsC. This includes considering the learning and development needs of staff, Council members, fitness to practise panel members and other decision-makers.

19. We are working in partnership with the General Chiropractic Council (GCC) and engaging with other healthcare regulators as the sector responds to requests from the Department of Health and Social Care (DHSC) and the Professional Standards Authority (PSA). This coordinated approach provides an opportunity to share learning and avoid unnecessary duplication.

20. Together with the GCC, we have identified a training provider to deliver a number of sessions for staff, Council members, fitness to practise panellists and other decision-makers. The sessions will be offered at different times to accommodate the differing needs and availability of those participating. Further information about the training programme will follow.

21. We also attended an event hosted by the Jewish Medical Association, 27 October 2026, focusing on the Mann Review. This provided an opportunity to hear directly from the Association, improve our understanding of the issues identified by the review and consider their implications for healthcare organisations and regulators.

22. In responding to the review, we will seek to ensure that our actions are practical and relevant to our functions as a small specialist regulator. We will continue to update the DHSC and the PSA on our activity and will bring further updates to Council as the work develops.

Professional Standards Authority (PSA)

23. We continue to engage with the PSA through its regulatory forums, specific discussions and dialogue meetings.

24. The dialogue meetings provide an opportunity to discuss our work, understand the PSA expectations and explore the context within which the Standards of Good Regulation are interpreted and applied.

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25. Many members of Council attended the recent PSA forum which explained the introduction of the new Standards of Good Regulation. This briefing meeting was an excellent way of raising awareness of the Standards for Council members and we were pleased to see the engagement across the sector. We welcomed hearing that the PSA will be considering more of these sessions in the future and we would be happy to work with and support the PSA on their delivery if required.

Education and quality assurance

26. Arrangements are progressing for the Recognised Qualification reviews of:

- University of Derby: This took place on 16/17 October, and at the time of writing the review team are writing the Visitor's Report. The outcome will be reported to the Policy and Education Committee in March 2027.

- Liverpool John Moores University: planned for December 2026. This will be the initial review of a new full time integrated Masters in Osteopathy programme due for delivery from September 2028. The mapping documentation and supporting evidence has been received from the University and shared with the visitors for review.

27. Continuing with our work to support and develop educators, we are working with the Council for Osteopathic Education Institutions to deliver another Educators workshop along similar lines to that held in July 2026 at the London School of Osteopathy. The next event is being planned for 2027 (likely in June) and will take place in Swansea, with collaboration on development from both Swansea and Marjon.

28. We have engaged with a range of student groups at OEIs since September. These have been face to face visits with groups at:

- Health Sciences University
- London School of Osteopathy

29. Further visits are planned this year with dates arranged for sessions with students at Nescot, BCNO and Swansea, and we are currently arranging dates to visit Marjon.

30. The Head of Policy and Education also presented a session to BCNO staff at their Maidstone development day on QA, graduate outcomes and professional boundaries. A further session with BCNO London staff is being arranged for 2027.

Quality Assurance Visitor Training

31. On 7 October 2026, the QA 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.

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32. The day was titled: *Assuring Quality in a Changing Educational Landscape: AI, Inclusion and Professional Judgement in Osteopathic Education*. It was a collaborative and positive event with the aim of enhancing 'the 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.'

33. Issues considered including with specific case scenarios included:

- Applying consistent regulatory judgement to understand risk and identify areas for improvement.
- Assessing and understanding student experience and outcomes through an Equality, Diversity, Inclusion and Belonging lens.
- Exploring the impact of Artificial Intelligence in higher education.
- Strengthening confidence and consistency in quality assurance decision making.

Annual reporting

34. Annual report submissions are currently with the education providers for completion and submission in December. These will be analysed in-house by the QA team and reported to the Policy and Education Committee in March 2027.

International matters

35. Our international engagement continues to support the development of relationships, sharing of regulatory learning and consideration of professional standards across jurisdictions.

36. We have continued our engagement with Osteopathy Europe (Autumn meeting, October 2026) and other partners on matters affecting osteopathic regulation, education and professional mobility. This provides an opportunity to understand developments outside the UK and to contribute to discussions about standards and the future of the profession.

37. Fiona Browne, Kathyrn Parkin and I will be attending the Osteopathic International Alliance Conference in Paris in November 2026 where we will be presenting on our work related to professional boundaries and patient involvement. We will also participate in a number of regulatory meetings with our partners from across the world including Australia and New Zealand.

Board effectiveness review actions

38. Since the July meeting the Scheme of Delegation has been reflected in the revised Governance Handbook, with updated Terms of Reference rolled out for the GOsC Committees.

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39. The updated board effectiveness action tracker is set out at the Annex to this paper.

40. Separately, we have reached out to Council members to understand what training and development is required in their roles. Some of this training was addressed through the excellent session delivered by Susan Swabey at the Council Development day in September.

External engagement – bringing insight into our business

41. Other meetings, which have not been referenced elsewhere in the report, include:

- Chief Executives of the Regulatory Bodies forum
- Phil Harper, Department of Health and Social Care
- PSA stakeholder meeting: revision to Standards of Good Regulation
- Inter-regulatory forums including education, communications and engagement, research, EDI, governance and performance, Alliance UK Regulation in Europe and artificial intelligence and meetings with regulators on a variety of topics
- Susanne Rastrick, Chief Allied Health Professions Officer (England)
- Institute of Osteopathy Education and Practice Committee Meeting
- Institute of Osteopathy Equity, Diversity, Inclusion and Belonging Reference Group
- Meeting of the Regulator and Education Liaison Group (RELM)
- Meetings with individual existing osteopathic educational providers
- Meetings with prospective osteopathic educational providers
- Regular supervision meetings with Dr Emma Harris, Professor Louise Wallace and Professor Gemma Blackwell-Ryan for our PhD student Kathryn Parkin
- National Council for Osteopathic Research Trustee Board
- Institute of Osteopathy (iO) meetings
- Osteopathic Alliance meeting
- Nick Jones, Chief Executive and Registrar, General Chiropractic Council
- Ongoing engagement with patients including contributions to consultations
- Ongoing meetings with students in different osteopathic educational institutions
- Meetings with the Regional Society leads and with various regional societies, including Scotland, Northern Ireland and Norfolk.
- Steven Bruce, Academy of Physical Medicine
- All staff meetings and workshops.

Executive view

42. Since July, we have continued to engage proactively with the profession and wider sector across a broad range of issues.

43. The registration fee consultation has been an important part of this work, but it has also provided an opportunity to hear views about the wider challenges and opportunities facing osteopathy.

Coe,Lorna
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44. We will consider how the wider insight gathered through the consultation and our other engagement activity can inform future work and how we can use this as a

catalyst for change. We will also continue to explain the role and work of the GOsC and to demonstrate how our statutory role to both develop and regulate the profession supports patients and public confidence.

45. We welcome opportunities to engage further with osteopaths, patients, students, educators and partner organisations and encourage individuals and organisations to contact us where opportunities arise.

46. Given the extensive engagement that has taken place, I would like to thank colleagues for their continued commitment and flexibility. The volume and range of work undertaken since July has been significant, particularly for a small team.

Recommendations

1. To note the content of the report.

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Board Effectiveness Recommendation Tracker

Sub-Task	Q3 2025/26	Q4 2025/26	Q1 2026/27	Q2 2026/27	Q3 2026/27	Q4 2026/27	Q1 2027/28	Q2 2027/28	Q3 2027/28	
TASK: Governance Structure and Processes										HIGH
Review Scheme of Delegation		V1 completed	V2 with delegations	completed						MEDIUM
Review Committee TORs			To follow above		completed					LOW
Redesign Council and committee papers	Completed									
Annual governance Calendar	Completed									
Simplify Council meeting packs and minutes		Completed								
Review the role of observers including those with speaking rights at PEC			Role of observers clarified - completed		observers with speaking rights to be considered	observers with speaking rights to be considered				
TASK: Engagement and Comms Strategy										
Strengthen and develop a strategic comms strategy from the Council on stakeholder engagement			completed							
Define Council ambassadorial role				completed						
Strengthen public and patient engagement				completed						
Host internal listening sessions between Council members and staff										
TASK: Strategic Clarity and Direction										
Mid-cycle strategy review - refresh purpose, embed KPIs, link to delivery plans										
Strategy Oversight Framework (risk, financial , meaurements)			completed							
TASK: Development										
Skills Audit (gaps/succession planning)							Pushed out due to budgetary constraints			
Appraisal Process 360-degree feedback			Complete for CE	SMT						
Coaching/Professional development NED and Exec				budgetary constraints	Underway					
Facilitate regular Council/Executive development sessions focused on challenge, trust, and joint leadership				Sept 2026 Strategy Day - carry forward						

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General Osteopathic Council

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Council
19 November 2026
Assurance reporting

Recommendations	To note the assurance reports set out at the annexes.

Classification	Public
Action	For noting
Purpose of the paper	To provide Council with a set of assurance reports about the performance of the GOsC.
Strategic Priority implications	Activities within this report will align with the GOsC strategic priorities.
Standards of Good Regulation implications	The assurance reports will touch on many of the PSA Standards of Good Regulation.
Communications implications	None
Financial, resourcing and risk implications	These are set out in the annexes to this report.
Patient perspectives	Where relevant, these will be identified within the paper.
Diversity implications	The report provides demographic data about the Register.
Welsh language implications	We need to report annually on the number of Welsh registrants and Welsh language speakers on our Register.
Annex	A. Business Plan monitoring report - 30 September 2026 B. Financial Report - 30 September 2026 C. Registration Report - 1 April to 30 September 2026
Author	Matthew Redford
Background reading	None

Coe Emma
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GENERAL OSTEOPATHIC COUNCIL

Business Plan

April 2026 - March 2027

Monitoring Report as at 30 September 2026

GOsC BUSINESS PLAN 2026-27

Our vision is to be an inclusive, innovative regulator trusted by all. And we recognise that to achieve our vision we need to make progress each year against the three strategic priorities agreed by Council which are:

- Strengthening trust
- Championing inclusivity
- Embracing innovation

This document, the Business Plan Monitoring Report 2025-26, sets out the detailed activities in support of each of the goals and our progress against each.

Legend

Status
On track
Delayed
Cancelled/postponed

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Strengthening trust: We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public						
Activity	**Measurable actions**	**Target Date**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
Evaluate the Strategic Patient Partnership Programme and make recommendations about its future.	Council members, council buddies, patient partners and staff complete evaluations at three monthly intervals.	Ongoing	Data and Insight and Professional Standards		Evaluations are being completed.	
	Pre and post meeting briefings take place.	Ongoing			Meetings are taking place.	
	Evaluation is completed and considered by Council.	July 2026			Evaluation paper on the July 2026 agenda and pilot has been extended to September 2027.	
Develop our approach to ensuring high quality patient insight informs our work	Ensure that patient feedback informs all our work including: website development and analytic and insight reports, OPS review and CPD resources to	All year	Data Insight, Professional Standards and Communications		Patients were heavily involved in website user testing and continued to be involved until the website launch in July 2026. Patients are playing an important role in the review of the Osteopathic Practice Standards (OPS). Two patients are members of our OPS review stakeholder	

Joe Malone 12/3/2026 17:09:03

Strengthening trust: We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public						
Activity	**Measurable actions**	**Target Date**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
	support high quality patient care				group and we will be engaging with our wider patient involvement forum membership when consulting on revised standards later this year/early next year. Patients were involved in the shared decision making in health professional education workshop held in Oxford in April. They contributed to the discussions throughout the day and helped the group consider what contributes to good shared decision making and how this can be strengthened within healthcare professional education. Patients were involved in the fees consultation and we provided a read out of the focus group discussion to support them to respond individually. We are undertaking work to co-produce our Patient Development Day.	

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Strengthening trust: We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public						
Activity	**Measurable actions**	**Target Date**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
					We are working on how patients will be involved in the Threshold Criteria consultation.	
	Ensure that the patient voice is visible in our work: for example, through social media campaigns	All year			We've developed a social media communications plan, with our first campaign, 'Check the Register'. We're hoping to launch the campaign in the winter.	
	Hold Patient Development Day	February 2027			Planning is in progress.	
Take long-term financial and asset decisions which support delivery of statutory responsibilities and GOsC strategic aims.	Present Council with appropriate decision papers to enable it to make financial decisions to discharge its statutory responsibilities.	All year	Chief Executive and Registrar		Papers included on May 2026 and July 2026 Council agendas.	
Ensuring and enabling all to raise a concern	Review, update and publish our guidance	December 2026	Regulation			

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Strengthening trust: We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public						
Activity	**Measurable actions**	**Target Date**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
against an osteopath	documents: How to complain about an osteopath and The Fitness to Practise - Complaints Procedures (Osteopaths under investigation)					
To support students and osteopaths to practise to high standards in accordance with the Osteopathic Practice Standards.	Publish NCOR Concerns Report 2025 collaborating with NCOR, iO and insurers and disseminate learning to interested parties.	February 2027	Data and Insight, Professional Standards and Communications			
	Ongoing development of resources and engagement to support implementation of standards. This will include CPD sessions for	All year	Professional Standards, Data and Insight and Communications		Updated CPD Guidance and supporting resources are planned for publication in November. Webinars for newly qualified osteopaths about the CPD scheme, including the updated guidance, are planned for December.	

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Strengthening trust: We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public						
Activity	**Measurable actions**	**Target Date**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
	regional groups and other osteopathic groups and ongoing development and dissemination of resources in the areas of boundaries, equity, diversity, belonging and inclusion and values based practice and shared decision making.					
	Ongoing quality assurance activity as quality assurance of osteopathic education brought in-house including ongoing visitor training, two visits, analysis of 7 annual reports,	All year	Professional Standards		An update paper was considered by the Policy and Education Committee in October outlining all our QA work. It included: Risk based annual reports for 25/26 agreed by the Committee in June and sent out to the OEIs. Visits to Derby (in October) and Liverpool John Moores (in December) are progressing as planned. Curricula analysis and thematic reviews in	

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Strengthening trust: We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public						
Activity	**Measurable actions**	**Target Date**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
	curricula analysis, evaluation including piloting graduate survey and sharing of good practice.				the areas of the development of osteopathic identify, artificial intelligence and equity, diversity, inclusion and belonging are progressing as planned.	
	Launch consultation on the updated Osteopathic Practice Standards	November 2026	Professional Standards, Communications		Stakeholder reference group is currently discussing areas to be addressed in revised standards. Consultation will launch in December 2026 and we are on track for publication on 1 September 2027. Council will consider a paper on this on the November agenda.	
Raise awareness of our role and increase engagement with osteopaths, students, patients	Complete student forum pilot and produce evaluation report and recommendations for next steps.	By March 2027	Communications		Paper was presented to June 2026 PEC. Student Forum commences again October 2026 with discussion on the fees consultation.	

Oct 2026 17:09:03

Strengthening trust: We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public						
Activity	**Measurable actions**	**Target Date**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
and interested parties to improve trust, understanding and implementation of standards.	Implementation of the Communications and Engagement Framework including reporting on success measures: - Numbers of osteopaths promoting their registration as important protection for patients - Increased number of people using the register to confirm that an osteopath is registered - Increased promotion of our messages	From April 2026 and all year	Communications		Paper is coming to February 2027 Council with report on Comms and Engagement success measures and a report on the website implementation. Also see July 2026 Council paper for latest progress update. Instagram launched September 2026 as a new channel for engaging with osteopaths, students, patients and the public. Ongoing updates to new website include work to update CPD section including improving user journey and updates to content. Key statistics and information page added to the website with dashboards to be developed.	

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Strengthening trust: We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public						
Activity	**Measurable actions**	**Target Date**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
	by partner organisations - Increased engagement with osteopaths in regional locations - Increased use of a variety of communication channels - Improved positive, neutral reception of our communications - Increased number of individuals / groups engaging with us - Meeting and going beyond compliance for accessibility through our					

Coe Lorna
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Strengthening trust: We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public						
Activity	**Measurable actions**	**Target Date**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
Coe,Lorna 12/11/2026 17:09:03	redeveloped website. - A programme of regular touch points to listen to and understand what matters to the profession, patients and partner organisations - Regular analysis of our insight to check we are on track and explore alternatives of required Regular updates to our website with new, fresh content relevant to the profession, patients and partner organisations.					

Strengthening trust: We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public						
Activity	**Measurable actions**	**Target Date**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
	Social media: campaign development, implementation and evaluation including in relation to value of regulation and fitness to practise	All year	Communications		Our new Value of Regulation video was finalised and Value of Regulation comms plan developed ready for implementation in October 2026. Continue to promote Independent Support Service on social media and promote FTP as part of myth busters and podcast posts.	
	Develop and plan for implementing social media strategy update	March 2027	Communications		Some implementation of the strategy is already underway: the value of regulation campaign has launched and our new channel Instagram launched in September 2026. We are also developing a patient focused social media campaign. Our channels and our core campaigns have been redesigned with new branding and messaging following the launch of the new website and roll out of the new branding. New campaigns continue to be developed.	

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Strengthening trust: We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public						
Activity	**Measurable actions**	**Target Date**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
	In collaboration with COEI and individual educational providers hold 3 educator roadshows to promote wider learning communities in relation to key topics.	December 2026	Professional Standards and Communications			

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Championing inclusivity: It is important to us that people who interact with us, or who work for us, can be their true selves and that we understand and break down any barriers which prevent them from doing so						
Activity	**Measurable actions**	**Target date**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
Collect, analyse, publish equality, diversity and inclusion data changes made, or mitigations put in place, where we have identified there is an undue impact on those with protected characteristics.	Develop recommendations and publish information (where appropriate), throughout the year, including but not limited to: - Registration renewal - Governance and appointments - Fitness to practise - registrants and complainants - Policy development and consultations. - Aggregated enrolment and progression	From April 2026	Chief Executive supported by Professional Standards, Regulation, Communications, Registration, Resources and Human Resources		New Salesforce CRM system collecting EDI data from registrants at the point of renewal of registration. Full profession data set to have been collected by end January 2027.	

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Championing inclusivity: It is important to us that people who interact with us, or who work for us, can be their true selves and that we understand and break down any barriers which prevent them from doing so						
Activity	**Measurable actions**	**Target date**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
	data for students. People Framework implementation					
	Equality Impact assessments for all policies and processes which allow GOsC to demonstrate changes made or mitigations put in place.	From April 2026			EIAs completed and presented to Council and Committees where relevant.	
Promote our Equality Duty responsibilities and the actions we intend to take to further our commitment to Championing Inclusivity.	Publish a new Equity, Diversity, Inclusion and Belonging Annual Report, which demonstrates progress against our EDIB Framework	July 2026	Chief Executive and all departments		See July 2026 Council agenda EDIB report Annual Report published in August 2026.	

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Championing inclusivity: It is important to us that people who interact with us, or who work for us, can be their true selves and that we understand and break down any barriers which prevent them from doing so						
Activity	**Measurable actions**	**Target date**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
Support workforce recruitment and retention to maintain and increase a sustainable, diverse profession and to support osteopaths to practice in accordance with high standards.	In collaboration with the Institute of Osteopathy, work to progress proposed actions from the October workshop including a practitioner / patient charter and mechanisms for measuring impact.	June 2026	Professional Standards, Communications			
	Pilot charter, pilot graduate survey	November 2026	Professional Standards, Communications			
	In collaboration with the Council for Osteopathic Educational Institutions support work to develop a collaborative prospectus for	June 2026	Professional Standards			

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Championing inclusivity: It is important to us that people who interact with us, or who work for us, can be their true selves and that we understand and break down any barriers which prevent them from doing so						
Activity	**Measurable actions**	**Target date**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
	osteopathic education to support clearer understanding about what osteopathic education delivers and how osteopathy can be developed post registration.					
	Work with NCOR to publish and disseminate the commissioned research in relation to enablers and barriers to recruitment and leavers projects.	February 2027	Data and Insight			
	Ongoing discussions with international regulators to	All year	Chief Executive and Registrar			

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Championing inclusivity: It is important to us that people who interact with us, or who work for us, can be their true selves and that we understand and break down any barriers which prevent them from doing so						
Activity	**Measurable actions**	**Target date**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
	clarify requirements for the recognition of professional qualifications and agree next steps.					
Strengthen equity, diversity, inclusion and belonging with the GOsC CPD scheme.	Agree updated accessible layered CPD Guidance, PDR forms and resources to support CPD in inclusive practice: equity, diversity, inclusion and belonging and boundaries.	May 2026	Professional Standards, Communications		Guidance produced and considered at May 2026 Council. Updated CPD Guidance and supporting resources are planned for publication in November and have been used to inform updates to the CPD section of the website.	
	Support the ongoing dissemination of materials to support osteopaths and patients in high	From July 2026	Professional Standards, Communications			

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Championing inclusivity: It is important to us that people who interact with us, or who work for us, can be their true selves and that we understand and break down any barriers which prevent them from doing so						
Activity	**Measurable actions**	**Target date**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
	quality inclusive practice.					

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Embracing innovation: We will continually seek and take opportunities to improve what we do and how we do it, so we continue to improve as an organisation						
Activity	**Measurable actions**	**Target date**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
Implement and launch a new public website which provides scope for more modern, innovative and engaging channels and content.	Development of a new public website.	From April 2026	Communications		The new website launched in July 2026.	
	Launch of a new public website.	June 2026	Communications		Website launched to the profession and the public in July 2026. Following launch there were issues with the renewals process on the o zone so this was paused for 3 weeks until it could be resolved. It is now operating properly.	
	Gather feedback, systemise analytics and dissemination and evaluate the impact of the new public website.	From July 2026	Communications		An update will be coming to February 2027 Council.	
	Use insights to inform systematic, evidence informed and regular updates across the organisation	Ongoing following launch	Communications and all departments		Systematic updates underway: review of CPD content: 'Keeping CPD records' page has been updated and Peer Discussion Review section due	

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Embracing innovation: We will continually seek and take opportunities to improve what we do and how we do it, so we continue to improve as an organisation						
Activity	**Measurable actions**	**Target date**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
					to be updated in November 2026. Plan for regular review of content and updates underway.	
Consider the impact on osteopathic standards, regulation and patient care of Artificial Intelligence.	Work collaboratively with the Council for Osteopathic Educational Institutions to implement guidance on AI and to collaborate on learning and good practice.	Ongoing	Professional Standards			
	Develop and disseminate resources to support the use of AI in accordance with safe regulator standards.	June 2026	Professional Standards		Guidance issued.	
	Put in place mechanisms for assessing use of AI in osteopathic practice and emerging risks	July 2026				

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Embracing innovation: We will continually seek and take opportunities to improve what we do and how we do it, so we continue to improve as an organisation						
Activity	**Measurable actions**	**Target date**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
	Continue ongoing engagement with other health professional regulators and wider regulators to promote coherent regulatory framework to support safe standards in practice.	All year				
	Implement AI pilot within GOsC staff team supported by the Appropriate Usage Guidance.	From April 2026	Governance, IT		Acceptable User Guidance for staff developed and shared with staff. Equivalent policy for governance members considered at May 2026 Council. Microsoft Copilot licenced rollout happening.	
Seek continuous improvement arising from independent reviews of board effectiveness and internal audit activities.	Implement recommendations arising from the Board Effectiveness review and Internal Audit reviews.	From April 2026	Governance, Resources		Recommendations – Scheme of Delegation and Strategic Measures – considered at May 2026 Council. Scheme of Delegation with revised delegations approved July 2026 Council.	

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Embracing innovation: We will continually seek and take opportunities to improve what we do and how we do it, so we continue to improve as an organisation						
Activity	**Measurable actions**	**Target date**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
Implement more streamlined approach to data mapping, collection, insight and analysis and actions.	Collate comprehensive data map across organisation and update privacy policy and collection notices.	From April 2026	Professional Standards, Data and Insight		Work ongoing with consideration of updates to privacy policies currently with Senior Management Team	
	Align data sets and develop systematic analysis and reporting.	From April 2026	Professional Standards, Data and Insight			
Develop mechanisms/structures for facilitating sector wide conversations which are build on	Evaluate learning arising from the sector wide development day held in January 2026.	May 2026	Chief Executive, Professional Standards		Development day feedback and next steps considered by PEC, June 2026.	

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Embracing innovation: We will continually seek and take opportunities to improve what we do and how we do it, so we continue to improve as an organisation						
Activity	**Measurable actions**	**Target date**	**Lead**	**Status**	**Narrative**	**Revised timing if relevant**
trust, respect and psychological safety.	Develop proposals for facilitating more sector wide conversations.	July 2026	Chief Executive, Professional Standards			
	Consider options for sector wide development day, 2027.	October 2026	Chief Executive, Professional Standards			

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GOsC metrics to help ensure we are delivering efficient and effective regulation.

In 2026-27 we expect to:

Metric	Status	Narrative, if relevant
Process c5,500 registration forms (UK and International applicants and annual renewal of registration forms)		5,163 renewal of registration forms processed to end September 2026.
Support c220 first-time applicants to join the UK Register (including applications from internationally qualified applicants and from UK qualified graduates).		157 new applications fully processed at end September 2026. 4 international applications fully processed at end September 2026.
Receive c200 queries from patients, members of the public, registrants and other healthcare professionals, leading to c75 fitness to practise cases being opened, of which c30 will be referred for investigation leading to c12 being referred for a final determination hearing.		As of 30/09/2026: 63 queries/concerns received. 35 opened as an FTP case, of which 16 currently referred for Investigation. 10 substantive hearings heard and two cases disposed of by Rule 8 process (consensual disposal).
Undertake quality assurance processes with 7 osteopathic educational providers including analysis of 7 annual reports and undertaking visits to four osteopathic educational providers.		Ongoing. Seven annual reports analyses from Osteopathic Education Providers will be considered by the Policy and Education Committee in March 2027. Two review visits are planned this year – University of Derby (October 2026) and Liverpool John Moores University (December 2026).
Holding 3 good practice events and continue to engage on a 1:1 basis with all osteopathic educational providers during the year.		We have continued to meet with COEI as a group and with education providers on a 1:1 basis. We continue to offer engagement with all new students (in person or online) to introduce them to regulation and professionalism, and to any other student year group as requested by the provider/s. We held an event in conjunction with the Collaborating Centre for Values Based Practice in Health and Social Care in Oxford in April 2026 – this was focused on shared decision making and aimed at educators in particular.

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Metric	Status	Narrative, if relevant
		An Educator workshop is planned for 4 July 2026, to be held at the LSO but open to educators from any provider.
Respond to c2,000 enquiries into our osteopathic information support service for osteopaths, patients and the public; c60 policy and ethical queries related to our standards; c4,600 registration queries and c650 student queries.		1,231 queries received at 30 September 2026. 63 policy and ethical queries related to the application of the OPS at 30 September 2026. 6,242 registration queries received at 30 September 2026. 541 student queries received at 30 September 2026.
Send out 12 monthly ebulletins to registrants achieving an open rate of c60%.		April – 60% May – 60% June – 54% July – 61% August – 48% September – 63%
Send out 4 quarterly English language student ebulletins to 450 students (penultimate and final year) achieving an open rate of c40%.		April – 66% May – 60% Next bulletin is October
Send out 4 quarterly Welsh student ebulletins to 70 students living in Wales (penultimate and final year) achieving an open rate of c30%.		April – 46% May – 36% Next bulletin is October.
Receive and fulfil 150 requests for personalised Registration Marks		69 requests received as at 30 September 2026
Attend and participate in upwards of 25 osteopathic sector meetings, webinars and regional events engaging with osteopaths, students, patients and osteopathic organisations and other stakeholders reaching approximately 250 students and 500 osteopaths.		Between April and September 26, we have attended 35 meetings events or conferences reaching approximately 300 osteopaths, patients and students.
Ensure the patient voice informs the work of the GOsC through at least 100 interactions (formal and informal) with members of the patient involvement forum.		3 patient engagement events held as at end September 2026. 291 individual touch-points with patients including where patients provide follow-up ideas to our work as at September 2026.

GOsC 19/11/2025 17:09:03

Metric	Status	Narrative, if relevant
Host 2 recruitment webinars attracting interested applicants for our governance roles.		IC recruitment webinar in June 26 with 60 delegates, 25 of these were osteopaths
Continue to regularly request feedback after our webinars and events and hope that attendees have shifted their perceptions in a positive way e.g. are less fearful and have a deeper understanding about the topic		A standardised question we have added to our feedback form is, 'Has your view of the regulator changed since attending the event/webinar?' Of the 10 that answered during this period, 20% of respondents say- Yes, my view is more positive With 70% saying, 'no my view remains the same, still positive'
Ensure Council and Committee scrutiny and oversight of our work through servicing 15 meetings.		Council and Committee meetings have been held throughout the business year.
Provide training, development and strategy opportunities for c.50 members of the GOsC governance (decision making) structure, as well as those who advise on our statutory decision making including 12 education visitors and 8 registration assessors.		Induction meetings for new members happened from April. Council development/strategy day held in September. Education visitor training held.
Provide training and development opportunities for our staff team.		Ongoing throughout the year.

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Annex B to 7

Financial Report 2026-27 (half year to September 2026)

Key messages from the report:

- Total income is around £1.85m and is £7k under budget for the first half of the year.

- Operational expenditure is around £1.68m and is £25k under budget for the six month period. Spending from designated reserves was £27k in the first two months of the year.

- 'Capital Gains' arising from the sale of Osteopathy House and other fixed assets amounted to £1.79m. This gain arose from the sale price of £3.3m less agents and legal fees of £83k, less the balance sheet value of the building and associated assets at the time of sale (£1.43m).

- Cash at bank is currently around £487k higher than at year end, at £507k; we retained around £750k from the sale of the building in the bank account to cover expenses for the year ahead.

- Of this £750k, we sent £400k to a fixed term treasury account for three months, on which we will receive 2.25% gross interest per annum. We will look to continue this practice based on freely available cash in the bank account. As a comparison, the high interest daily sweep account pays around 0.85%.

- The investment portfolio currently sits at £2.88m, with a gain of around £45k year to date.

Background information

1. Our current financial year commenced on 1 April 2026 and will conclude on 31 March 2027. In this report it will be referred to as FY2026-27.

2. The budget for FY2026-27 was approved by Council in February 2026.

3. The revised budget for the current year following the sale of Osteopathy House is shown in point 7 below.

4. Forecast figures reflect the spend in the year to date, with adjustments to reflect any non-linear spend in the year. This intends to give an idea of what the position will be at the end of the year.

Summary of financial position

5. At the end of the six month period to 30 September 2026, the income and expenditure account shows a surplus position (before designated spending from reserves and gains on disposal of assets) of £173k. Spending from reserves budgets in the two months was £27k.

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6. We have budgeted a deficit position of around £208k, before designated spending, by year end.

Revised budget for FY2026-27

7. Following the sale of Osteopathy House, the current year's budget has been revised to more accurately reflect the anticipated income and expenditure in the year. This revised budget has been used as the basis for the variance and forecast figures used throughout this report

	revised budget FY2026-27	**original budget FY2026-27**	**change**
Income			
Registration fees	3,065,970	3,065,970	-
Registration assessments	10,000	10,000	-
Other income	160,270	79,550	80,720
Total	**3,236,240**	**3,155,520**	**80,720**
Expenditure			
Employment costs	1,990,131	1,989,807	324
Education and professional standards	72,500	72,500	-
Communications and development	96,120	103,398	(7,278)
Data, research, and evaluation	25,516	24,327	1,189
Registration administration	10,000	10,000	-
IT and infrastructure	138,036	121,885	16,151
Fitness to practise	615,079	565,045	50,034
Governance	215,794	212,104	3,690
Central resources and financing	283,749	320,434	(36,685)
Total	**3,446,925**	**3,419,500**	**27,425**
Surplus / (deficit) before designated spending	**(210,685)**	**(263,980)**	**53,295**

8. The main movements are outlined below:
   - **Other income**: increased investment income due to having a larger portfolio
   - **Communications**: new website costs lower than previous website
   - **IT**: increased cost for outsourced IT Support whilst we recruited a new Head of IT; penetration testing on the new website pre-launch; additional CRM cost for Regulation team licences
   - **Fitness to Practise**: additional room hire costs for hearings where no space available elsewhere; extra budget for Investigating Committee meetings has been allocated to ease the bottleneck of open cases waiting at the IC stage. A new pilot has been implemented to enable the IC to consider more cases at each meeting. More detail on this can be seen in Paper 9 later in this meeting.
   - **Central Resources**: reduced costs and depreciation resulting from selling the building (£75k); increased cost for hiring desks at Canopi (£31k)

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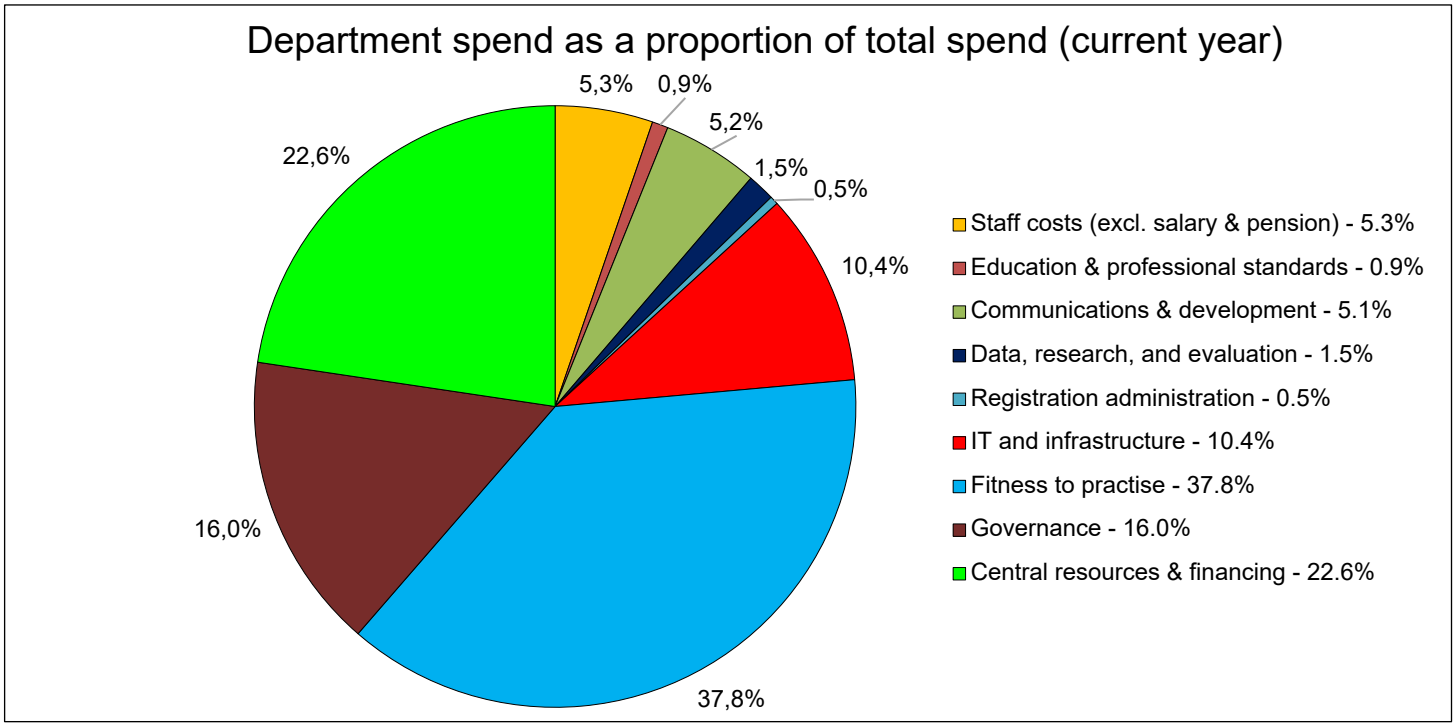
9. The fact that some costs in Fitness to Practise and Central Resources have increased should be viewed as a positive, as those additional costs stem from the building being sold in the current year, at least 8 months earlier than anticipated; we had originally budgeted for the building to be sold in the 2027-28 financial year.

Income

10. The primary source of income is from registration fees paid by osteopaths. The GOsC does not have a single registration date meaning that in every month there is a proportion of osteopaths due to renew their registration. In accordance with accounting rules, we need to ensure that we account for, and report, only the proportion of the fee relevant to the financial period.

11. At 30 September 2026, total year to date income totalled around £1.85m, which is approximately £7k under budget for the same period. Registration fees accounted for just under 98% of the total income received. Investment income, registration assessments, and bank interest accounted for just over 2% of income in the same period.

Expenditure



12. After the first half of the year, we have recorded actual operational expenditure of around £1.68m. This is approximately £25k under budget for the same period.

13. We have spent £27k from designated funds so far this year; we expect this to rise as invoices come in for the various NCOR research projects we are investing in (there is a £30k reserve for this).

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Income and Expenditure Account

14. The Income and Expenditure Account is set out below:

	Year to Date 1 April 2026 – 30 September 2026					
	Actual	**Budget**	**Variance**		**FY Budget**	**FY Forecast**
			£	**%**		
Income						
Registration fees	1,809,437	1,802,985	6,452	0	3,065,970	3,065,970
Registration assessments	4,360	5,000	(640)	(13)	10,000	8,720
Other income	37,531	50,225	(12,694)	(25)	160,270	145,643
Total	**1,851,328**	**1,858,210**	**(6,882)**	**0**	**3,236,240**	**3,220,333**
Expenditure						
Employment costs	969,384	993,771	24,387	2	1,990,131	1,969,637
Education and professional standards	6,404	12,631	6,227	49	72,500	60,045
Communications and development	38,700	48,060	9,360	19	96,120	77,327
Data, research, and evaluation	10,998	8,308	(2,690)	(32)	25,516	22,919
Registration administration	3,394	5,000	1,606	32	10,000	6,789
IT and infrastructure	77,585	74,298	(3,287)	(4)	138,036	142,844
Fitness to practise	282,790	307,540	24,750	8	615,079	610,252
Governance	119,572	109,221	(10,351)	(9)	219,794	227,982
Central resources and financing	169,431	144,271	(25,160)	(17)	276,749	298,181
Total	**1,678,258**	**1,703,100**	**24,842**	**1**	**3,443,925**	**3,415,976**
Surplus/(deficit) before designated spending and gains on disposal of fixed assets	**173,070**	**155,110**	**17,960**		**(207,685)**	**(195,643)**
Designated spending	26,746	53,250	26,504		106,500	53,419
Gain on disposal of fixed assets	1,786,256	-	1,786,256		-	1,786,256
Surplus/(deficit) after designated spending	**1,932,580**	**101,860**	**1,830,720**		**(314,185)**	**1,537,194**

NB: a positive variance indicates better than budgeted performance, and vice versa. This applies to all tables which show a variance in this paper.

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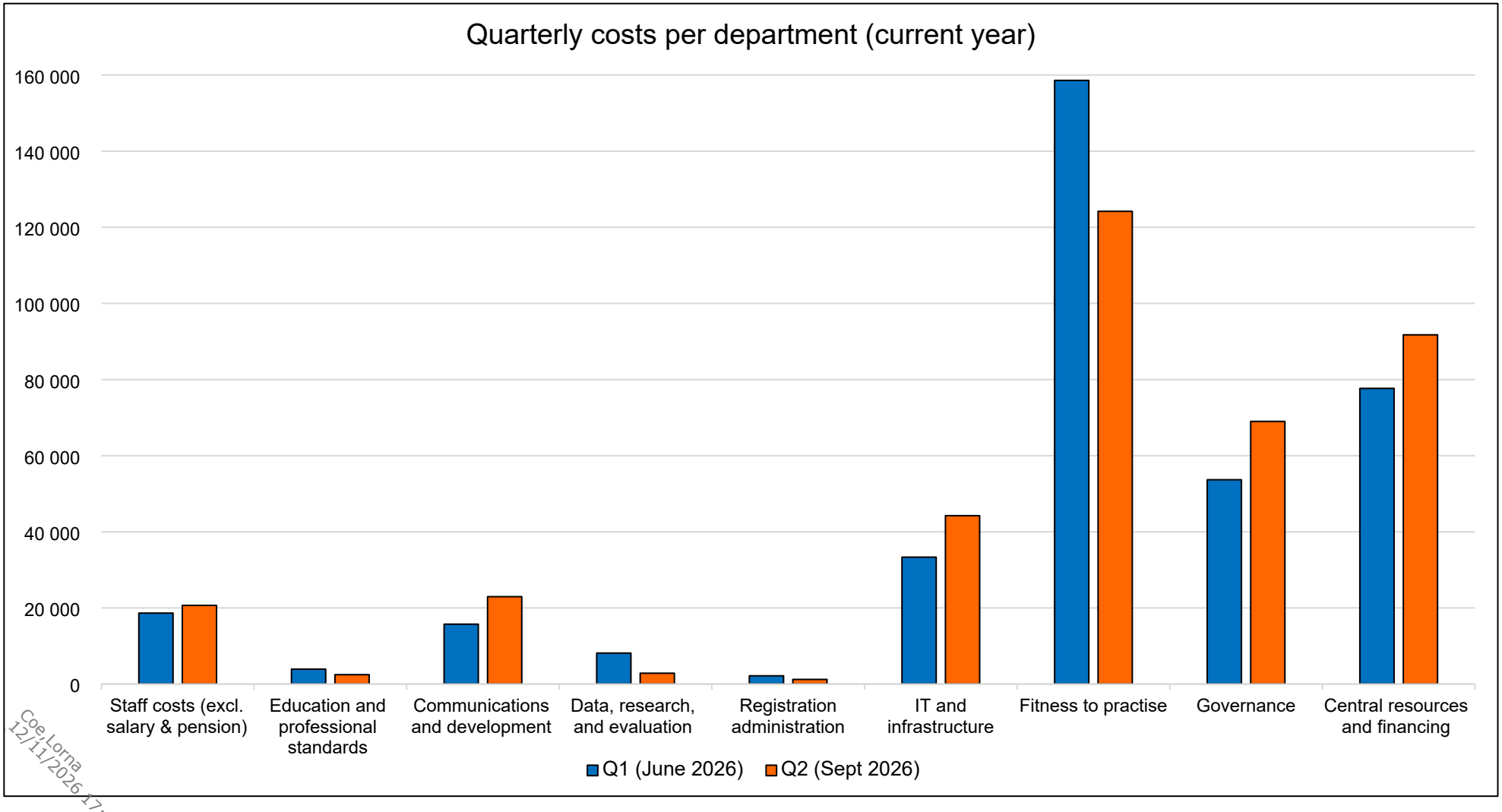
15. This graph shows each department's quarterly costs:



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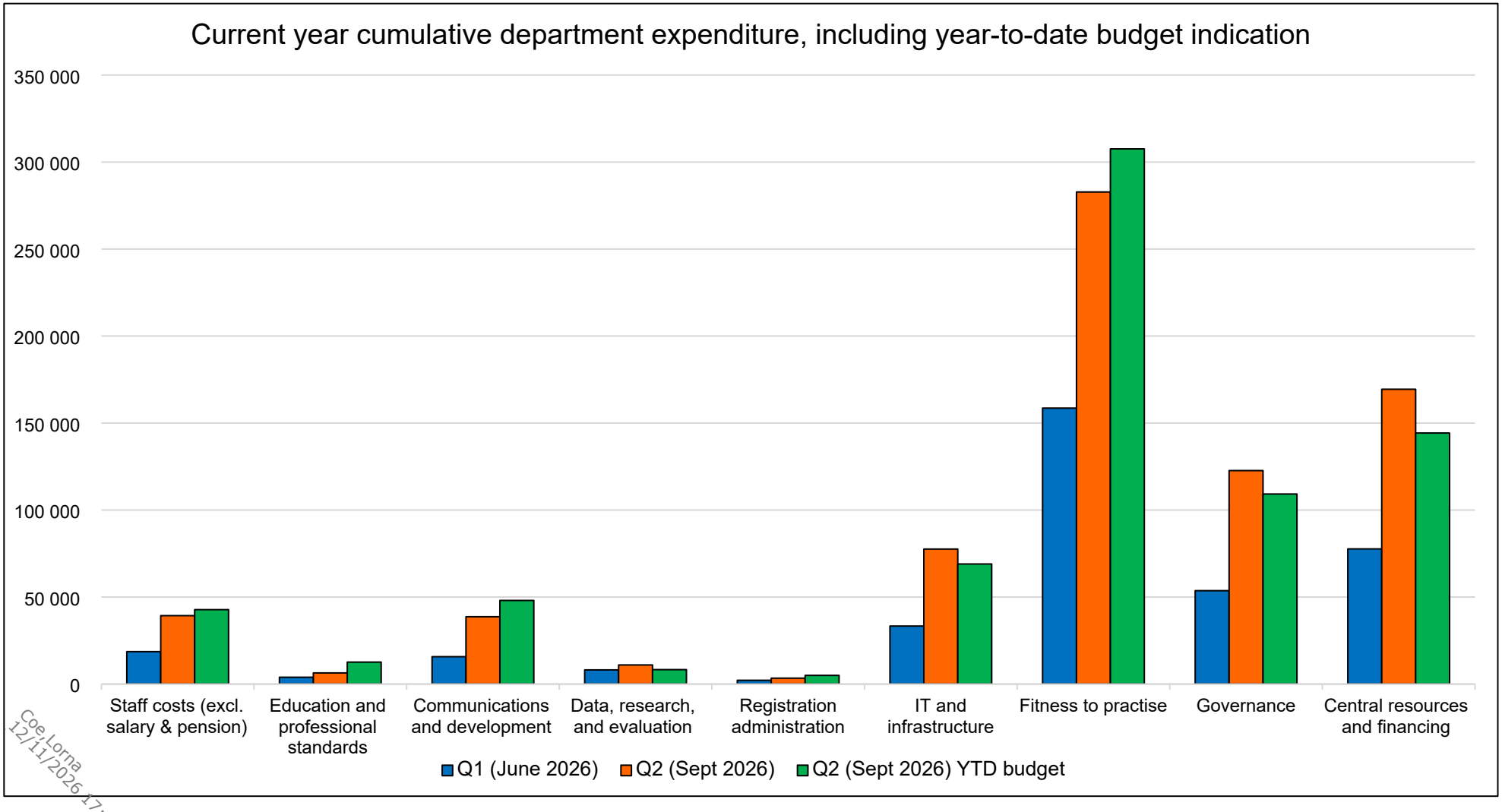
16. This graph shows each department's cumulative expenditure, with a year-to-date budget indication shown in the green bars:



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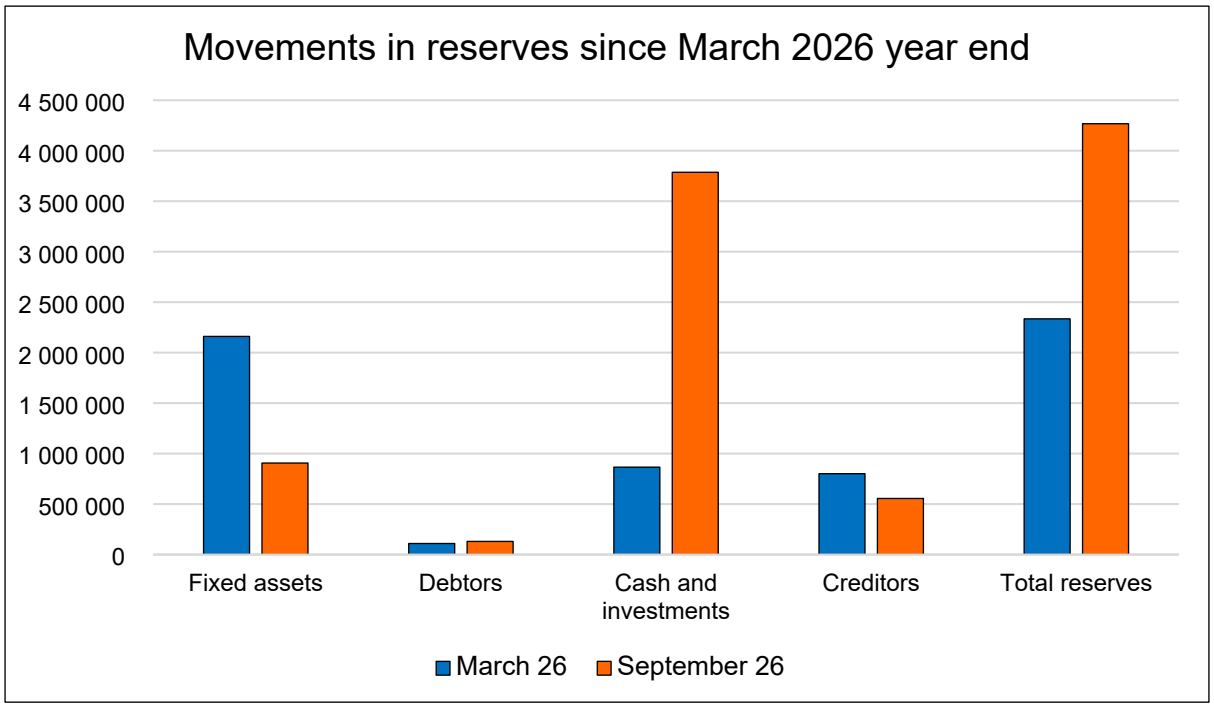
17. Detailed departmental expenditure accounts can be found further in the document.

Balance Sheet



18. The Balance Sheet at 30 September 2026 shows total reserves of £4.27m (including designated funds). Cash held in hand and at bank totals £507k with a further £400k in a treasury deposit account, and £2.88m in the managed investment portfolio.

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19. The Balance Sheet as at 30 September 2026 is set out below:

	30 September 2026			31 March 2026	
	£	£		£	£
Non-current assets					
Assets (fixed/intangible)		906,392			2,160,719
Investment portfolio		2,879,576			845,835
Current assets					
Debtors	130,170			109,508	
Cash at bank	506,916			19,918	
Treasury deposit	400,000			-	
	1,037,086			**129,426**	
Liabilities					
Creditors:					
due within one year	(555,635)			(801,141)	
	(555,635)			**(801,141)**	
Net current assets		**481,451**			**(671,715)**
Total assets less total liabilities		**4,267,419**			**2,334,839**
Reserves					
General reserve		4,102,875			2,173,549
Designated funds		164,544			161,290
Total Reserves		**4,267,419**			**2,334,839**

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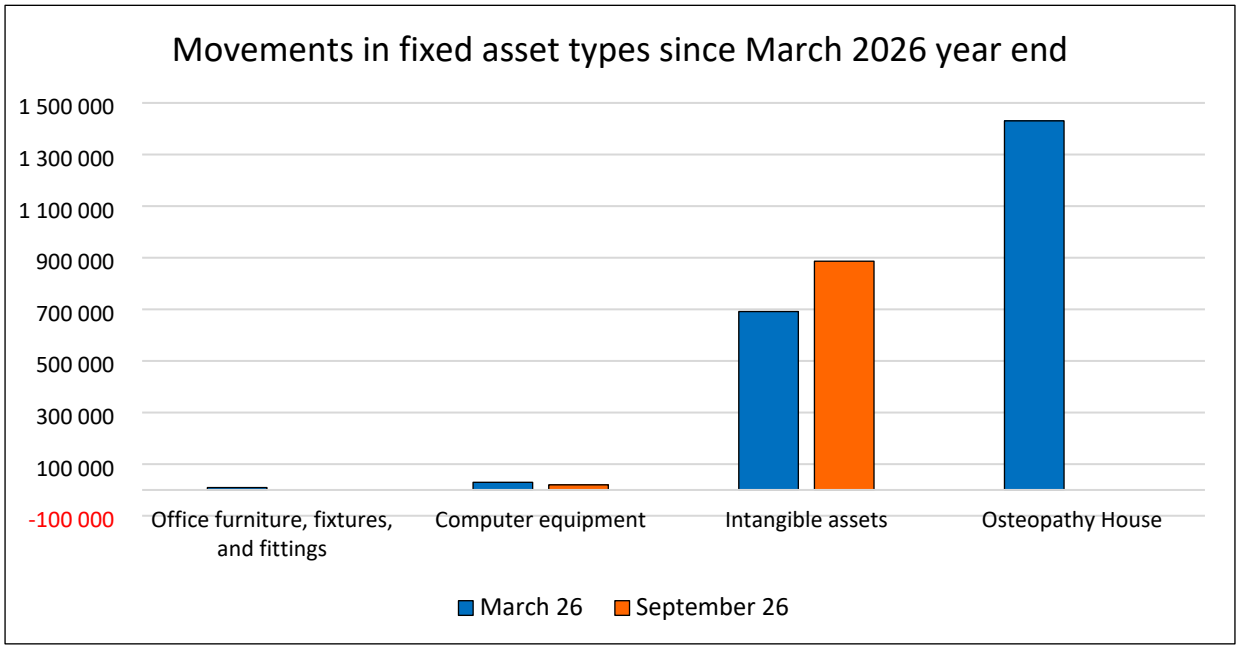
Balance Sheet summaries

Fixed assets



20. The major movement on our fixed asset register since year end is the disposal of Osteopathy House, which realised a gain on disposal of £1.80m. Other fixed assets relating to fixtures and equipment in the building were disposed of at a loss of around £9k.

21. A breakdown of the sale transaction is shown below:

Sale price	3,300,000
Legal fees	-24,050
Agents' fees	-59,400
Book value of Osteopathy House at sale date	-1,420,949
Book value of other office assets at sale date	-9,345
Gain on disposal of Osteopathy House and other associated assets	**1,786,256**

22. Intangible assets have gone up by around £195k; costs which all related to the implementation of the new GOsC website.

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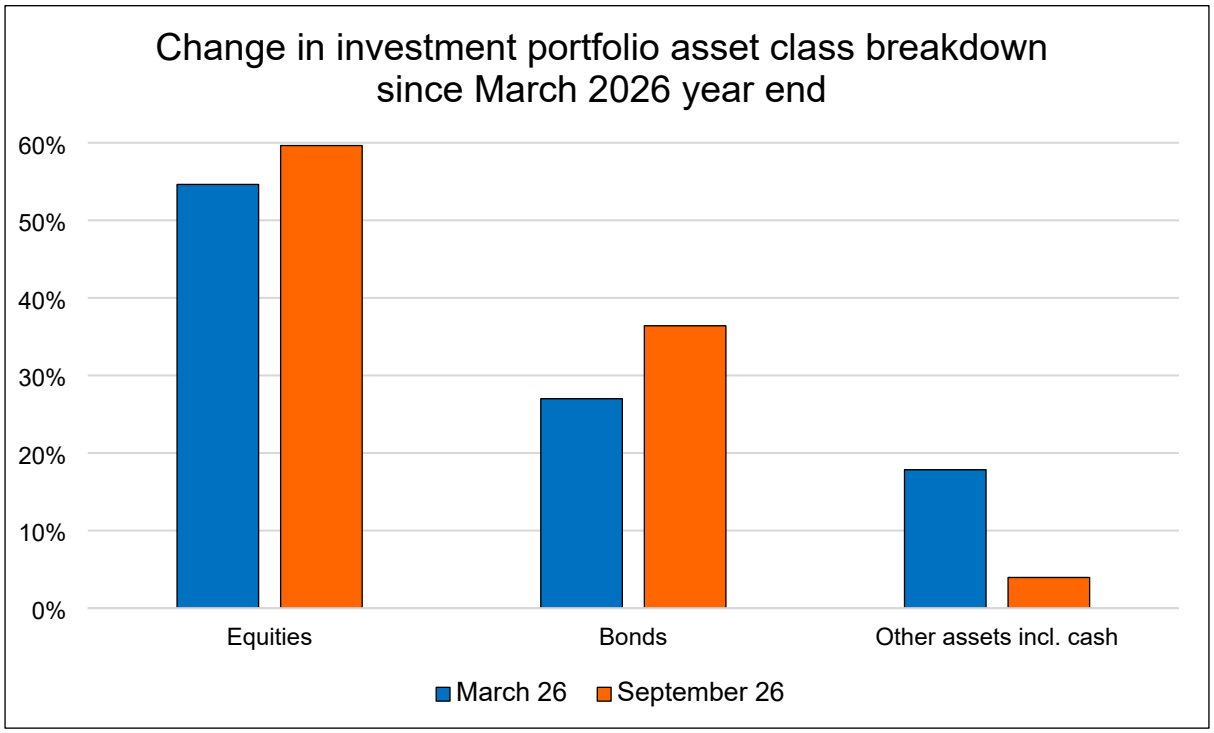
Investment portfolio



23. The new investment fund operated by Cambridge Investments opened in August 2026; the graph above shows a slight change in investment strategy, away from holding cash in the fund, and being as invested in equities and bonds as possible.

24. In accordance with the decision taken by Council, we paid a fee of £9,500 to transfer the fund from Brewin Dolphin to Cambridge, and investment management fees since then have been lower as a percentage of the fund.

25. At 30 September 2026, the investment portfolio stood at £2.88m, with a gain of around £45k year to date.

Debtors

26. Debtors have increased to £130k from the year end position of £110k. This is predominantly due to movements in the prepayment balance. We would expect to see a fluctuation throughout the year as expenses are processed through the system.

27. We also paid a deposit of £9,450 to Canopi when we moved into the new office; this is repayable if we decide to leave Canopi.

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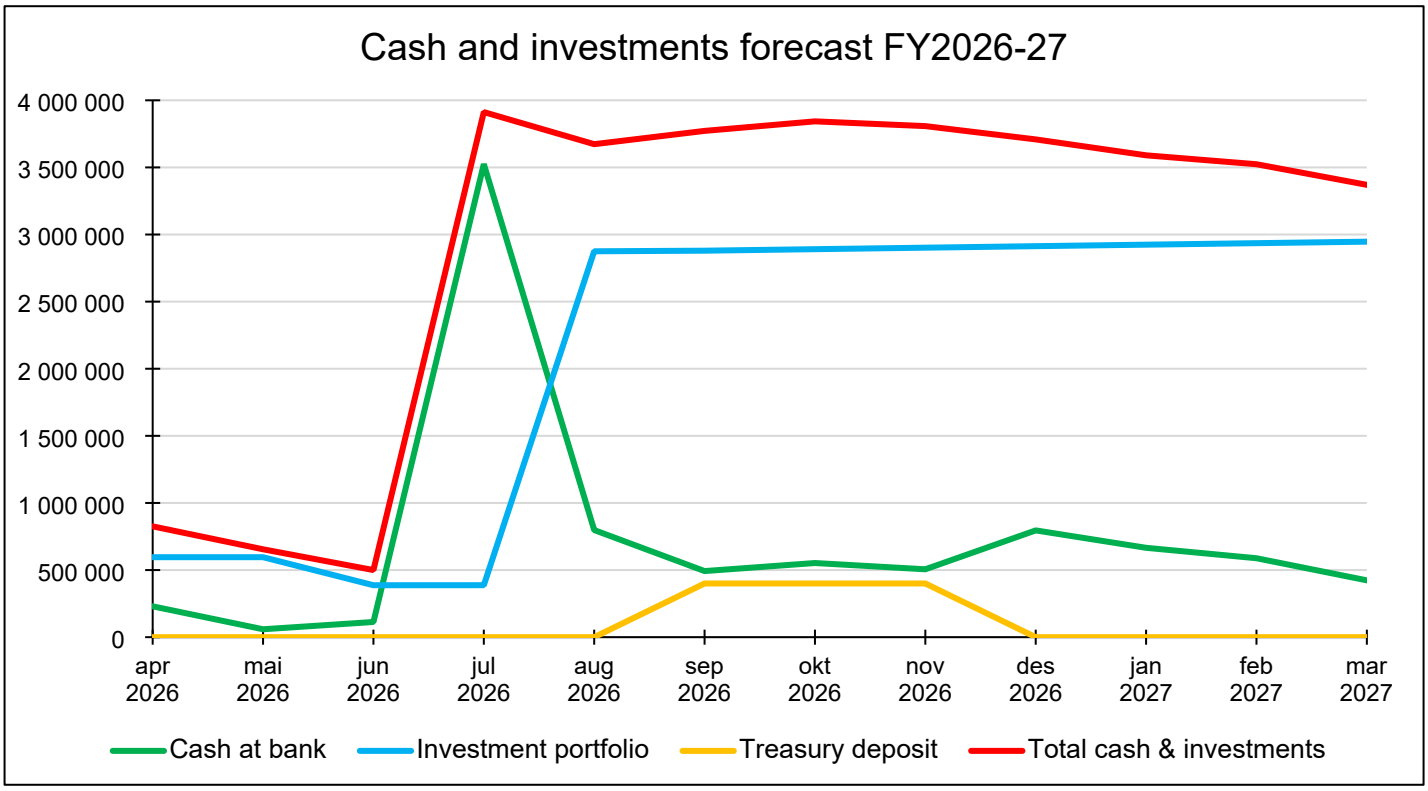
Cash and investments forecasting

28. We have prepared a cash forecast which looks ahead to the end of the financial year in March 2027. This includes actual balances to the end of September, along with a forecast based on estimates using the most up to date available information

29. The forecast shows four sets of data; cash in the bank (green line), treasury deposit (yellow), investments (blue), and a total of those three elements (red):



NB: For this purpose, we haven't assumed a continuation of the treasury deposit; we will look to continue this practice based on freely available cash in the bank account over a certain period of time.

Creditors

30. Creditors have decreased to £556k from the year end position of £801k. The main contributor since year end is in relation to year end expense and invoice accruals having been reversed once paid through the system.

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Reserves update

31. Spending on designated reserves in the year is shown below:

Reserve	Reserve at March 2026	New allocation in year	Spend in year	Transfer (to)/from General reserve	Reserve at September 2026
NCOR infrastructure costs	94,800	-	13,286	-	81,514
NCOR research project	-	30,000	-	-	30,000
Innovation fund	66,490	-	13,460	-	53,030
Total	**161,290**	**30,000**	**26,746**	**-**	**164,544**

32. The revised reserves policy (approved at the July 2026 Council meeting) states that we should be holding between eight and nine months of expenditure in our freely available reserves. As at September 2026 we are holding 11.8 months' worth of expenditure in reserve.

Charity Commission reporting

33. As well as being a statutory regulator, GOsC is also a registered charity, and there are certain circumstances where we must make reports to the Charity Commission, including for example, serious adverse events such as significant reduction in income.

34. Since Council in July, we have needed to make a report to the Charity Commission which related to an attempted fraudulent transaction of £600. Charity Commission have confirmed there is no further action required of the GOsC.

35. We submitted the Annual Return and Trustees Annual Report and Accounts to the Charity Commission in early October.

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Departmental Expenditure Accounts

36. The individual departmental accounts are listed below with further narrative to support each business area:

Employment costs

	Year to Date 1 April 2026 – 30 September 2026					
	Actual	**Budget**	**Variance**		**FY Budget**	**FY Forecast**
			£	**%**		
Expenditure						
Salaries & pensions	930,065	951,000	20,935	2	1,902,000	1,886,388
Staff development & training	12,361	15,000	2,639	18	30,000	24,723
Recruitment	10,013	7,500	(2,513)	(34)	15,000	20,026
Pension scheme admin costs	2,508	2,508	-	0	5,016	5,016
Annual P11d tax cost	1,812	1,812	-	0	1,812	1,812
Temporary staff	-	-	-	(100)	3,000	3,000
Job evaluation & benchmarking	-	-	-	(100)	1,400	1,400
Staff benefits:						
Insurance premiums	7,568	9,550	1,982	21	19,100	17,159
Other staff costs & benefits	5,057	6,401	1,344	21	12,803	10,113
Total	**969,384**	**993,771**	**24,387**	**2**	**1,990,131**	**1,969,637**

37. The position after the first half of the year shows a total expenditure of £969k, against a year-to-date budget allocation of £994k.

38. There is also an underspend in staff development & training; we expect this to pick up as the year progresses, especially after the annual performance review cycle. We are also expecting a refund from a training provider who provided inadequate customer service training to a large group of GOsC staff.

39. Staff recruitment costs are over budget due to two members of staff being on a fixed term contracts which attract additional costs when renewed.

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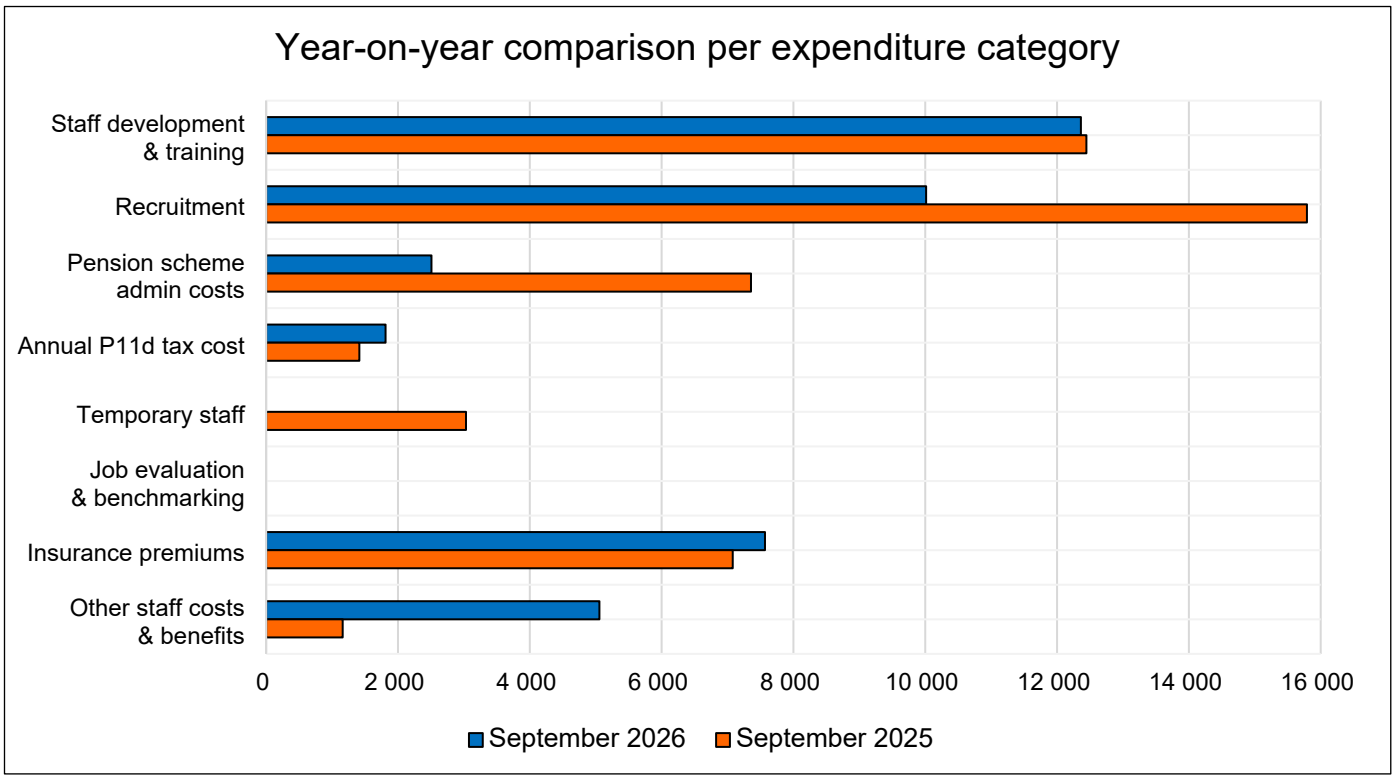
40. A year-on-year comparison of costs in the department (excluding salaries and pension costs) is shown below:



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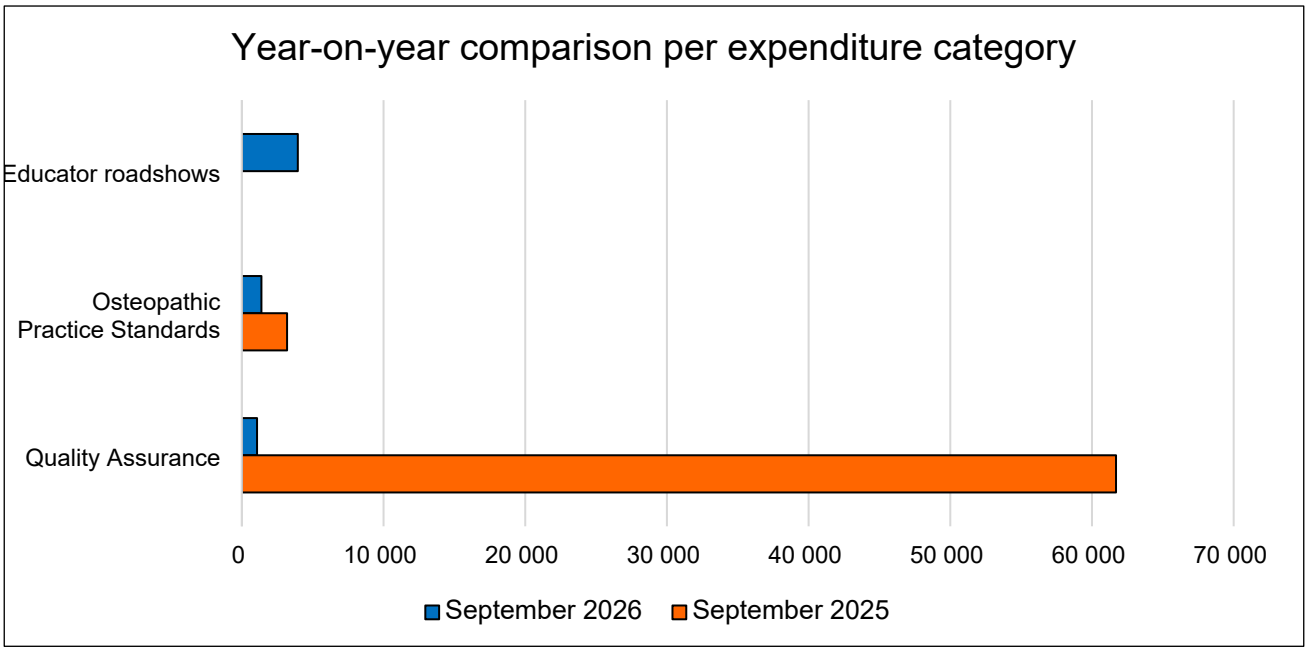
Education and professional standards

	Year to Date 1 April 2026 – 30 September 2026					
	Actual	Budget	Variance		FY Budget	FY Forecast
			£	%		
Expenditure						
Educator roadshows	3,950	7,500	3,550	47	15,000	7,900
Quality Assurance	1,381	1,381	-	0	50,000	50,000
Osteopathic Practice Standards	1,073	3,750	2,677	71	7,500	2,145
Total	**6,404**	**12,631**	**6,227**	**49**	**72,500**	**60,045**

41. The position after the first half of the year shows a total expenditure of £6k, against a year-to-date budget allocation of £13k. We will phase the budget allocation as QA visits and training happen, so that the presented accounts are more timely and relevant. Visits are scheduled for October and December this year, with a training day also having taken place in October.

42. A year-on-year comparison of costs in the department is shown below:



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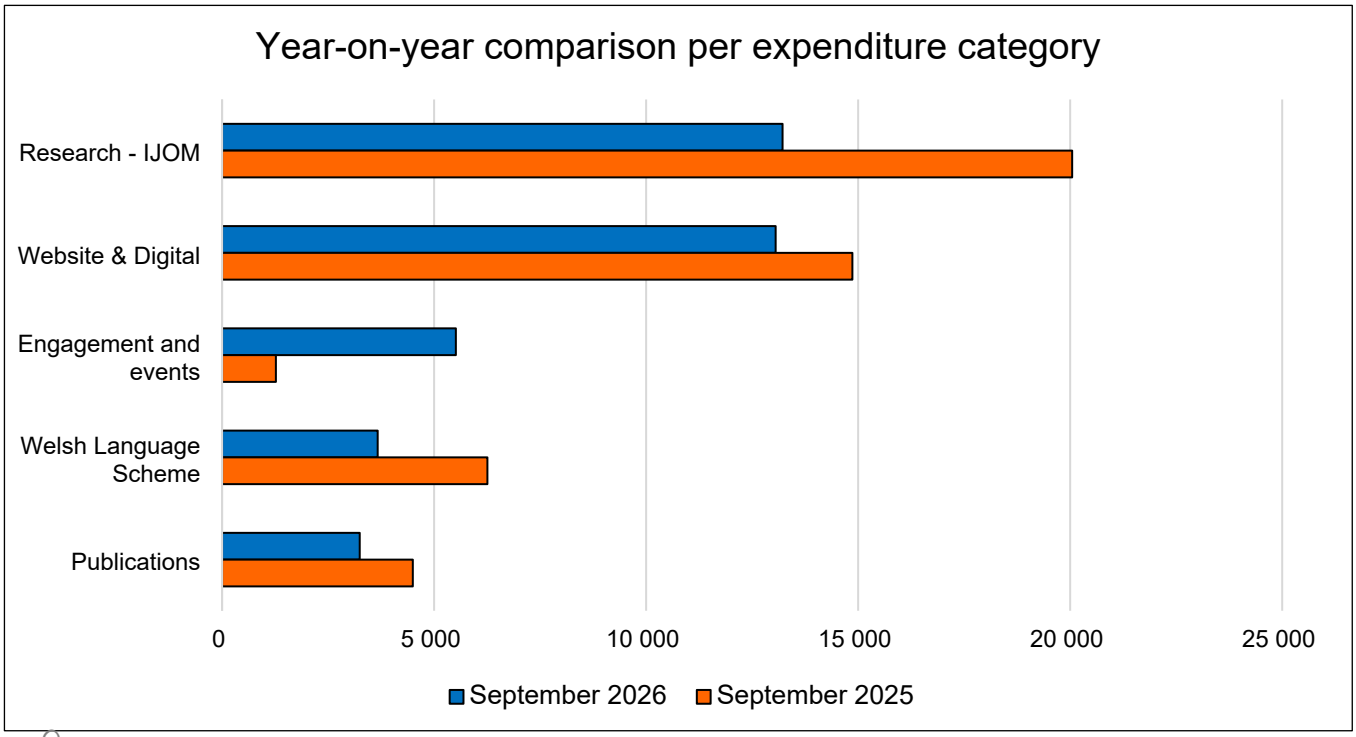
Communications and development

	Year to Date 1 April 2026 – 30 September 2026					
	Actual	Budget	Variance		FY Budget	FY Forecast
			£	%		
Expenditure						
Research - IJOM	13,217	13,181	(36)	0	26,362	26,362
Website & Digital	13,055	11,826	(1,229)	(10)	23,653	26,108
Engagement and events	5,513	7,250	1,737	24	14,500	11,026
Welsh Language Scheme	3,669	8,500	4,831	57	17,000	7,339
Publications	3,246	7,303	4,057	56	14,605	6,492
Total	**38,700**	**48,060**	**9,360**	**19**	**96,120**	**77,327**

43. The position after the first half of the year shows a total expenditure of £39k, against a year-to-date budget allocation of £48k. The underspend is predominantly due to the Welsh language scheme and Publications. We expect to see more spend on the Welsh language scheme as the year progresses, especially on the new website (which was allocated significant funds in this area). Other departmental spends are expected to pick up as the year progresses.

44. A year-on-year comparison of costs in the department is shown below:



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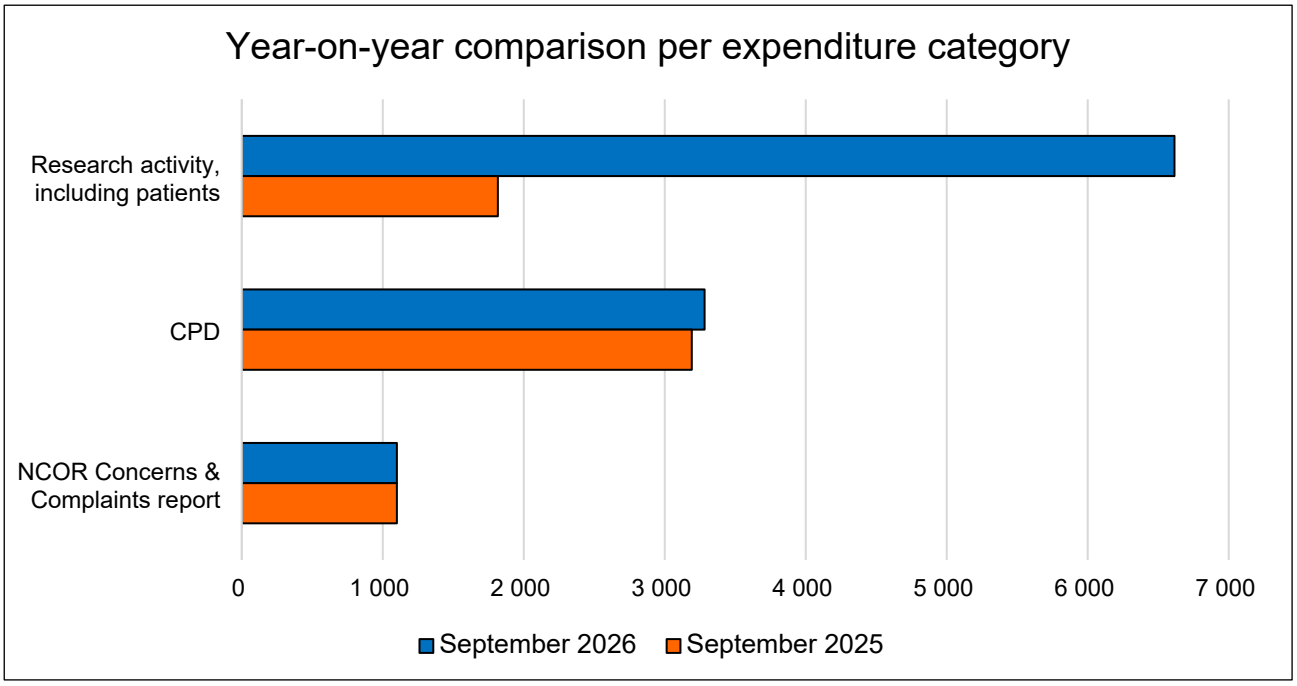
Data, research, and evaluation

	Year to Date 1 April 2026 – 30 September 2026					
	Actual	**Budget**	**Variance**		**FY Budget**	**FY Forecast**
			£	**%**		
Expenditure						
Research activity, including patients	6,615	4,513	(2,102)	(47)	19,027	15,254
CPD	3,283	2,695	(588)	(22)	5,389	6,565
NCOR Concerns & Complaints report	1,100	1,100	-	0	1,100	1,100
Total	**10,998**	**8,308**	**(2,690)**	**(32)**	**25,516**	**22,919**

45. The position after the first half of the year shows a total expenditure of £11k, against a year-to-date budget allocation of £8k. The overspend is predominantly due to just under £4k of the expenses in Research activity relating to the previous year; the forecasted expenditure has been updated to reflect this.

46. A year-on-year comparison of costs in the department is shown below:



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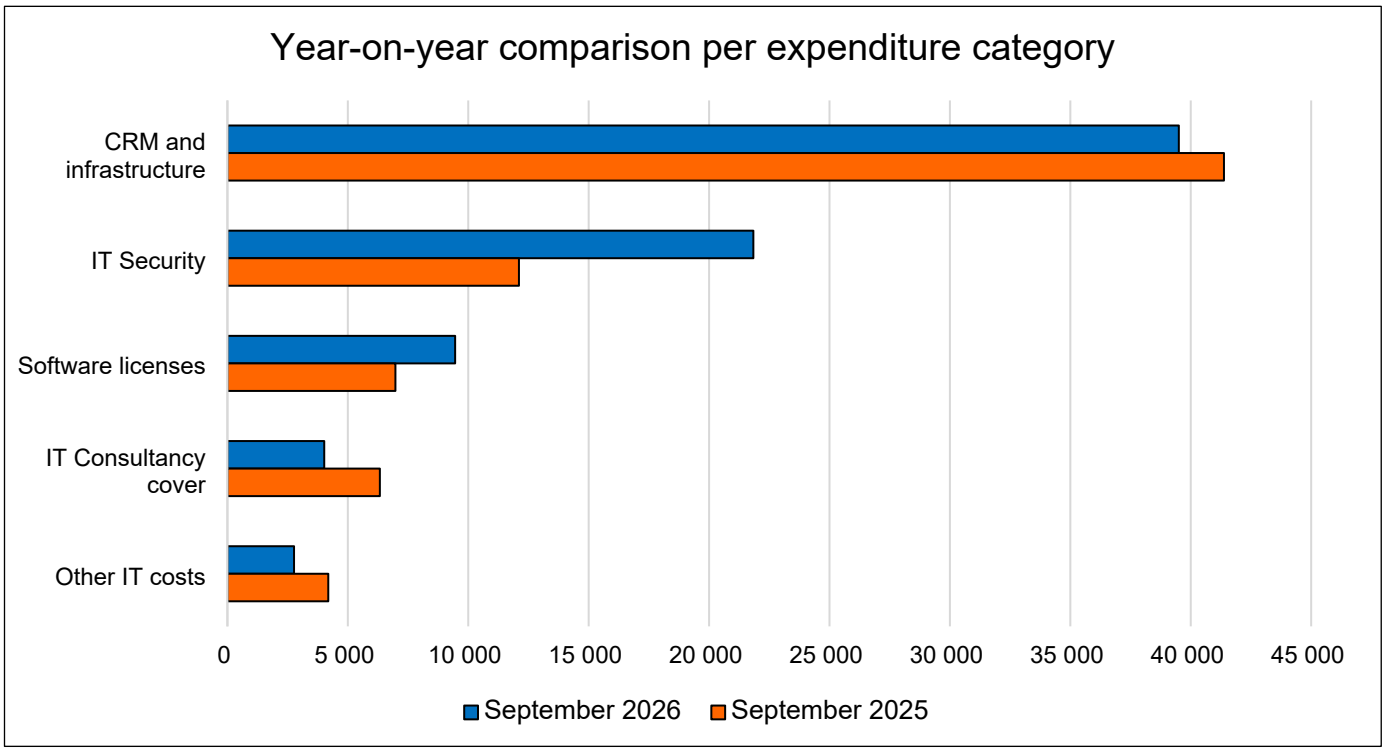
IT infrastructure

	Year to Date 1 April 2026 – 30 September 2026					
	Actual	Budget	Variance		FY Budget	FY Forecast
			£	%		
Expenditure						
CRM and infrastructure	39,505	38,152	(1,353)	(4)	76,304	76,464
IT Security	21,838	20,812	(1,026)	(5)	31,065	32,397
Software licenses	9,456	8,064	(1,392)	(17)	16,127	18,911
IT Consultancy cover	4,020	4,770	750	16	9,540	9,540
Other IT costs	2,766	2,500	(266)	(11)	5,000	5,532
Total	**77,585**	**74,298**	**(3,287)**	**(4)**	**138,036**	**142,844**

47. The position after the first half of the year shows a total expenditure of £78k, against a year-to-date budget allocation of £74k. The overspend is predominantly due to spending on higher than anticipated costs on the new CRM, along with some unplanned or unknown increases in the cost of licences. We plan in a 5% increase but occasionally the vendors increase their prices by more.

48. A year-on-year comparison of costs in the department is shown below:



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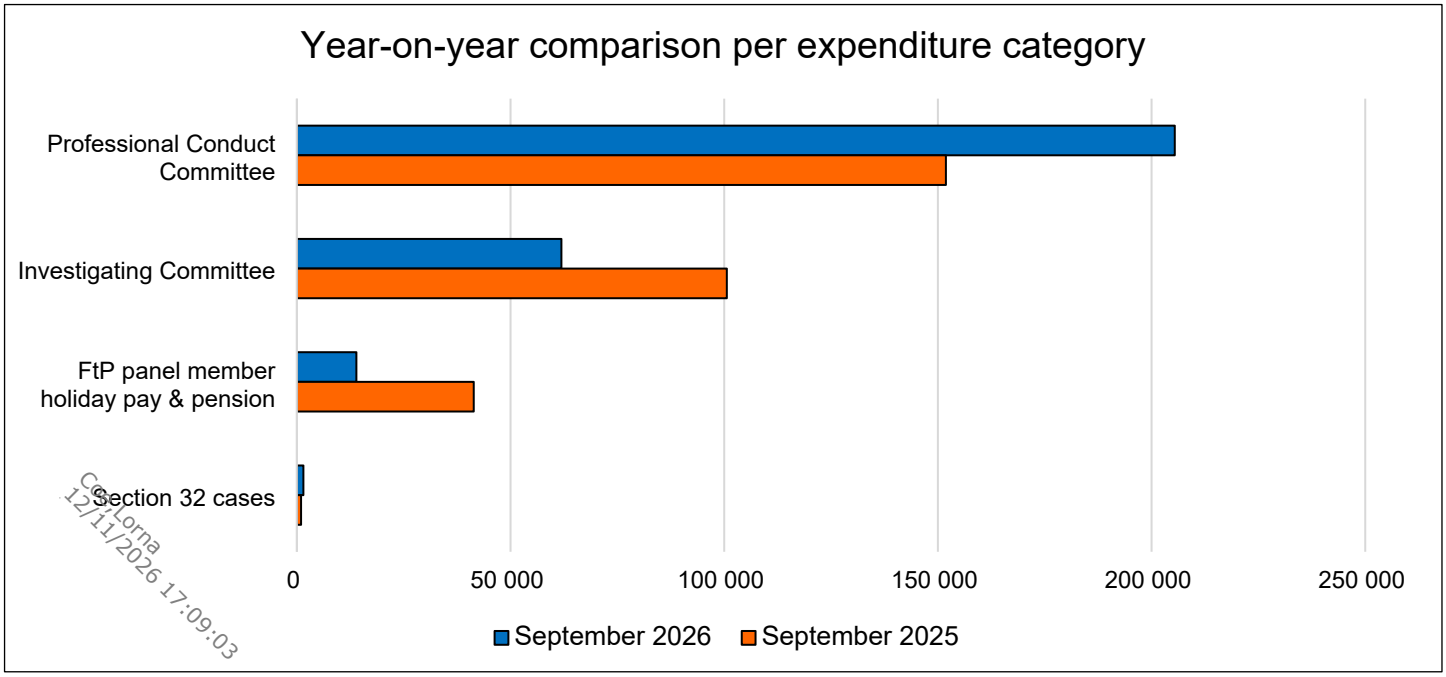
Regulation and Fitness to practise

	Year to Date 1 April 2026 – 30 September 2026					
	Actual	**Budget**	**Variance**		**FY Budget**	**FY Forecast**
			£	**%**		
Expenditure						
Statutory committee costs:						
• Professional Conduct Committee	205,431	264,360	58,929	22	528,719	468,060
• Investigating Committee	61,903	29,180	(32,723)	(112)	58,360	112,936
FtP panel member holiday pay & pension	13,928	11,500	(2,428)	(21)	23,000	27,856
Section 32 cases	1,528	2,500	972	39	5,000	1,400
Total	**282,790**	**307,540**	**24,750**	**8**	**615,079**	**610,252**

49. The position after the first half of the year shows a total expenditure of £283k, against a year-to-date budget allocation of £308k. There is an underspend of £26k in costs across the various committees in the year so far, whilst case numbers continue to be at very high levels. We are expecting costs to increase further during the autumn with several long and complex hearings. £41k of the costs incurred in the year to date relate to the previous year, so the forecasted expenditure has been updated to reflect this.

50. FtP panel member holiday pay and pension costs is showing as over budget for the year; this is likely to be over budget until cases start to return to more historically normal levels (this expense is directly linked to the spend on the committees).

51. A year-on-year comparison of costs in the department is shown below:



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52. As of 31 October 2026, the following hearings and meetings for the next six months are scheduled:

November 2026	**December 2026**
1x 12-day PCC substantive hearing 1x 1-day PCC review hearing 1x 12-day PCC substantive hearing 1x 1-day ICISO hearing	1x 5-day PCC substantive hearing 2x IC meetings
January 2027	**February 2027**
2x IC meetings 1x IC training day	4x IC meetings 1x PCC training day
March 2027	**April 2027**
1x IC meeting	None currently scheduled

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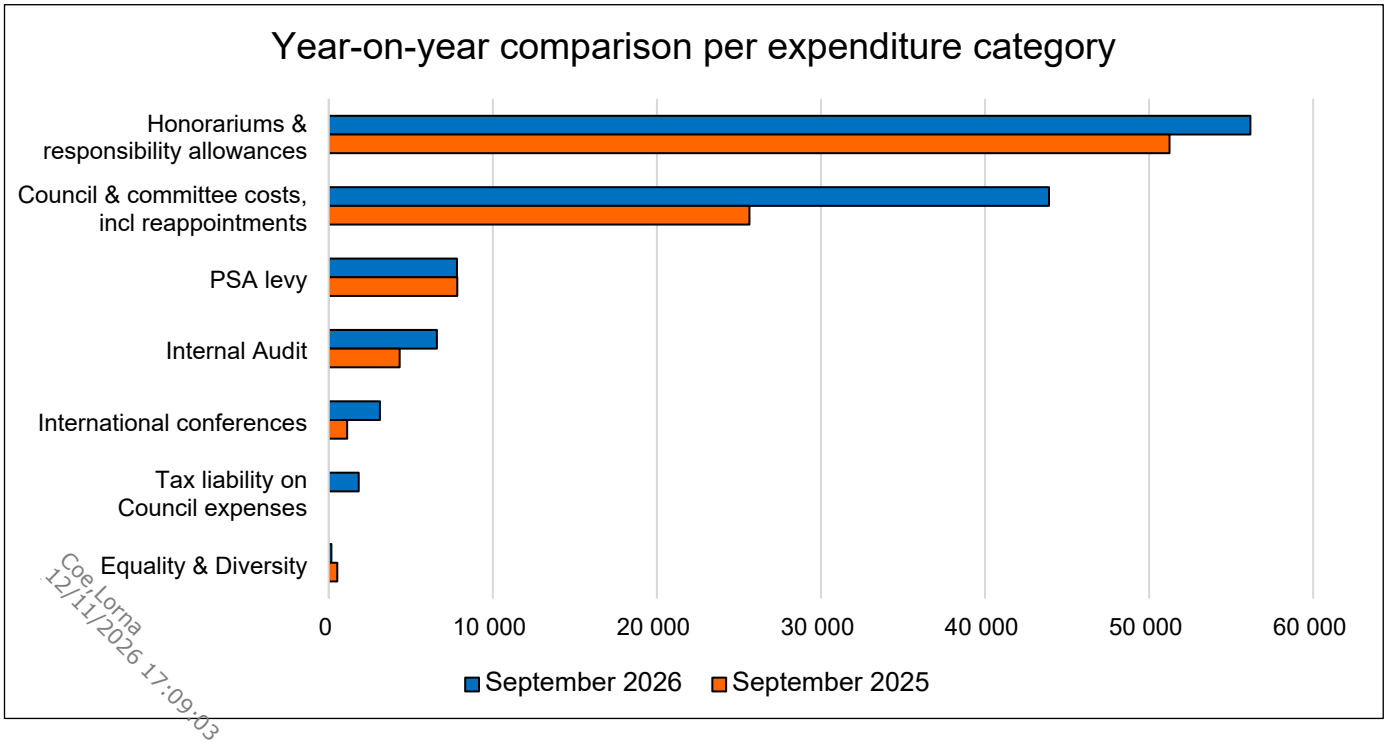
Governance

	Year to Date 1 April 2026 – 30 September 2026					
	Actual	**Budget**	**Variance**		**FY Budget**	**FY Forecast**
			£	**%**		
Expenditure						
Honorariums & responsibility allowances	56,173	55,000	(1,173)	(2)	110,000	112,347
Council & committee costs, incl reappointments	43,900	30,536	(13,364)	(44)	61,073	71,731
PSA levy	7,812	7,791	(21)	0	15,581	15,624
Internal Audit	6,588	11,070	4,482	40	22,140	22,140
International conferences	3,117	2,000	(1,117)	(56)	4,000	4,000
Tax liability (Council expenses)	1,824	1,824	-	0	5,000	1,824
Equality & Diversity	158	1,000	842	84	2,000	316
Total	**119,572**	**109,221**	**(10,351)**	**(9)**	**219,794**	**227,982**

53. The position after the first half of the year shows a total expenditure of £120k, against a year-to-date budget allocation of £109k. The majority of the overspend is due to Council & Committee costs, predominantly in recruitment costs; we had increased costs due to a large number of applicants for the Council member and Investigating Committee roles. These required an extra round of shortlisting by an external company (we received 160 applications for the Council member role, 138 applications for the IC member role, and 38 applications for the IC Chair role).

54. A year-on-year comparison of costs in the department is shown below:



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Central resources and financing

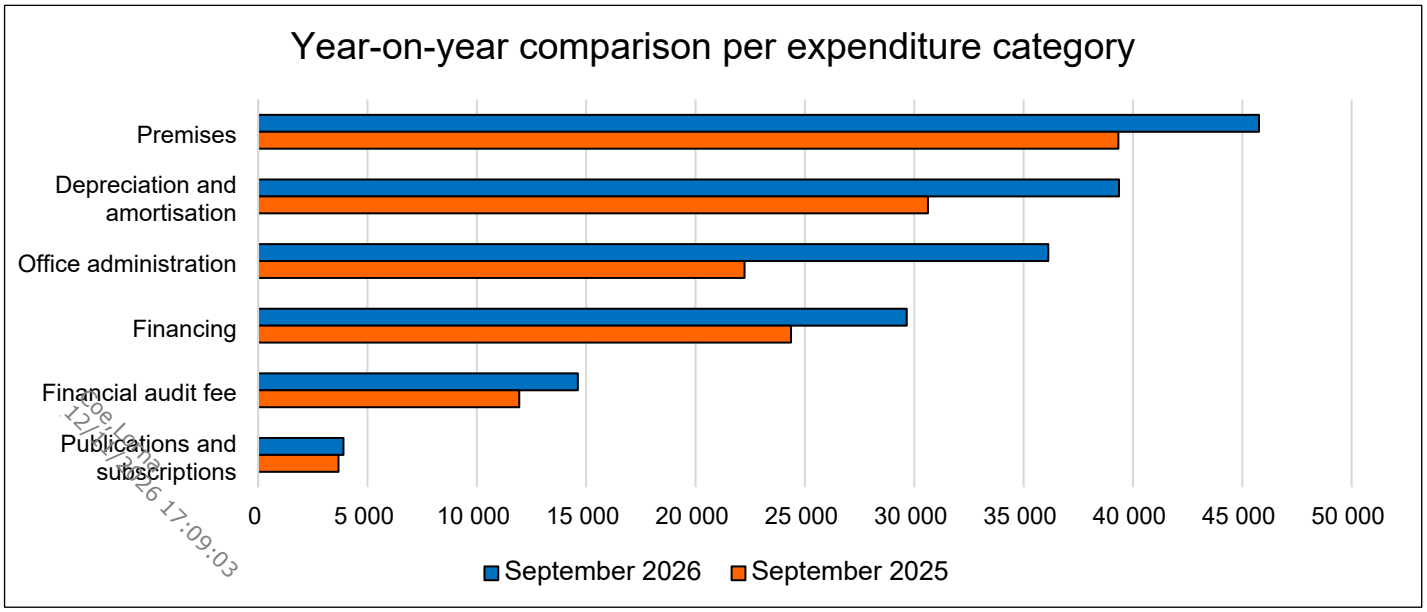
	Year to Date 1 April 2026 – 30 September 2026					
	Actual	Budget	Variance		FY Budget	FY Forecast
			£	%		
Expenditure						
Premises	45,763	35,451	(10,312)	(29)	70,901	79,670
Depreciation and amortisation	39,363	37,576	(1,787)	(5)	75,155	75,878
Office administration	36,129	33,290	(2,839)	(9)	54,786	60,361
Financing	29,657	20,000	(9,657)	(48)	40,000	45,314
Financial audit fee	14,618	14,579	(39)	0	29,157	29,157
Publications and subscriptions	3,901	3,375	(526)	(16)	6,750	7,801
Total	**169,431**	**144,271**	**(25,160)**	**(17)**	**276,749**	**298,181**

55. The position after the first half of the year shows a total expenditure of £169k, against a year-to-date budget allocation of £144k. The overspend on expenses in Premises is due to work that needed to be carried out, pre-sale, on the air conditioning system at Osteopathy House (this amounted to around £5,600).

56. Overspends in financing (general bank charges and card payment charges) are largely due to a busy summer renewal period, which attracts the associated card payment charges; this should start to align with the budget as renewals slow down through the autumn and winter.

57. Within the Office Administration category is our business insurance. Following the sale of the building, we are expecting a refund of around £2k which relates to buildings insurance.

58. A year-on-year comparison of costs in the department is shown below:



Annex B to 7

Financial Report 2026-27 (half year to September 2026)

Key messages from the report:

- Total income is around £1.85m and is £7k under budget for the first half of the year.

- Operational expenditure is around £1.68m and is £25k under budget for the six month period. Spending from designated reserves was £27k in the first two months of the year.

- 'Capital Gains' arising from the sale of Osteopathy House and other fixed assets amounted to £1.79m. This gain arose from the sale price of £3.3m less agents and legal fees of £83k, less the balance sheet value of the building and associated assets at the time of sale (£1.43m).

- Cash at bank is currently around £487k higher than at year end, at £507k; we retained around £750k from the sale of the building in the bank account to cover expenses for the year ahead.

- Of this £750k, we sent £400k to a fixed term treasury account for three months, on which we will receive 2.25% gross interest per annum. We will look to continue this practice based on freely available cash in the bank account. As a comparison, the high interest daily sweep account pays around 0.85%.

- The investment portfolio currently sits at £2.88m, with a gain of around £45k year to date.

Background information

1. Our current financial year commenced on 1 April 2026 and will conclude on 31 March 2027. In this report it will be referred to as FY2026-27.

2. The budget for FY2026-27 was approved by Council in February 2026.

3. The revised budget for the current year following the sale of Osteopathy House is shown in point 7 below.

4. Forecast figures reflect the spend in the year to date, with adjustments to reflect any non-linear spend in the year. This intends to give an idea of what the position will be at the end of the year.

Summary of financial position

5. At the end of the six month period to 30 September 2026, the income and expenditure account shows a surplus position (before designated spending from reserves and gains on disposal of assets) of £173k. Spending from reserves budgets in the two months was £27k.

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6. We have budgeted a deficit position of around £208k, before designated spending, by year end.

Revised budget for FY2026-27

7. Following the sale of Osteopathy House, the current year's budget has been revised to more accurately reflect the anticipated income and expenditure in the year. This revised budget has been used as the basis for the variance and forecast figures used throughout this report

	revised budget FY2026-27	**original budget FY2026-27**	**change**
Income			
Registration fees	3,065,970	3,065,970	-
Registration assessments	10,000	10,000	-
Other income	160,270	79,550	80,720
Total	**3,236,240**	**3,155,520**	**80,720**
Expenditure			
Employment costs	1,990,131	1,989,807	324
Education and professional standards	72,500	72,500	-
Communications and development	96,120	103,398	(7,278)
Data, research, and evaluation	25,516	24,327	1,189
Registration administration	10,000	10,000	-
IT and infrastructure	138,036	121,885	16,151
Fitness to practise	615,079	565,045	50,034
Governance	215,794	212,104	3,690
Central resources and financing	283,749	320,434	(36,685)
Total	**3,446,925**	**3,419,500**	**27,425**
Surplus / (deficit) before designated spending	**(210,685)**	**(263,980)**	**53,295**

8. The main movements are outlined below:
   - **Other income**: increased investment income due to having a larger portfolio
   - **Communications**: new website costs lower than previous website
   - **IT**: increased cost for outsourced IT Support whilst we recruited a new Head of IT; penetration testing on the new website pre-launch; additional CRM cost for Regulation team licences
   - **Fitness to Practise**: additional room hire costs for hearings where no space available elsewhere; extra budget for Investigating Committee meetings has been allocated to ease the bottleneck of open cases waiting at the IC stage. A new pilot has been implemented to enable the IC to consider more cases at each meeting. More detail on this can be seen in Paper 9 later in this meeting.
   - **Central Resources**: reduced costs and depreciation resulting from selling the building (£75k); increased cost for hiring desks at Canopi (£31k)

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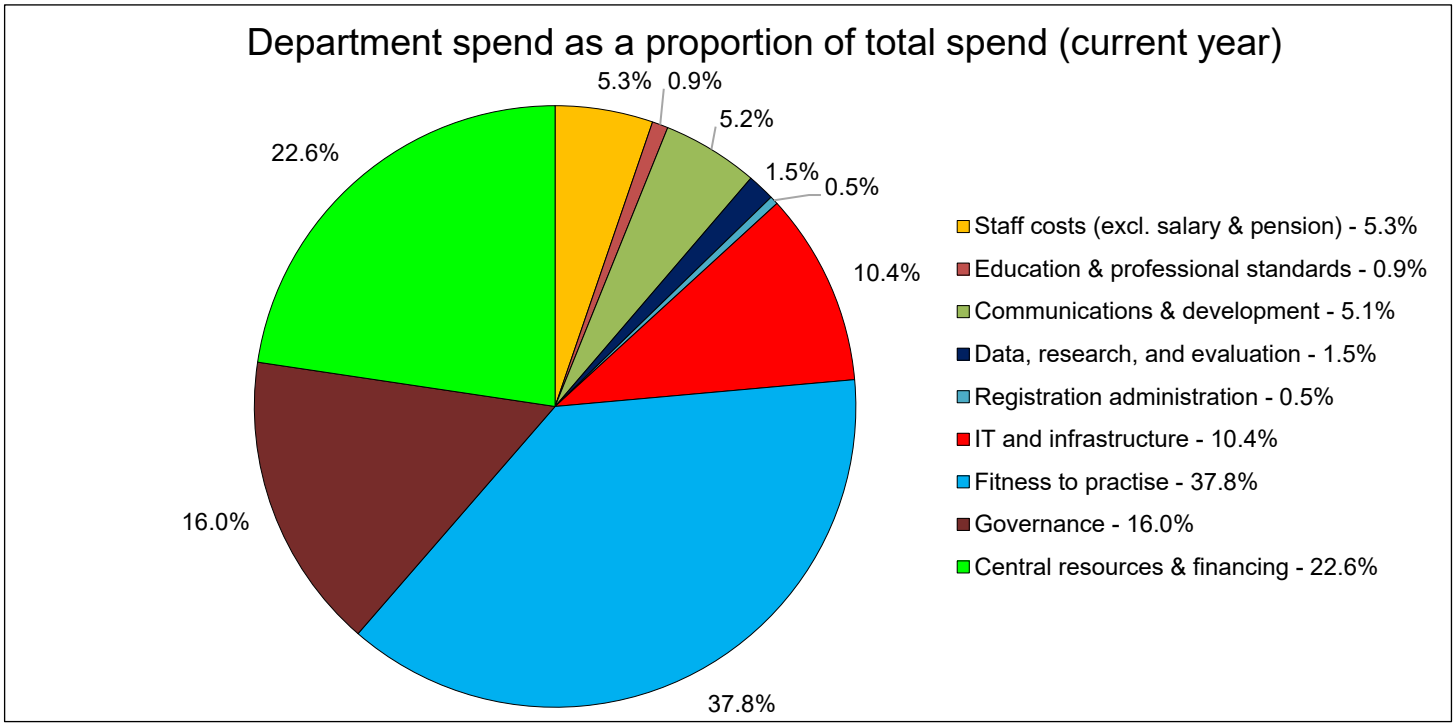
9. The fact that some costs in Fitness to Practise and Central Resources have increased should be viewed as a positive, as those additional costs stem from the building being sold in the current year, at least 8 months earlier than anticipated; we had originally budgeted for the building to be sold in the 2027-28 financial year.

Income

10. The primary source of income is from registration fees paid by osteopaths. The GOsC does not have a single registration date meaning that in every month there is a proportion of osteopaths due to renew their registration. In accordance with accounting rules, we need to ensure that we account for, and report, only the proportion of the fee relevant to the financial period.

11. At 30 September 2026, total year to date income totalled around £1.85m, which is approximately £7k under budget for the same period. Registration fees accounted for just under 98% of the total income received. Investment income, registration assessments, and bank interest accounted for just over 2% of income in the same period.

Expenditure



12. After the first half of the year, we have recorded actual operational expenditure of around £1.68m. This is approximately £25k under budget for the same period.

13. We have spent £27k from designated funds so far this year; we expect this to rise as invoices come in for the various NCOR research projects we are investing in (there is a £30k reserve for this).

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Income and Expenditure Account

14. The Income and Expenditure Account is set out below:

	Year to Date 1 April 2026 – 30 September 2026					
	Actual	**Budget**	**Variance**		**FY Budget**	**FY Forecast**
			£	**%**		
Income						
Registration fees	1,809,437	1,802,985	6,452	0	3,065,970	3,065,970
Registration assessments	4,360	5,000	(640)	(13)	10,000	8,720
Other income	37,531	50,225	(12,694)	(25)	160,270	145,643
Total	**1,851,328**	**1,858,210**	**(6,882)**	**0**	**3,236,240**	**3,220,333**
Expenditure						
Employment costs	969,384	993,771	24,387	2	1,990,131	1,969,637
Education and professional standards	6,404	12,631	6,227	49	72,500	60,045
Communications and development	38,700	48,060	9,360	19	96,120	77,327
Data, research, and evaluation	10,998	8,308	(2,690)	(32)	25,516	22,919
Registration administration	3,394	5,000	1,606	32	10,000	6,789
IT and infrastructure	77,585	74,298	(3,287)	(4)	138,036	142,844
Fitness to practise	282,790	307,540	24,750	8	615,079	610,252
Governance	119,572	109,221	(10,351)	(9)	219,794	227,982
Central resources and financing	169,431	144,271	(25,160)	(17)	276,749	298,181
Total	**1,678,258**	**1,703,100**	**24,842**	**1**	**3,443,925**	**3,415,976**
Surplus/(deficit) before designated spending and gains on disposal of fixed assets	**173,070**	**155,110**	**17,960**		**(207,685)**	**(195,643)**
Designated spending	26,746	53,250	26,504		106,500	53,419
Gain on disposal of fixed assets	1,786,256	-	1,786,256		-	1,786,256
Surplus/(deficit) after designated spending	**1,932,580**	**101,860**	**1,830,720**		**(314,185)**	**1,537,194**

NB: a positive variance indicates better than budgeted performance, and vice versa. This applies to all tables which show a variance in this paper.

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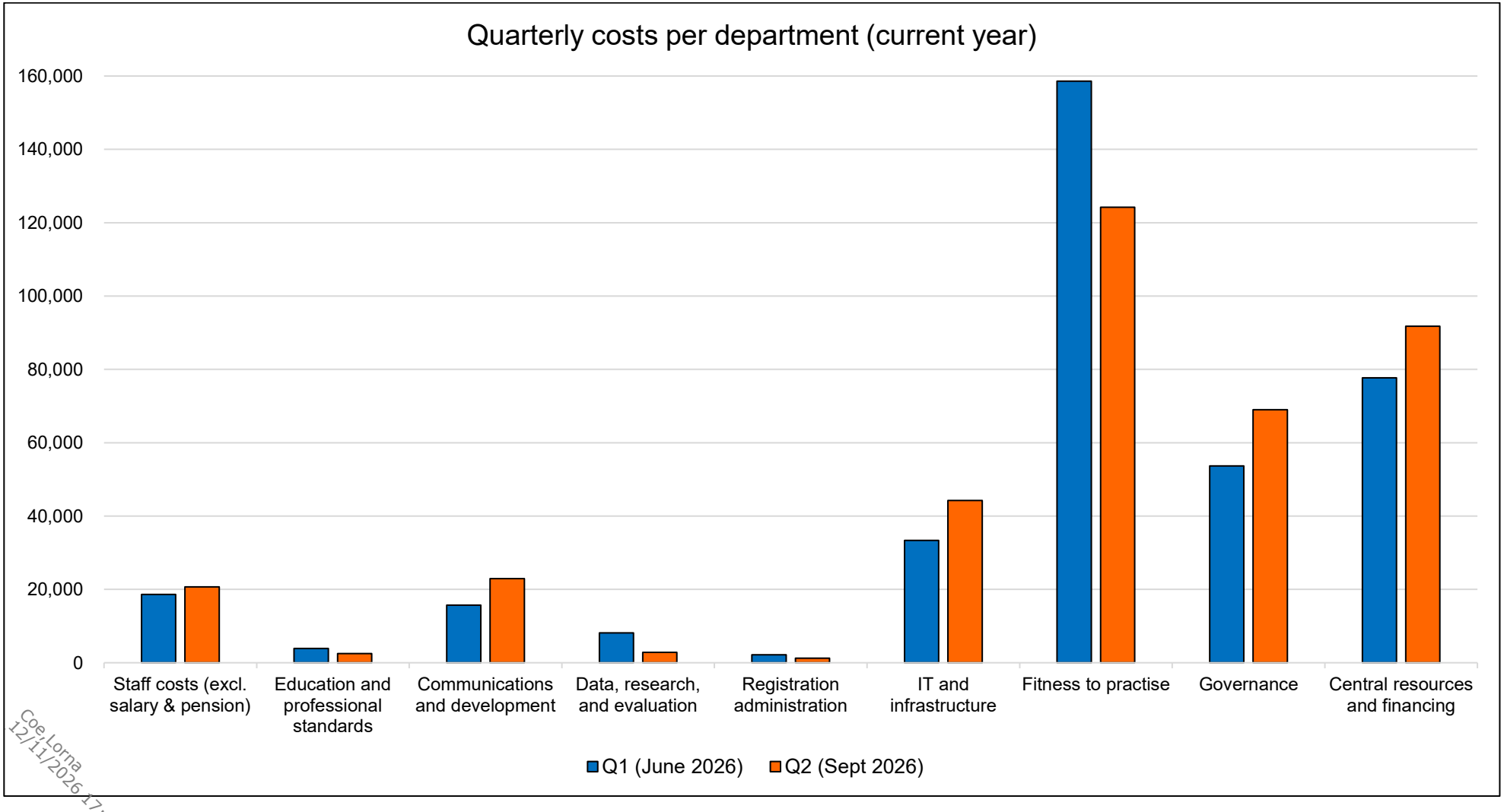
15. This graph shows each department's quarterly costs:



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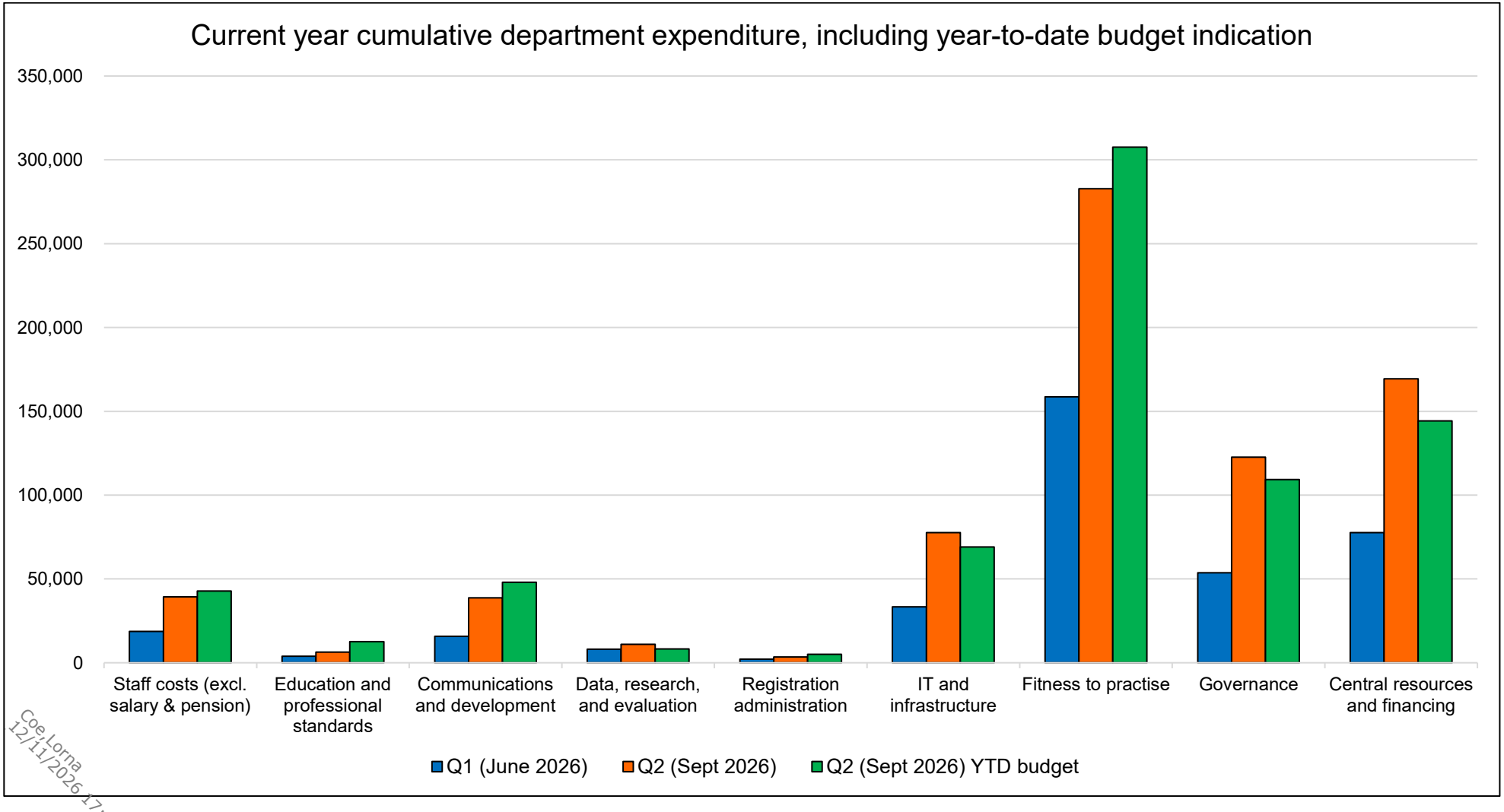
16. This graph shows each department's cumulative expenditure, with a year-to-date budget indication shown in the green bars:



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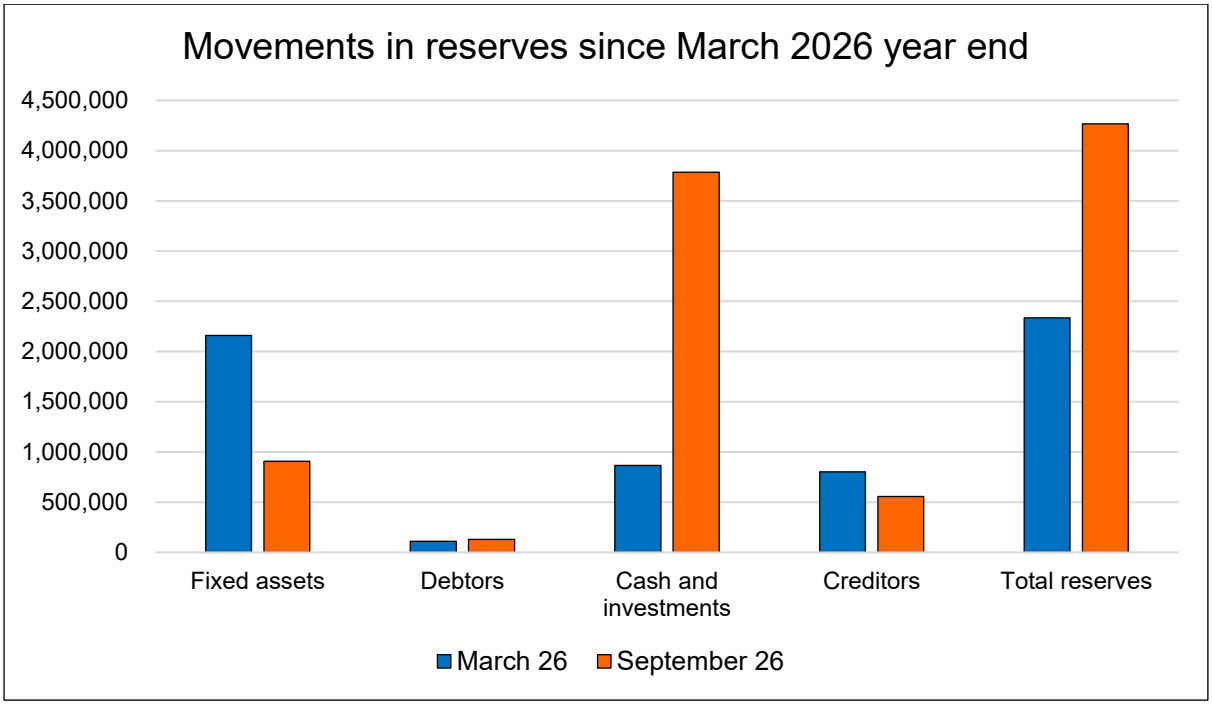
17. Detailed departmental expenditure accounts can be found further in the document.

Balance Sheet



18. The Balance Sheet at 30 September 2026 shows total reserves of £4.27m (including designated funds). Cash held in hand and at bank totals £507k with a further £400k in a treasury deposit account, and £2.88m in the managed investment portfolio.

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19. The Balance Sheet as at 30 September 2026 is set out below:

	30 September 2026			31 March 2026	
	£	£		£	£
Non-current assets					
Assets (fixed/intangible)		906,392			2,160,719
Investment portfolio		2,879,576			845,835
Current assets					
Debtors	130,170			109,508	
Cash at bank	506,916			19,918	
Treasury deposit	400,000			-	
	1,037,086			**129,426**	
Liabilities					
Creditors:					
due within one year	(555,635)			(801,141)	
	(555,635)			**(801,141)**	
Net current assets		**481,451**			**(671,715)**
Total assets less total liabilities		**4,267,419**			**2,334,839**
Reserves					
General reserve		4,102,875			2,173,549
Designated funds		164,544			161,290
Total Reserves		**4,267,419**			**2,334,839**

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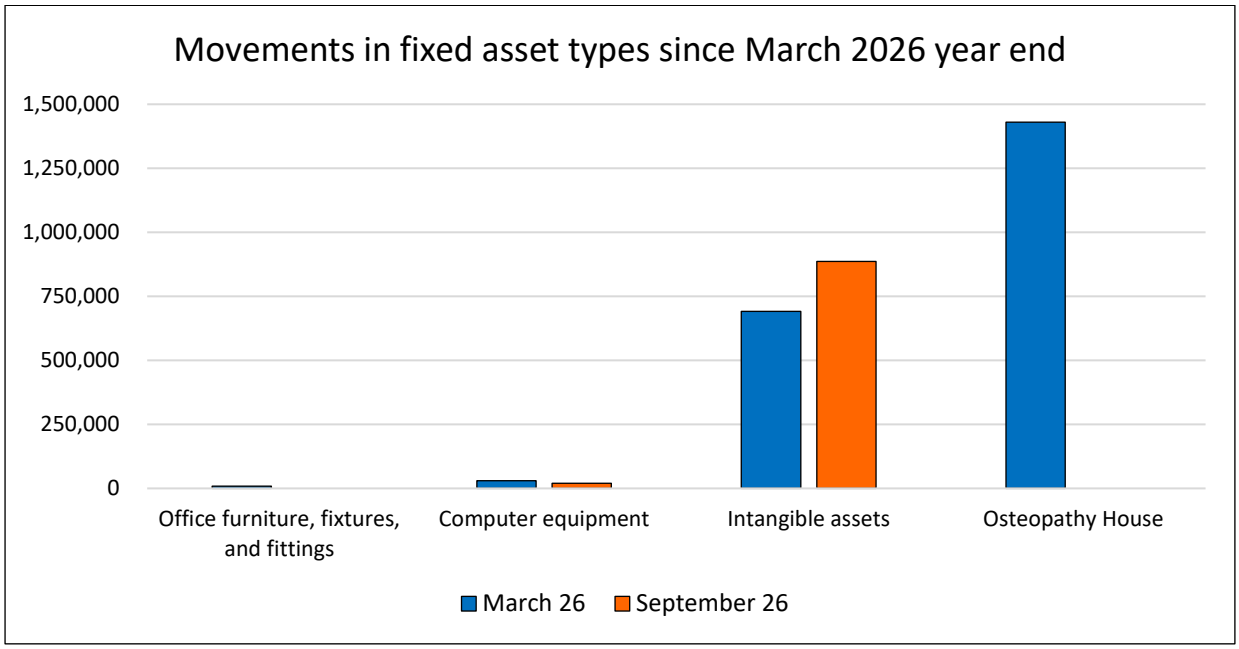
Balance Sheet summaries

Fixed assets



20. The major movement on our fixed asset register since year end is the disposal of Osteopathy House, which realised a gain on disposal of £1.80m. Other fixed assets relating to fixtures and equipment in the building were disposed of at a loss of around £9k.

21. A breakdown of the sale transaction is shown below:

Sale price	3,300,000
Legal fees	-24,050
Agents' fees	-59,400
Book value of Osteopathy House at sale date	-1,420,949
Book value of other office assets at sale date	-9,345
Gain on disposal of Osteopathy House and other associated assets	**1,786,256**

22. Intangible assets have gone up by around £195k; costs which all related to the implementation of the new GOsC website.

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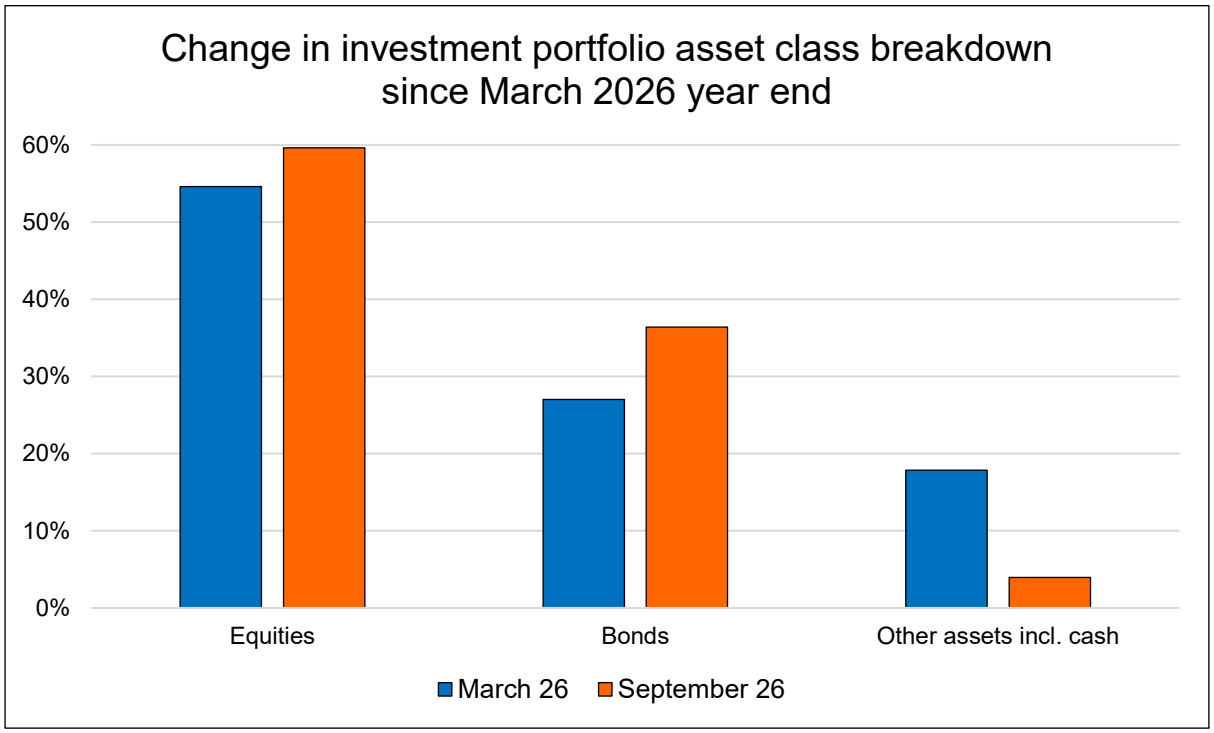
Investment portfolio



23. The new investment fund operated by Cambridge Investments opened in August 2026; the graph above shows a slight change in investment strategy, away from holding cash in the fund, and being as invested in equities and bonds as possible.

24. In accordance with the decision taken by Council, we paid a fee of £9,500 to transfer the fund from Brewin Dolphin to Cambridge, and investment management fees since then have been lower as a percentage of the fund.

25. At 30 September 2026, the investment portfolio stood at £2.88m, with a gain of around £45k year to date.

Debtors

26. Debtors have increased to £130k from the year end position of £110k. This is predominantly due to movements in the prepayment balance. We would expect to see a fluctuation throughout the year as expenses are processed through the system.

27. We also paid a deposit of £9,450 to Canopi when we moved into the new office; this is repayable if we decide to leave Canopi.

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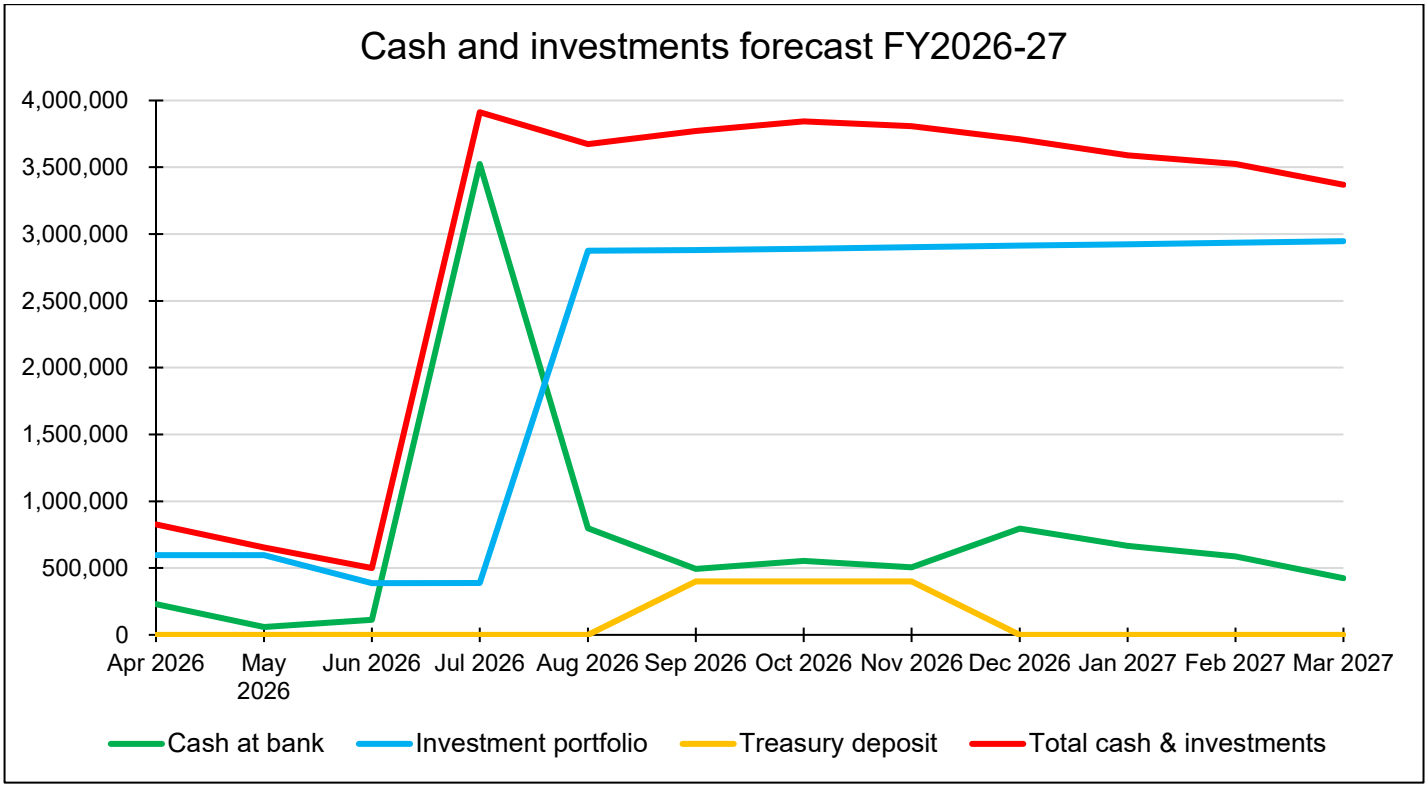
Cash and investments forecasting

28. We have prepared a cash forecast which looks ahead to the end of the financial year in March 2027. This includes actual balances to the end of September, along with a forecast based on estimates using the most up to date available information

29. The forecast shows four sets of data; cash in the bank (green line), treasury deposit (yellow), investments (blue), and a total of those three elements (red):



NB: For this purpose, we haven't assumed a continuation of the treasury deposit; we will look to continue this practice based on freely available cash in the bank account over a certain period of time.

Creditors

30. Creditors have decreased to £556k from the year end position of £801k. The main contributor since year end is in relation to year end expense and invoice accruals having been reversed once paid through the system.

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Reserves update

31. Spending on designated reserves in the year is shown below:

Reserve	Reserve at March 2026	New allocation in year	Spend in year	Transfer (to)/from General reserve	Reserve at September 2026
NCOR infrastructure costs	94,800	-	13,286	-	81,514
NCOR research project	-	30,000	-	-	30,000
Innovation fund	66,490	-	13,460	-	53,030
Total	**161,290**	**30,000**	**26,746**	**-**	**164,544**

32. The revised reserves policy (approved at the July 2026 Council meeting) states that we should be holding between eight and nine months of expenditure in our freely available reserves. As at September 2026 we are holding 11.8 months' worth of expenditure in reserve.

Charity Commission reporting

33. As well as being a statutory regulator, GOsC is also a registered charity, and there are certain circumstances where we must make reports to the Charity Commission, including for example, serious adverse events such as significant reduction in income.

34. Since Council in July, we have needed to make a report to the Charity Commission which related to an attempted fraudulent transaction of £600. Charity Commission have confirmed there is no further action required of the GOsC.

35. We submitted the Annual Return and Trustees Annual Report and Accounts to the Charity Commission in early October.

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Departmental Expenditure Accounts

36. The individual departmental accounts are listed below with further narrative to support each business area:

Employment costs

	Year to Date 1 April 2026 – 30 September 2026					
	Actual	**Budget**	**Variance**		**FY Budget**	**FY Forecast**
			£	**%**		
Expenditure						
Salaries & pensions	930,065	951,000	20,935	2	1,902,000	1,886,388
Staff development & training	12,361	15,000	2,639	18	30,000	24,723
Recruitment	10,013	7,500	(2,513)	(34)	15,000	20,026
Pension scheme admin costs	2,508	2,508	-	0	5,016	5,016
Annual P11d tax cost	1,812	1,812	-	0	1,812	1,812
Temporary staff	-	-	-	(100)	3,000	3,000
Job evaluation & benchmarking	-	-	-	(100)	1,400	1,400
Staff benefits:						
Insurance premiums	7,568	9,550	1,982	21	19,100	17,159
Other staff costs & benefits	5,057	6,401	1,344	21	12,803	10,113
Total	**969,384**	**993,771**	**24,387**	**2**	**1,990,131**	**1,969,637**

37. The position after the first half of the year shows a total expenditure of £969k, against a year-to-date budget allocation of £994k.

38. There is also an underspend in staff development & training; we expect this to pick up as the year progresses, especially after the annual performance review cycle. We are also expecting a refund from a training provider who provided inadequate customer service training to a large group of GOsC staff.

39. Staff recruitment costs are over budget due to two members of staff being on a fixed term contracts which attract additional costs when renewed.

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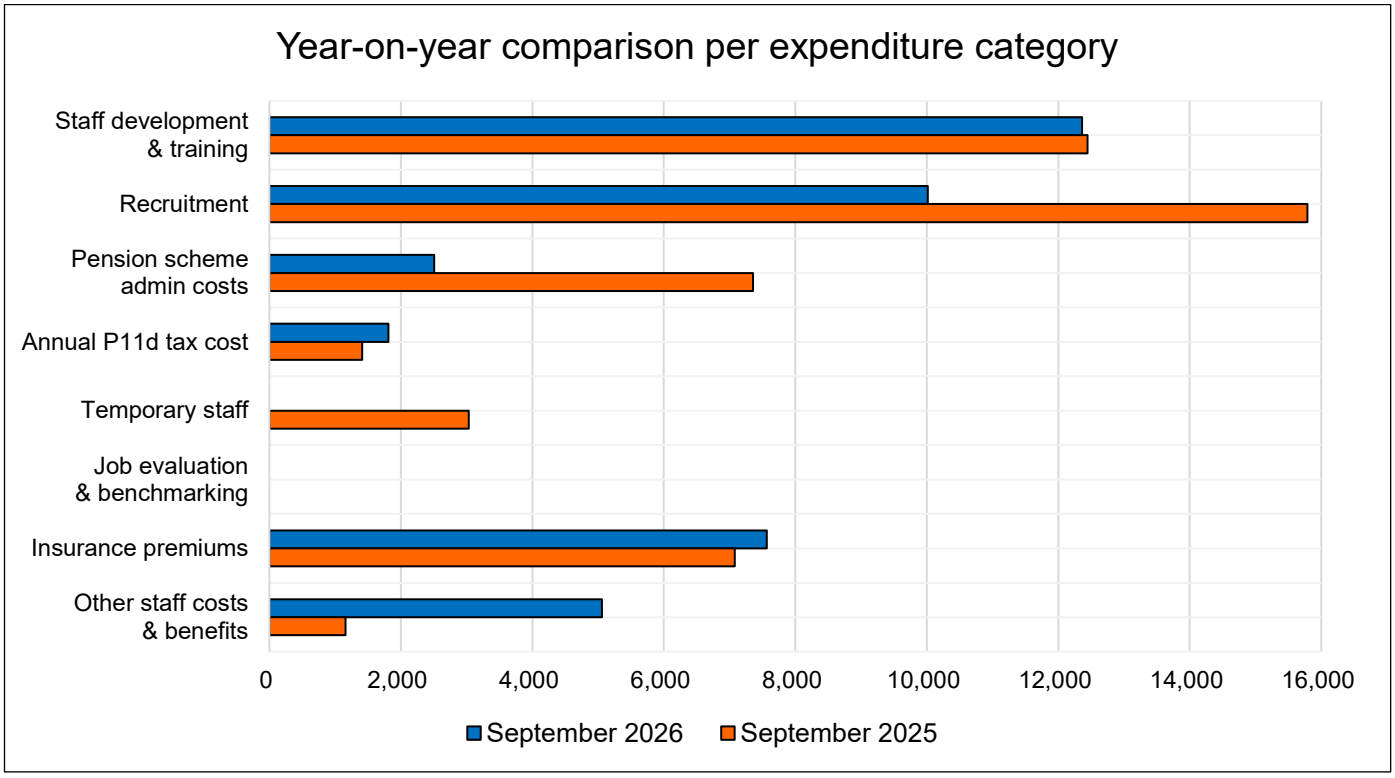
40. A year-on-year comparison of costs in the department (excluding salaries and pension costs) is shown below:



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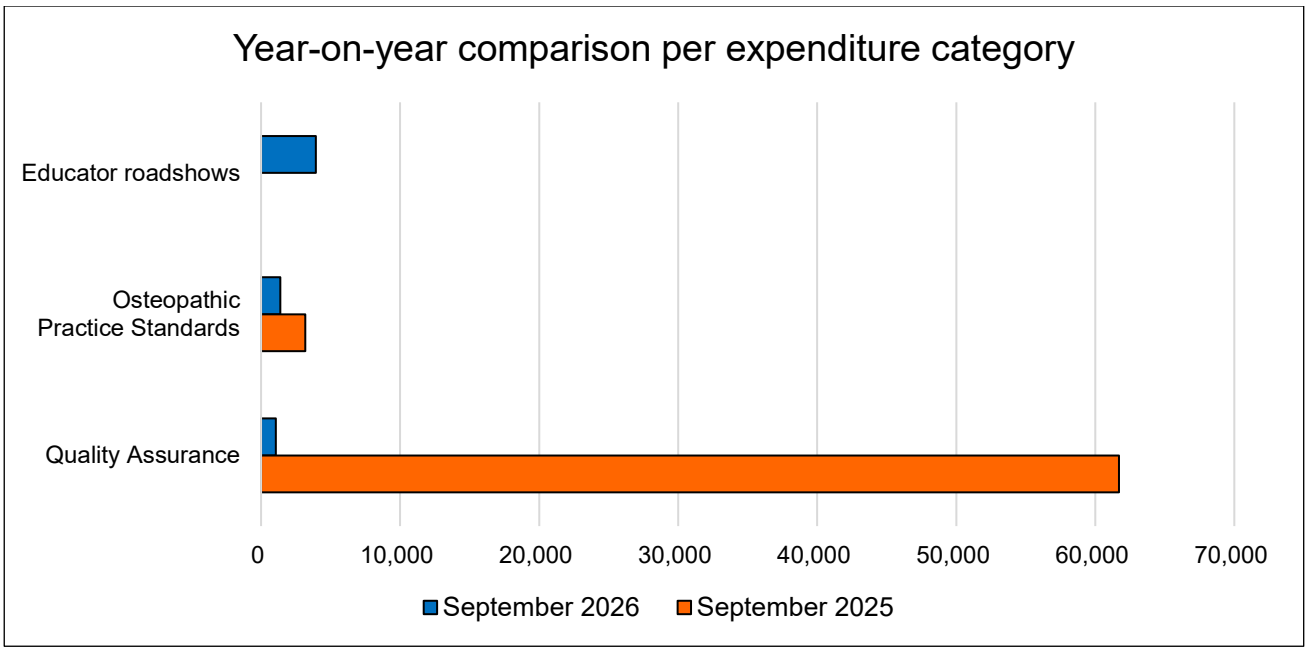
Education and professional standards

	Year to Date 1 April 2026 – 30 September 2026					
	Actual	Budget	Variance		FY Budget	FY Forecast
			£	%		
Expenditure						
Educator roadshows	3,950	7,500	3,550	47	15,000	7,900
Quality Assurance	1,381	1,381	-	0	50,000	50,000
Osteopathic Practice Standards	1,073	3,750	2,677	71	7,500	2,145
Total	**6,404**	**12,631**	**6,227**	**49**	**72,500**	**60,045**

41. The position after the first half of the year shows a total expenditure of £6k, against a year-to-date budget allocation of £13k. We will phase the budget allocation as QA visits and training happen, so that the presented accounts are more timely and relevant. Visits are scheduled for October and December this year, with a training day also having taken place in October.

42. A year-on-year comparison of costs in the department is shown below:



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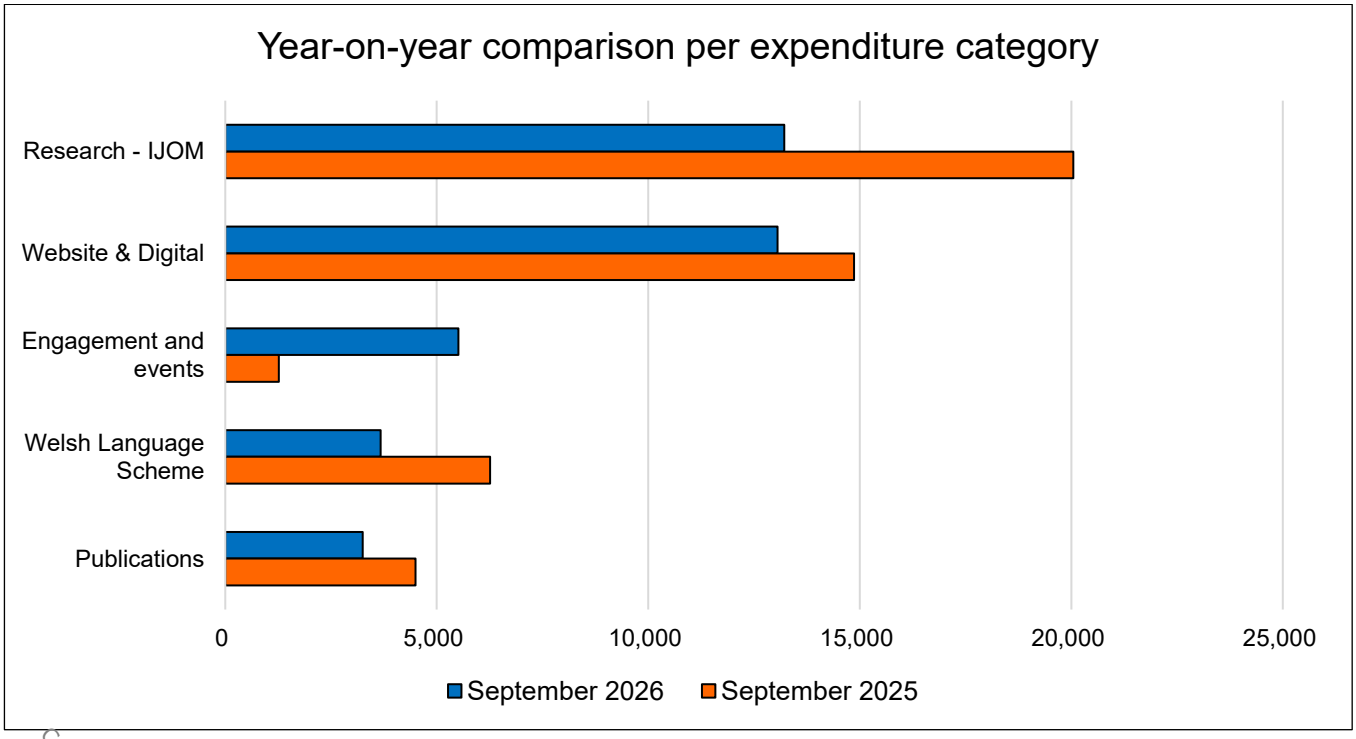
Communications and development

	Year to Date 1 April 2026 – 30 September 2026					
	Actual	Budget	Variance		FY Budget	FY Forecast
			£	%		
Expenditure						
Research - IJOM	13,217	13,181	(36)	0	26,362	26,362
Website & Digital	13,055	11,826	(1,229)	(10)	23,653	26,108
Engagement and events	5,513	7,250	1,737	24	14,500	11,026
Welsh Language Scheme	3,669	8,500	4,831	57	17,000	7,339
Publications	3,246	7,303	4,057	56	14,605	6,492
Total	**38,700**	**48,060**	**9,360**	**19**	**96,120**	**77,327**

43. The position after the first half of the year shows a total expenditure of £39k, against a year-to-date budget allocation of £48k. The underspend is predominantly due to the Welsh language scheme and Publications. We expect to see more spend on the Welsh language scheme as the year progresses, especially on the new website (which was allocated significant funds in this area). Other departmental spends are expected to pick up as the year progresses.

44. A year-on-year comparison of costs in the department is shown below:



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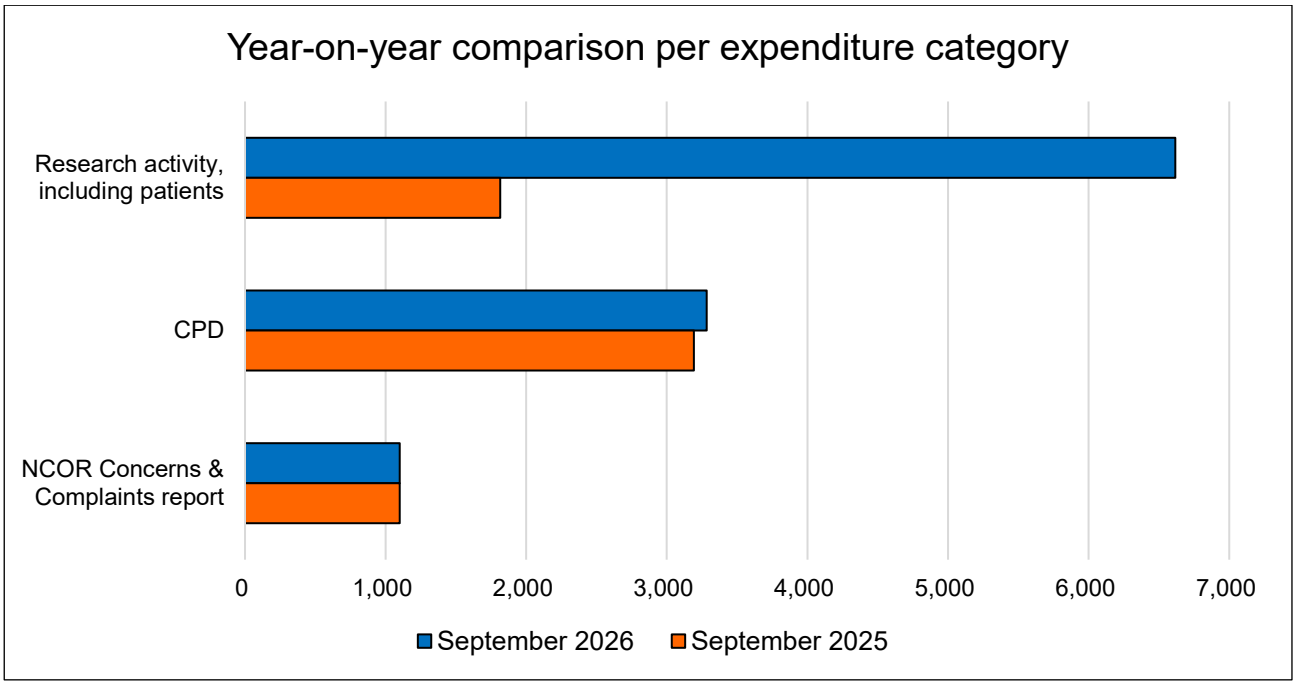
Data, research, and evaluation

	Year to Date 1 April 2026 – 30 September 2026					
	Actual	**Budget**	**Variance**		**FY Budget**	**FY Forecast**
			£	**%**		
Expenditure						
Research activity, including patients	6,615	4,513	(2,102)	(47)	19,027	15,254
CPD	3,283	2,695	(588)	(22)	5,389	6,565
NCOR Concerns & Complaints report	1,100	1,100	-	0	1,100	1,100
Total	**10,998**	**8,308**	**(2,690)**	**(32)**	**25,516**	**22,919**

45. The position after the first half of the year shows a total expenditure of £11k, against a year-to-date budget allocation of £8k. The overspend is predominantly due to just under £4k of the expenses in Research activity relating to the previous year; the forecasted expenditure has been updated to reflect this.

46. A year-on-year comparison of costs in the department is shown below:



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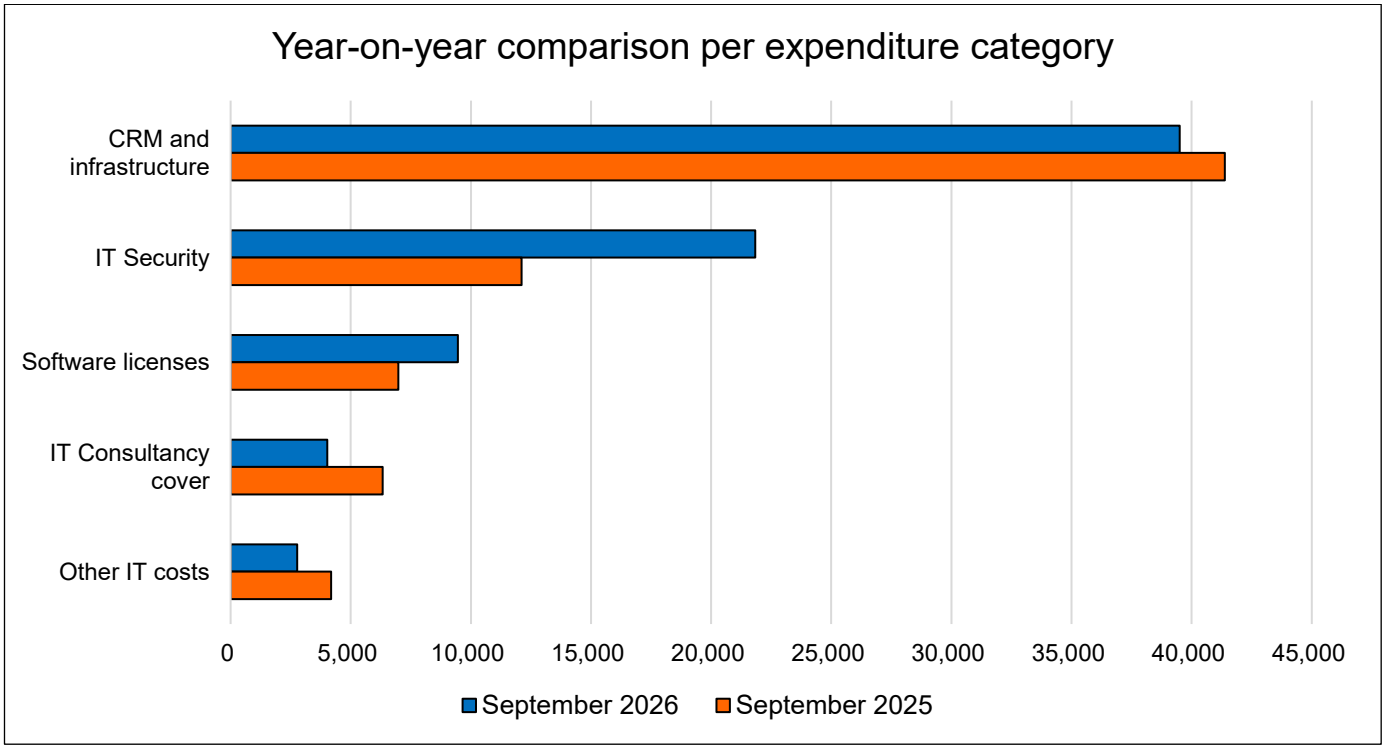
IT infrastructure

	Year to Date 1 April 2026 – 30 September 2026					
	Actual	Budget	Variance		FY Budget	FY Forecast
			£	%		
Expenditure						
CRM and infrastructure	39,505	38,152	(1,353)	(4)	76,304	76,464
IT Security	21,838	20,812	(1,026)	(5)	31,065	32,397
Software licenses	9,456	8,064	(1,392)	(17)	16,127	18,911
IT Consultancy cover	4,020	4,770	750	16	9,540	9,540
Other IT costs	2,766	2,500	(266)	(11)	5,000	5,532
Total	**77,585**	**74,298**	**(3,287)**	**(4)**	**138,036**	**142,844**

47. The position after the first half of the year shows a total expenditure of £78k, against a year-to-date budget allocation of £74k. The overspend is predominantly due to spending on higher than anticipated costs on the new CRM, along with some unplanned or unknown increases in the cost of licences. We plan in a 5% increase but occasionally the vendors increase their prices by more.

48. A year-on-year comparison of costs in the department is shown below:



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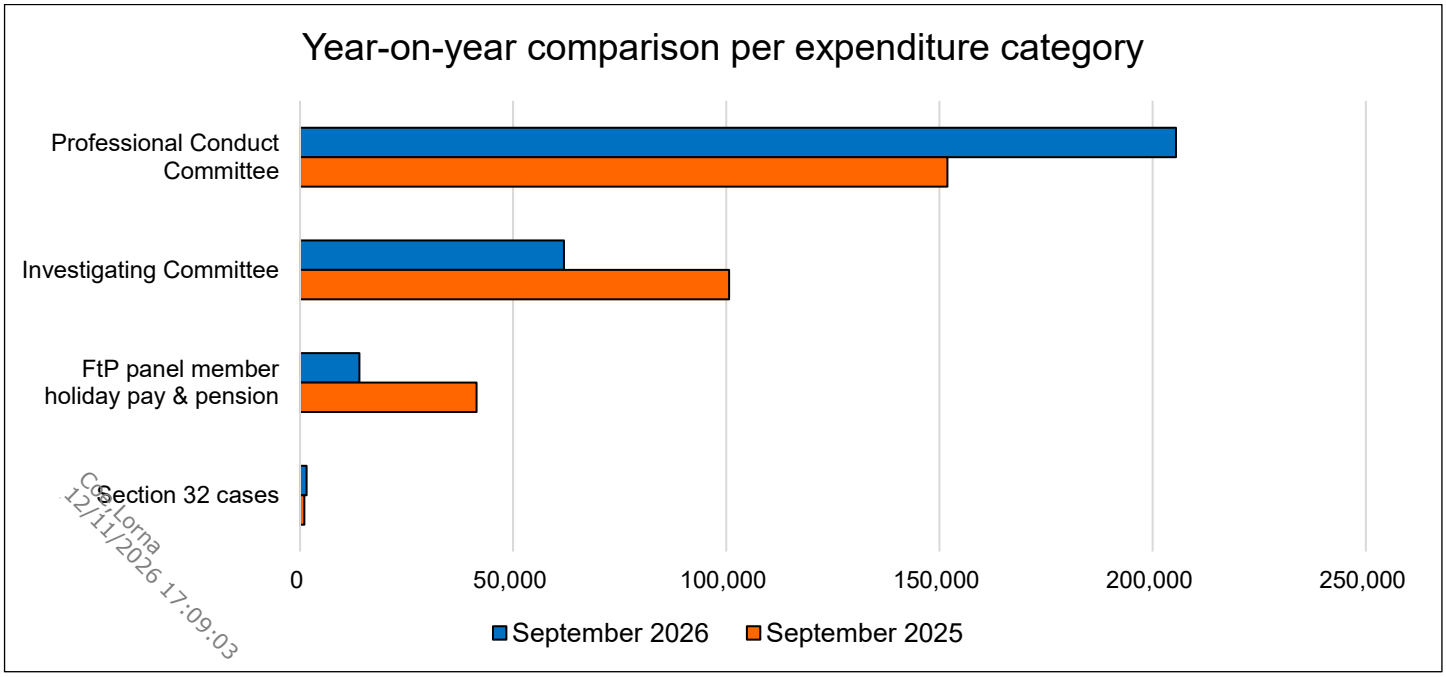
Regulation and Fitness to practise

	Year to Date 1 April 2026 – 30 September 2026					
	Actual	**Budget**	**Variance**		**FY Budget**	**FY Forecast**
			£	**%**		
Expenditure						
Statutory committee costs:						
• Professional Conduct Committee	205,431	264,360	58,929	22	528,719	468,060
• Investigating Committee	61,903	29,180	(32,723)	(112)	58,360	112,936
FtP panel member holiday pay & pension	13,928	11,500	(2,428)	(21)	23,000	27,856
Section 32 cases	1,528	2,500	972	39	5,000	1,400
Total	**282,790**	**307,540**	**24,750**	**8**	**615,079**	**610,252**

49. The position after the first half of the year shows a total expenditure of £283k, against a year-to-date budget allocation of £308k. There is an underspend of £26k in costs across the various committees in the year so far, whilst case numbers continue to be at very high levels. We are expecting costs to increase further during the autumn with several long and complex hearings. £41k of the costs incurred in the year to date relate to the previous year, so the forecasted expenditure has been updated to reflect this.

50. FtP panel member holiday pay and pension costs is showing as over budget for the year; this is likely to be over budget until cases start to return to more historically normal levels (this expense is directly linked to the spend on the committees).

51. A year-on-year comparison of costs in the department is shown below:



52. As of 31 October 2026, the following hearings and meetings for the next six months are scheduled:

November 2026	**December 2026**
1x 12-day PCC substantive hearing 1x 1-day PCC review hearing 1x 12-day PCC substantive hearing 1x 1-day ICISO hearing	1x 5-day PCC substantive hearing 2x IC meetings
January 2027	**February 2027**
2x IC meetings 1x IC training day	4x IC meetings 1x PCC training day
March 2027	**April 2027**
1x IC meeting	None currently scheduled

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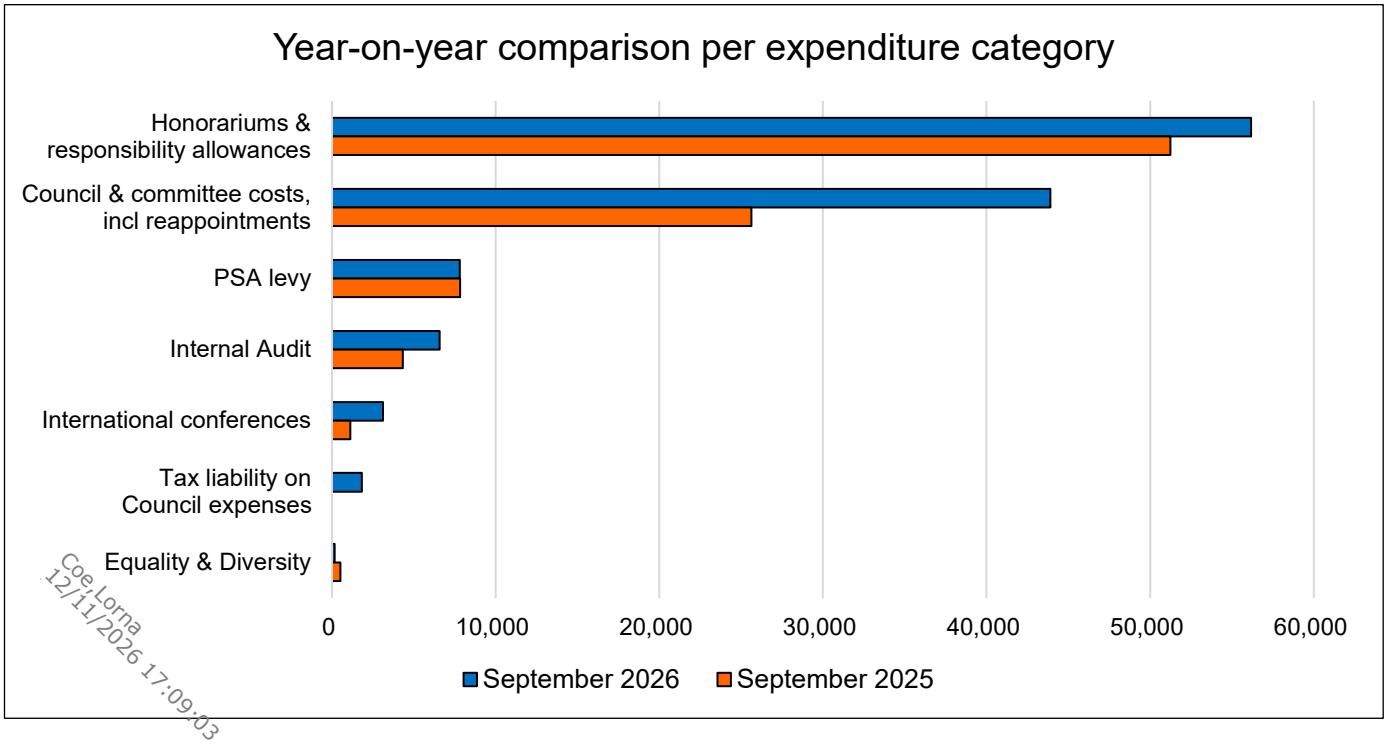
Governance

	Year to Date 1 April 2026 – 30 September 2026					
	Actual	**Budget**	**Variance**		**FY Budget**	**FY Forecast**
			£	**%**		
Expenditure						
Honorariums & responsibility allowances	56,173	55,000	(1,173)	(2)	110,000	112,347
Council & committee costs, incl reappointments	43,900	30,536	(13,364)	(44)	61,073	71,731
PSA levy	7,812	7,791	(21)	0	15,581	15,624
Internal Audit	6,588	11,070	4,482	40	22,140	22,140
International conferences	3,117	2,000	(1,117)	(56)	4,000	4,000
Tax liability (Council expenses)	1,824	1,824	-	0	5,000	1,824
Equality & Diversity	158	1,000	842	84	2,000	316
Total	**119,572**	**109,221**	**(10,351)**	**(9)**	**219,794**	**227,982**

53. The position after the first half of the year shows a total expenditure of £120k, against a year-to-date budget allocation of £109k. The majority of the overspend is due to Council & Committee costs, predominantly in recruitment costs; we had increased costs due to a large number of applicants for the Council member and Investigating Committee roles. These required an extra round of shortlisting by an external company (we received 160 applications for the Council member role, 138 applications for the IC member role, and 38 applications for the IC Chair role).

54. A year-on-year comparison of costs in the department is shown below:



Central resources and financing

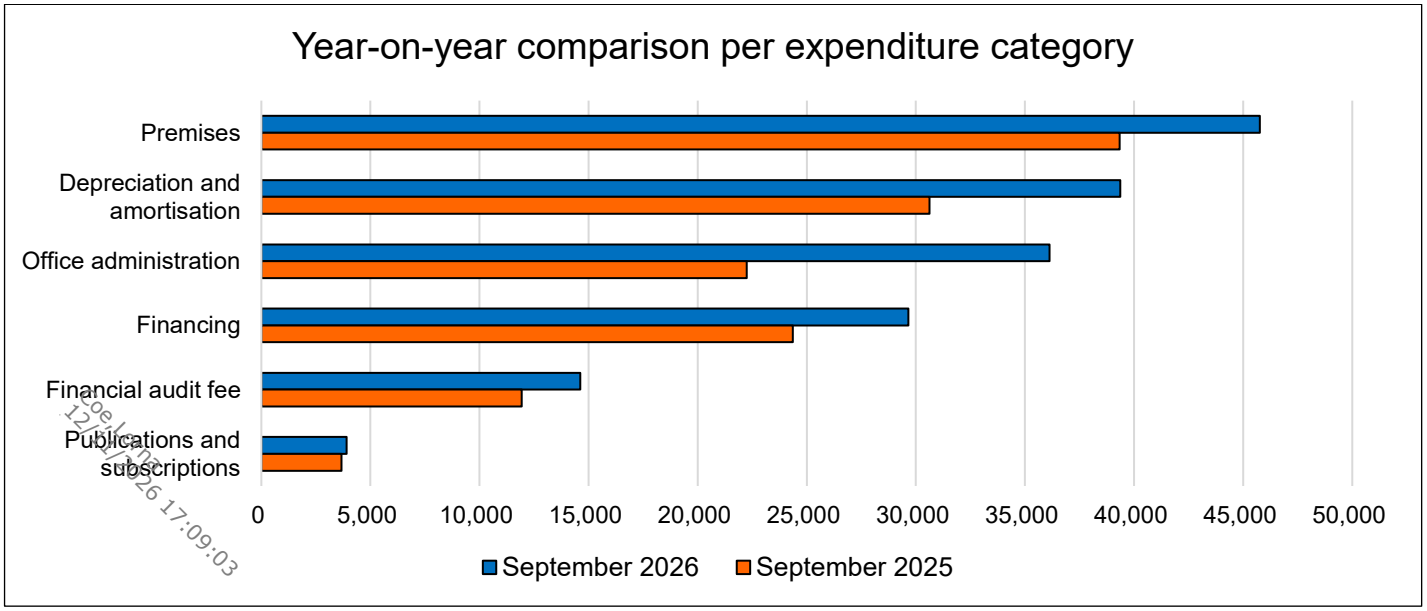
	Year to Date 1 April 2026 – 30 September 2026					
	Actual	Budget	Variance		FY Budget	FY Forecast
			£	%		
Expenditure						
Premises	45,763	35,451	(10,312)	(29)	70,901	79,670
Depreciation and amortisation	39,363	37,576	(1,787)	(5)	75,155	75,878
Office administration	36,129	33,290	(2,839)	(9)	54,786	60,361
Financing	29,657	20,000	(9,657)	(48)	40,000	45,314
Financial audit fee	14,618	14,579	(39)	0	29,157	29,157
Publications and subscriptions	3,901	3,375	(526)	(16)	6,750	7,801
Total	**169,431**	**144,271**	**(25,160)**	**(17)**	**276,749**	**298,181**

55. The position after the first half of the year shows a total expenditure of £169k, against a year-to-date budget allocation of £144k. The overspend on expenses in Premises is due to work that needed to be carried out, pre-sale, on the air conditioning system at Osteopathy House (this amounted to around £5,600).

56. Overspends in financing (general bank charges and card payment charges) are largely due to a busy summer renewal period, which attracts the associated card payment charges; this should start to align with the budget as renewals slow down through the autumn and winter.

57. Within the Office Administration category is our business insurance. Following the sale of the building, we are expecting a refund of around £2k which relates to buildings insurance.

58. A year-on-year comparison of costs in the department is shown below:



General Osteopathic Council

Annex C to 7

Council
19 November 2026
Registration report

Recommendation	To note the content of the registration report.

Key messages

- At the end of September 2026 there were 5,723 osteopaths on the Register.
- The number of non-practising registrants stands at 185 at the end of September 2026.
- Five return to practise assessments were completed in the reporting period. Five registration assessments, connected to internationally qualified applicants were completed.

Classification	Public
Action	For noting
Purpose of the paper	To note the registration statistics for the six-months to 30 September 2026.
Strategic Priority implications	Activities within this report will align with the GOsC strategic priorities around trust and inclusivity.
Standards of Good Regulation implications	This paper relates to Standards 10 and 11 of the PSA Standards of Good Regulation.
Communications implications	None
Financial, resourcing and risk implications	The primary source of income for the GOsC is from registration fees, and therefore any movement in the Register has an impact on our annual income and future budget forecasts.
Patient perspectives	Where relevant, these will be identified within the paper.
Diversity implications	The report provides demographic data about the Register.

Coe Torna
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General Osteopathic Council

Annex C to 7

Welsh language implications	We need to report annually on the number of Welsh registrants and Welsh language speakers on our Register.
Annex	Registration data
Author	Ben Chambers
Background reading	None

Coe Lorna
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Background

1. The registration report to Council provides detailed information about the statistics and activities which have been undertaken within the Registration team and covers the six months from 1 April 2026 to 30 September 2026.

Executive view

2. After analysing the registration data, I have no concerns to share with Council and the data is within normal ranges for what I would expect at this point in the year.

Recommendation: To note the content of the registration report.

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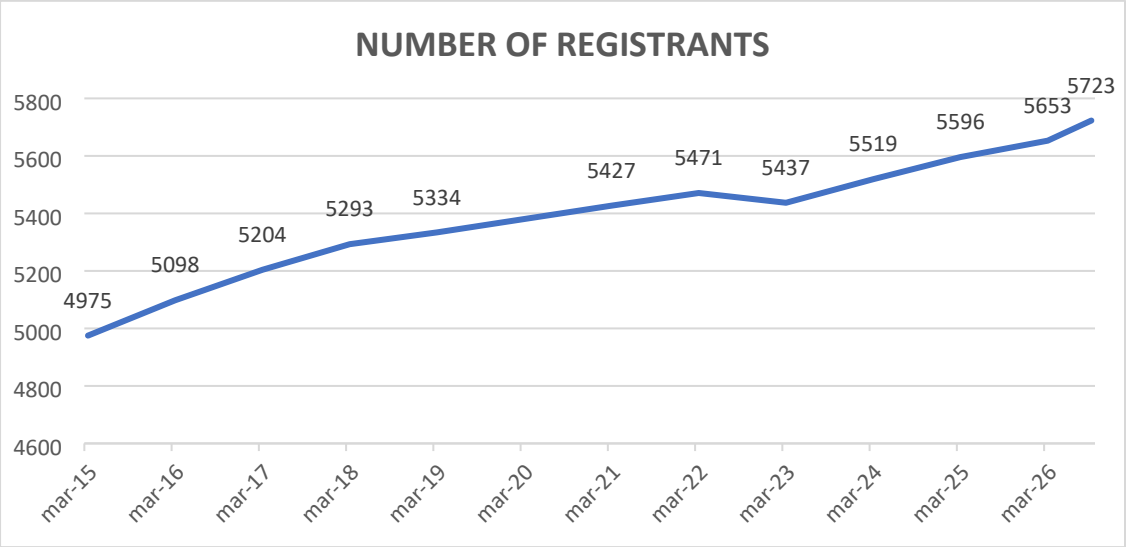
Registration data

Number of registrants

1. At the end of September 2026, the Register contained 5,723 registered osteopaths. The graph below outlines the number of registrants, from March 2015 to present, to give Council members an overall picture on the average growth of the register.



Gender split of registrants

2. At the end of September 2026, split by gender, the Register comprised of 3,037 female registrants (53.07%) and 2,686 male registrants (46.93%).

3. The Register comprised 4,584 osteopaths in March 2012, with women accounting for 49% of registrants and men 51%. There are now a greater proportion of female registrants compared to male registrants.

Age split of registrants

4. The age breakdown of the Register at the end of September 2026 was:

Age	Total registrants	Of which	
		Practising	Non-practising
Under or equal to 30	709	682	27
31-40	1,305	1,235	70
41-50	1,360	1,321	39
51-60	1,392	1,366	26
61-70	828	805	23
71-80	120	120	0
81+	8	8	0
Total	**5,723**		

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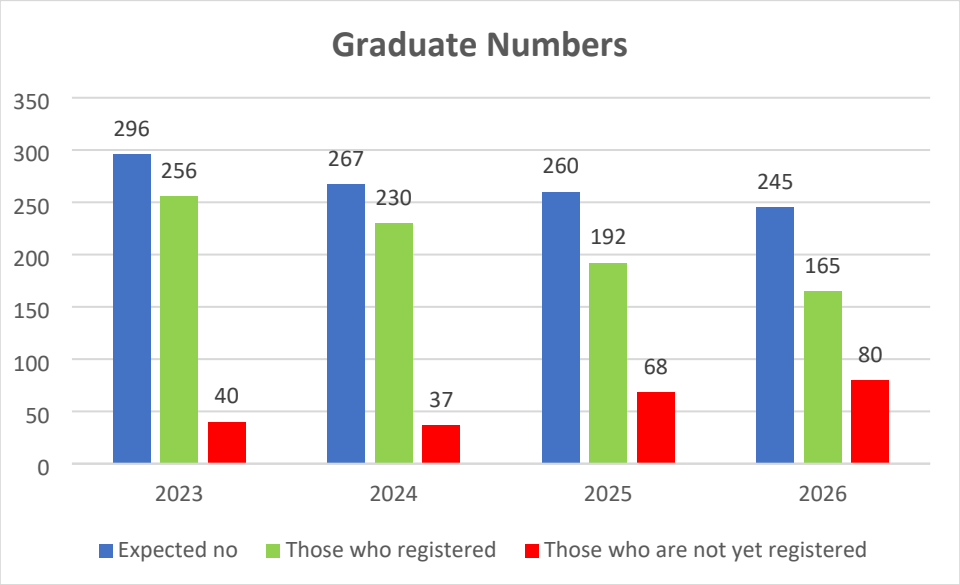
5. **16.70%** of the register are aged 61+. This is something which we need to factor into the longer term financial planning for the GOsC, as a reasonable assumption is that a proportion of registrants in this group may leave the Register in the next 5-10 years.

Number of final year students

6. The information set out in the table and graph below outlines the number of students we are expecting to graduate and the number of UK graduates who subsequently registered with the GOsC:

Graduation year	Graduate numbers (est)	Of which	
		Registered	Unregistered
2023	296	256	40
2024	267	230	37
2025	260	192	68
2026	245	165	80



7. It should be noted that most UK graduates qualify and subsequently join the Register between June and October each year. As a result, additional 2026 graduates may still complete the registration process before the next reporting cycle in March 2027.

8. We have also recently introduced a process to collect data on requests for letters confirming eligibility for GOsC registration where the applicant holds a Recognised Qualification (RQ), decides not to register with GOsC and intends to seek registration or professional recognition overseas. However, this process has only been in place for the last two months, so the data set is currently too limited to provide any meaningful analysis or identify reliable trends. We expect it will take some time before the information gathered is sufficiently robust to support qualitative reporting.

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Entrants to the Register (01 April 2026 to 30 September 2026)

Total number of entrants to the Register	157

of which

First time applications	154
Restorations to the Register (taking a break)	3
Restorations to the Register (following FtP case)	-

of which

Number of registrants living in the UK	154
Number of registrants living overseas	3

Removals from the Register (01 April 2026 to 30 September 2026)

Total number of removals (excluding resignations, retirements and death)	28

of which, those removed for

Non-compliance with CPD	-
Non-payment of fee	5
Unacceptable professional conduct	1
Under PII Rules	22
Fraudulent application to the Register	-

9. Since the reporting of statistics to Council began, 538 registrants have been removed from the Register. The data below sub-analyses the removal from the Register data into different categories including age and gender.

Removals from the Register (age)

10. Of all registrants removed from the Register, 72% (389 registrants) were below the age of 50.

11. The age range per reason for removal is set out in the table below.

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Age range	Number of registrants	Removed for fee non-payment	Removed for CPD non-compliance	Removed under FtP proceedings	Removed under PII Rules or fraudulent application
20-29	92	67	19	1	5
30-39	149	75	49	3	22
40-49	148	71	39	11	27
50-59	87	27	29	7	24
60-69	42	9	6	6	21
70+	20	6	4	2	8
Total	**538**	**255**	**146**	**30**	**107**

Removals from the Register (gender)

12. The total number of registrants removed from indicates 55:45 split between male to female registrants removed from the Register.

Gender	Number of registrants	Removed for fee non-payment	Removed for CPD non-compliance	Removed under FtP proceedings	Removed under PII Rules or fraudulent application
Male	300	140	77	27	56
Female	238	116	69	3	50
Total	**538**	**256**	**146**	**30**	**106**

Reasons for resignations (01 April 2026 to 30 September 2026)

Total number of resignations	93

of which, the reasons cited were

		Average length of registration with GOsC
Retired	31	26 years
Moving overseas	22	7 years

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Career change	13	6 years
Other *	27	10 years

**Other includes the following reasons; Ill health/deceased, No longer practising, Cannot afford fee, Taking a sabbatical, Family/personal reasons, Does not like GOsC/agree with policy and No reason provided. Due to persons being potentially identifiable if reporting less than 10, these have been consolidated.*

13. The number of resignations is slightly lower compared with the same period in the previous year (121 in September 2025) which reflects the nature of registration renewals that happen monthly rather than at a single point in time.

Non-practising registrants (as of 30 September 2026)

Total number of registrants who are listed as non-practising	185

14. Based on the statistics reported to Council since October 2011, at any one-time GOsC has on average 154 registrants who are out of clinical contact with patients. The main reason for registrants to be listed as 'non-practising' is because of maternity leave.

Return to practice activity (01 April 2026 to 30 September 2026)

15. We offer a return to practice process to all applicants who have been away from UK practice for two years or more to support their transition back to practice. This process involves submission of a short reflective form, followed by a supportive conversation with a member of the Registration Team.

Total number of applicants who went through the Return to Practice process	5

International Registration Assessment activity (01 April 2026 – 30 September 2026)

16. A total of five registration assessments were completed in the reporting period.

Number of Non-UK Review of Qualifications	3
Number of Further Evidence of Practice forms	2
Number of Assessments of Clinical Performance	0

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General Osteopathic Council

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Council
19 November 2026
Fitness to Practise: Chairs Report

Recommendation(s)	1. To receive the reports from the Chairs of the Investigating, Professional Conduct and Health Committee. 2. To discuss the content of the reports with the Chairs of the Committee.
Key messages • Each committee is required to report annually on its work to Council. These reports cover the period 1 October 2025 to 30 September 2026. • Brain Wroe, Chair of the Investigating Committee and Andrew Harvey, Chair of the Professional Conduct Committee and Health Committee, will attend Council to present their reports.	

Classification	Public
Action	For discussion
Purpose of the paper	To provide Council with oversight of the work of the Fitness to Practise committees with reports directly received from the Chairs of the Investigating, Professional Conduct and Health Committees.
Strategic Priority implications	Activities within this report will align with all three of the GOsC strategic priorities around trust, inclusivity and innovation.
Standards of Good Regulation implications	There are five Standards of Good Regulation which relate specifically to Fitness to Practise. The paper and annexes speak to these five Standards - see background reading.
Communications implications	It is important that these reports are made in the public domain so all interested parties in the sector can see the scrutiny undertaken by Council.
Financial, resourcing and risk implications	FTP activity is a key part of the GOsC annual operating budget and features prominently on our risk register.

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Patient perspectives	The work of fitness to practise is directly related to patient safety.
Diversity implications	Ongoing monitoring of equality and diversity trends in the decisions made by the fitness to practise committees form part of the work of the Regulation Department.
Welsh language implications	Where relevant, these will be identified within the paper.
Annex(es)	A. Investigating Committee: Chairs Report B. Professional Conduct Committee: Chairs Report C. Health Committee: Chairs Report
Author	Brian Wroe, Andrew Harvey
Background reading	PSA Standards of Good Regulation

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Investigating Committee Annual Report 2025-26

Introduction

1. I am delighted to present this, my eighth (and final) annual report to the Council. The period covered by this report is from 1 October 2025 to 30 September 2026. I took up the role of Chair to the Investigating Committee (IC) on 1st April 2019.

2. I have included, in bold and in brackets, figures from the 2024-25 and 2023-24 years for comparison.

3. In making this report I am conscious that there may be some repeat information which is made available to Council in other reports.

Meetings and Hearings of the Investigating Committee

4. During the twelve months covered by this report there have been 14 meetings of the IC to consider complaints **(2024/25, 16 meetings; 2023/24, 11 meetings).** At the time of writing, one 'all members' training day (in person) is planned to take place on 10 February 2027.

5. In addition, the IC has sat on eight occasions to consider applications by the Council for the imposition of Interim Suspension Orders on registrants **(2024/25, 6 occasions; 2023/24, 3 occasions).**

Casework

Numbers of complaints and the Committee's decisions

6. During the period covered by this report, the Committee has made decisions on 52 complaints against registrants **(2024/25, 47 complaints; 2023/24, 30 complaints).** In 18 (37%) of these, the complaint was referred to the Professional Conduct Committee, and no cases were referred to the Health Committee. In 20 cases (38%), the Committee decided that there was no case for the registrant to answer **(2024/25, 29 case to answer and 12 no case to answer; 2023/24, 18 case to answer and 10 no case to answer).** During this reporting period 4 cases (8%) were closed as 'no case to answer' however the registrant was issued with advice.

7. In comparison to the last reporting period, the number of complaints decided by the Committee has increased by 5, whilst the number of meetings has decreased by 2.

8. There have been five adjournments in this reporting period **(2024/25, 2 adjournments; 2023/24, 3 adjournments).** The Committee will seek to keep this figure low in the interests of efficiency, while recognising that its influence in this respect is limited. The reasons for these adjournments are as follows:

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Case 1

In this case the Committee adjourned the case for the Executive to consider drafting particulars of concern relating to comments the expert had made, in that the expert

considered that the Registrant should have been alert to particular symptoms expressed by the patient. Furthermore, the Committee deemed it appropriate for the Executive to consider drafting causation in this particular case.

Case 2

The Committee adjourned this case for the Executive to consider amending the particular of concern so that it was brought as an allegation of Unacceptable Professional Conduct (UPC), rather than an allegation relating to the Registrant's health. The case in question related to the Registrant's use of Cannabis.

Case 3

The Committee adjourned this case for the Executive to confirm that the Registrant had been served the correct version of the particulars. There was a concern that the version of the particulars available to the Committee differed slightly from the version that was sent to the Registrant.

Case 4

The Committee adjourned this case for the Executive to obtain a witness statement from the Patient. This is a 'live' case and further details will not be provided at this stage.

Case 5

The Committee adjourned this case for the Executive to conduct an enquiry as to whether it is lawful for a Registered Osteopath to administer Platelet Rich Plasma (PRP) treatment. This is a 'live' case and further details will not be provided at this stage.

9. During this reporting period the Committee was asked on three occasions to provide its view on whether a hearing should be held, having previously referred that case to the PCC. This procedure is followed where a complaint has been referred by the Committee to the PCC but subsequently further information comes to light which calls into question whether a hearing should go ahead (whether the hearing does actually go ahead is a decision for the PCC not the IC) **(2024/25, one case; 2023/24, nil cases).**

Issues raised by complainants

10. The complaints considered by the Committee covered a wide variety of areas including:

    - Transgression of sexual boundaries (18)
    - Poor communication (5)
    - Conduct not linked to treatment (5)
    - Conviction (1)
    - Data breach (1)
    - Inadequate treatment (17)
    - Lack of insurance (3)

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- Misuse of social media (2)

11. Areas of concern include the alleged transgression of professional/sexual boundaries and inadequate treatment. Together, these have featured in 35 cases this year **(2024/25, 30 cases; 2023/24, 16 cases)**. The number of cases involving alleged transgression of sexual boundaries remains a concern, along with allegations relating to poor or inadequate treatment which have also featured prominently. Members of Council will note the rise in the last two reporting periods.

12. Of the complaints considered in the reporting year, 51 of the 52 have involved allegations of Unacceptable Professional Conduct, with 1 conviction case.

Interim Suspension Orders

13. There has been an increase in the number of Interim Suspension Order hearings compared to last year (8 during this reporting period compared to 6 last year). An ISO hearing may be convened where the osteopath faces an allegation of such a nature that it may be necessary to protect members of the public for the osteopath's registration to be suspended whilst that allegation is investigated.

14. During the period of this report, the Committee was asked to consider whether to impose an Interim Suspension Order in 8 cases. It imposed 5 suspension orders and accepted undertakings in 3 cases **(2024/25, 6 applications, 2 orders made, 4 undertakings accepted; 2023/24, 3 applications; 2 orders made, 2 undertakings).**

All members meeting and Annual Performance Appraisal

15. An all-members meeting and training day is scheduled to take place on 10 February 2027. It is anticipated that this meeting will be held in person.

16. I can also report that Annual Performance Review reports for all members of the Committee have been completed and submitted within the identified time frame.

Composition of the Investigating Committee

17. The current official strength of the Investigating Committee is 7 lay members (including the Chair) and 8 osteopaths. There is a recruitment process underway which will seek to recruit two osteopaths, one lay person and a Chair. That process is likely to conclude in January 2027 for appointments to commence in April 2027.

Other changes in the year

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18. Members of the IC are all fully aware of the Osteopathic Practice Standards and ensure that they are referred to and utilised as appropriate. Indeed, members are currently actively involved in a review of the Standards.

19. The Committee continued to meet remotely during the past year although I am pleased to report that, as mentioned above, the All-Members Training Day (10th February 2027) is set to take place at a venue in London. It is envisaged that the majority of meetings will continue to be held remotely. The Committee is extremely familiar with conducting its business remotely in most instances. Issues or delays with technology are now few and far between. The Committee has, hitherto, used Caselines however, the Committee has recently begun to utilise Diligent, which the Council will be familiar with.

Support to the Committee

20. Once again, I wish to express my sincere thanks for the excellent administrative support provided to the IC and its Chair during this period. Staff members are invariably responsive, supportive and ensure that matters are addressed promptly.

Mann Review

21. Members of Council will be aware of the Lord Mann review of antisemitism and other forms of racism in the NHS and healthcare regulatory system. The review by Lord Mann, along with instances of racism in all its forms within the NHS and the healthcare regulatory system, are uppermost in the minds of members of the IC. No such matters came before the IC in the current reporting period. However, the IC will remain mindful about the review and its implications so that appropriate and proportionate action is taken in the event that matters of this nature come before the committee.

General Comments

22. The Chair of the IC remains in constant dialogue with members of the Executive to ensure that cases are considered in a timely manner, despite challenges such as ongoing police investigations. To ensure that matters are considered in a timely fashion, additional meetings and, recently, the greater use of Share Point, always remain under consideration.

23. It is appropriate to highlight the number of complaints involving the alleged transgression of sexual boundaries. It is regrettable that the number remains high at 18.

24. The number of health referrals remains low. While, on the face of it, this is to be welcomed, I am mindful of advice from the PSA in that investigating committees must remain aware of potential underlying health issues when considering cases.

25. Members of Council may recall that an external audit of initial stage fitness to practise decisions during the period 1st April 2023 to 30th August 2024 was carried out by Rollason Law and was reported upon in my last annual report. The learning points from that audit have now been incorporated into common practice highlighting our determination to respond positively to feedback and to continuously improve.

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26. The Chair of Council has underlined the need for the IC to guard its independence. As Chair of the Investigating Committee, I wish to reassure Council that I have found nothing to suggest that the IC acts in any way other than independently of the Executive. The IC will continue to reach its decisions in a fair, just and independent manner and will ensure that the reputation of the GOsC is, at all times, maintained to the highest standard.

Brian Wroe
Chair, Investigating Committee
October 2026

Coe Lorna
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Professional Conduct Committee Annual Report 2025-26

Introduction

1. This is my sixth report to Council as Chair of the Professional Conduct Committee (PCC), covering the period October 2025 to September 2026.

2. There are currently 17 members of the PCC (one short of the maximum number set down in the rules), 6 of whom are osteopaths and 11 lay (6 of the latter being appointed as chairs).

3. The PCC's purpose and statutory terms of reference are unchanged since my last report to Council. The Committee hears cases concerning serious unacceptable professional conduct, incompetence or criminal convictions. If it finds any such case proved, it imposes a proportionate and appropriate sanction on the osteopath.

4. In its work, the PCC must apply the overarching objective of the Council – that is to protect patients, to sustain professional standards (including those of conduct and behaviour), to uphold the reputation of the profession and to maintain that of the Council as regulator.

5. At the same time, as members of Council appreciate, the Committee must approach its decision making from a position of independence. My view is that the objectives and need for independence are both well understood by all PCC members.

Hearings and workload

6. There are no particular features of the caseload in 2025/26 to report to Council (other than the overall increase in the number of cases at PCC); the raw data is set out at Appendix 1 to this paper. There is no evidence that I have seen that suggests that any of the cases adjudicated upon by the PCC reflect any elements of racism, including islamophobia or antisemitism. This extends to registrants, complainants or other parties in the fitness to practise process.

7. The PCC considered 34 cases in 2025/26 (2024/25: 19); this included interim suspension orders applied for at the PCC stage in proceedings. The PCC also considered one restoration application and the Health Committee considered one review case.

8. Hearing activity is currently at a high level, compared to recent years. Council will want to keep overall activity levels under review as one indicator of the extent to which patients (and others) remain willing and able to make referrals, when appropriate.

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9. As an alternative measure of workload, the PCC sat on 82 days in respect of substantive hearings in the year (2024/25: 43, 2023/24: 24, 2022/23: 31).

10. Whilst I appreciate that many Council colleagues will have heard me say this before, I would again remind Council that, whilst timely decision making is a valuable KPI for GoSC's fitness to practice function, it is not something that is more than partially under the control of the PCC (indeed, elements of that measure are not under the control of the Regulation team either). That having been said, PCC members are keen to play their part in the ensuring that the Council achieves a performance deemed acceptable by the PSA. I have no evidence that PCC performance, or delays in it hearing cases, are a matter of concern.

11. The need for hearings to adjourn part-heard has increased from three to six. The reasons for this are entirely case specific and do not appear to indicate any particular pattern.

12. The number of cases where an allegation was 'not well founded' (i.e. not proven) was 5 (2024/25: 4).

PCC composition and ways of working

13. Council colleagues may recall that the Committee has been through extensive change in membership over the past two years. Committee membership is now in a period of greater stability.

14. Recruitment is currently underway for two osteopath members (one as a result of a member reaching the maximum term of office and the other as a result of a career change). New colleagues will take up office from 1 April 2027.

15. The scale of change and approach to recruitment over recent years, have helped ensure that the Committee now has greater diversity in its membership.

16. Training to sit as chairs is now complete for lay members and many have completed the necessary follow-up hearing observation. The intention is that all lay members, over time, will be able to chair hearings.

17. The PCC's annual development day took place in January 2026 with a similar event planned for January 2027. Each of these focuses on a mix of hearings skills and case law

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18. PCC members continue to meet digitally on an informal basis, three times a year. Most members attend each meeting, which (with the development day) give the Committee four occasions annually when members can exchange good practice, seek answers to questions and share concerns.

19. The Chair of Council kindly joined our most recent meeting to engage with Committee members; there was a helpful exchange of ideas.

20. Issues covered in our communications have included the volume of work, the late service of hearing bundles, shared learning about hearings and questions about GOsC's approach to listing.

21. To assist, in-between such sessions, I send an occasional newsletter to members. This helps in pulling into one place important, but non-urgent, communication and is well received.

22. In May and June, I held the annual review conversation with each member of the Committee. Each of these was a very positive experience, with members preparing well for the session and offering their candid views about their own performance and wider issues.

23. Brian Wroe and I continue to meet on an occasional basis to share information between us and identify issues and ideas that may be relevant both to members of the IC and PCC/HC.

24. As Brian will demit office shortly, I would like to place on record my thanks for the constructive and collegiate approach he has taken to our work.

25. An important element of my work is to provide occasional support to PCC members, across any and all topics related to their role. I am in regular contact with members and do what I can to assist, whilst remaining careful in respect of the importance of a panel's independence, liming any advice I give to the generic.

Conclusion

26. I am grateful to my fellow PCC members and to members of the staff team for their support. The Committee is lucky to have such strong support in its role, both from the Regulation team and the wider organisation.

27. Council is invited to:

- Note the contents of this report
- Ask questions of the author in respect of the work of the PCC, both related to the contents of this paper and any other matter

Andrew Q Harvey
Chair, Professional Conduct Committee
12 October 2026

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Annex B to 8

PCC Substantive Hearings	Q3 (2025-2026)	Q4 (2025-2026)	Q1 (2026-2027)	Q2 (2026-2027)	TOTAL
Total cases considered	8	7	9	4	**28**
Allegation not 'well founded'	1	1	2	1	**5**
Admonished	1	0	5	0	**6**
Conditions of Practice	1	0	0	0	**1**
Suspension	2	1	0	0	**3**
Removal	0	1	1	1	**3**
Adjourned/Part heard	1	4	1	0	**6**
Conditions/Suspension to expire	0	0	0	0	**0**
Disposal via Rule 19	2	0	0	0	**2**
Rule 8 admonishment	0	0	0	2	**2**
Conviction has no relevance	0	0	0	0	**0**

PCC ISO Hearings	Q3 (2025-2026)	Q4 (2025-2026)	Q1 (2026-2027)	Q2 (2026-2027)	TOTAL
ISO Application Hearings	3	2	1	0	**6**
ISO Imposed	3	2	1	0	**6**
Undertaking	0	0	0	0	**0**
ISO not imposed	0	0	0	0	**0**
ISO Review Hearings	0	0	0	0	**0**
ISO Order to Continue	0	0	0	0	**0**

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PCC Activity Last Three Years	01/10/23 to 30/09/24	01/10/24 to 30/09/25	01/10/25 to 30/09/26
Full hearings	13	19	18
Rule 8 decisions [1]	1	5	2
Reviews of Suspension Orders and Conditions of Practice Orders	1	1	3
Interim Suspension Order applications	1	2	6
Rule 19 applications to cancel a hearing	0	1	2

PCC Outcomes Last Three Years	01/10/23 to 30/09/24	01/10/24 to 30/09/25	01/10/25 to 30/09/26
Admonishment	6	8	8
Conditions of Practice Order	0	1	1
Suspension Order	1	0	3
Removal from the Register	2	0	3

PCC Outcomes Last Three years	01/10/23 to 30/09/24	01/10/24 to 30/09/25	01/10/25 to 30/09/26
Unacceptable Professional Conduct found not proved	1	1	5
Of which -			
Some of the facts alleged found proved	0	1	3
None of the facts alleged found proved	1	0	0
Successful half-time submissions under rule 27(2)[1]	0	0	0

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Successful Half-time submissions under rule 27(6)	0	0	0
Conviction not found to be materially relevant	0	1	0
Adjournments	0	3	6

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Health Committee Annual Report 2025-26

Introduction

1. This is my sixth report to Council in respect of the Health Committee (HC), covering the period October 2025 to September 2026.

2. As the membership of the HC is identical and, except where prescribed otherwise by statute or rules, it works in the same manner as the Professional Conduct Committee (PCC); I only comment in this report about the specific aspects of the work of the HC.

3. Accordingly, this report should be read in conjunction with the annual report of the PCC.

Caseload

4. During 2025/26, the Health Committee has met once.

5. Data for the year and for the preceding two years is set out below.

Health Committee	**01/10/2023 to 30/09/2024**	**01/10/2024 to 30/09/2025**	**01/10/2025 to 30/09/2026**
Rule 6 Directions hearings	0	0	0
Rule 8 meetings	0	0	0
Applications to cancel a hearing under rule 36	0	0	0
Full hearings	0	0	0
Reviews of Suspension Orders	1	0	1
Interim Suspension Order applications	1	0	0

Health Committee Hearing outcomes	**01/10/2023 to 30/09/2024**	**01/10/2024 to 30/09/2025**	**01/10/2025 to 30/09/2026**
Findings of impairment of fitness to practise	0	0	0
Conditions of Practice Orders	0	0	0

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Suspension	0	0	1
Interim Suspension Order imposed	0	0	0

6. The nature of ill-health and the degree of regulatory intervention required can vary enormously, but will often give rise to matters of sensitivity requiring careful handling. Ordinarily, regulatory hearings are heard in public as a means of promoting transparency and public confidence. Health issues are a ground for departing from that general rule with hearings held in private so that evidence of a personal nature can be fully shared with the Committee, thereby enabling the best decisions to be made in the public interest.

7. The Committee is very alive to the fact that witnesses in such cases, specifically registrants themselves, are more likely to be vulnerable by nature of the health matters under discussion. HC members seek to reflect that vulnerability in the way in which hearings are managed.

Conclusion

8. Council is invited to:
   - Note the contents of this report.
   - Ask questions of the author in respect of the work of the HC, both related to the contents of this paper and any other matter

Andrew Q Harvey
Chair, Health Committee
12 October 2026

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General Osteopathic Council

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Council
19 November 2026
Fitness to Practise report

Recommendation(s)	To note the report.

Key messages

- Although there has been a decrease in our caseload we are continuing to manage a high caseload which include a number of complex cases with back to back hearings scheduled until mid-December 2026.
- Currently 35% of the overall caseload relates to concerns regarding a breach of boundaries. This is a decrease in the number since the last quarter (40%).
- The Investigating Committee (IC) met on four occasions and considered 15 cases in total.
- During this reporting period the Professional Conduct Committee (PCC) considered five cases during this time, consisting of; two substantive hearings, one review hearing and two cases via rule 8 of our rules (consensual disposal).
- We have a new document management platform called 'Dilligent' which has replaced the existing platform 'Caselines'.
- We have block scheduled Investigating Committee meetings in Q4 2026/27 to assist us with the timely progression of cases residing at that stage of the FTP process.
- On 18 August 2026, we received a statutory appeal against a decision made by the PCC to remove a registrant from the Register
- We have revised the Threshold Criteria to improve clarity, consistency and usability, including clearer separation of the respective roles of Screeners and the Investigating Committee. We plan to consult on this in the first half of 2027.

Classification	Public
Action	For noting
Purpose of the paper	Quarterly update to Council on the work of the Regulation department and the GOsC's Fitness to Practise committees.

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Strategic Priority implications	Delivery of our statutory fitness to practise activity in a timely and fair manner will help with the strategic priority of Strengthening Trust. We have outdated, prescriptive legislation so to be efficient and cost-effective and fair we also Embrace Innovation.
Standards of Good Regulation implications	There are five Standards of Good Regulation which relate specifically to Fitness to Practise. The paper and annexes speak to these five Standards - see background reading.
Communications implications	We engage with registrants, complainants and third parties throughout the whole fitness to practise process. All parties involved in an investigation have access to the Independent Support Service.
Financial, resourcing and risk implications	Financial aspects of Fitness to Practise activity are considered in Annex B of the Chief Executive and Registrar Report.
Patient perspectives	Our fitness to practise processes are central to patient protection and the public interest. We support complainants who raise concerns at every stage of the fitness to practise process.
Diversity implications	Ongoing monitoring of equality and diversity trends will form part of the Regulation department's future quality assurance framework.
Welsh language implications	There are no implications for the Welsh Language arising from this paper.
Annex(es)	A. Fitness to Practise Data Set B. Fitness to Practise Dashboard
Author	Sheleen McCormack, David Bryan
Background reading	PSA Standards of Good Regulation The GOsC Concerns Process Fitness to Practise Annual Report 2024-25 Protecting the osteopathic title, Section 32

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Fitness to practise caseload and case trends

1. In this reporting period, the Regulation Department received 19 concerns, with 10 formal complaints being opened. By way of comparison, during the same period last year, the Regulation Department received 28 concerns and 12 formal complaints were opened.

2. Of the 19 concerns received: 5 related to a breach of boundaries, 2 related to poor communication, 2 related to conduct not linked to treatment, 1 related to a registrant's caution/conviction, 5 related to inadequate treatment and 4 a lack of insurance.

3. Of the 10 formal concerns opened: 3 related to breaching boundaries, 2 poor communication, 2 related to inadequate treatment and 3 a lack of insurance.

4. Currently 35% of the overall caseload relates to alleged breach of boundaries, a 5% decrease from the last quarter. The majority of these cases relate to allegations of sexual touching / sexually motivated conduct.

5. As at 30 September 2026, the Regulation Department's fitness to practise caseload was 83 cases (71 formal complaints and 12 concerns) which represents a decrease by 4 cases reported last quarter (87). In comparison, the Regulation department's fitness to practise caseload as of 30 September 2025, was 95 cases (67 formal complaints and 28 concerns). An explanation on the impact throughout the end to end FtP processes is illustrated below:

    - There has been a sustained increase in the number of new concerns received over the last year, resulting in the highest number of concerns received annually since 2019/2020. Over the yearly period we received 82 concerns.

    - Screeners have referred a high number of concerns to the IC (13). This means that there are a higher number of cases waiting to be considered at the IC stage.

    - The number of third party cases, over the last few years, has continued to impact the overall caseload as these cases generally remain open for longer due to ongoing police investigation and/or court procedures. This negatively impacts timeliness and output against KPI's.

    - The percentage of third party cases has been decreasing (as at 30 September, 35% of cases are third party cases), however this still represents a significant proportion of the caseload.

6. We continue to experience ongoing difficulties in terms of engaging and re-engaging complainants. Currently a quarter of all our cases have been impacted by intermittent / non engagement by witnesses. As previously reported to Council to ensure that the timely progression of concerns that are impacted by the lack of engagement by witnesses are still actively progressed, we have developed a first

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draft of our Escalation Policy designed to manage concerns where witnesses disengage and then re-engage with us after raising concerns about an osteopath. The principle purpose of this procedure is to support the effective management and progression of cases and not to close concerns prematurely, but rather to ensure that where witnesses are not engaging, cases are actively managed within a clear escalation process. This not only includes a timeframe but also includes a built in escalation review assessment and written reasons for any extension given together with the rationale for either progressing, escalating or recommending closure.

7. During the reporting period, there was one application to the Investigating Committee (IC) for the imposition of an Interim Suspension Order (ISO), in which a suspension was imposed.

8. During this reporting period the Professional Conduct Committee (PCC) considered five cases during this time, consisting of: two substantive hearings, one review hearing and two cases via Rule 8 of our rules (consensual disposal).

Fitness to practise case progression

9. Performance against the performance targets for this reporting period, is as follows:

Case stage	Key Performance Indicator	Performance Target	Median figures achieved this quarter	Median figures excluding 3rd party cases
Screening	Median time from receipt of concern to the screener's decision	9 weeks	6 weeks	6 weeks
Investigating Committee	Median time from receipt of concern to final IC decision	26 weeks	46 weeks	46 weeks
Professional Conduct Committee	Median time from receipt of concern to final PCC decision	52 weeks	98 weeks	81 weeks
Health Committee	Median time from receipt of concern to final HC decision	52 weeks	N/A	N/A

10. In this reporting period the Screener KPI was met.

11. The IC KPI was not met during this reporting period. Unfortunately, some of the cases considered by the IC in the reporting period were affected by the sporadic engagement of complainants and/or witnesses in several cases. This has included patients not engaging for lengthy periods of time, despite chasers before and after the witness interview for their engagement. Also, it has been difficult to obtain documentation in a timely fashion from insurers which impacts negatively

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on the output against the KPI. We have been informed that this is due to high workloads.

12. We previously reported to Council that some cases that were ready for the IC's consideration could simply not be considered due to constraints on the IC agendas, which meant some cases were subject to further delay.

13. At the commencement of the SharePoint pilot in June 2026, several cases were ready for IC consideration. However, they could not be considered by the IC due to the agendas had already been scheduled. These cases were have now been considered during this reporting period, which has contributed to IC KPI being missed during this quarter. There were multiple cases considered during the reporting period that were subject to this delay, which in turn negatively impacted on the output against the IC KPI.

14. The SharePoint pilot introduced to improve IC efficiency by enabling more cases to be considered at meetings whilst not compromising the quality of decision making and the written reasons, has been in place since June 2026. We have decided to extend the pilot until the end of March 2026 so we have sufficient data and feedback to assess its impact as we have consider that the pilot requires time to embed with IC panellists.

15. We conducted a review of the caseload that are currently at the IC stage of the FTP process. As at 30 September 2026, the IC caseload was 39 cases, 14 of these cases have been scheduled for consideration at IC meetings up to December 2026.

16. We decided that cases at the IC stage would benefit from a range of supportive measures alongside the SharePoint pilot to address the current 'bottleneck' of cases at this stage. An additional measure we identified to help reduce the number of cases at the IC stage is to block list more IC meetings during the first quarter of next year.

17. Accordingly, 3 additional IC meetings have been scheduled in February 2027. We estimate that an additional 15 cases could be considered by the IC at the meetings in February 2027, significantly reducing cases waiting for consideration by the IC.

18. The median output of the PCC cases was 98 weeks, and the KPI was not met during this quarter. The main reason for this is that we held a multi factorial hearing, consisting of three separate cases against the same Registrant and multiple witnesses. Two of the cases had been to third party investigations and we had to wait for the outcome of the criminal trial before progressing the case to hearing. This was exacerbated by the fact that the initial substantive hearing, beset by legal argument, had concluded part heard. Due to panellist and legal team availability the hearing took several months to be relisted.

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19. We have scheduled back to back hearings during October – December 2026, consisting of four PCC Substantive hearings, two PCC review hearings and one PCC interim suspension order hearing. This amounts to 39 hearing days. Two of

these PCC Substantive hearings are scheduled to last for 12 days highlighting the legal and factual complexities several cases we have been managing.

Third party investigations - data comparison

20. We are unable to progress cases that are being investigated by the police and/or are before the courts. We have provided a table below where 'third party' investigations have been excluded from the median figures provided.

	Median age including 3rd party cases	Median age excluding 3rd party cases	Total number of 3rd party cases at each stage
Screener stage	6 weeks	6 weeks	2 (17%)
IC stage	34 weeks	34 weeks	4 (10%)
PCC stage	80 weeks	72 weeks	10 (40%)
Total	**44 weeks**	**43 weeks**	**17 (20%)**

New document sharing platform

21. Since 2020, the Regulation team utilised a secure document sharing platform called Caselines. This software enabled safe and efficient transferring of documents between the Executive and panellists/case parties for all FtP meetings and hearings. The contract with Caselines was due for renewal in October 2026. However we determined not to renew it based on price and functionality.

22. We have decided to use a new online platform called 'Diligent'. This platform has similar features to Caselines but has enhanced functionality as well as being particularly user friendly and is more cost efficient. We have calculated this will provide savings of approx. £12,000 over the next three years. We already have booked training for the team and are planning to train panellists as soon as possible.

Cross regulatory meeting with the PSA

23. On 05 October 2026, we attended a cross regulatory workshop, chaired by the PSA entitled FtP Backlogs Workshop. This workshop was designed to discuss the current challenges related to timeliness in fitness to practise cases and create space for some radical thinking in how this issue may be resolved.

24. In what was sometimes a lively and forthright discussion, the workshop concluded that FtP backlogs cannot be solved through a single target or by simply adding resources. Regulators operate in very different contexts, with major variation in complaint volumes, triage rates and the types of concerns received. Attendees emphasised earlier, risk-based decisions, clearer thresholds, and alternatives such as mediation or local resolution for low-level service complaints that do not raise public-protection concerns. There was also support for joint work to improve public understanding of regulators' roles and reduce inappropriate referrals, while

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ensuring that efforts to improve speed do not compromise the quality or fairness of decisions.

25. AI was seen as a potentially valuable support tool for tasks such as summarising files, identifying allegations, redacting information, drafting correspondence, preparing bundles and identifying inactive cases or complaint trends. Early trials suggest efficiency benefits, but participants agreed that AI must not make regulatory decisions: final accountability must remain with trained staff. Effective use will require approved systems, strong privacy and information-governance controls, good-quality data, training, human review, bias safeguards and auditability. The PSA undertook to consider regulator specific timeliness expectations and improved measures that account for external delays and early resolutions, while considering guidance on safe AI use and supporting cross-regulator learning.

26. We have decided to undertake a controlled pilot using AI on a test case. The purpose of the pilot is to understand, in a practical casework setting, where AI may add value and where its use may present risks or limitations. This will include considering the quality and reliability of its outputs, potential efficiency benefits, data protection and confidentiality, the risk of bias, auditability and the safeguards and human oversight required. The pilot will not be used on a live case. We intend to report the findings and learning from the pilot to Council in Q4 2026/27, including any implications for further development or use.

Judicial Reviews and Appeals of decisions made by FTP Committees

27. On 19 August 2026, GOsC received a sealed notice of appeal together with grounds of appeal pertaining to the PCC decision of Marquette. This appeal was lodged at the Royal Courts of Justice in London and is listed to take place in person on 18 February 2027. We have engaged counsel and will be resisting the appeal.

Section 32 Protection of Title – Advertising Standards Authority

28. The GOsC has a statutory responsibility under section 32(1) of the Osteopaths Act 1993 to protect the osteopathic title. However, the legislation protects the title rather than the practice or function of osteopathy.

29. We are concerned about unregistered individuals using terms such as “osteopathic techniques” and “osteopathic manipulation” in their advertising, which may associate them with the osteopathic profession and potentially mislead the public.

30. As Council will recall, GOsC and the Advertising Standards Authority (ASA) previously issued a joint statement addressing this issue in January 2026. Between May and August 2025, the GOsC referred three cases to the ASA: two resulted in amendments to the advertising and, in the third, the ASA considered advice to the advertiser appropriate.

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Threshold criteria

31. We presented a draft Threshold Criteria for Unacceptable Professional Conduct to the Policy and Education Committee at its meeting on 15 October 2026.

32. The Threshold Criteria have been revised to improve clarity, consistency and usability, including clearer separation of the respective roles of Screeners and the Investigating Committee, greater clarity around the application of the statutory thresholds, a more nuanced approach to categories such as vexatious complaints, explicit consideration of equality and discrimination issues, and the introduction of worked examples.

33. Further development will take place during the remainder of 2026, supported by pre-consultation engagement with patient groups and other key stakeholders. A public consultation is planned for the first half of 2027, following which implementation planning will include the development of revised templates and supporting materials, together with training for relevant decision-makers.

Executive view

34. We are of the view that our fitness to practise process enables GOsC to deal with cases fairly, justly and expeditiously in the public interest. We are mindful that dealing with cases justly and at proportionate cost includes dealing with a case proportionately:

Recommendation: To note the report.

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Annex A to 9

Fitness to practise dashboard 01 July 2026 to 30 September 2026 (Q2)

Case progression – at a glance

- We have received 19 new concerns during the reporting period, this represents an increase by 4 concerns from the previous quarter.
- The Investigating Committee (IC) met remotely on four occasions and considered 15 cases, adjourning one case.
- During this reporting period the Professional Conduct Committee (PCC) considered five cases consisting of two substantive hearings, one review hearing and two cases via Rule 8 (consensual disposal).

Referrals Received	Q3 2025/26	Q4 2025/26	Q1 2026/27	Q2 2026/27
Formal complaints closed under TC	2	5	0	1
Formal complaints referred to IC by Screener	8	19	7	13
Formal complaint referred to IC by Screener but not yet considered (as at end of quarter)	32	43	40	39
Referred to PCC/HC by IC but not yet heard (as at end of quarter)	30	29	24	25
Referred to PCC/HC by IC and listed for hearing (as at end of quarter)	14	15	6	7
PCC/HC Cases part heard (as at end of quarter)	1	4	3	3
Formal complaints open (as at end of quarter)	68	80	72	71
Cases that need review hearings (as at end of quarter)	6	8	8	7

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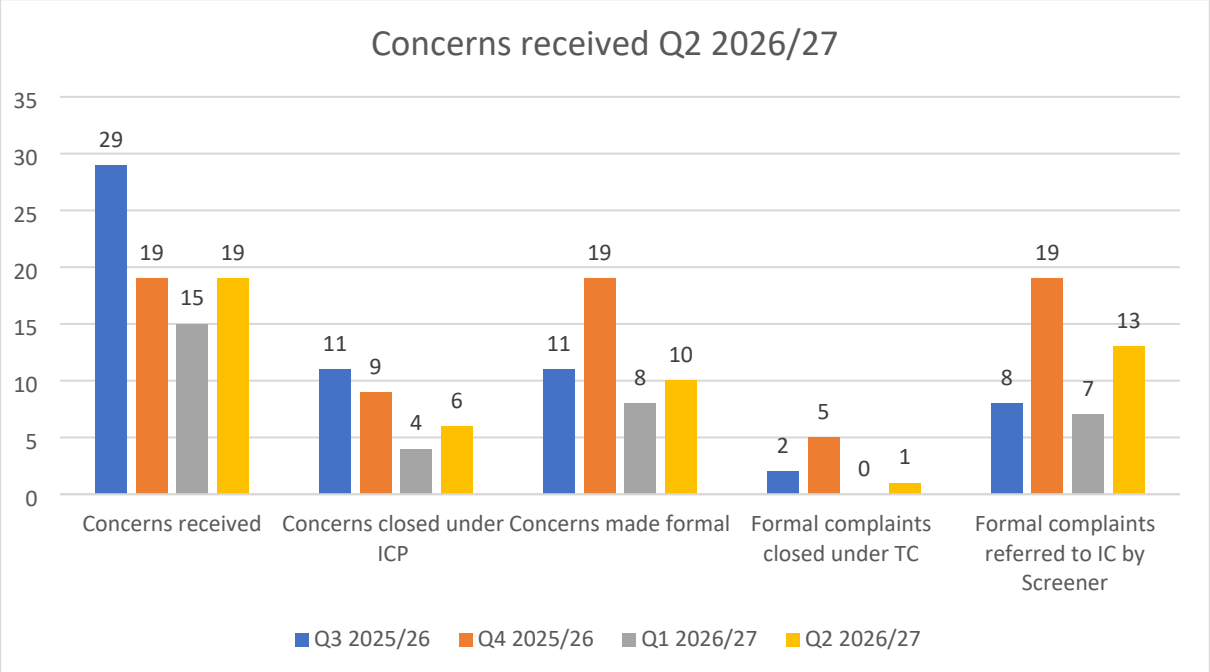
Age of Caseload from Date Received	Q3 2025/26	Q4 2025/26	Q1 2026/27	Q2 2026/27
52 weeks – 103 weeks	13	16	16	16
104 weeks – 155 weeks	11	10	5	6
156 weeks and above	10	8	8	11

New Referrals

- We have received 19 new concerns during the reporting period.
- Six were closed under the Initial Closure Procedure (ICP).
- One case was closed under the threshold criteria.
- There were 20 cases considered by screeners, in which 13 were referred to the IC.



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Referrals Received	Q3 2025/26	Q4 2025/26	Q1 2026/27	Q2 2026/27
Concerns received	29	19	15	19
Concerns closed under ICP	11	9	4	6
Concerns made formal	11	19	8	10
Formal complaints closed under TC	2	5	0	1
Formal complaints referred to IC by Screener	8	19	7	13

Note – the number of concerns received during the reporting period will not directly correlate to the number of concerns that are made formal, or decisions by the screeners, during the reporting period.

Source of formal complaints	Q3 2025/26	Q4 2025/26	Q1 2026/27	Q2 2026/27
Self-referral by the registrant	3	1	1	3
Registrar's allegation	0	0	0	0
Non-NHS employer	1	1	1	0
Patient or service user	20	16	5	6
NHS	0	0	0	0
Another registrant	1	0	0	0
Anonymous complainant	0	0	0	0
Another regulatory body	0	0	0	0
Any other complainant	4	1	1	1
Total	**29**	**19**	**8**	**10**

Key Performance Indicators

- The Screener KPI was met, at six weeks.
- The Investigating Committee KPI was not met, at 46 weeks.
- The Professional Conduct Committee KPI was not met, at 98 weeks.

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Performance at a glance

Case stage	Key Performance Indicator	Performance Target	Q3 25/26	Q4 25/26	Q1 26/27	Q2 26/27
Screening	**Median time from receipt of concern to the screener's decision**	**9 weeks**	8 weeks	11 weeks	9 weeks	6 weeks
Investigating Committee	**Median time from receipt of concern to final IC decision**	**26 weeks**	42 weeks	51 weeks	58 weeks	46 weeks
Professional Conduct Committee	**Median time from receipt of concern to final PCC decision**	**52 weeks**	124 weeks	56 weeks	98 weeks	98 weeks

Performance in detail

Time from receipt of complaint to the screener's decision (9 weeks)	Q3 2025/26	Q4 2025/26	Q1 2026/27	Q2 2026/27
Median	8 weeks	11 weeks	9 weeks	6 weeks
Longest case	28 weeks	30 weeks	32 weeks	25 weeks
Shortest case	1 week	3 weeks	2 weeks	1 week
Time from receipt of complaint to final IC decision (26 weeks)	**Q3 2025/26**	**Q4 2025/26**	**Q1 2026/27**	**Q2 2026/27**
Median	42 weeks	51 weeks	58 weeks	46 weeks
Longest case	104 weeks	100 weeks	180 weeks	63 weeks
Shortest case	10 weeks	29 weeks	38 weeks	11 weeks
Time from final IC decision to final PCC decision or other final disposal of the case (26 weeks)	**Q3 2025/26**	**Q4 2025/26**	**Q1 2026/27**	**Q2 2026/27**
Median	45 weeks	46 weeks	35 weeks	85 weeks
Longest case	175 weeks	98 weeks	181 weeks	124 weeks
Shortest case	29 weeks	22 weeks	29 weeks	48 weeks

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Time from receipt of referral to final PCC decision or other final disposal of the case (52 weeks)	Q3 2025/26	Q4 2025/26	Q1 2026/27	Q2 2026/27
Median	124 weeks	56 weeks	98 weeks	98 weeks
Longest case	203 weeks	76 weeks	217 weeks	205 weeks
Shortest case	58 weeks	45 weeks	51 weeks	73 weeks
Median time to interim order committee decision:	**Q3 2025/26**	**Q4 2025/26**	**Q1 2026/27**	**Q2 2026/27**
From receipt of referral	9 weeks	N/A	12 weeks	5 weeks
From decision that there is information indicating the need for an interim order	4 weeks	N/A	7 weeks	2 weeks

Investigating Committee

- The IC met remotely on four occasions during the reporting period and considered 15 cases.
- The IC KPI was not met during this quarter, at 46 weeks.
- The overall number of cases awaiting IC consideration (ie under investigation) sits at 39 cases, which is a slight reduction from last quarter (40 cases). Although the 'IC pilot', in place since the start of the summer had started to reduce the number of cases at the IC stage, over this reporting period, there has been a further 13 cases referred to the IC by the screener, which has maintained a higher number of cases at this stage.
- 4 of the 39 cases (10%) at the IC stage are currently recorded as third party cases.
- The IC considered one Interim Suspension Order (ISO) application during the reporting period, in which a suspension was imposed.

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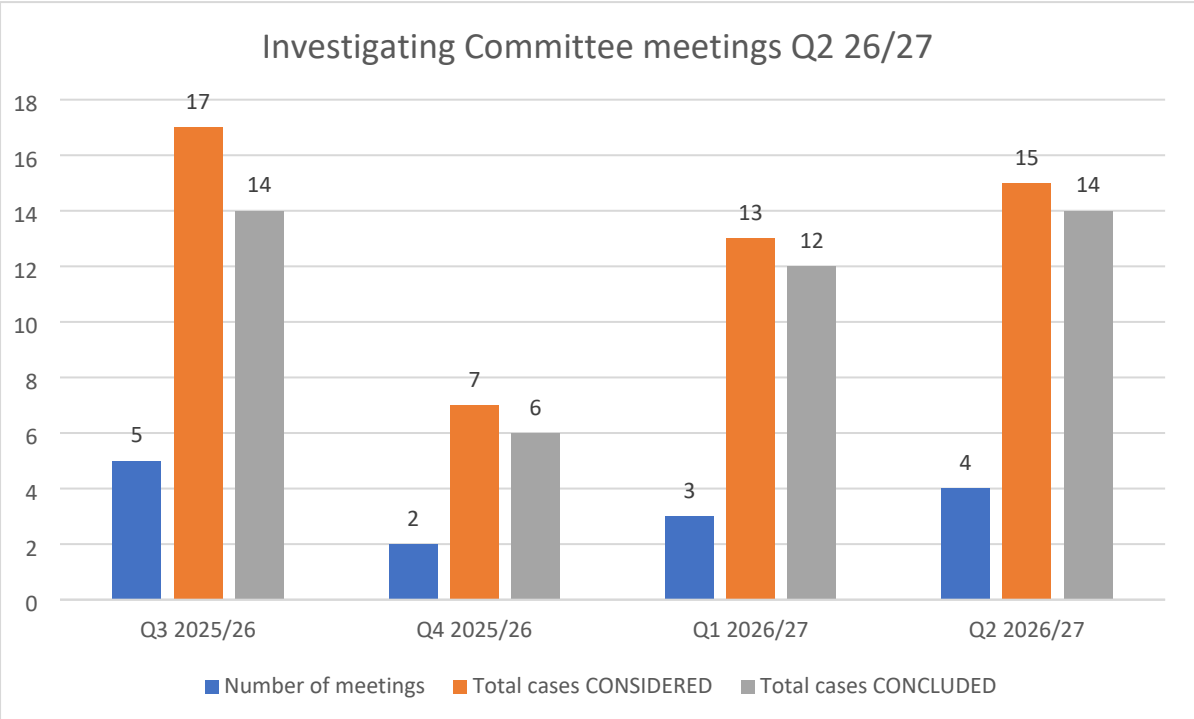

Investigating Committee Decisions	Q3 2025/26	Q4 2025/26	Q1 2026/27	Q2 2026/27
No Case to Answer	4	3	8	5
No Case to Answer with advice	2	1	1	1
Referred to PCC	6	2	3	7
Referred to HC	0	0	0	0
Referred to PCC and HC	0	0	0	0
Adjourned	3	1	1	1
Stayed	0	0	0	0
Rule 19 decision	2	0	0	1

Professional Conduct Committee

- During this reporting period the Professional Conduct Committee (PCC) considered five cases consisting of: two substantive hearings, one review hearing and two cases via rule 8 of our rules (consensual disposal). There were no part heard during the reporting period.

- The number of cases at the PCC stage (25) has decreased by one case since the previous quarter.

- 40% of cases at the PCC stage are, or were, third party cases which is an decrease from 50% recorded at the previous quarter.

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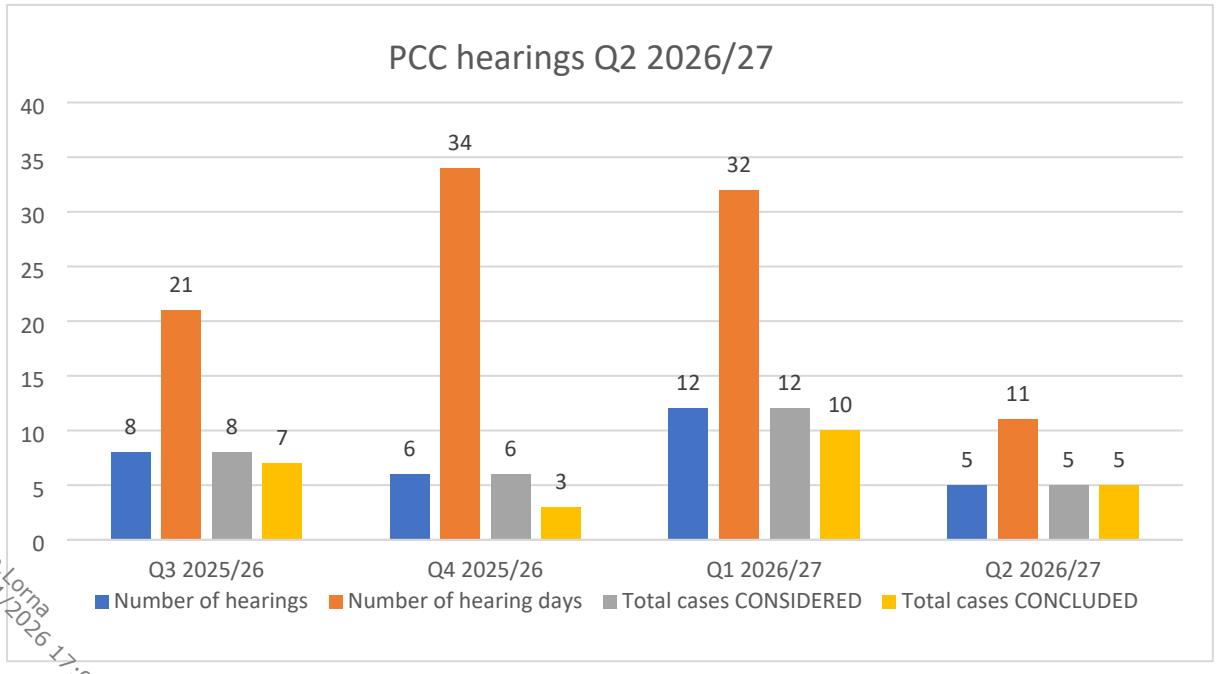
- The status of the 25 cases at the PCC stage are broken down as follows:
    - Two cases we are awaiting the listing questioannaire from the Registarnt before we can consider scheduling the hearing
    - Seven are listed for hearing.
    - Nine we are preparing to serve the case.
    - One case the Rule 8 PCC meeting has been scheduled
    - Two cases are seeking hearing dates/availability
    - Four cases are third party awaiting police/court service conclusion

Professional Conduct Committee Hearings	Q3 2025/26	Q4 2025/26	Q1 2026/27	Q2 2026/27
Number of hearings	8	6	12	5
Number of hearing days	21	34	32	11
Total cases CONSIDERED	8	6	12	5
Total cases CONCLUDED	7	3	10	5



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PCC Decisions	Q3 2025/26	Q4 2025/26	Q1 2026/27	Q2 2026/27
Allegation not 'well founded'	1	1	2	1
Admonished	1	0	4	0
Conditions of Practice	1	0	1	0
Suspension	2	1	2	1
Removal	0	1	1	1
Rule 19	2	0	0	0
Adjourned	1	4	2	0
Conditions/Suspension to expire at end of order	0	0	0	0
Rule 8 Admonishment	0	0	0	2
Stayed	0	0	0	0
Referred to the HC	0	0	0	0
Referred to PCC hearing (rule 8)	0	0	0	0
Conviction has no material relevance	0	0	0	0

Health Committee

- The Health Committee (HC) considered no hearings during the reporting period.

Interim Suspension Orders

IC Interim Suspension Order Decisions	Q3 25/26	Q4 25/26	Q1 26/27	Q2 26/27
Applications made	4	4	1	1
Interim Suspension Order imposed	3	3	0	1
Undertaking	1	1	1	0
Adjourned	0	0	0	0
Median time to IC decision from receipt of referral	9 weeks	9 weeks	12 weeks	5 weeks
Median time to IC decision from decision that there is information indicating the need for interim order	4 weeks	4 weeks	7 weeks	2 weeks

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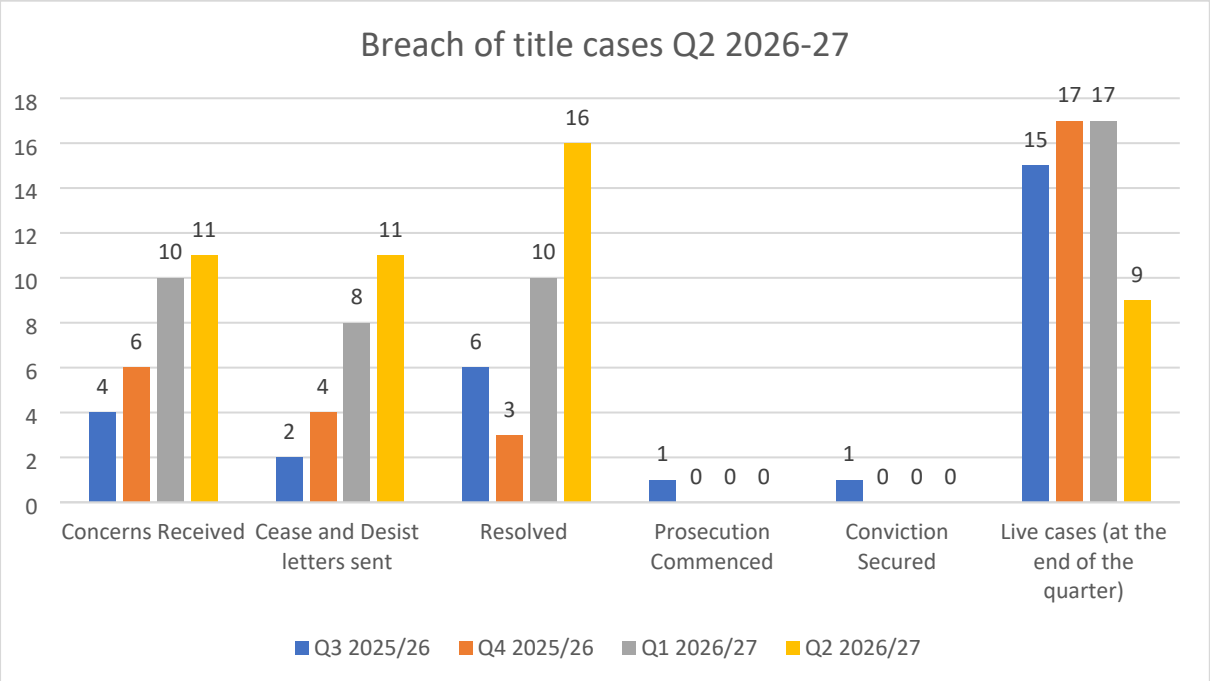
PCC/HC Interim Suspension Order Decisions	Q3 25/26	Q4 25/26	Q1 26/27	Q2 26/27
Applications made	3	2	1	1
Interim Suspension Order imposed	3	2	1	1
Undertaking	0	0	0	0

Protection of Title

- There are currently 9 active Section 32 investigations, a decrease from 17 in the previous quarter.



Protection of Title	Q3 2025/26	Q4 2025/26	Q1 2026/27	Q2 2026/27
Concerns Received	4	6	10	11
Cease and Desist letters sent	2	4	8	11
Resolved	6	3	10	16
Prosecution Commenced	1	0	0	0
Conviction Secured	1	0	0	0
Live cases (at the end of the quarter)	15	17	17	9

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Appeals

- One appeal, following the PCC's decision to remove a Registrant form the register, has been received during the reporting period.

Total number of registrant appeals in the quarter which are:	Q3 2025/26	Q4 2025/26	Q1 2026/27	Q2 2026/27
Ongoing	0	0	0	1
Opened	1	0	0	1
Concluded	1	0	0	0
Outcomes of registrant appeals against final fitness to practise decisions:	**Q3 2025/26**	**Q4 2025/26**	**Q1 2026/27**	**Q1 2026/27**
Upheld and outcome substituted	0	0	0	0
Upheld and case remitted to regulator for re-hearing	0	0	0	0
Settled by consent	1	0	0	0

Voluntary Removal

- No voluntary removal applications have been received n the reporting period.

Number of voluntary erasure/removal applications: Subsequent to the FTP case being considered by an IC.	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
Received	3	2	0	2
Granted	0	0	0	1

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Fitness to Practise dashboard 01 July 2026 – 30 September 2026 (Q2)

Statistics at a glance

Key: Green represents that this statistic is on target, amber represents that the fact we are over KPI but there is both active progression of cases and cogent reason for being over KPI, with red representing that there was no active progression of cases or cogent reasons for being over KPI.

	Q3 2025/26	Q4 2025/26	Q1 2026/27	Q2 2026/27
Screener stage				
Formal concerns referred to IC by Screener	8	19	7	14
IC stage				
Concerns referred to the PCC	6	2	3	7
Awaiting IC consideration	32	43	40	39
PCC stage				
Awaiting PCC consideration	30	29	24	25
Awaiting PCC consideration – listed for hearing	14	7	6	7
PCC/HC Cases part heard	1	5	3	3
Cases that need review hearings	6	8	8	7
General statistics				
Formal complaints open	68	80	72	71

	Q3 2025/26	Q4 2025/26	Q1 2026/27	Q2 2026/27
Receipt to screener decisions (9 weeks)	8 weeks	11 weeks	9 weeks	6 weeks
Receipt to IC decision (26 weeks)	42 weeks	51 weeks	58 weeks	46 weeks
Receipt to PCC decision (52 weeks)	124 weeks	56 weeks	98 weeks	98 weeks

Third party statistics

	Median age including 3rd party cases	Median age excluding 3rd party cases	Total number of 3rd party cases at each stage
Pre-screener stage	6 weeks	6 weeks	2 (17%)
IC stage	34 weeks	34 weeks	4 (10%)
PCC stage	80 weeks	72 weeks	10 (40%)
Total	**44 weeks**	**43 weeks**	**17 (20%)**

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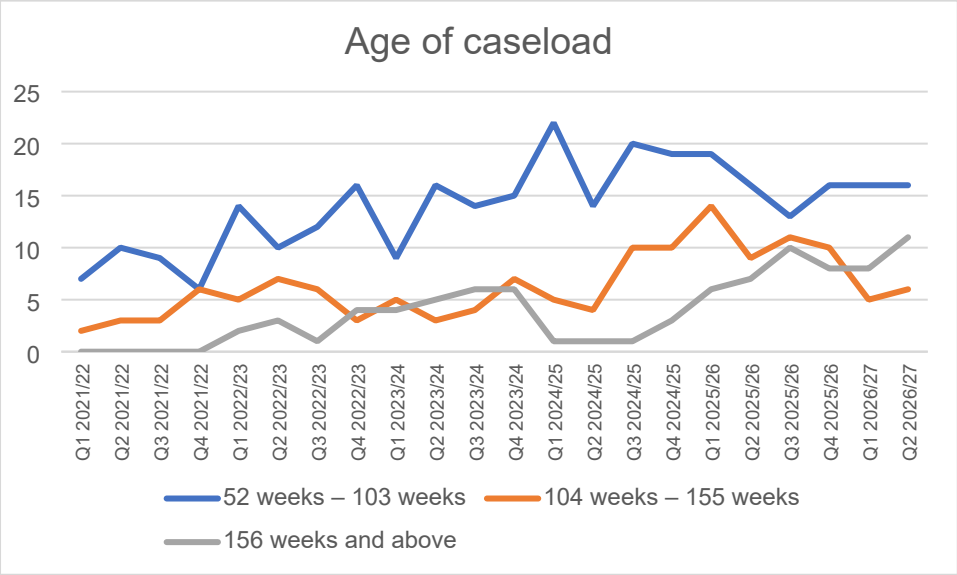
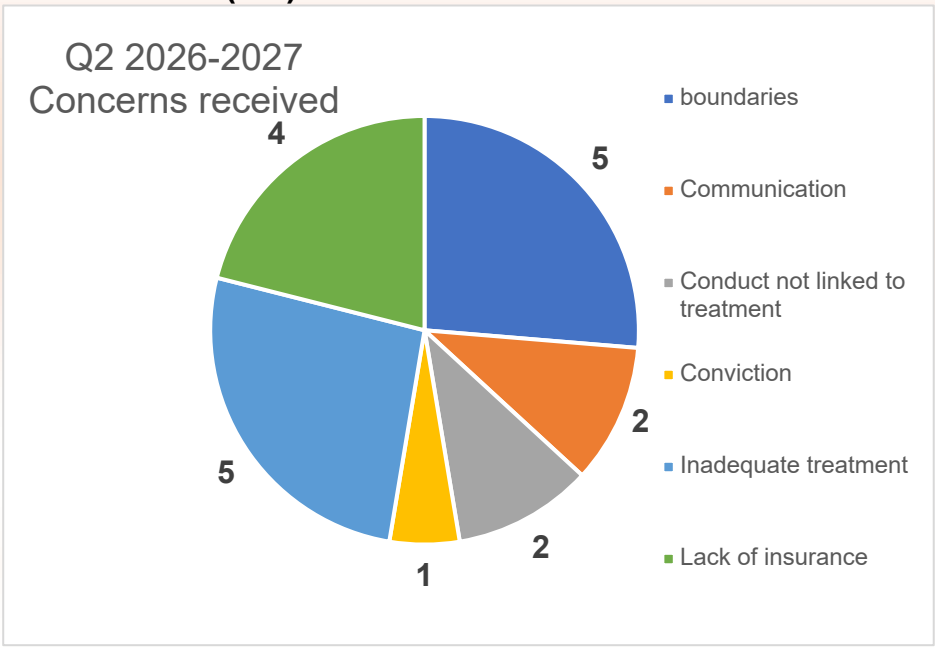
Fitness to Practise dashboard 01 July 2026 – 30 September 2026 (Q2)

Age of Caseload





Screener stage

Referrals Received	Q3 2025/26	Q4 2025/26	Q1 2026/27	Q2 2026/27
Concerns received	29	19	15	19
Concerns made formal	11	19	8	10
Screener decisions made	21	33	13	21

Source of formal complaints	Q3 2025/26	Q4 2025/26	Q1 2026/27	Q2 2026/27
Self-referral by the registrant	3	1	1	3
Registrar's allegation	0	0	0	0
Non-NHS employer	1	1	1	0
Patient or service user	20	16	5	6
NHS	0	0	0	0
Another registrant	1	0	0	0
Anonymous complainant	0	0	0	0
Another regulatory body	0	0	0	0
Any other complainant	4	1	1	1
Total	**29**	**19**	**8**	**10**

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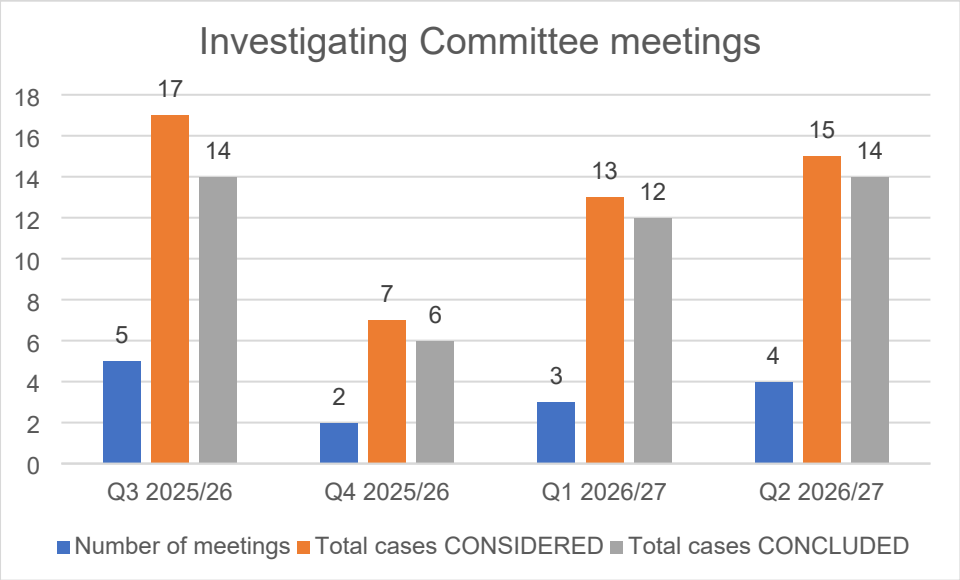
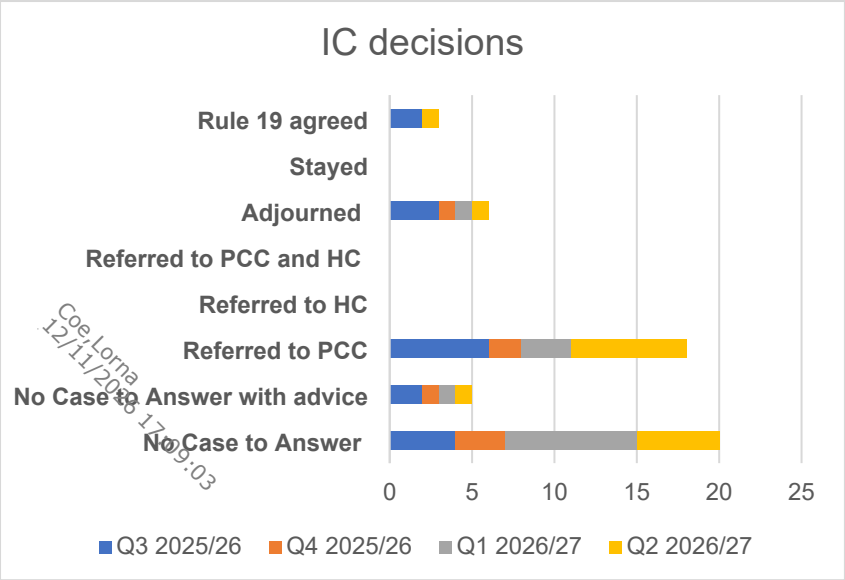
Fitness to Practise dashboard 01 July 2026 – 30 September 2026 (Q2)

Investigating Committee stage

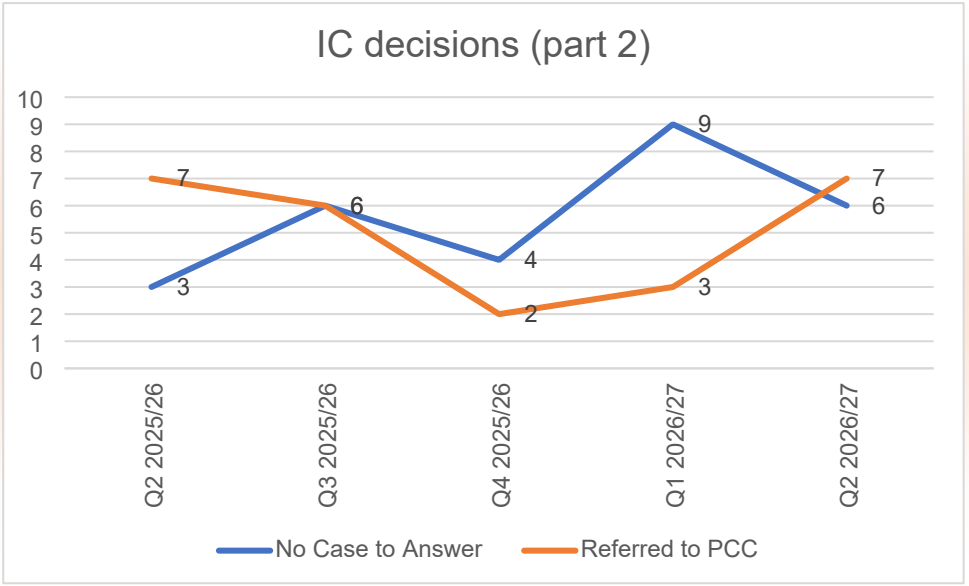




IC stage observations

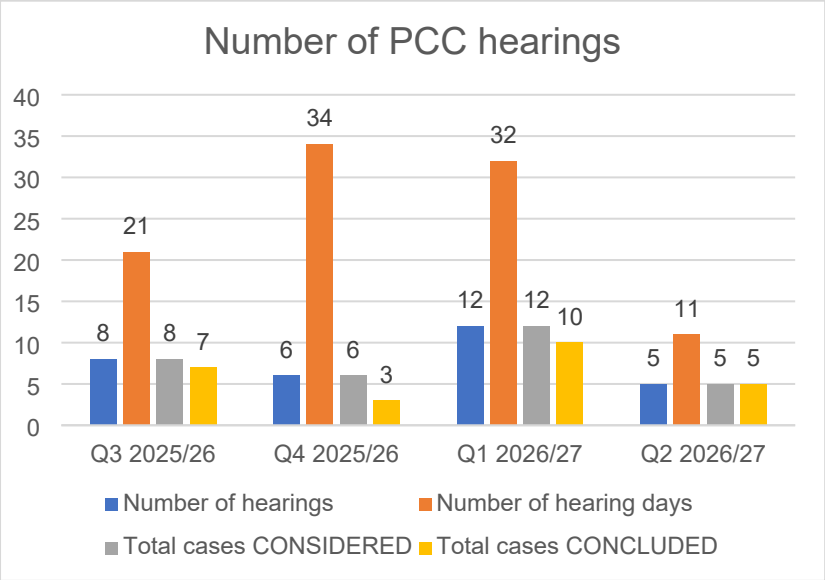
- We have implemented a new pilot for the IC for their IC meetings, in an attempt to enable the IC to consider more cases at each meeting. This pilot started in June 2026 and will continue until March 2027. Feedback from the IC suggests that cases are taking longer for the IC to consider at meetings. Such causes are the particulars being lengthy and that the remote environment can cause technical delays.

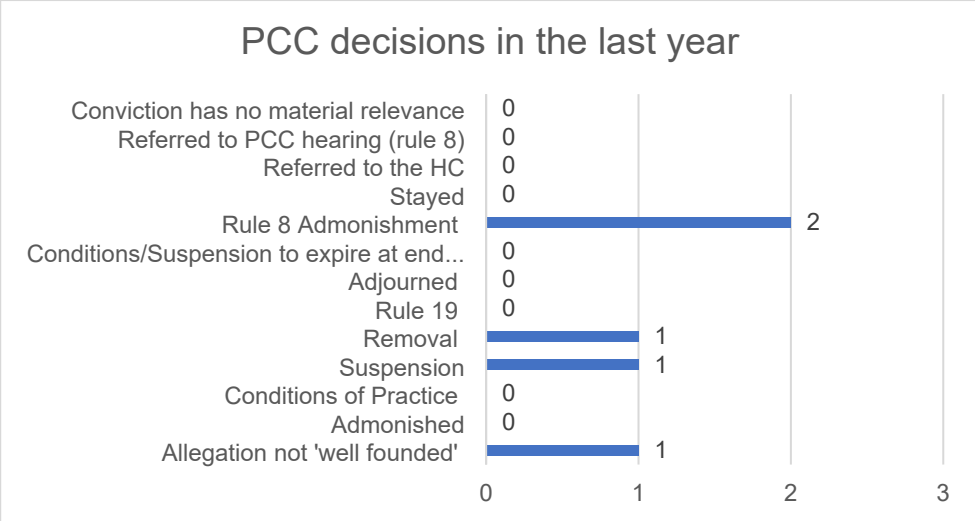
- There were 15 cases considered by the IC during the reporting period.

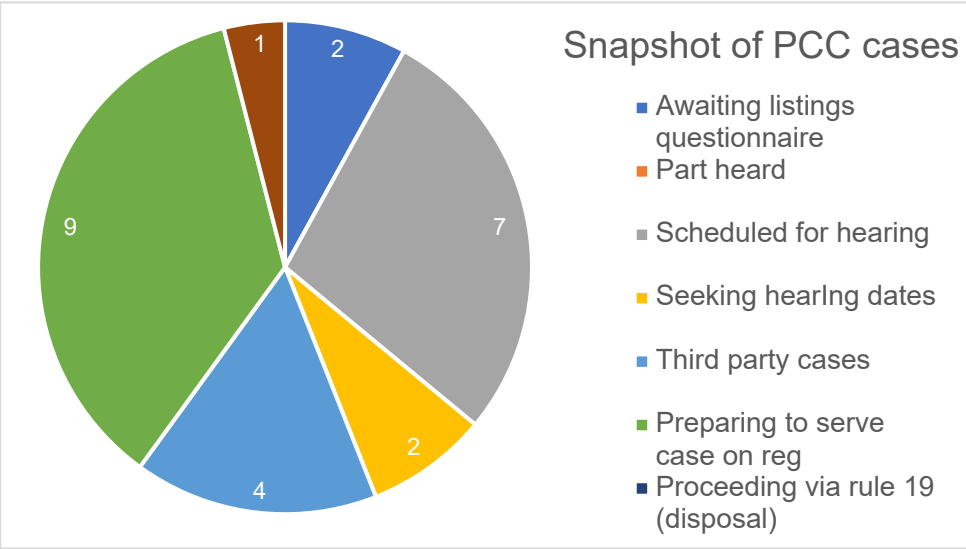


Fitness to Practise dashboard 01 July 2026 – 30 September 2026 (Q2)

Professional Conduct Committee stage







PCC stage observations

- Five hearings were conducted by the PCC during the reporting period.
- We have listed seven of the 25 cases at this stage and in nine cases we are preparing to serve the case on the Registrant.

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General Osteopathic Council

10

Council
19 November 2026
Registration fee consultation analysis

Recommendation(s)	**A. Consultation findings** 1. To note the quantitative and qualitative findings from the consultation. 2. To note the organisational responses and the Equality Impact Assessment. 3. To agree that the consultation evidence has been taken into account in determining both the level and distribution of the increase. **B. Registration fees** 1. To approve an increase of £75 in the full practising registration fee, from £570 to £645, with a scheduled implementation date of May 2027, subject to a Registration Rule change. 2. To agree that the differentiated fee increase is a proportionate response to the consultation evidence. 3. To approve the corresponding increases of either £25 or £35 for the other registration fee categories, with a scheduled implementation date of May 2027, subject to a Registration Rule change. 4. To agree that the impact of the increase should be monitored through registration and retention data, where available. 5. To authorise the Executive to progress the necessary rule-change and implementation process with the Department of Health and Social Care. **C. Wider organisational learning** 1. To endorse the principles “We will show up; we will listen; we will explain; we will answer

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	questions directly" as the basis for developing GOsC's future approach to engagement. 2. To agree that this should be treated as an organisational and governance commitment. 3. To agree that this approach should be woven through the development of the Business Plans from 2027 and the development of the profession framework. 4. To agree that Council will monitor and assess our approach to the learning identified from the consultation.

Key messages

- The consultation has provided a strong body of evidence to inform Council's decision on the registration fee, including a clear preference for restraint alongside concerns about fairness, differential impact and financial sustainability.
- Considering the consultation in the round, the Executive recommends a £75 increase to the full practising fee, with a smaller increase (either £25 or £35) for the reduced fee categories, as the best balance between sustainability, proportionality and fairness.
- The consultation has also provided wider learning about trust, transparency, organisational stewardship and how well the value of registration and regulation is understood.
- It should be used as a catalyst for positive organisational change.
- Our future approach should be founded on a simple commitment: we will show up; we will listen; we will explain; we will answer questions directly.
- Delivering this will require cultural change across GOsC, involving both staff and governance members.

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General Osteopathic Council

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Classification	Public
Action	For decision
Purpose of the paper	To consider the results of the registration fee consultation and determine the fee rise which is scheduled to take effect from May 2027.
Strategic Priority implications	GOsC needs to be financially sustainable to ensure that it is able to deliver its statutory responsibilities.
Standards of Good Regulation implications	Our ability to meet the Standards of Good Regulation would be undermined if there were insufficient funds to deliver our statutory responsibilities.
Communications implications	We have undertaken significant engagement with the profession across the course of the fee consultation which is set out in the paper. Post Council, we will communicate clearly the decision of Council to the profession, and in addition, respond to what we have heard through the consultation. The fee consultation has acted as a catalyst for views to be expressed and we need to be proactive in how we respond to these. Following Council's decision, we will work with the Department of Health and Social Care to progress the necessary amendments to the registration fee rules.
Financial, resourcing and risk implications	These are set out in the paper.
Patient perspectives	We have sought patient views throughout the fee consultation as we recognise that an increase in registration fees may be passed onto patients. Insufficient funding would increase the risk of harm to patients by weakening GOsC's ability to discharge its statutory responsibilities effectively.
Diversity implications	We have sought evidence from the profession of the diversity implications arising from increasing the registration fee, although we are limited by measures we

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	can introduce due to the prescriptive nature of the legislation under which we operate. Attached to the paper is an Equality Impact Analysis which has been informed by the responses to the registration fee consultation.
Welsh language implications	Registration fee increases will apply to osteopaths working in Wales. The consultation broadly supported our assessment of the Welsh-language impact. Some respondents supported the continued availability of Welsh-language correspondence and accessible materials, while the responses also showed that the reason for including a Welsh-language assessment was not understood by everyone.
Annex(es)	A. Consultation responses: full data set, online form B. NCOR consultation response C. Institute of Osteopathy consultation response D. Council for Osteopathic Education Institutions response E. Updated Equality Impact Assessment
Author	Matthew Redford NB: Copilot has been used to support the analysis of consultation responses, specifically those which were free-text and the updating of the Equality Impact Assessment.
Background reading	July 2026 Council board pack - see Item 9, Registration Fee consultation Past consultations and outcomes (Registration fee consultation materials)

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Executive summary

1. The registration fee consultation opened on 6 August 2026 and closed on 29 October 2026, receiving 235 individual responses and three organisational written responses. It sought views on the proposed level of fee increase, how an increase should be distributed between registration categories, and the equality and Welsh language implications of the proposals.

2. The consultation was supported by an extensive programme of direct engagement. This included webinars for osteopaths, patients, students and Regional Leads; roundtables with sector partners; engagement with regional societies; and participation in a 90-minute live broadcast hosted by the Academy of Physical Medicine.

3. The consultation has provided us with a strong body of evidence. Key themes arising from the free-text responses were:

    - affordability and the financial sustainability of practice;
    - the differential impact on part-time practitioners, parents, carers, disabled osteopaths and those approaching retirement;
    - possible consequences for patient access;
    - value for money, transparency and organisational stewardship;
    - the future sustainability and development of osteopathy;
    - questions about the single-profession regulatory model;
    - confidence in the consultation and decision-making process; and
    - suggested mitigations and alternative fee arrangements.

4. These themes will inform Council's decision on fees. However, when considered together, they also reveal something more fundamental.

5. Many respondents were not simply asking how much they would be required to pay. They were asking what GOsC does, how their fees are used, how regulation protects patients, what value registration provides, whether the organisation is efficient, why osteopathy has its own regulator and whether their views will make a difference.

6. The consultation was formally about registration fees. Much of the feedback was about visibility, understanding, trust and connection. This gives GOsC an opportunity to do more than reach and explain a decision on fees. The consultation can be used as a catalyst to reshape the relationship between GOsC and the profession.

7. The engagement programme used during the registration fee consultation has arguably already tested a different emphasis in approach: GOsC explained its proposals, listened to challenge, showed up in forums convened by others and answered questions directly. This did not remove disagreement, nor should that have been the expectation. It demonstrated that direct and open engagement is both possible and capable of generating meaningful participation.

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8. The proposed next step is therefore not simply to undertake more engagement activity. It is to make a wider cultural commitment:

    - We will show up.
    - We will listen.
    - We will explain.
    - We will answer questions directly.

9. This commitment applies equally to staff and to governance members. If GOsC is to become more visible, accessible, human and regionally connected, everybody involved in our work, staff and governance, must be part of that change.

Background

10. Council agreed to consult on increasing registration fees because GOsC's expenditure was exceeding income and financial forecasts showed that this position was not sustainable.

11. Registration fees have remained unchanged at the headline level since 2014, despite inflation, rising regulatory costs and a substantial increase in fitness to practise activity – the caseload has increased by 74% from 2018. Between 2023 and 2026, the cumulative expenditure exceeded cumulative income by approximately £540,000.

12. Before consulting, GOsC took a series of steps to reduce expenditure and change its operating model. These included bringing education quality assurance and elements of fitness to practise investigation in-house, leaving some vacancies unfilled, undertaking more research and data analysis internally, and selling the former headquarters. The changes have produced significant savings, but do not remove the need to establish a sustainable relationship between income and expenditure.

13. Council therefore consulted on the level and distribution of an increase, rather than whether GOsC should continue operating with an underlying deficit.

14. That distinction was financially important but was not accepted by all respondents. Some believed that the consultation should have included a no-increase option, further use of reserves, additional cost reductions or a different regulatory model.

15. This is part of the consultation learning. Where the scope of a consultation is necessarily constrained, we need to be particularly clear about what is open to influence, what is not and why.

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Consultation and engagement

16. GOsC did not rely solely on publishing a consultation document and inviting written responses. We created different opportunities for people to hear the case directly, question it and express their views.

17. The engagement programme included:

- roundtable meetings with sector partners;
- three webinars for osteopaths;
- a patient forum webinar;
- a Regional Leads webinar;
- a student webinar;
- a 90-minute live question-and-answer broadcast hosted by the Academy of Physical Medicine, attended by more than 730 people, of whom more than 660 identified themselves as osteopaths;
- direct engagement with regional societies and their members in Scotland, Northern Ireland, Norfolk and Oxford;
- publication and updating of frequently asked questions; and
- work to make financial information and supporting data more accessible through the GOsC website.

18. The purpose was not to secure support for a predetermined outcome - that decision is for Council to make at the November public meeting. It was to enable people to understand the proposals, test the rationale, challenge assumptions and contribute to Council's eventual consideration.

19. The breadth of the programme is important, but the number of events is not the main point. The more significant change was that senior staff and Council members were directly accessible and prepared to engage with difficult questions, including in forums that GOsC did not control.

20. Engagement should not be judged by whether it produces agreement. On an issue such as fees, disagreement was inevitable. Meaningful engagement allows people to question, challenge and be heard, while enabling decision-makers to understand more fully the perceptions surrounding a proposed decision.

Approach to the analysis

21. The quantitative findings provide important evidence about the distribution of views. They do not, on their own, capture the richness of the consultation.

22. The free-text responses have therefore been analysed thematically. Themes were identified by considering:

- recurrence across different questions and responses;
- the strength and detail of the views expressed;
- whether issues were raised independently by different respondents;
- their relevance to the proposals and Council's responsibilities; and

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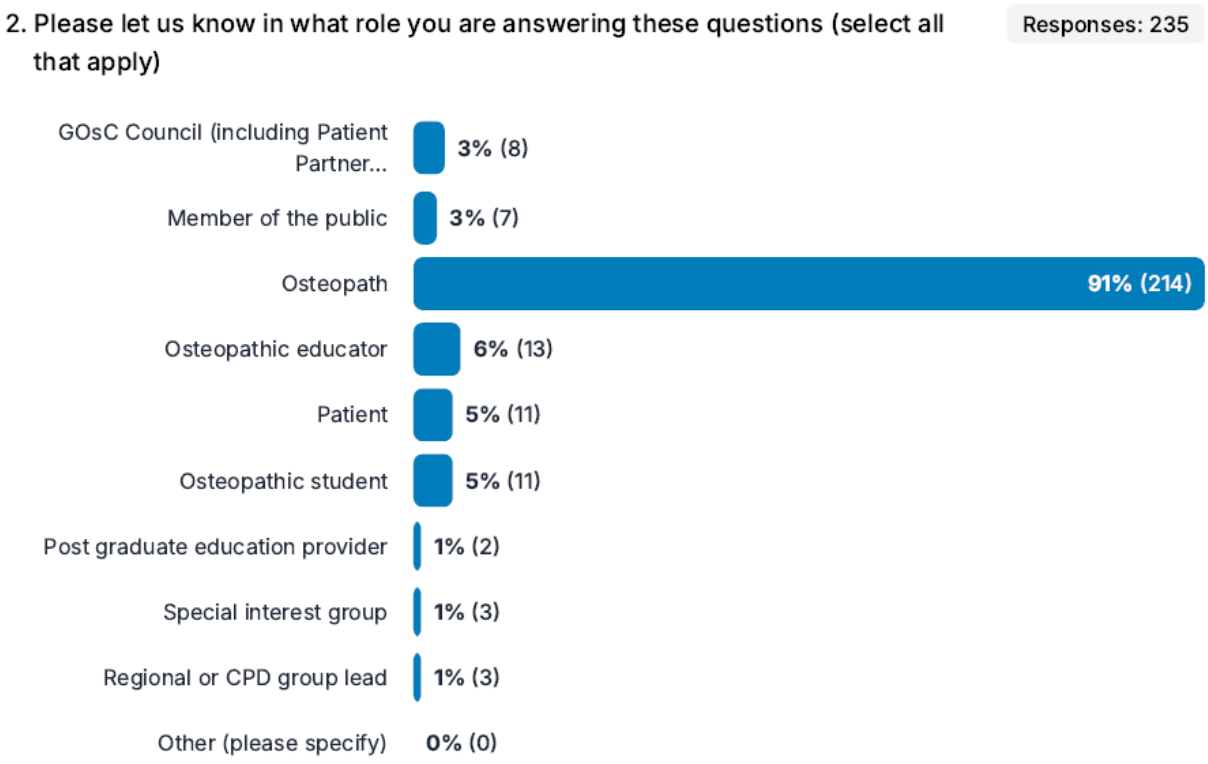
- their significance for equality, public protection and organisational sustainability.

23. A single response may contribute to more than one theme. The existence of a theme does not mean that every respondent shared the view, nor does the frequency of a view determine the decision Council should reach.

Headline quantitative findings

24. At the close of the consultation, 235 people had responded and we received three written organisational responses. In terms of the findings that we set out below, please note that questions were optional and so not every question will match the total number of responses received.

25. The breakdown of those responding to the consultation is as follows (Q2):



Understanding the purpose of the consultation and the benefits of regulation (Questions 3 to 6)

26. Of 235 respondents (Q3), 65% said they understood the rationale for increasing registration fees fairly well or very well. However, understanding the rationale did not necessarily mean agreement with it.

27. Of 234 respondents (Q4), 59% said they understood fairly well or very well how registration fees support the regulation and development of osteopathy and help protect patients. 25% said they understood this not very well or not at all well.

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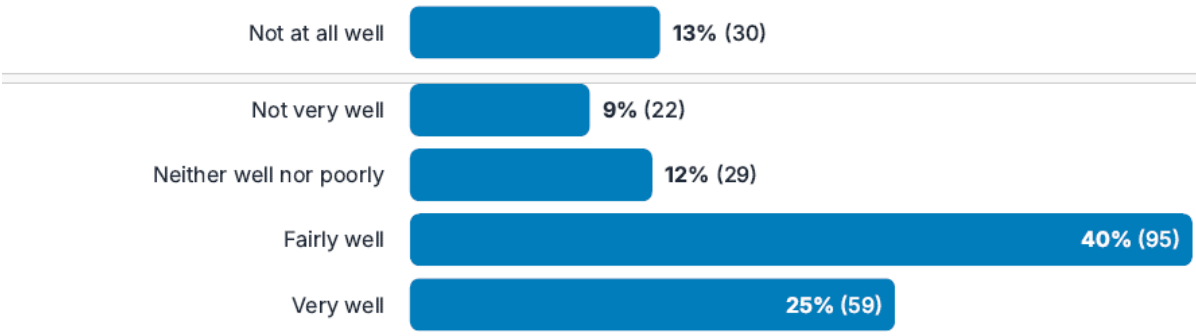
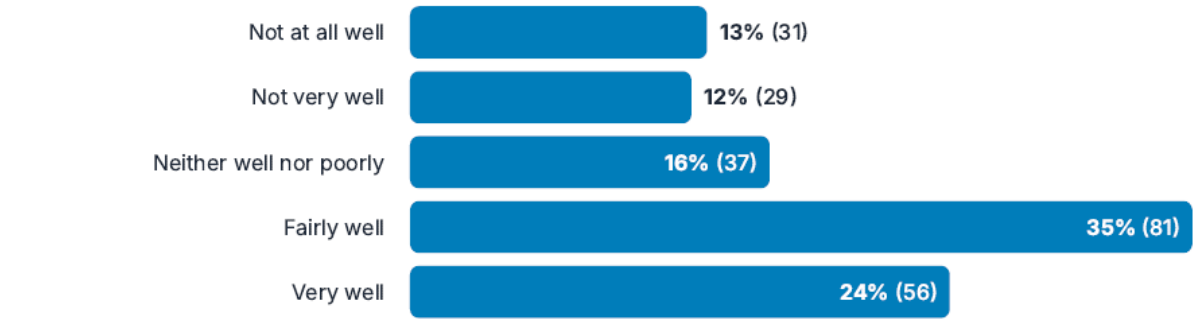
3. Having read the information provided, how well do you feel you understand the rationale we have set out for increasing registration fees?

Responses: 235



4. Having read the consultation document and annex, how well do you feel you understand how registration fees support the regulation and development of osteopathy and help protect patients.

Responses: 234



28. Of 235 respondents (Q5), 58% said they understood the benefits of a single-profession regulator fairly well or very well. However, the free-text responses show that some respondents who understood the argument remained unconvinced that the current model represented sufficient value.

29. Respondents nevertheless identified benefits from professional regulation (Q6). Of the 232 people answering the relevant question:

- 83% identified maintaining professional standards;
- 80% identified ensuring that osteopathic education meets agreed standards;
- 72% identified supporting public confidence;
- 72% identified investigating concerns raised by patients; and
- 69% identified helping patients recognise qualified osteopaths.

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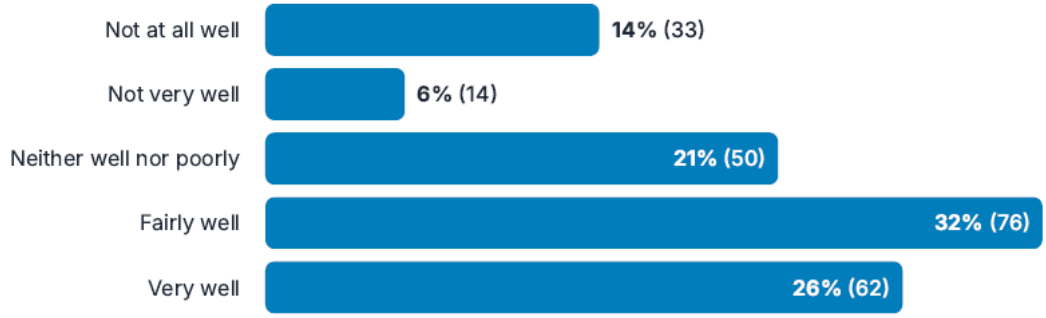
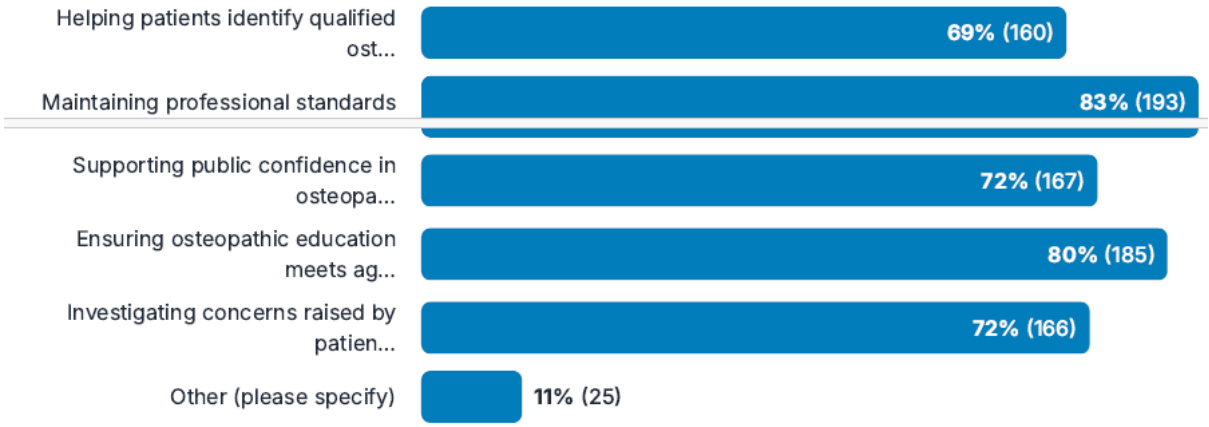
5. Having read the consultation document and annex, how well do you feel you understand the benefits of being regulated by a single-profession regulator?

Responses: 235



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

Responses: 232



30. This is important. The consultation did not reveal a wholesale rejection of professional regulation. It revealed a more complex position in which respondents often valued the outcomes of regulation while questioning its cost, visibility or delivery.

Analysis of the principal themes

31. The qualitative comments (Q11, Q12, Q13 and Q16) have been thematic coded (Theme A-H). The analysis of the consultation results has identified a number of principal themes, being:

- Theme A: Affordability and the financial sustainability of practice
- Theme B: Fairness and differential impact
- Theme C: Patients and access to care
- Theme D: Value for money, transparency and stewardship
- Theme E: The sustainability and development of osteopathy
- Theme F: The single-profession regulatory model
- Theme G: Confidence in the consultation and decision-making
- Theme H: Welsh language

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Principal Theme A:
Affordability and the financial sustainability of practice

32. Affordability was one of the strongest and most consistent themes.

33. Respondents referred to the cumulative effect of registration, insurance, continuing professional development, clinic costs, student debt, inflation and the costs of self-employment. Some said an increase would be manageable. Others questioned whether they could remain on the Register or continue practising as an osteopath.

34. Concerns were particularly evident among those working limited hours or establishing themselves in practice, and those whose personal circumstances, including maternity, caring responsibilities or ill health, may reduce their capacity to practise and earn.

35. The underlying concern was not simply that respondents did not want to pay more. Many were asking Council to demonstrate that an increase was necessary, proportionate and supported by careful financial stewardship - see link to Theme D.

Principal Theme B:
Fairness and differential impact

36. Respondents repeatedly questioned the fairness of applying a fixed fee to osteopaths with very different working patterns and earning capacity.

37. Particular issues were raised by or on behalf of:

- part-time practitioners;
- parents and carers;
- those taking or returning from maternity or parental leave;
- disabled osteopaths and those with long-term health conditions;
- newly qualified osteopaths; and
- those approaching retirement.

38. Suggested mitigations included reduced fees during maternity or parental leave, a hardship category, lower fees for limited practice, protection for new graduates, phased increases and more flexible payment arrangements.

39. Not all suggested mitigations will necessarily be lawful, practicable or fair to other registrants. Indeed, our own legislation significantly limits what we can and cannot do - for example, we have no legislative powers that would enable us to introduce a part-time registration fee or a fee based on a practitioner's level of income.

40. Nevertheless, the underlying issue is legitimate: equal treatment does not always produce equal impact.

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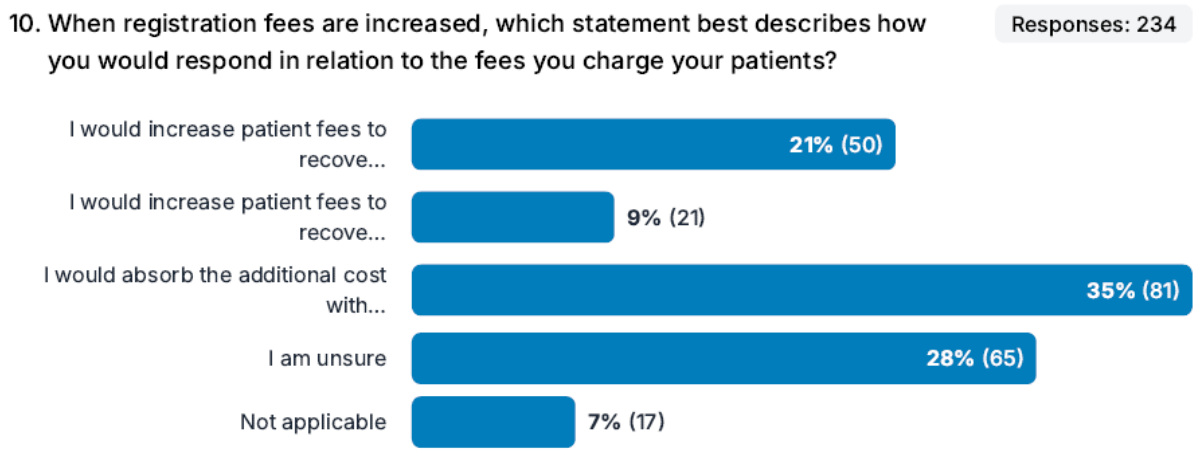
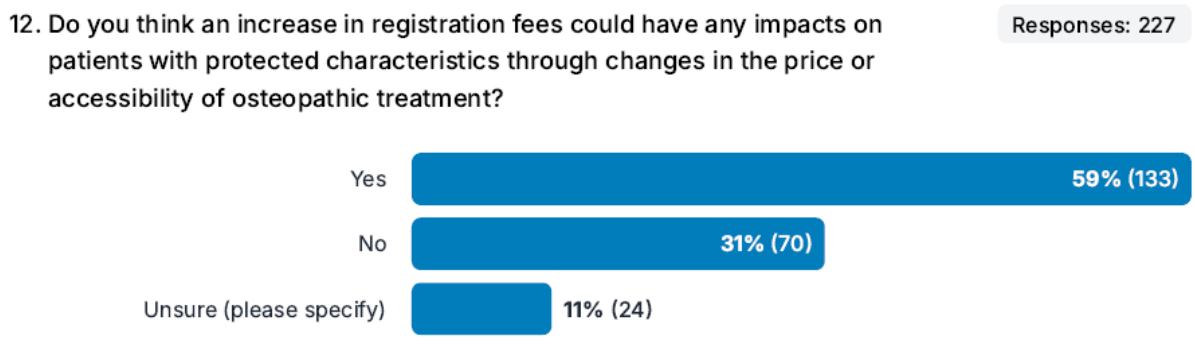
Principal Theme C:
Patients and access to care

41. Many respondents considered the possible consequences for patients as well as the direct impact on practitioners (Q10), with 30% of respondents considering increasing patient fees, 35% likely to absorb the fee rise themselves and 28% uncertain of what they would do.



42. Concerns raised in the consultation included increased treatment prices, reduced access to lower-cost appointments and reduced local provision if osteopaths leave the Register or reduce their hours.

43. Of 227 respondents (Q12), 59% thought an increase could affect patients with protected characteristics through changes to the cost or availability of treatment. The evidence does not establish that a particular effect will occur, but it identifies a perceived risk that should be acknowledged and monitored through our Equality Impact Assessment.



44. It is noted that many respondents framed their concerns in terms of patient access as well as their own financial position.

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Principal Theme D:
Value for money, transparency and stewardship

45. A substantial number of respondents asked GOsC to explain more clearly how registration fees are used and what has been done to contain expenditure.

46. Comments referred to staffing, executive remuneration, governance expenditure, fitness to practise costs, reserves, the proceeds from the sale of the former headquarters and comparisons with other regulators.

47. Some comparisons were overly simple. Regulators differ in size, statutory functions, professional composition, case mix and operating model. However, the recurrence of the comparisons matters. Registrants judge GOsC's fee not only against its own financial requirements, but against the amount paid by other healthcare professionals.

48. The consultation included information about the fee history, cumulative deficit, fitness to practise workload, operational savings, the sale of the former headquarters and the management of reserves. Some respondents remained unconvinced or wanted greater detail.

49. Sound financial stewardship is essential. It is not enough for stewardship to be exercised well. It must also be explained and understood.

Principal Theme E:
The sustainability and development of osteopathy

50. Many respondents used the consultation to express wider concerns about the future of the profession. These included student recruitment, graduate retention, education provision, public awareness, professional recognition and the overall size and sustainability of the Register.

51. Some asked GOsC to promote osteopathy or generate patients for practitioners. Those expectations go beyond our statutory role. However, they sit alongside legitimate questions about our responsibility to develop and regulate the profession, support high-quality practice and help regulation remain relevant.

52. We should not respond defensively or rely solely upon statutory language. We should explain confidently what GOsC can do, what it cannot do and where partnership with bodies in the sector, education providers, regional groups, patients and others is necessary.

53. The feedback reinforces the importance of Council's work on the development of the profession and the value of registration and regulation.

Principal Theme F:
The single-profession regulatory model

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54. A notable number of respondents questioned whether osteopathy should continue to have a dedicated regulator. Several suggested regulation by the Health and Care Professions Council or another multi-profession body.

55. The most frequently expressed reason for questioning the single-profession model was the difference between GOsC's registration fee and those charged by larger regulators, particularly the HCPC. Respondents also referred to the potential economies of scale associated with a multi-profession regulator and, to a lesser extent, perceived benefits from closer alignment with other healthcare professions.

56. Decisions about the structure of statutory healthcare regulation rest ultimately with Government and Parliament and this is a matter outside the scope of the GOsC.

57. We should seek to articulate the value of registration more clearly. If some functions can be delivered more effectively through partnership or shared arrangements, we should remain willing to explore them, but the starting point should be ensuring that we are using our people to explain what we do, why we do it, and the value this brings, in a way which is understandable to the profession.

Principal Theme G:
Confidence in the consultation and decision-making

58. Some respondents questioned the basis on which the consultation had been framed, particularly the absence of an option to maintain the registration fee at its current level. This was sometimes expressed as a concern that the outcome of the consultation had already been determined.

59. There is an important distinction here. Council had already concluded, on the basis of the financial position and forecasts considered before consultation, that an increase in income was necessary. The consultation was therefore not asking whether registration fees should increase. It sought views on the level of increase, how that increase should be distributed across the existing fee structure, and the potential consequences and impacts of the available options.

60. This made the consultation different from one in which every element of a proposal remained open. It was a consultation undertaken within a defined condition.

61. The free-text responses suggest that this distinction was not understood or accepted by all respondents. Some argued that a no-increase option should have been available or that further efficiencies, use of reserves or an alternative regulatory model should have been considered instead. Others questioned whether their response could influence Council's decision when the principle of an increase had already been established.

62. These responses do not necessarily demonstrate that the consultation itself was predetermined. They do, however, identify an important issue about how GOsC explains the scope of future consultations. Where Council has already reached a conclusion on one element of an issue, but is consulting meaningfully on others, we need to be particularly clear about what has already been decided, what remains open to influence, and why.

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63. GOsC undertook extensive engagement, but the existence of that activity does not invalidate the concerns expressed in the free text. Nor should our response be to list everything we did in rebuttal.

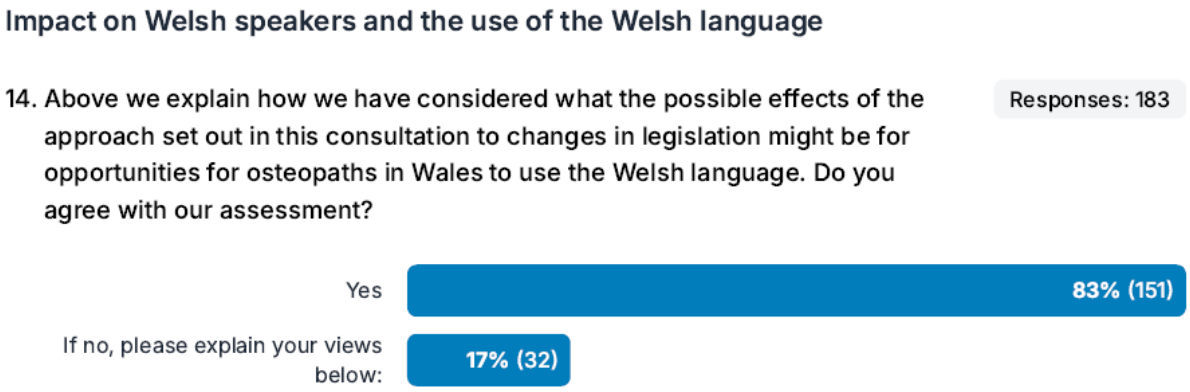
64. Our response should be to explain:

- what was open to influence;
- why the consultation was framed as it was;
- what Council heard;
- how the evidence affected its consideration;
- what it decided; and
- why.

65. Trust is not built by saying that we listened. It is built by demonstrating what we heard and what happened as a result or what we intend to change.

Principal Theme H:
Welsh language

66. Of the 183 respondents to the relevant question (Q14), 83% agreed with GOsC's assessment of the Welsh language impact and 17% did not.



67. The free-text comments included support for Welsh correspondence and accessible Welsh-language material. Other respondents questioned the relevance or cost of Welsh language provision within a fee consultation.

68. The results broadly support GOsC's assessment. They also demonstrate that the reason for including Welsh language considerations was not understood by everyone. We will consider in future consultations how we can more clearly explain why a Welsh language assessment is included and what is being assessed.

Organisational responses

National Council for Osteopathic Research (NCOR):

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69. NCOR provided a separate organisational response to the consultation, which is attached at Annex B.

70. NCOR supports the principle that statutory regulation must be financially sustainable and agrees that the ongoing costs of regulation should be met from operational income rather than reserves. It considers that the rationale for an increase was clearly set out and well evidenced, but does not express a preference between the £50, £75 and £100 options, regarding the appropriate level as a judgement for Council.

71. NCOR supports limiting the impact on those entering the profession and non-practising registrants and recommends monitoring the effect of the eventual increase on registration and retention, including by career stage, and on the wider osteopathic sector. It also encourages GOsC to explain more clearly how its duty to develop the profession, and expenditure associated with that work, contributes to public protection and the prevention of concerns.

72. NCOR also draws attention to the interdependence of organisations across the osteopathic sector and the possibility that an increase in the mandatory registration fee could affect discretionary expenditure elsewhere. It encourages GOsC to work with sector partners to understand and, where possible, mitigate unintended consequences.

73. Overall, NCOR's response is supportive of the need to secure the financial sustainability of regulation while emphasising proportionality, monitoring, retention and the importance of explaining more clearly the relationship between professional development, prevention and public protection.

74. The Executive has considered the NCOR response alongside the individual responses to the consultation. NCOR’s response reinforces a number of themes evident in the wider consultation evidence, particularly the importance of financial sustainability, fairness in the distribution of any increase, and monitoring the impact on registration and retention. Its response also highlights the importance of explaining clearly how registrants’ fees support public protection, including through work intended to prevent concerns arising in the first place. These points are reflected in the organisational learning set out later in this paper.

Institute of Osteopathy (iO):

75. The iO provided a separate organisational response to the consultation, which is attached at Annex C.

76. The iO emphasised its support for the statutory regulation of osteopathy, recognising its importance in maintaining professional standards, protecting the public and patients, and protecting title. It nevertheless raised significant concerns about the financial case for the proposed increase, GOsC's financial management and governance, the transparency of the consultation materials and aspects of the consultation process. It questioned how the current financial position had arisen and why it had not been addressed earlier, including in the context of the sale of Osteopathy House, and called for greater transparency about GOsC's financial position, expenditure, efficiency and value for money.

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77. The iO also raised concerns about the design of the consultation, including the framing of some questions, the opportunities for patients, the public and

organisations to participate, and how free-text responses would be analysed and interpreted. It drew comparisons with approaches taken by other healthcare regulators and called for greater transparency about how the consultation evidence would inform Council's decision.

78. The response raised concerns about the potential differential impact of an increase and strongly supported retaining reduced fees for newly registered osteopaths and those taking a temporary break from practice. It highlighted potential impacts on early-career osteopaths, those with caring responsibilities and those working part-time. The iO reported differing views from its members about the likely effect of an increase: some regarded the registration fee as an inevitable cost of practising within a regulated profession and expected to absorb the increase, while others had indicated that an increase could contribute to decisions to leave the Register. It therefore called for GOsC to monitor future trends in registration, retention and lapsing.

79. More broadly, the iO called for greater transparency, efficiency and engagement from GOsC, including clearer demonstration of how registrants' fees are used, continued attention to governance and right-touch regulation, better use of data and learning from other regulators. It also called for sustained dialogue between GOsC and the iO and greater clarity about the respective roles of the regulator and professional body.

80. The Executive has considered the iO response alongside the individual responses to the consultation. A number of the issues it raises are also evident in the wider qualitative evidence, particularly in relation to differential impact, trust and engagement. Its support for maintaining reduced fees and its concerns about differential impact are relevant to the decision Council will need to make. Other issues raised, particularly around transparency, organisational stewardship and engagement, are reflected in the wider organisational learning considered later in this paper.

Council for Osteopathic Education Institution (COEI):

81. COEI recognised the need for a financially sustainable regulator capable of discharging its statutory functions and accepted that an increase in registration fees may be necessary. However, it considered that the consultation document and financial annex did not provide sufficient evidence for it to endorse a particular fee option. It sought greater clarity on the assumptions underpinning the financial forecasts, including projected fitness to practise and legal costs, registrant numbers and retention, investment income, savings following the sale of Osteopathy House and the projected loss of registrants under each option. COEI also asked whether the option ultimately selected would be expected to maintain financial sustainability through 2031–32 without a further increase.

82. COEI asked GOsC to demonstrate that any increase represented the minimum necessary, including by explaining what further opportunities to reduce expenditure or generate income had been considered. It also sought information on how GOsC would monitor its financial position and the effects of an increase following implementation.

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83. COEI supported retaining the existing reduced fee arrangements for graduates during their first two years of practice and asked GOsC to consider potential impacts on graduates entering the profession and on the longer-term sustainability of osteopathic education. It also highlighted educators who retain registration because of their teaching role or combine education with limited clinical practice and asked GOsC to consider the effect of the proposed fee options on this group.

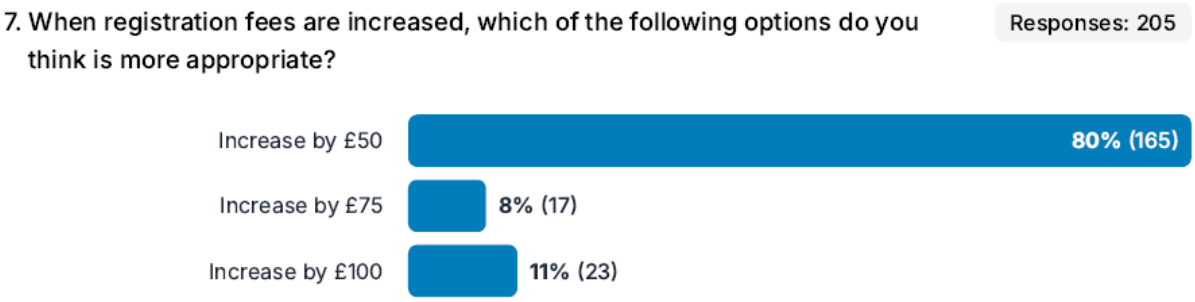
84. In relation to equality impacts, COEI asked that the Equality Impact Assessment consider potential differences by career stage and work pattern, including where disability or caring responsibilities restrict clinical hours or the development of income, and identify the limitations of the available evidence and possible mitigation. It also asked GOsC to consider whether an increase could affect the affordability or accessibility of osteopathic care for patients, including any differential effects on groups already experiencing barriers to access.

85. Finally, COEI asked GOsC to explain more fully its interpretation of its statutory duty to develop the profession and how expenditure on professional standards and development contributes to public protection, including through education quality assurance.

86. The Executive has considered the COEI response which recognises that a fee increase may be necessary but seeks greater assurance about the financial case and the impact of the proposals on graduates, educators and particular groups. The Executive considers that the further financial analysis presented in this paper addresses many of the questions raised. COEI's specific observations on equality impacts have also been considered in the updated Equality Impact Assessment, including where the available evidence is limited, and its emphasis on monitoring is consistent with the proposed approach to monitoring registration and retention following implementation.

Determining the registration fee

87. The consultation provides clear evidence (Q7) that, when presented with increases of £50, £75 and £100, respondents strongly preferred the lowest increase. This is an important finding and should carry significant weight in Council's consideration.



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88. However, the consultation also tells us something important about how an increase would be experienced.

89. Throughout the consultation, respondents also told us that the impact of an increase would not be felt equally (Q8). Concerns were raised particularly in relation to newly qualified osteopaths and those whose ability to practise and earn may be reduced for a significant period, including because of maternity leave or ill health.

90. The free-text responses repeatedly raised circumstances in which an increase could have a greater effect because an osteopath's capacity to practise and earn is reduced. These included pregnancy and maternity, disability and long-term ill health, caring responsibilities, part-time working, the early stages of practice and the transition towards retirement. These issues were also raised directly through the consultation webinars.

Strengthening the Equality Impact Assessment, Q11 and Q13

91. The free-text responses demonstrate the range and strength of views expressed through the consultation. The following comments have been selected to illustrate some of the different perspectives raised, rather than to suggest that they are representative of all respondents.

> "CARERS. There is no mention of carers to disabled individuals that reduce ability to work. Negative impact on paying greater fees with still limited capability to work…"
> *Q11 respondent*
>
> "An increase in registration fees may have a disproportionate impact on those who are disabled or have long-term health conditions, particularly where this affects their ability to work full-time or maintain a consistent income."
> *Q11 respondent*
>
> "Registration fees proportional to earnings, to safeguard lower earning osteopaths in less affluent areas, or those working part time due to health [or] family situations…"
> *Q13 respondent*
>
> I think non practising osteopaths fee should be less than practising. However, new grads should pay the same. They are having the same benefits and entering a regulated profession."
> *Q13 respondent*
>
> "I'm a mum of two and one of my children is disabled, which already limits how many hours I can work. I can only manage about 8 to 10 hours a week at the absolute maximum. I can't just take on more patients without taking time away from my disabled daughter…"
> *Q13 respondent*
>
> "Keeping the registration fee increase to the minimum necessary would help reduce the likelihood of additional costs being passed directly to patients."

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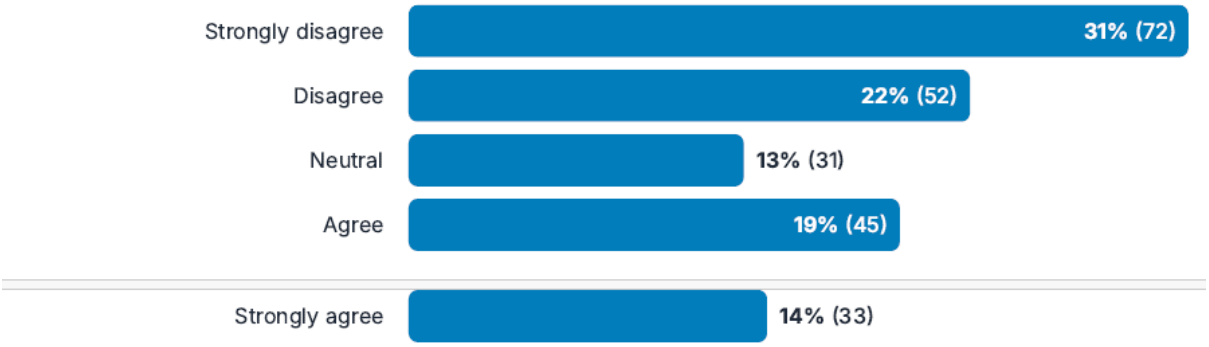
Q13 respondent

92. The Equality Impact Assessment undertaken before consultation had already identified potential differential impacts associated with disability, pregnancy and maternity, sex and age. The consultation evidence reinforces rather than displaces that assessment.

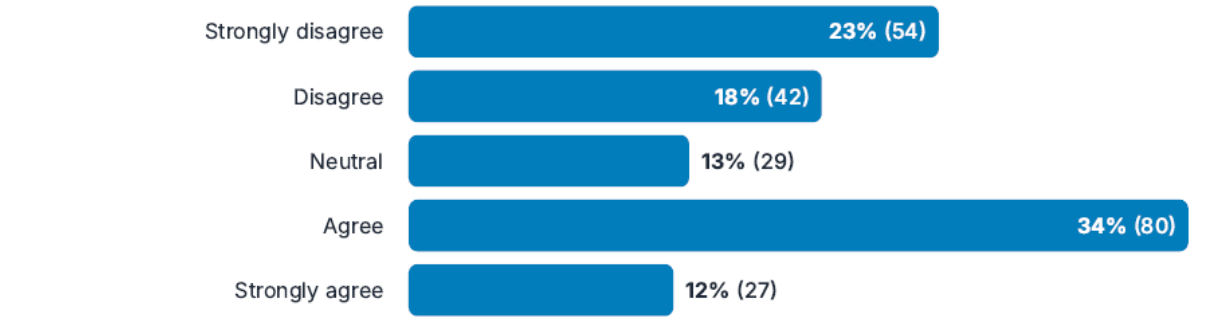
8. Currently, we have a reduced registration fee for new graduates until year 3 of practice. We also offer reduced rates for non-practising osteopaths. To what extent do you agree or disagree that registration fee increases should be applied equally to everyone across our current structure?

Responses: 233



9. If registration fees are increased by different amounts for different groups of osteopaths, to what extent do you agree or disagree that practising osteopaths should pay a larger increase than new graduates and non-practising osteopaths?

Responses: 232



93. Council therefore needs to consider the consultation in the round.

94. The decision is not simply a choice between £50, £75 and £100. Nor should the consultation be treated as a referendum in which the most popular individual option automatically determines the outcome. Council must give careful weight to what respondents have told us and then exercise its judgement, balancing that evidence against its responsibility to ensure that GOsC remains financially sustainable and able to discharge its statutory responsibilities effectively.

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95. There are three main considerations that need to be balanced:

- **sustainability:** ensuring that GOsC has sufficient income to regulate effectively and reducing the risk that Council needs to return to registrants for another increase in the near future;
- **proportionality:** ensuring that the increase is no greater than is reasonably necessary to achieve that financial sustainability, recognising the strong preference for restraint expressed through the consultation.
- **fairness**: recognising that individual registrants do not have the same capacity to absorb an increase.

96. The current fee structure already recognises some of those differences. Newly qualified osteopaths pay reduced fees while establishing themselves in practice. Reduced fees are also available to non-practising registrants, including those who do no clinical practice for three months continuously because of circumstances such as maternity leave or ill health.

97. There is an important choice for Council. It could apply a lower increase uniformly across the fee structure. Alternatively, it can use the flexibility available within the existing structure to place a greater proportion of the increase on those paying the full practising fee and deliberately limit the increase for those already paying reduced fees.

98. The consultation therefore creates a tension that Council needs to resolve. A £50 increase applied across the fee structure would most closely reflect the headline preference expressed through Q7. It would not, however, respond to one of the clearest findings from the qualitative evidence: that the impact of an increase will not be experienced equally.

99. Reducing the increase for existing reduced-fee categories would respond to that evidence, but doing so within a £50 headline increase would materially reduce the additional recurring income generated. A £50/£25 differentiated increase would generate approximately £254k additional annual income, compared with approximately £280k from a £50 increase applied across the fee structure.

100. On the financial modelling, the differentiated £50 option would move back into deficit from 2029-30 and produce a forecast deficit of approximately £51k by 2031-32. It would therefore not provide the level of financial resilience Council is seeking and would increase the likelihood of a further fee increase being required sooner.

101. A £75 increase in the full practising fee creates greater room to reconcile these considerations. It enables Council to generate the recurring income required for longer-term financial resilience while deliberately limiting the increase for those already paying reduced fees.

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102. The case for £75 is therefore not simply that it raises more money than £50. It is that it gives Council greater flexibility to respond to the consultation

evidence without compromising the financial sustainability that led to the consultation in the first place.

103. A £75 increase to the full practising fee, combined with a materially smaller increase to the reduced fee categories, would provide greater recurring income than a £50 increase while allowing Council to respond directly to the strongest evidence of differential impact arising from the consultation.

104. This is important because one of the clearest messages from the consultation is that affordability cannot be considered simply by reference to an average registrant. Different circumstances matter.

105. Behind the consultation results are osteopaths at very different stages of their careers and in very different personal circumstances. Someone established in practice throughout the year does not necessarily experience an increase in the same way as someone establishing a practice after graduation, taking time away from work following the birth of a child, unable to practise for a sustained period because of ill health, or reducing their working pattern as they approach retirement. Council cannot remove those differences, but it can recognise them in the judgement it makes.

106. There are limits to how far Council can respond. GOsC's legislation does not currently allow us to introduce more nuanced fee categories, for example based on part-time working or income. The proposed approach therefore does not resolve every concern identified through the consultation. It makes proportionate use of the flexibility already available within the existing fee structure.

107. Our earlier modelling showed approximately £280k of additional annual income from an across-the-board £50 increase compared with around £420k from £75 across the board increase.

108. A differential increase of £50 for those who have been in practise for three years or more, with a £25 increase for all other registration levels will generate approximately £254k. We include this analysis in recognition of the feedback received from the consultation which showed a preference for the lowest increase whilst trying to limit the impact on those new to practice.

109. This compares with a differential increase of £75 for those who have been in practise for three years or more, with increases of either £25 or £35 for the other registration levels generating approximately £369k or £379k respectively.

110. There is also a question of financial stewardship between current and future registrants. Council must be mindful of the financial pressure facing osteopaths now. Equally, it would not represent good stewardship to set a lower fee if doing so left the underlying financial position unresolved or created the need for another increase in the short term. Financial sustainability and proportionality should not be treated as competing objectives. The aim is to achieve sustainability in a way that is fair and proportionate to the impact on registrants.

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111. A £50 increase would respond most directly to the headline preference expressed through the consultation. A £75 increase applied uniformly would provide greater financial resilience but would do less to respond to the equality and differential-impact evidence.

112. A £75 differentiated increase seeks to reconcile those considerations: it provides greater financial resilience than £50, remains below the £100 maximum on which we consulted, and concentrates the greater increase on the full practising category while deliberately limiting increases elsewhere.

113. Our legislation does not allow for an automatic or inflation-linked fee increase. This places greater importance on Council setting a fee that is sufficient not simply to balance the immediate budget, but to provide reasonable resilience against foreseeable financial pressures.

114. The consultation has changed the shape of the recommendation, even though it has not resulted in the Executive recommending the option that attracted the greatest numerical support. It does, however, seek to respond to the consultation evidence as a whole.

115. A £75 differentiated fee increase is not about maximising income, but about creating sufficient resilience. The differentiation is not about giving preferential treatment, but about responding to evidence that the impact is not experienced equally. The strong preference for restraint has been given significant weight. It has informed both the decision not to recommend the £100 option and the proposal to limit increases for reduced-fee categories.

116. Both differentiated £75 options provide materially greater financial resilience than a £50 differentiated increase. The difference between them is therefore principally one of balance.

117. A £25 increase for reduced-fee categories would give greater weight to the consultation and equality evidence concerning differential impact, while a £35 increase would generate approximately £10,000 more recurring income each year and provide a modestly greater level of financial resilience. Either option would provide an appropriate level of financial resilience and Council is invited to determine where that balance should be struck.

118. On balance, the Executive's preference is for a £25 increase. This would make fuller use of the flexibility available within the existing fee structure to mitigate the differential impacts identified through the consultation, while retaining the financial resilience provided by the £75 increase in the full practising fee.

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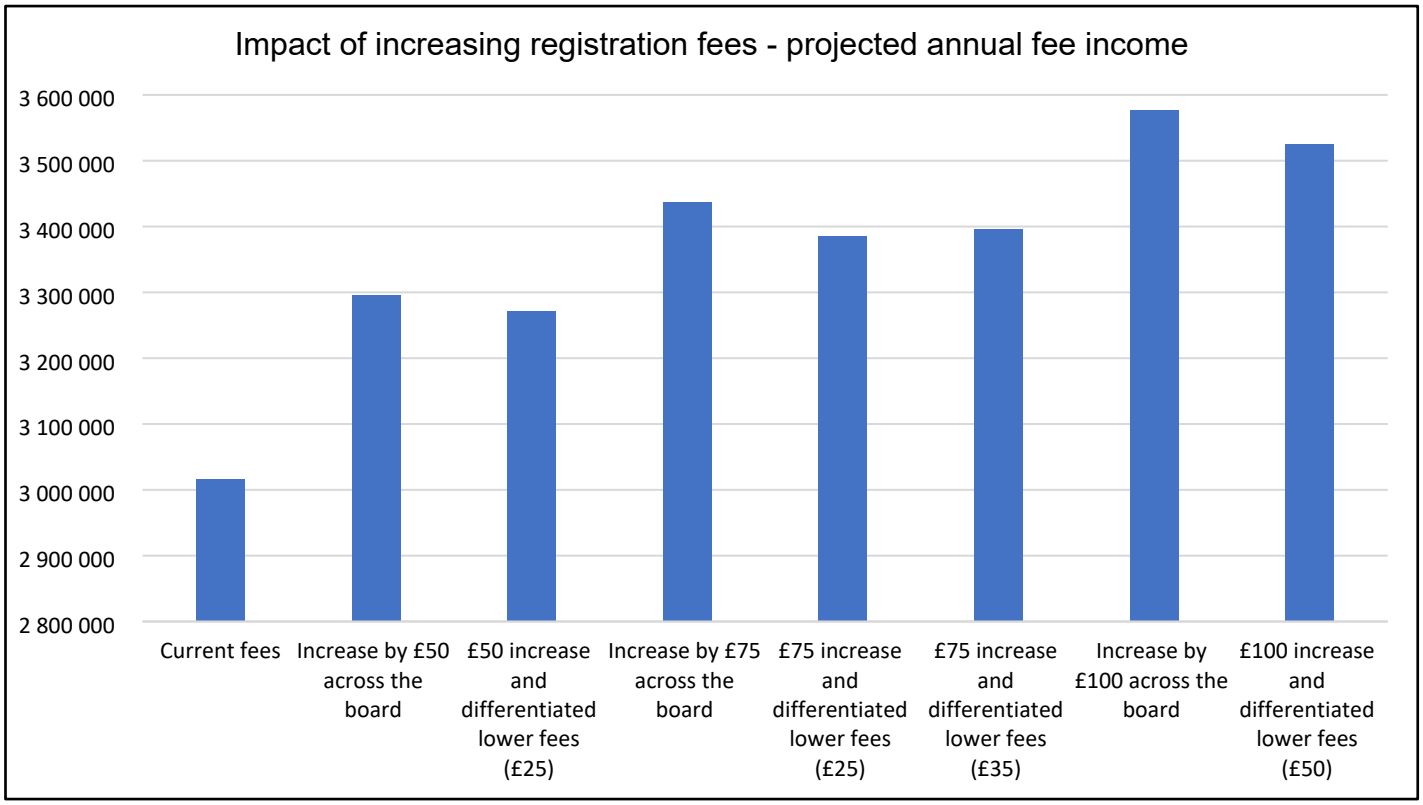

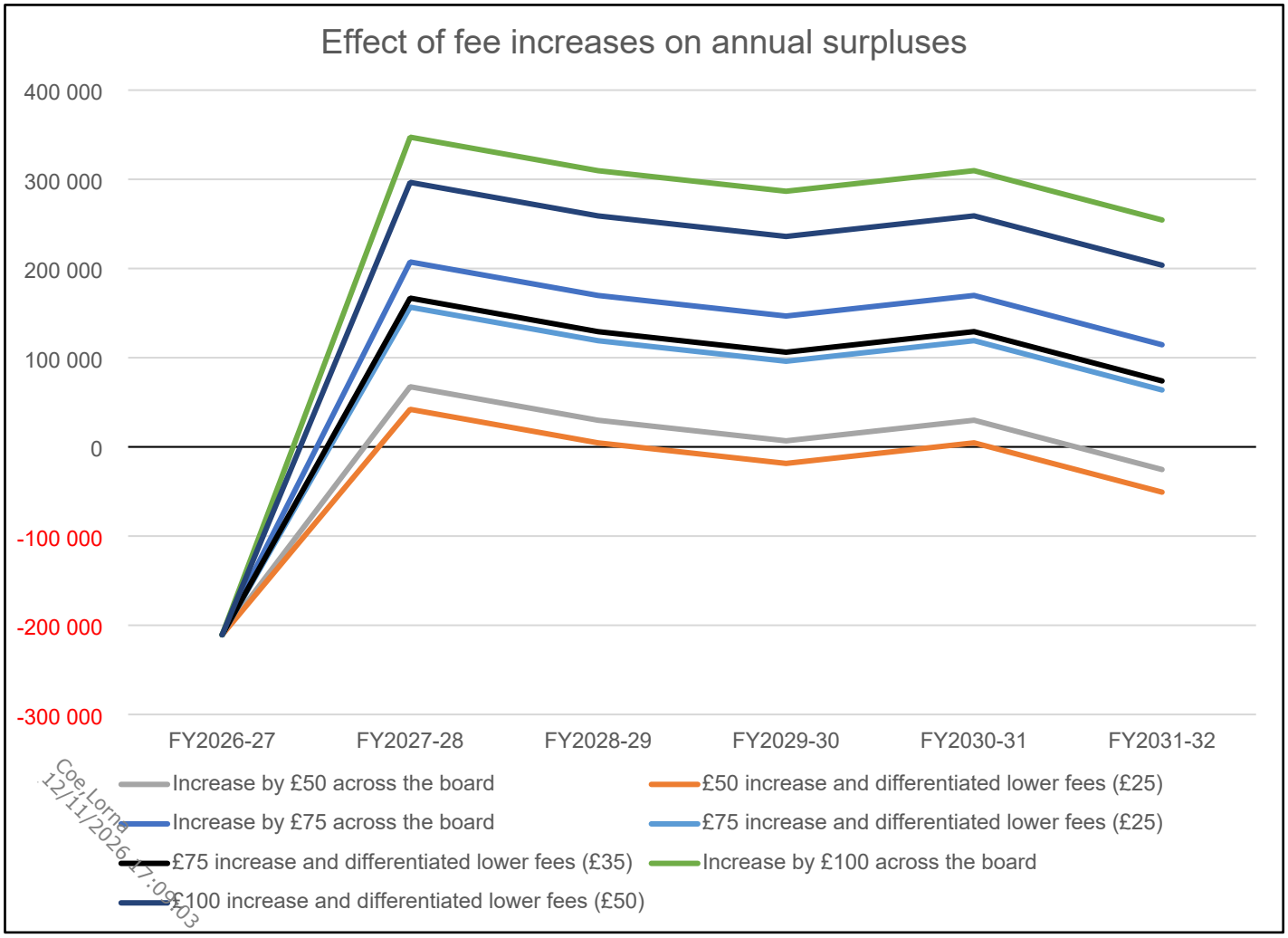

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Assumptions when preparing these projections

NB: The projections are necessarily sensitive to future income, expenditure and registrant numbers. On the assumptions set out below, however, there is a material difference in the level of resilience provided by the options.

- Revised 2026-27 budget used as a basis for expenditure, with 3% added year-on-year for cost increases

- Investment income included in forecasts based on Investment Manager's projections.

- Income for 2027-28 is based on current registrant numbers at the varying fee levels outlined above, with increases in registrant numbers based on student data, and historic statistics for those leaving the register taken into account.

- Expenditure for our new operating model, including greater regional engagement, i.e. holding Council meetings around the UK, have been calculated and included in the projections.

What we have learned

119. The themes and organisational responses should not be treated as a series of criticisms requiring separate rebuttals from us. Taken together, they tell us something more important.

    - Questions about the fee became questions about what GOsC does.
    - Questions about expenditure became questions about stewardship.
    - Questions about the single-profession model became questions about the value of regulation and the value of registration.
    - Questions about the consultation methodology became questions about whether people are genuinely heard.
    - Questions about the future of osteopathy became questions about the role of its regulator and others in the sector.

120. There was also learning around how we structured the consultation. Not every consultation must begin with every option available as there will be occasions where Council has evidence, statutory responsibilities or other constraints that legitimately define the parameters within which it consults. The learning is that those parameters need to be explicit.

121. In this consultation, respondents could influence the level and distribution of the increase, highlight equality and other impacts, propose mitigations and challenge the evidence and assumptions underpinning the proposals. They could not reverse Council's prior conclusion that GOsC needed additional recurring income.

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122. This distinction is important when considering whether the consultation has made a difference. The test should not be whether Council ultimately does what the largest number of respondents preferred. It should be whether Council can demonstrate that it understood the evidence submitted,

considered it alongside its other responsibilities, and can show how the consultation influenced the decision that followed.

123. The consultation was formally about an increase in registration fees. Much of the underlying feedback was about the relationship between GOsC and the profession and this is the wider learning that we should not lose. Indeed, this can become a catalyst for change.

Making the value of registration visible

124. The quantitative results demonstrate that respondents recognise important benefits from professional regulation. However, the free-text responses suggest that the connection between these benefits, the registration fee and the everyday experience of being an osteopath is not sufficiently clear.

125. Much of regulation happens out of sight. This is not unique to osteopathy, but a challenge for all regulatory bodies. Registrants see the fee, renewal requirements, continuing professional development obligations and fitness to practise processes. They are less likely to see:

- the quality assurance that supports safe entry to the profession;
- the work required to maintain the integrity of the Register;
- the involvement of patients in standards and regulatory design;
- the prevention activity intended to reduce patient harm;
- action against illegal practice and misuse of protected title;
- engagement with the Department of Health and Social Care, Professional Standards Authority and other regulators; and
- the infrastructure required to investigate serious concerns properly and fairly.

126. People cannot be expected to value consistently what they rarely see or do not understand. This does not mean promoting regulation or persuading registrants that they should agree with every decision.

127. Registration is part of the collective infrastructure of a regulated profession. It assures patients, Government, employers and fellow professionals that osteopathy is subject to standards, accountability and independent oversight.

128. Our responsibility is to make that infrastructure more visible and relevant, and to explain its value without overstating what regulation can deliver.

A different relationship

129. The engagement undertaken during the consultation provides an early test of what a different relationship could look like. We did not only publish information. We created opportunities for dialogue including in spaces where we were not in control of the agenda.

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130. We did not only invite written responses and wait for these to be received. We made senior staff and Council members directly accessible and we did not avoid difficult questions. We answered them directly.

131. Moving forward, the reflection of the Chief Executive and Registrar, is that this can be expressed through four commitments, building on work we already undertake, but with even more emphasis. These commitments are simple, but they are not modest. Taken seriously, they begin to describe a different relationship between GOsC and the profession.

WE WILL SHOW UP

a. We will be more visible across the UK and less reliant on expecting people to engage with GOsC through formal written processes or London-centred activity.

b. We will engage with osteopaths in their regions, at their societies, in their education settings and professional networks. We will engage with patients and the public through forums that work for them.

c. Presence matters. We will understand the profession better if we are willing to engage on its turf rather than expecting the profession to come to us.

WE WILL LISTEN

a. We will create genuine opportunities for registrants, patients, students, educators and partners to inform our thinking.

b. Listening does not mean agreeing with every view or deciding issues through popularity. It means testing our assumptions, taking different perspectives seriously and demonstrating how evidence and feedback have informed decisions.

WE WILL EXPLAIN

a. We will explain what we do, why we do it and what difference it makes in language that is clear and accessible.

b. We will not assume that statutory authority, publication of a paper or the technical correctness of a decision is sufficient. Where a decision affects people, explaining it properly is part of the job.

WE WILL ANSWER QUESTIONS DIRECTLY

a. We will welcome appropriate challenge and respond openly, including where an answer is difficult or GOsC does not have the power to provide what is being requested.

b. We will be clear about what sits within our remit and what requires action by Government, professional bodies or others.

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Cultural and governance change

132. This approach cannot be successfully delivered through communications activity alone. More webinars, regional visits, short videos and accessible

publications will be extremely helpful. But, they will not, by themselves, produce the change envisaged.

133. The deeper change is cultural. We know that effective regulation depends upon the visibility, relationships and understanding of the 'why' behind the activity. Placing more emphasis on this approach, consistently from all parts of the GOsC, will be our next evolution and will move us towards rebuilding trust.

134. If people do not understand why a decision has been reached, how their views were weighed or how the decision connects to public protection, part of our task remains unfinished. It also requires greater willingness to put a human face on regulation. Staff should be supported to explain what they do, why it matters and what patients and osteopaths may not normally see.

135. But this is not solely a staff responsibility.

136. Council approved the consultation proposals, holds responsibility for GOsC's financial stewardship and will take fee decisions. Council members therefore have a responsibility to help explain that decision and to hear directly from those affected by it.

137. The participation of Council members in webinars, regional engagement and the Academy of Physical Medicine broadcast was important. It allowed registrants and patients to engage directly with those exercising governance responsibility, rather than encountering Council mainly through published minutes and final decisions.

138. This should not be treated as exceptional activity attached to a difficult consultation. It should inform a wider evolution in how GOsC governs. The reality is that the profession does not have visibility of the people who sit on Council – we need to change this.

139. Greater visibility does not mean Council members becoming involved in operational delivery or uncoordinated external communication. The distinction between governance and executive responsibilities must remain clear. But it does mean that Council members should be willing and equipped to:

- explain the principles underpinning Council's decisions;
- hear challenge without becoming defensive;
- engage directly with registrants, patients, students and partners;
- bring learning from that engagement into governance discussions;
- participate in regional activity where asked;
- demonstrate collective ownership of difficult decisions; and
- help make governance more visible and understandable.

140. We should also ask whether GOsC's own ways of working reinforce the culture we want to develop:

- Do our papers explain clearly why an issue matters to patients and the profession?

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- Do our discussions draw sufficiently on the experience of sector partners as well as formal evidence?
- Are Council members visible enough outside formal meetings?
- Do we hear directly from a sufficiently broad range of patients, osteopaths and students?
- Are regional meetings built around meaningful local engagement, rather than simply relocating a conventional meeting?
- Do our development arrangements prepare governance members for this outward-facing role?

141. This is not an argument for less robust governance. It is an argument for governance that is both robust and connected. Scrutiny and governance through papers and formal meetings remains necessary. But in our new environment, is this sufficient on its own?

Using the consultation as a catalyst

142. There is a risk that our response to the consultation becomes limited to agreeing the fee, publishing the outcome, completing the impact assessments and progressing the necessary rule changes.

143. Those actions are necessary. They would also leave the most important learning unused. The consultation has provided evidence about how GOsC and the value of registration are perceived. It has demonstrated an appetite for direct dialogue and shown that GOsC (staff and governance members) can engage openly on difficult issues.

144. Council now has an opportunity to use that learning as a catalyst for positive and significant change. The future approach should be:

- **more regional**, with GOsC present across the UK and within local osteopathic communities;
- **more human**, with staff, governance members and patient partners explaining their contribution directly;
- **more accessible**, using plain language and practical examples;
- **more open to dialogue**, creating space for questions and challenge rather than broadcast communication;
- **more transparent**, explaining evidence, constraints, choices and trade-offs; and
- **more focused on value**, making clear how registration and regulation support patients, professional standards and public confidence.

145. This is not an attempt to make regulation popular, but a direct response to demonstrating trust. A regulator must sometimes make decisions that are unpopular. It must retain its independence and place the public interest first.

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146. The ambition is not that everyone should agree with GOsC. It is that people should understand what we have decided, why we have decided it, how we have listened and how the decision connects to our statutory purpose.

Implications and next steps

147. If Council endorses this direction, the four commitments will be translated by the Executive team into expectations and action through:

- GOsC's business plan 2027 and beyond;
- the work on the value of registration and regulation;
- the development of the profession framework;
- a coordinated programme of regional engagement including regional Council meetings;
- clearer expectations of governance participation in engagement;
- opportunities for staff, governance and patient partners to explain their work directly;
- proportionate measures of whether engagement is improving understanding and organisational learning.

148. This work will require leadership and coordination. It should not become a collection of disconnected events or communication products. It should also be developed with staff, governance members, patients, osteopaths and partners, rather than imposed as a finished model.

Risks

149. There are four principal risks.

150. First, adopting this language without changing our behaviour would weaken rather than strengthen trust. The commitments must be reflected in decisions, conduct and resource allocation.

151. Second, closer engagement must not be confused with decision-making by popularity. Listening informs our judgement but does not displace statutory duties, evidence or the public interest. This aligns with our GOsC values.

152. Third, greater governance visibility must not blur the boundary between governance and executive delivery. Clear expectations, coordination and support will be needed.

153. Fourth, those who attend events may not represent the whole profession or patient population. Direct engagement must complement, rather than replace, formal data, research and inclusive consultation methods.

Communications

154. Following Council's decision, GOsC should publish a clear response, utilising different communication channels, setting out:

- what we heard;
- what Council decided;
- why it reached that decision;
- what changed or received greater weight because of the consultation;
- what could not change and why;

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- the mitigations and monitoring arrangements; and
- the wider organisational learning and action that will follow.

155. The tone should be direct and confident:

- We heard the concerns.
- We considered the evidence and alternatives.
- We have made a decision.
- These are our reasons.
- This is what we will do next.

Executive view and conclusion

156. The consultation has fulfilled its immediate purpose by providing Council with evidence on the proposed registration fee changes and their potential effects. It has also done something more significant.

157. It has given us insight into the relationship between GOsC and the profession. The feedback was not solely about whether the fee should rise by £50, £75 or £100. It reflected wider questions about affordability, fairness, stewardship, the purpose of regulation, the future of osteopathy and whether people can trust that they will be heard.

158. The engagement programme showed that a different relationship is possible. When GOsC made itself directly available, people participated and understood. They challenged our case and asked difficult questions. We were able to respond directly, even where disagreement remained.

159. That is not a failure of engagement. It is what meaningful engagement looks like.

160. We should not reduce the response to a list of future communications activities. We have an opportunity to reshape and redefine the relationship between GOsC and the profession.

161. At the heart of that relationship should be a simple commitment:

We will show up.
We will listen.
We will explain.
We will answer questions directly.

162. This approach begins to describe a different relationship between GOsC and the profession. It recognises that effective regulation depends not only upon sound processes and defensible decisions, but upon visibility, understanding, openness and trust.

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163. Delivering it will require cultural change across GOsC. Staff must be supported and expected to explain the relevance and value of their work. Leaders must model openness. Council members must become more visible

and connected while preserving the distinction between governance and executive delivery.

164. We can treat the consultation simply as the process through which Council decides a fee. Or we can use it as the catalyst for the next stage of GOsC's evolution.

165. The Executive strongly recommends the latter.

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Recommendations

A. Consultation findings

1. To note the quantitative and qualitative findings from the consultation.

2. To note the organisational responses and the Equality Impact Assessment.

3. To agree that the consultation evidence has been taken into account in determining both the level and distribution of the increase.

B. Registration fees

1. To approve an increase of £75 in the full practising registration fee, from £570 to £645, with a scheduled implementation date of May 2027, subject to a Registration Rule change.

2. To agree that the differentiated fee increase is a proportionate response to the consultation evidence.

3. To approve the corresponding increases of either £25 or £35 for the other registration fee categories, with a scheduled implementation date of May 2027, subject to a Registration Rule change.

4. To agree that the impact of the increase should be monitored through registration and retention data, where available.

5. To authorise the Executive to progress the necessary rule-change and implementation process with the Department of Health and Social Care.

C. Wider organisational learning

1. To endorse the principles “We will show up; we will listen; we will explain; we will answer questions directly” as the basis for developing GOsC’s future approach to engagement.

2. To agree that this should be treated as an organisational and governance commitment.

3. To agree that this approach should be woven through the development of the Business Plans from 2027 and the development of the profession framework.

4. To agree that Council will monitor and assess our approach to the learning identified from the consultation.

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Consultation on registration fee

About you

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

Responses: 153

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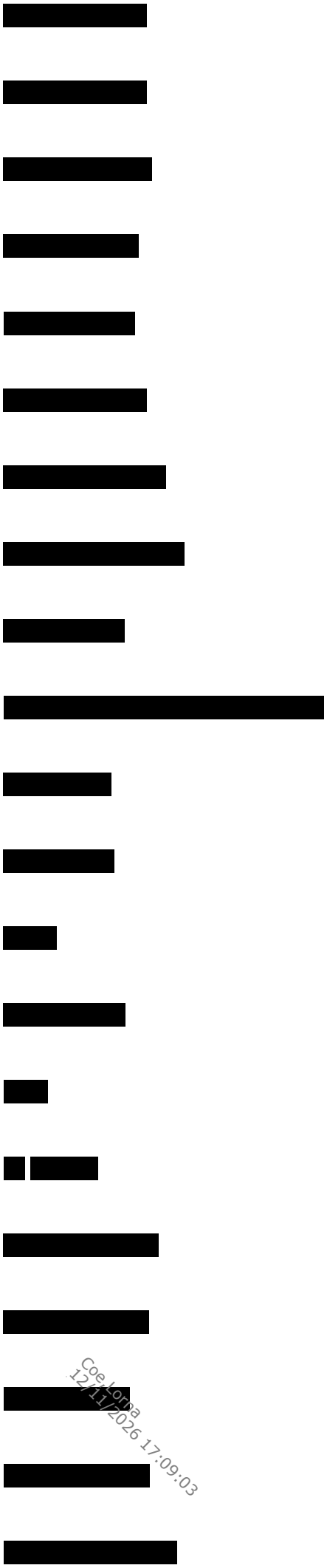

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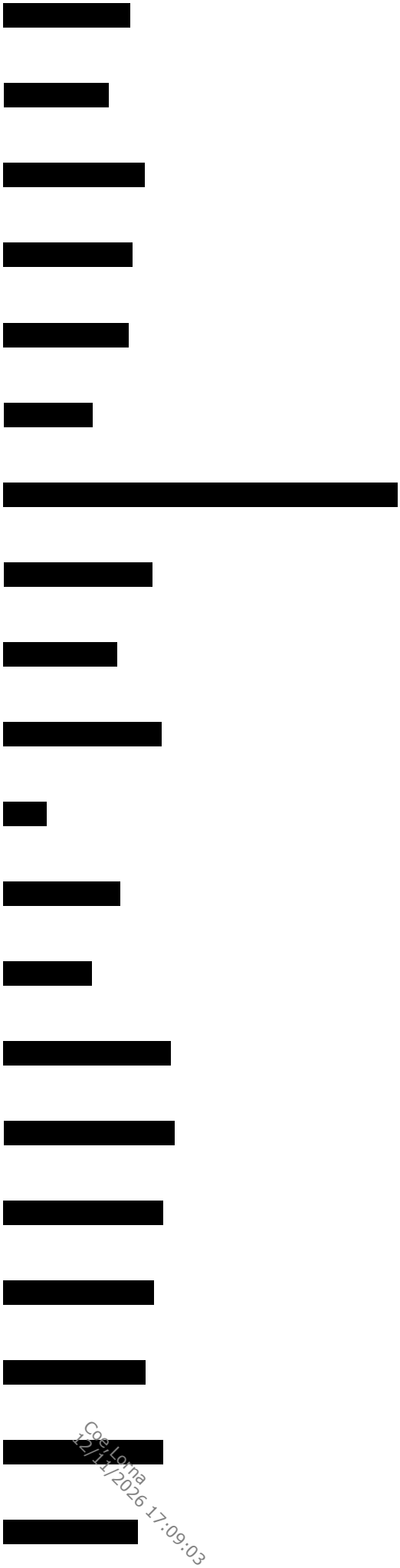

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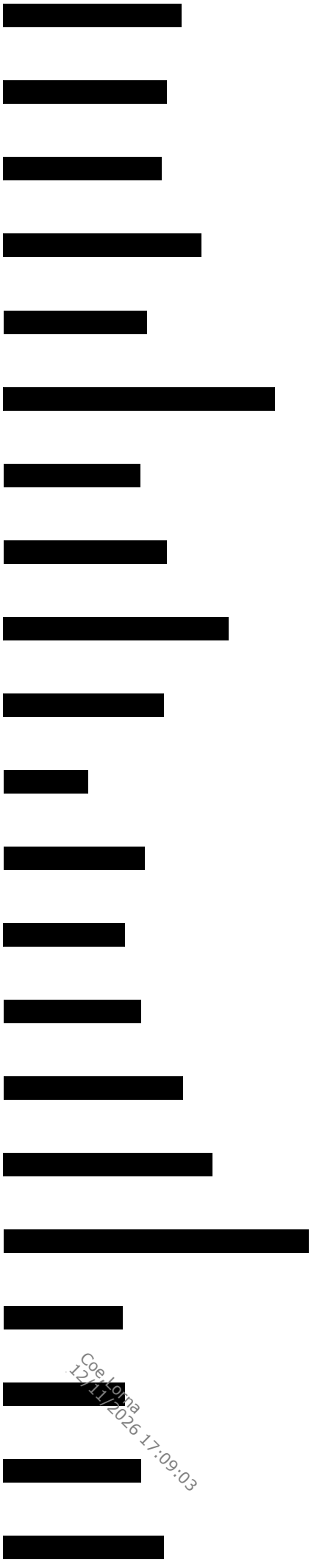

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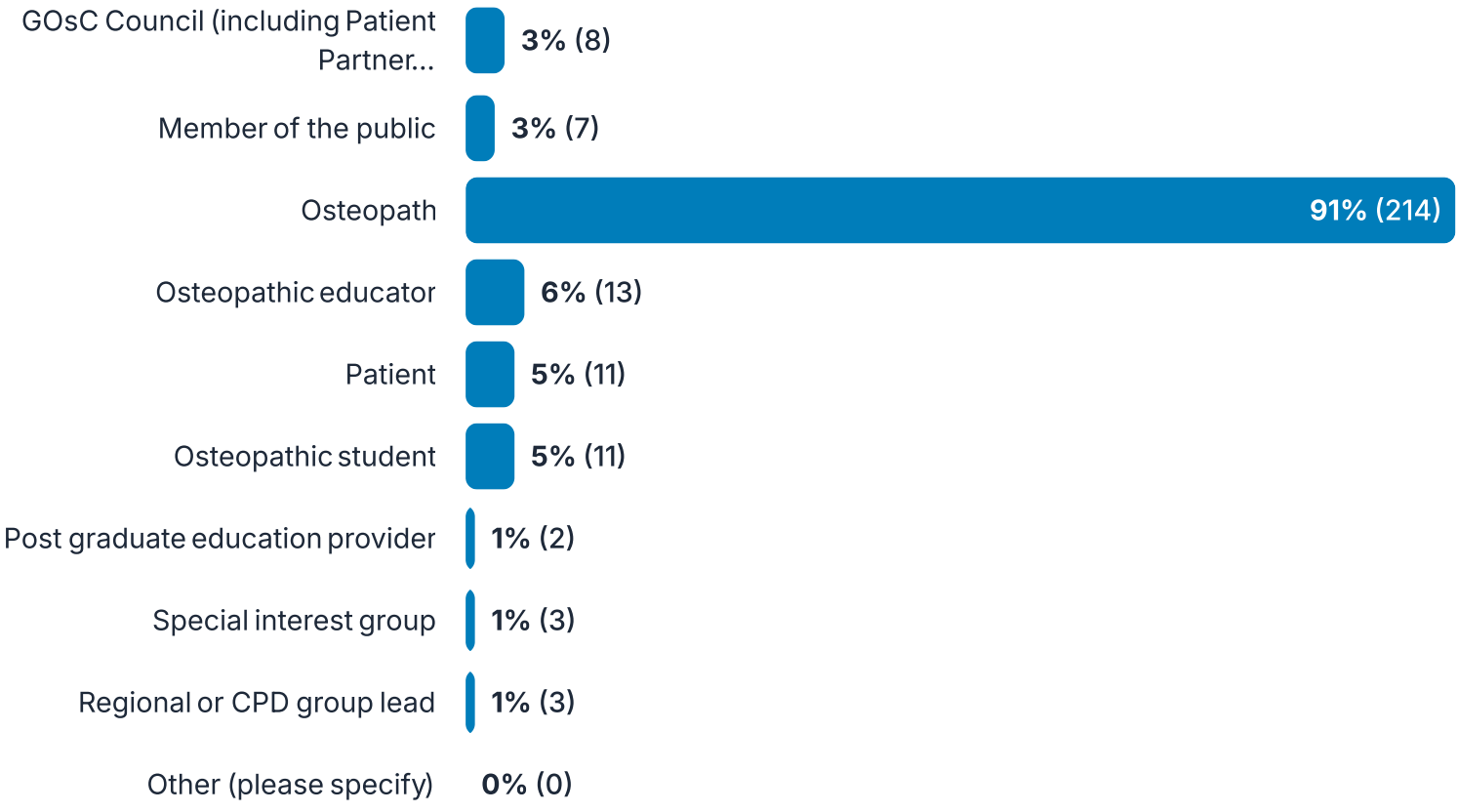
2. Please let us know in what role you are answering these questions (select all that apply)

Responses: 235



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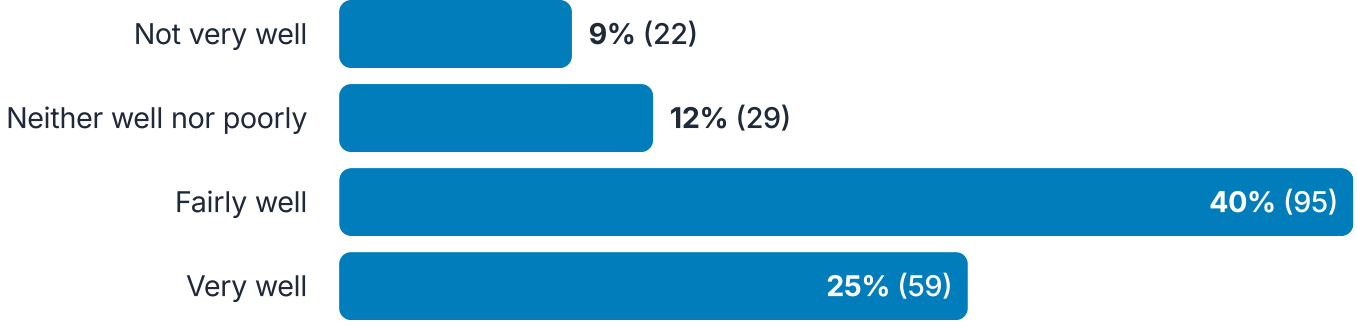
3. Having read the information provided, how well do you feel you understand the rationale we have set out for increasing registration fees?

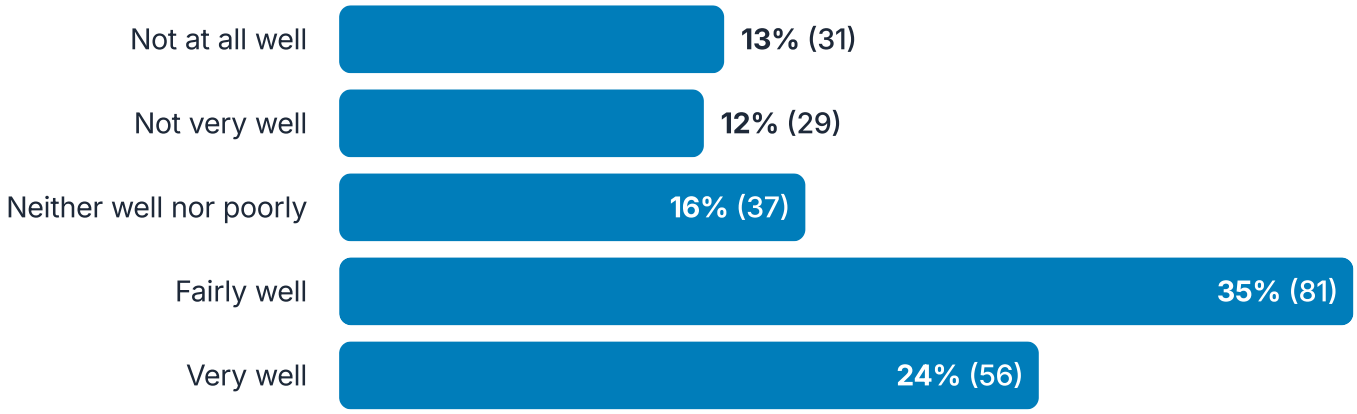
Responses: 235





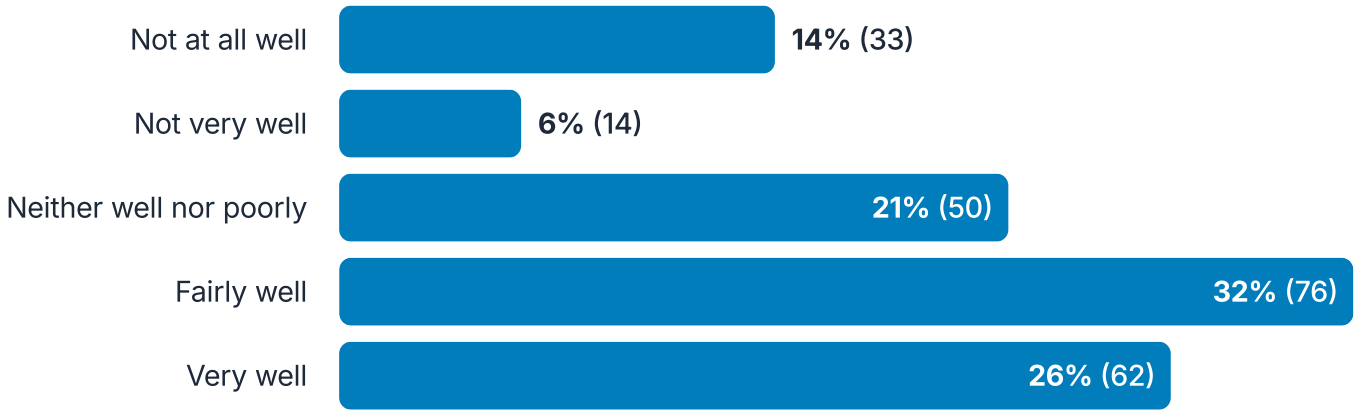
4. Having read the consultation document and annex, how well do you feel you understand how registration fees support the regulation and development of osteopathy and help protect patients.

Responses: 234



5. Having read the consultation document and annex, how well do you feel you understand the benefits of being regulated by a single-profession regulator?

Responses: 235

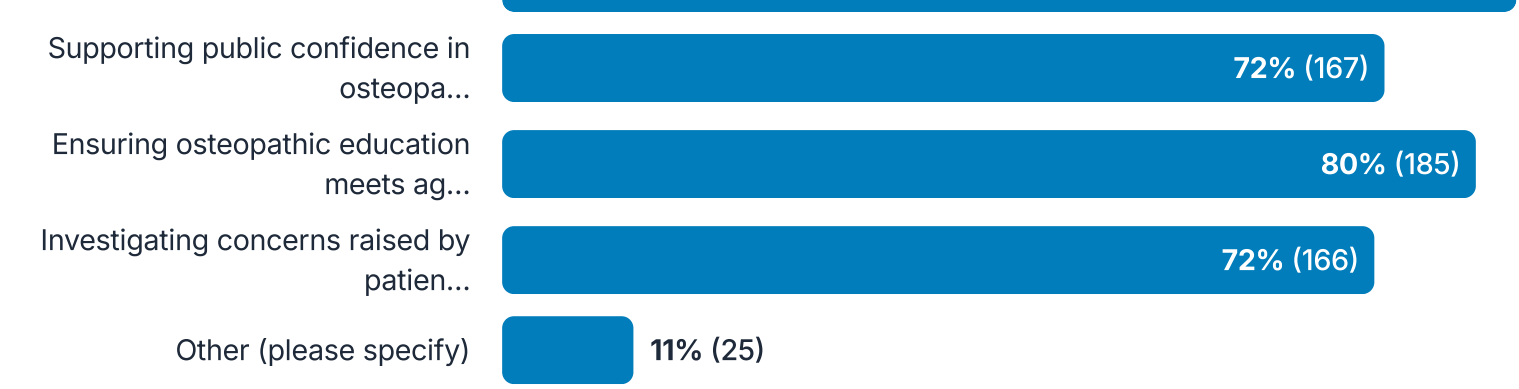


Coe Lorna
12/11/2026 12:09:05

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

Responses: 232





Other (please specify)

> Raising awareness and access to osteopathy within the public eye.

> Promoting Osteopathy to encourage new student enrollment

> Promoting the profession nationally

> You don't actually stipulate what standards, for examples which course for consent training would meet the standards for GOSC, ANSWER you can't stipulate a course you would approve of! So where are these standards to be found? You don't say

> Nothing there is no benefit

> Regulation aloows patients to know that the practitioner is insured and qualified. This does not have to be the GOSc necessarily

> NO INCREASE IN FEES UNTIL YOUR COSTS ARE REDUCED

> Ensuring Osteopathy is current and remains relevant to our latest healthcare practices and the latest evidence.

> Actually supporting osteopaths

> Development of the gosc integrity is most important you guys are hated and malfeasant

> Still many people of the population still unaware of osteopathy. Why? Asan example a GP told a patient to avoid an osteopath because the patient was osteoporotic. Where has that lack of education of GPs come from?

> All the above should be but clearly are not happening as they should be

Cole Lorna
12/11/2025 07:09:03

> Don't think it's important to have a separate regulator

> Increasing visibility of osteopathy and reducing the change to a physio-light version of osteopathy

> Osteopathy Police! Overly Aggressive

Making the profession more appealing and accessible to a more diverse section of the community

Publishing FTP case outcomes

Have a regulation body who communicate well and don't seem to malevolent (sadly, these aren't strengths of the GOsC).

Protecting the Osteopathic reputation. Protecting the Osteopath name and who can use it.

VAT of 0%

Upholding the status by dealing with people using the title and associated osteopathic descriptions

Working under a professional governance implicitly and explicitly lends greater gravitas to a profession.

The Regulator is fit for purpose and asks non-leading questions

Why is this question important?

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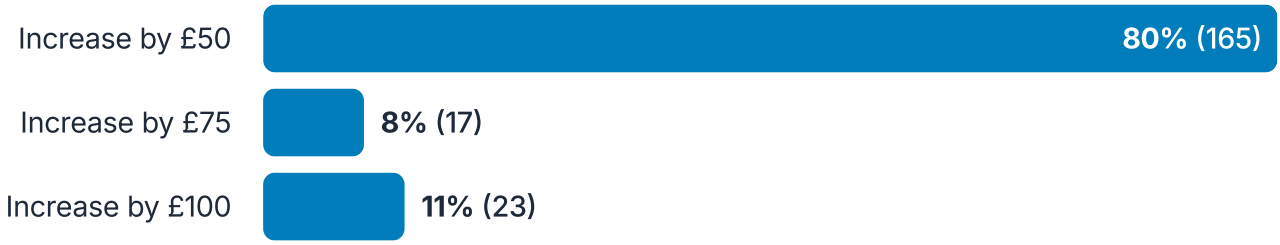
7. When registration fees are increased, which of the following options do you think is more appropriate?

Responses: 205



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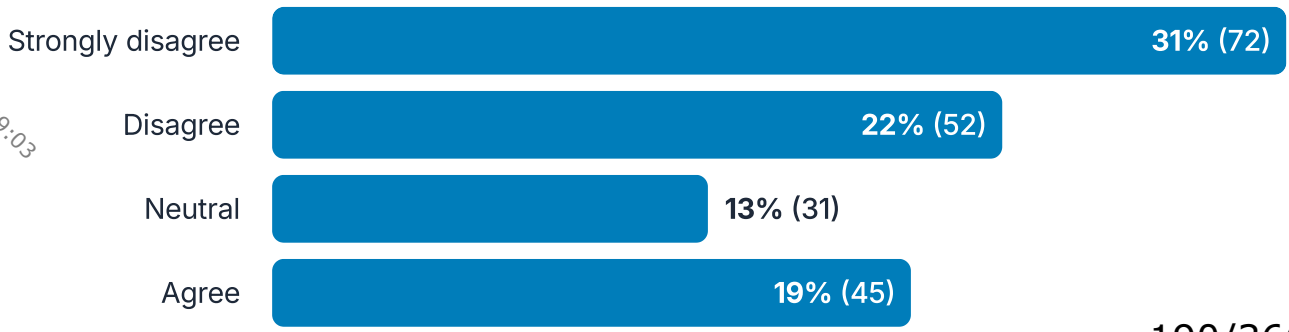
8. Currently, we have a reduced registration fee for new graduates until year 3 of practice. We also offer reduced rates for non-practising osteopaths. To what extent do you agree or disagree that registration fee increases should be applied equally to everyone across our current structure?

Responses: 233

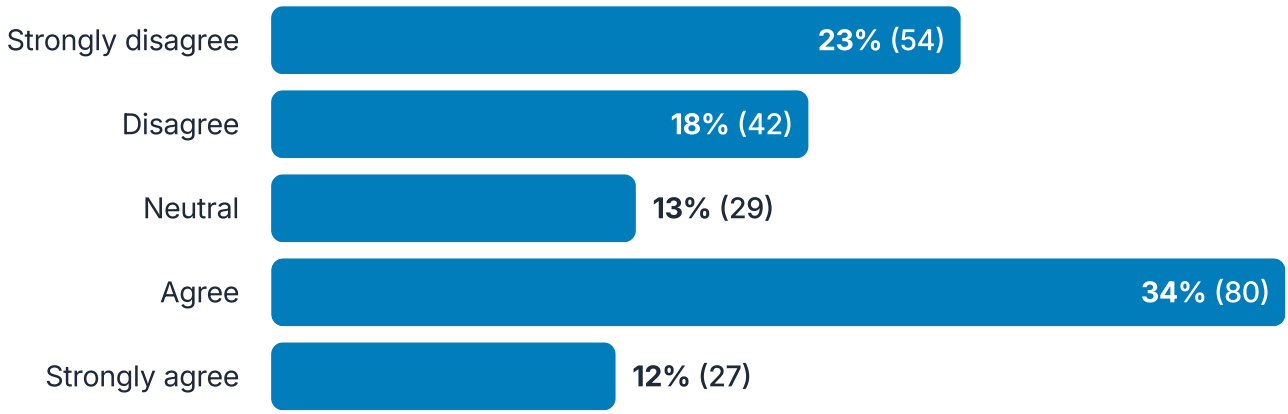
Coe Lorna
12/11/2026 17:09:03





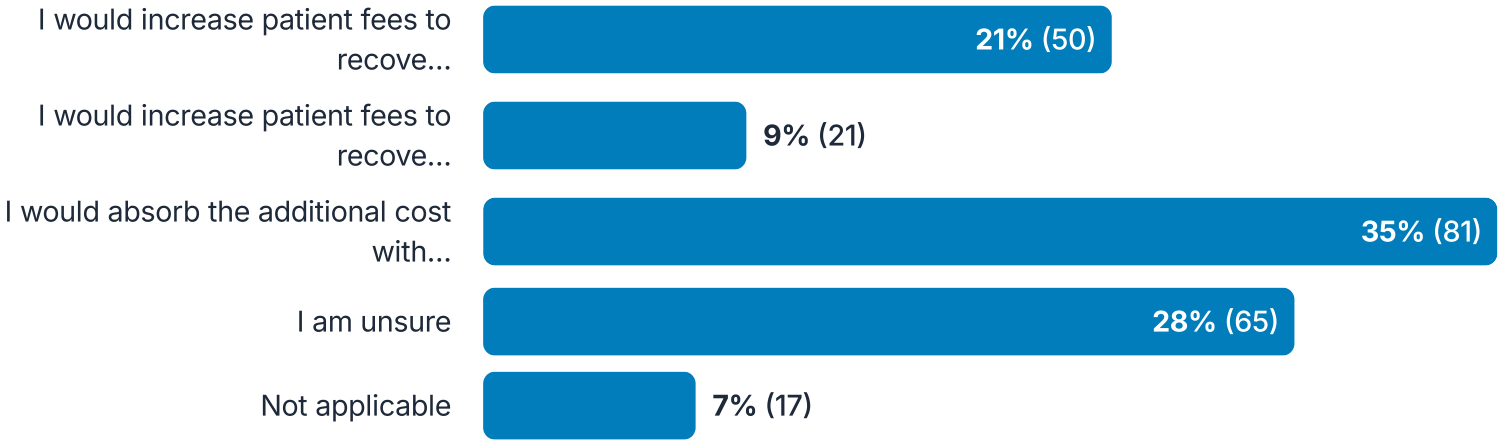
9. If registration fees are increased by different amounts for different groups of osteopaths, to what extent do you agree or disagree that practising osteopaths should pay a larger increase than new graduates and non-practising osteopaths?

Responses: 232



10. When registration fees are increased, which statement best describes how you would respond in relation to the fees you charge your patients?

Responses: 234



Protected characteristics

Coe Lorna
12/11/2021 17:09:03

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

11. In addition to the equality impacts set out in the Equality Impact Assessment, can you identify any further impacts relating to protected characteristics, either on osteopaths or on patients seeking osteopathic care, that we should consider?

Responses: 77

This increased fee will lead to osteopaths leaving the register to become ‘manual therapists’. Our student osteopaths will be unable to afford this fee increase given average income for new graduates. Clinics providing affordable osteopathic care will be unable to do so. It could be catastrophic to the profession.

Exemption should still apply if there is any physical disability needs for the Oesteopath or the patients then they should be offered a discontented rate.

No

No

No

CARERS. There is no mention of carers to disabled individuals that reduce ability to work. Negative impact on paying greater fees with still limited capability to work, further reduced income and stress onto these individuals and the person they care for.

The earning potential of an osteopath varies considerably across the UK. Practitioners in affluent areas of London and the South East are often able to charge substantially higher treatment fees than colleagues practising in northern England or economically deprived regions. A £570 fee therefore represents a much larger proportion of annual income for many practitioners than for others. I would encourage the GOsC to consider whether a more equitable model could be developed.

Osteopathy in the private sector is already out of reach of many patients. This will likely increase unless the GOSC help Osteopaths become HCPC registered.

Yes. In addition to the impacts identified in the Equality Impact Assessment, I believe the potential affordability implications of an increase in registration fees should be considered in relation to protected characteristics. For osteopaths, an increase in registration fees may have a disproportionate impact on those who are disabled or have long-term health conditions, particularly where this affects their ability to work full-time or maintain a consistent income. It may also affect osteopaths with caring responsibilities, including those with childcare or other family responsibilities, where their working hours or earning capacity are reduced. There may also be indirect impacts on patients. If increased regulatory costs are passed on through higher treatment fees, this could make osteopathic care less accessible to patients who are already more likely to experience financial barriers, including some disabled patients and older people. This may be particularly relevant where patients rely on private osteopathic care because of difficulties accessing other healthcare services. I would therefore encourage the GOsC to consider not only the direct impact of increased registration fees on osteopaths, but also the potential indirect impact on patient access to osteopathic care. Consideration should be given to whether the proposed fee structure could be designed to minimise disproportionate impacts on osteopaths who work reduced hours or have reduced earning capacity.

Merging with HCPC

Coe Verma
13/11/2026 17:16:03

Don't see why this is relevant

No

This consultation form is just farcical. You have not given the option for £0 increase in fees. So you decided already to increase fees without appropriate consultation.

An increase in registration fees may disproportionately affect osteopaths with protected characteristics, including disabled practitioners, those returning from maternity or other caring leave, older practitioners approaching retirement, and those working part-time or with lower incomes. If costs are passed on through higher consultation fees or reduced availability of lower-cost appointments, patients with disabilities, lower incomes, older patients and people from some ethnic minority communities may experience reduced access to osteopathic care. The GOsC should publish a clear affordability assessment, consider phased increases or hardship arrangements, and demonstrate how it will monitor unintended effects on workforce diversity and patient access.

The EIA acknowledges financial impacts on osteopaths with protected characteristics but does not adequately consider the compounding effect of GOsC's investigatory processes on the same groups. Investigations are lengthy, opaque, and financially draining — disproportionately affecting osteopaths who are working part-time, returning from maternity leave or disabled, as these groups are already identified as having lower or more precarious incomes. The emotional and psychological toll of prolonged investigation, which can last years, falls hardest on those with the least financial resilience and fewest support structures. The EIA also fails to consider the impact on patients. A fee structure that makes registration financially unviable for certain groups reduces workforce diversity. Patients from minority ethnic communities, those with disabilities, or those in lower-income brackets benefit most from a diverse, accessible profession — and are disproportionately harmed when financial barriers drive practitioners from underrepresented groups out of the profession. Finally, the EIA makes no mention of the GOsC's limited public-facing activity to raise awareness of osteopathy amonhst the general public. A fee increase that funds regulatory overhead without investment in public education or profession-building is difficult to justify on equality grounds, as it does nothing to improve access to osteopathic care for those who need it most.

no

I do not have enough information to answer this question with any confidence.

Yes, osteopaths in London pay more business rates, more rent, and have less patients per days than osteopaths in more remote lications, where rent are lower and patient number, and therefore, revenue, is higher, so you should consider this if you want to start charging an increased fee to people due to their personal circumstances, including their location, if that's ever a contemplation. Doing so would definitely negatively impact the Equality Impact Assessment, and those osteooaths being classified for personal or location characteristics.

I would like to underline the impact of maternity leave. It was ridiculous to have to pay a fee during maternity leave when there is already a struggle with covering costs as someone who is self employed. There is also no pause for CPD which is laughable if you've had 2 children in the space of two years.

access for patients on low incomes.

Coe Lorna
12/11/2026 17:09:03

I can't

Not known

oversea osteopaths should have to pay much less, as they don’t benefit from uk regulations

N/A

No

Actually advertising and getting osteopaths known. Helping education industry survive. The conditions for college of osteopath in derby are appaling, where is the support for them. Better clarification in where the funds are going. You just sold a building which as far as am aware was fully paid for to than rent a building in london which can only increase your costs but also you claimed it would make you more mobile.

As an osteopath who will be on maternity leave from December, an increase in fees is highly concerning. As most osteopaths are self employed and only get MA, we have no choice but to return to work 1-2x per day to make ends meet whilst still looking after a new baby. By only having a few months off (even though only back 20% of working hours) we receive no discount to registration fees. The increase in fees will disproportionately affect women on maternity leave, are off for pregnancy related sickness, and also osteopaths having to work part time due to looking after young children. Annual income should be taken into consideration - after all thats why the first 3 years are cheaper, yet in circumstances after that there is minimal support. Can base it on the previous years self assessment, or if runs a ltd company how much profit the clinic has made. So higher earners/full time workers can contribute the £50-£100 increase more easily as the cost per working hour is less for them, compared to someone who can only work 8 hours per week.

Sole practitioners proving Osteopathic care for the working class demographic. My patients have limited disposable income, though need primary healthcare to be accessible to them and should not be discarded. It is inappropriate for them to have to pay more for treatment and unachievable for me to absorb the cost of increased fees on top of existing expenses. This could force me to give up practice.

Practitioners in their role as principal and therefore mentoring associates should receive some form of reduction due to time spent educating new graduates on the business and patient protection aspect of Osteopathy, which I feel is lacking in education. This takes my time away from patients which directly effects my income. This is an area I am passionate about as I feel good principals drive the profession forward with providing mentoring to gain confidence in newly qualified practitioners. This reduction for principal osteopaths would also encourage more associates into practice rather then setting up on their own and feeling isolated. This mentorship would produce more competent and consistent osteopaths. Providing a reduction in fees depending on the number of associates a principal is mentoring will encourage this sharing of knowledge and experience.

Area of economic deprivation where fees are reduced or kept low to ensure affordable healthcare within a region and that provision is not just available in the affluent areas of the UK. If the cost of the provision of this healthcare is disproportionate to the income needed to sustain these services it can be a barrier in the provision of these services.

Osteopaths who are parents working part time around school hours, if the fees are increased then that’s an entire months wage gone which is not affordable working around school hours and paying childcare.

Consider for what? I don’t understand what you are asking.

Cosforma
12/11/2026 17:45:10

I strongly feel that increasing GOsC fees will result in more Osteopaths deregistering and calling themselves different names, which will force you to yet again increase fees to make up for the loss and then cause more Osteopaths to deregister. Ultimately with more people calling themselves different names, the Osteopath title will eventually get tarnished, with more people calling it a pseudo science.

In the document it is acknowledged that the legislation is inefficient snd outside of your role to change this as its for Government. It seems we are being asked to pay more to deal with the outdated legislation and its requirements. Where and how is this being raised with the correct Gov dept. Fee increases will have to be passed on to patients and there is the broader issue of AHP recognition and whether osteopaths should be regulated alongside other AHPs. It seems ludicrous and badly times to be proposing any increase after the sale of osteopathy house and in the context of outdated bureaucracy legislation that we are being expected to pay for those that are allegedly breaching professional boundaries.

GOSC have just sold a building in London where is that money going? Most if not all osteopaths must attend university and come out with £80,000 in debt. Before even starting a career. Interest rates mean it goes up even when paying it back. The GOSC website has always been terrible. Even with the new website it feels like our money is going to waste. It's difficult to navigate, doesn't load and things are often wrong.

Greater strain on women working part time due to family/care arrangements

Looking at EIA - we think it covers all possibilities in society.

In addition to the impacts already described in the Equality Impact Assessment, higher registration fees and wider cost pressures may create further disproportionate effects for some protected groups of osteopaths and patients. A key risk is indirect discrimination through affordability: fixed annual fees take up a larger share of income for osteopaths who earn less or have less stable work, particularly newly qualified and early-career osteopaths who are still building a reputation and patient list, often working as associates and splitting fees with clinic owners, and also beginning student loan repayments. This may make it harder for younger osteopaths to remain registered, may discourage entry into the profession, and may push some to work across multiple clinics to secure enough income, increasing burnout and reducing retention. An additional impact to consider is on younger osteopaths from lower socioeconomic backgrounds. As registration fees increase alongside the rising cost of living, this fixed annual cost can take up a disproportionately large share of take-home pay for those who are early in their careers, have less financial support, and are still building stable patient lists (often while working as associates with reduced and variable income). When combined with other unavoidable professional expenses —such as mandatory or expected CPD training costs, insurance, and other practice-related fees—this can have a direct knock-on effect on quality of life and financial security, including the ability to cover basic living costs, housing, transport, and wellbeing needs. This may increase stress and burnout risk, force osteopaths to take on additional non-clinical work or to work across multiple clinics to stay afloat, and ultimately may push some out of the profession altogether, reducing workforce sustainability and limiting future access to care. There may also be disproportionate impacts linked to sex and pregnancy/maternity. Osteopaths who work part-time, take career breaks, or return gradually after maternity leave may be more affected because the registration fee is a fixed cost during periods of reduced earnings, potentially delaying return to practice or prompting some to leave the profession. Disability-related impacts should also be considered: disabled osteopaths may face additional costs (reasonable adjustments, accessible premises, reduced hours) so fee increases may make practice less financially viable. For patients, reduced practitioner numbers, fewer local clinics, and higher treatment prices could disproportionately affect groups already facing barriers to accessing care, including disabled patients, older patients, and pregnant/postnatal patients who may particularly benefit from MSK support. Reduced availability and reduced patient choice can also have a disproportionate effect on groups who may need to find a clinician they feel safe and respected with (for example some LGBT+ patients, including trans patients, and some religious groups with specific preferences), and on communities who are more likely to be affected by wider economic disadvantage. Overall, the combined effect of higher registration fees, reduced disposable income among patients, and rising living costs risks reducing workforce sustainability and limiting access to osteopathic care, with knock-on impacts that may fall more heavily on certain protected groups.

Consultation
5/12/2025 17:29:03

Those who for various reasons, family, caring duties, disability, work very reduced hours.

I've been in practice for 40 years and 50% of patients still call ma physio or chiropractor and most GPs tell patients not to go to an osteopath so I'm not sure what is "protected "

All all the regulatory bodies. Why is osteopathy the most expensive. I don't ever get a new patient walk in the door saying I found you on the gosc website. I feel a lot of the public still don't know of osteopathy. Why aren't we recommended on the NHS?

Osteopaths with additional needs or possible disabilities themselves will be at a disadvantage. Single parents at a disadvantage.

This web page failed to load several times so I was unable to read this assessment, therefore cannot accurately answer the question.

Osteopaths taking time off for maternity or paternity leave should be offered a reduced fee, while still keeping their full registration. In all other industries we would be offered financial support while taking time off, however due to the nature of self employed freelance work that Osteopathy mainly aligns with this is not possible. The GOsC fee structure should recognise this and make allowance for those needing to work part time or return to work slowly. If taking time off it is not just the time away from clinic that affects income, but returning to work as well. Osteopaths will need to take time to build up lists again, they will not automatically go back to earning the exact same amount when they return due to possible low patient retention. Again when one goes back to a PAYE job they will go back to their usual, full wage however this is not the case for self employed Osteopaths. I appreciate this is a larger concern / topic for the profession in regards to the historic structuring of clinical practice. However I believe that the GOsC should show support for those Osteopaths who need to take away for childcare, and support their return to practice with a reduced registration fee.

None that I can think off.

I think increased fees could have a bigger impact on some osteopaths depending on their personal circumstances, including people with disabilities, caring responsibilities, or pregnancy and maternity responsibilities. New graduates may also be more financially affected because they are just starting their careers.

Cost of living, tuition fees to repay

No

One further impact I think should be considered is the potential indirect impact on patients, rather than only the financial impact on registered osteopaths. An increase in registration fees represents a greater fixed cost for osteopaths, regardless of whether they work full-time or part-time. This may particularly affect osteopaths who reduce their hours because of caring responsibilities, disability, pregnancy/maternity, age or other circumstances. The cumulative effect of these factors may be greater where someone has more than one relevant characteristic. There could also be an indirect equality impact if increased regulatory costs contribute to some osteopaths leaving the profession, reducing their hours, increasing their treatment fees or moving away from certain areas. This could disproportionately affect patients who already experience barriers to accessing healthcare, including disabled patients, older patients and those who require more frequent or ongoing care. I would therefore suggest monitoring not only the demographics of osteopaths who leave or change their registration status following any fee increase, but also whether there are changes in the availability, affordability and geographical accessibility of osteopathic care. It may also be useful to consider whether certain patient groups are more reliant on osteopathic services and could therefore be disproportionately affected by reduced availability or increased treatment costs. Finally, I think the EIA could consider the combined effect of multiple

Council 17/12/2025 17:09:03

protected characteristics, rather than assessing each characteristic largely in isolation. For example, an osteopath who is younger, working part-time and has caring responsibilities may experience a significantly different financial impact from the same fee increase than a full-time practitioner with a higher income.

N/A

I think the assessment could give further consideration to the cumulative impact of a flat-rate fee on part-time practitioners, particularly those with caring responsibilities or other financial pressures. It would also be useful to monitor the impact on early-career practitioners, and whether increased fees affect the diversity and sustainability of the profession. These are potential rather than established impacts, but I think they warrant consideration.

Socio-economic status, especially considering the pending arrival of Section 1 of the Equality Act 2010, namely the socio-economic duty. Potential other factors could include geography, immigration status and education. A sound Equality Impact Assessment would prize out and consider other possible equality-related factors.

Trans community and and people with long term conditions

As a patient who is approaching retirement age; in terms of Age under the Equality Act, if there was a significant increase in fee for attending appointment(s), I would not be comfortable in terms of cost increase.

The rising cost of living impacts disabled and neurodivergent practitioners and patients to the extent of accessing the services and treatment needed. The barrier and risk of poorer bones and posture.

GOsC should work towards a more clearly defined fee provision for practitioners on maternity leave in three areas: tapering work towards maternity leave, the leave itself, and tapering back into work. Normally, a 12 month period would be sufficient, but some flexibility would be equitable. Similarly, those approaching retirement age should be able to have registration tapered and some way of maintaining qualifications for reduce practice after full-time retirement.

I have recently become a parent, so I know when I graduate, my available working hours will be much reduced from what I had expected. So whilst I'll be practicing, it will be part time due to recently becoming a mother. Therefore I anticipate that the proportion of my income to pay my fees will be higher than someone who has not been pregnant or recently been on maternity leave and will not be 'not-practicing' as they will need to earn money. That said, this is more to do with the fee structure in general, rather than the proposed increase... it's just a higher proportion than those who will be able to work more hours.

No

What true benefit are u giving to osteopaths - perhaps it's time to have another governing body?

Coe Lord
12/11/2026 07:03

I dont think there is enough focus on how this might affect patients in the EIA, raised consultation costs which almost certainly will affect women and people from ethnic minority groups who are known to have less income and who may already be unable to receive regular osteopathy interventions due to cost

Yes, the impact on many patients and potential new patients who won't be able to afford the increase in treatment costs. The impact on women practitioners who are disproportionately affected by caring

responsibilities both when they have young children and when they are older and looking after elderly or ill relatives.

No

No.

Yes please do not down grade the Osteopathy degree this would be harmful to Osteopathy and def reduce standard and safety

Part time osteopaths. Women often work part time due to family commitments/pregnancy etc. Disabled practitioners may also do fewer hours. I think fees should be banded slightly depending on income - below a certain threshold and above for instance.

I worry that already osteopathic care is quite prohibitively priced for a lot of the general public.. personally, I would never pass this increase in fees onto the public directly but it would of course add to overall expenditure.... but I think the general level of fee increase is still too high. I understand all the arguments put forward but believe this will make it difficult for osteopaths such as myself who are approaching retirement age to continue to want to be on the register and to weigh up whether it is worth continuing to work as an osteopath! Perhaps there could be a reduced fee for those who have been registered for more than 20 years as they have clearly contributed to the profession... I know that is wishful thinking.

Overseas Osteopaths should be reduced. I am an overseas Osteopath and personally, I don't mind, but I know some do. It would be good to keep them onboard because it is good for UK Osteopathy. Good for public relations.

A less adversarial system of fitness to practice which could be construed as a cruel approach

NA

No

One of the key attractions of osteopathy as a profession is the flexibility it offers, particularly the ability to work part-time and balance professional life with family responsibilities. I personally left a demanding, high-level career in finance to retrain as an osteopath, in large part because I was attracted by the opportunity to have a fulfilling professional career while retaining the flexibility to work around family commitments. I believe this is one of the profession's greatest strengths and something that should be protected and encouraged. Increasing registration fees disproportionately affects those working part-time, as the fee represents a significantly greater proportion of their earnings compared with those working full-time. This effectively reduces the financial viability of working flexibly and risks undermining one of the very reasons people are attracted to the profession. There are also potential equality implications, particularly for women, who may be more likely to work part-time due to childcare responsibilities, as well as practitioners returning from maternity leave or balancing work with caring responsibilities. I would encourage the GOsC to recognise that not all registered osteopaths work full-time or earn comparable incomes. A uniform increase in registration fees places a greater relative burden on those who have deliberately chosen to work fewer hours. At a time when the profession should be encouraging people from diverse backgrounds and at different stages of life to enter and remain in osteopathy, I am concerned that increasing fixed costs risks making the profession less accessible and less attractive, particularly to those seeking a sustainable balance between work and family life.

Nil

You say that the rate of investigations has gone up, but you waited 3 years sitting and watching it . You need a more proactive view on this. You failed to take action early and look at savings? What are are the fitness to practices complaints being raised in? Is there any education in the pre graduate area where you can do more to teach students how to stay out of trouble and what not to do.Why are tehre no amounts in between , eg £60, £65 . Can you tell me if you are raising 300 K or £3.6 M, tehre seems to be a discrepancy in numbers on the graph. The graph for cases and the monetary side don't match and you should have noticed the change in 2023-2024. Why has it happened/ You fail to have evaluated this, as there is no graph with grouped cases to see.

no

No

Some protected groups may have less disposable income. If clinic overheads increase and the clinic feels the only way forward is to pass that increase on to the patient, some vulnerable groups may forfeit treatment.

Unfortunately as there is currently a gender pay divide in the UK there is already an impact to a fixed fee on women and people with disabilities who may not be able to prioritise days/hours of work. This is also the case for women during pregnancy and those focusing on family without external support.

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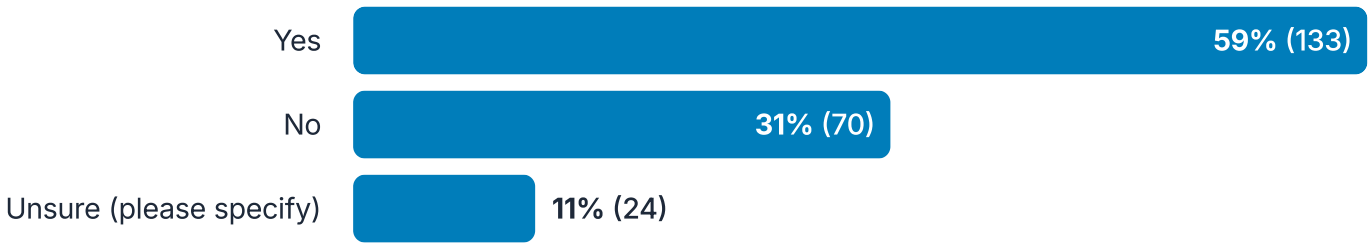
12. Do you think an increase in registration fees could have any impacts on patients with protected characteristics through changes in the price or accessibility of osteopathic treatment?

Responses: 227



Unsure (please specify)

I'm unsure on the term 'protected characteristics'

Depends how many osteos see the value in staying registered

It depends whether the osteopath is increasing their fees or not. If you had been increasing our fees gradually over the years, osteopaths (and the public) would not be exposed to this situation. And you left it far too long to flag up this issue with the profession. Why were you not open and transparent earlier? We would have agreed to a rise in fee, alongside your own cost-cutting. I'm also surprised you have so many staff on high wages. I'm deeply disappointed that osteopathy house has been sold, without even consulting osteopaths. This was supposed to be a "forever house" for osteopathy. I've used this space to express my views as your consultation document seem to provide with the space to do so. Go figure.

if the increase is £100 a year maximum - that's very small split out across all appointments. i think it adds more pressure to small or starting out practitioners. overall it's not as big an increase as moving to where is would be it it had be increasing inline with inflation

Probably minimal due to the general lack of diversity of patients. The price increase is within ever increasing costs for small businesses anyway and rising costs for patients. More and more demands on osteopaths from diverse backgrounds who are already facing challenges

Not at a small increase

Not sure what the question is asking

If the fee's are absorbed by the clinic/osteopath then no. However if the price is increased then yes, individuals who are using disability benefits to help with chronic conditions and disabilities or who are on short term sick/maternity leave may be affected. As a private health care option we need to be aware of this. However, there is an argument for people being able to pay for services they find value in.

This isn't relevant.

I don't fully understand this, or the previous question

difficult to identify

£100 is not a huge amount over a year - £2 a week. Overthinking the impact.tbh.

Depends on price increase by each individual

If registration fees increase then so will the fee patients are charged, this can push osteopathic treatment out of some peoples financial budget (hence will not seek treatment)

Any price increase means osteopaths, especially those with rent to pay, will have to consider a price increase. This may effect patients less able to afford it.

Some may be on low incomes or only able to work part-time or reliant on welfare. This means that if an osteopath has to increase their fees in response to the registration fee increase, there will be a measurable impact which may result in inaccessibility to treatment due to financial considerations.

Coe,Lorna
12/11/2026 10:09:03

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

Responses: 84

Don't increase fees so much.

Registration fees proportional to earnings, to safeguard lower earning osteopaths in less affluent areas, or those working part time due to health, family situations, or those motivated by community support rather than financial gain

If a disabled persons want to seek treatment they might not be able to afford therefore this relief of descent exemption will help them financially manage and cope and enable them to receive treatment

Not to increase the registration fee as ultimately this will increase patient fees and make osteopathy less accessible for patients from lower socioeconomic backgrounds directly effecting equality in the community

I dont agree with the fee increase. Gosc should look at cutting costs elsewhere eg reduce the number of staff.

I may consider leaving the profession and calling myself a manual therapist

.

I'm an osteopath who qualified in 2021 and the increasing registration fees are hitting me really hard. I'm a mum of two and one of my children is disabled, which already limits how many hours I can work. I can only manage about 8 to 10 hours a week at the absolute maximum. I can't just take on more patients without taking time away from my disabled daughter, and my prices are already towards the top end for my local area so I can't really put them up any further. I completed the final two years of my course with my daughter as a baby. I put everything into it and even came away with the Rising Star in Osteopathy award. I was completely committed and I still love osteopathy, but the monthly costs are starting to make me question whether I can carry on. I've got £100,000 of student debt, then there's the GOsC fees going up, insurance, and all the other costs of running a clinic. It's making osteopathy feel more and more inaccessible for someone in my situation, which really saddens me. This is having a bigger impact on people like me, women with caring responsibilities, especially those looking after a disabled child. We can't just work more hours to cover the extra costs. Some things that might help: • A lower fee or some kind of discount for people who only work part-time hours because of caring responsibilities • A proper hardship or carer category so people in my position can apply for reduced fees Without something like this, the fee increases are going to push people like me out of the profession. I'd really like GOsC to look at this properly.

Putting your prices up means that us small business that may also be struggling with costs will have to put prices up to cover the new fees this will then negatively affect thoes who are on disability, or unable to work ect and are struggling to afford treatment as it is but they need it. This will affect recovery of patients and the wide variety we try to treat

One possible approach would be to means-test fees or link them to declared professional income or another objective measure of earnings, rather than requiring every registrant to pay the same amount regardless of income. This could be quite simple (AI could likely help massively). Simply take the average price of consultation fees across counties, and use that to determine the registration fee.

I think non practising osteopaths fee should be less than practising. However, new grads should pay the same. They are having the same benefits and entering a regulated profession.

GOsC Living
12/1/2026 17:09:15

A lower fee for part time osteopaths

Am increase in fees is hard for associates who don't earn as much as principles or clinic owners

To mitigate potential negative equality impacts, I would suggest considering a more flexible fee structure for osteopaths who may have reduced earning capacity. This could include a reduced registration fee for newly qualified osteopaths, osteopaths who are not currently practising, and potentially those who are only practising on a limited or part-time basis. Consideration could also be given to reasonable adjustments or financial support where a disability or long-term health condition significantly affects an osteopath's ability to practise and earn. The GOsC should also consider the potential impact on patients if increased registration costs are passed on through higher treatment fees. Keeping the registration fee increase to the minimum necessary would help reduce the likelihood of additional costs being passed directly to patients. I would also recommend that the GOsC monitors the impact of any fee increase after implementation, particularly in relation to retention and participation among osteopaths with protected characteristics, and reviews the fee structure if evidence of a disproportionate impact emerges.

Previous complaints made by any member of the public who is making accusations against an osteopath should be made visible to the PCC hearing panel

This is a very odd bias questionnaire effectively worded to lean towards a justified increase in fees. Should other questions be included assessing our view on independent regulation and registration.

This consultation form is just farcical. You have not given the option for £0 increase in fees. So you decided already to increase fees without appropriate consultation. Please do not increase fees!

The scale of the disparity demonstrates why the separate-regulator model requires urgent scrutiny. An HCPC registrant pays £246.68 for two years—£123.34 annually—whereas an osteopath currently pays approximately £570 annually, over four-and-a-half times as much, despite the HCPC regulating multiple comparable health professions at scale. The proposed further increase therefore risks entrenching an already disproportionate financial burden. It may force some osteopaths—particularly part-time, disabled, lower-income, returning, newly qualified and older practitioners—to leave the register or raise patient fees. This is not merely an individual affordability issue; it is evidence that the current standalone GOsC model may be structurally inefficient and inequitable compared with HCPC regulation.

The GOsC should introduce a transparent, time-limited investigation process with clear milestones and regular communication to registrants under investigation. Prolonged investigations without resolution cause significant psychological and financial harm, and disproportionately affect those with protected characteristics who have fewer resources to sustain themselves through extended proceedings. An independent welfare support pathway for registrants under investigation should be considered. Fee structures should be more meaningfully tiered — not only for maternity leave or ill-health, but for part-time practitioners, those in early career, and those in lower-income geographic areas. A flat-rate increase applied uniformly across the profession ignores the reality of vastly different earning contexts. The GOsC should commission proper demographic data on registrants and complaints outcomes, broken down by protected characteristics, before implementing any fee increase. Without this data, equality mitigation is theoretical rather than evidence-based. Investment of fee income should include a demonstrable public-facing commitment — raising awareness of osteopathy in underserved communities, supporting access for patients from minority backgrounds, and actively promoting the profession. Registrants have a legitimate interest in knowing that increased fees translate into tangible benefit to the profession and the public, not solely into regulatory administration. Finally, an independent review of the complaints and investigation process — with registrant and patient representation — would help ensure the GOsC's processes are proportionate, fair, and consistent with its stated EDIB values.

Received
12/12/2025 17:09:03

I do not have enough information to answer this question with any confidence.

Not to charge different fees to different practitioners due to any personal or location characteristics.

I would like to underline the impact of maternity leave. It was ridiculous to have to pay a fee during maternity leave when there is already a struggle with covering costs as someone who is self employed. There is also no pause for CPD which is laughable if you've had 2 children in the space of two years. The solution would be to pause all payments and CPD so that a mother can focus on nurturing her child(ren) and family life. As a council for a health care profession I didn't think this needed explaining. However, in my personal experience, GOsC have absolutely no clue what it takes to raise your family yourself.

In the long term cheaper registration fees....regulation by HCPC would likely do this. Establish not for profit clinics which are student-led and which would provide educational work placements and low cost treatments, not necessarily attached to academic institutes. This could be supported by the iO?

DON'T INCREASE THE FEES, REDUCE YOUR COSTS

GOsC has considerable funds in reserve. In addition, they could collaborate with other regulators to reduce costs which would also benefit the profession. I feel GOsC is one of the key factors in the steady decline of the Osteopathic profession. With diminishing membership, raising charges is not the solution.

I think it's disgusting you are increasing the registration fees in this cost of living crisis!! How much did you sell the tower hill office for,??what have you done with the profit??

Fees have always been a bug bear to me. I'm a small business I see 15 people a week due to a rural location. I pay the same as people who see 50 plus a week who live in metropolitan areas and can charge a lot more for treatments. I've never found the system particularly fair I will soon be going part time dhe to careing for my mother with dementia but yet again there is no reduced fees for people who are semi retired I think the equality of what payments are through the region should be looked at.

Don't increase fees, as it'll have a negative impact on those that can't afford any potential increases

You guys don't have an understanding of equality

You not actually indicated were all the money is going. They been no further push for osteopaths to be further recognise and its hards to say what you actually get for the money we have to pay. Patients still refer to me as a chiro or physio

Fees should not be increased. Cost of living has gone up Public are already struggling

Ive answered this in question 11.

Sole practice - providing healthcare to working people. They cannot afford increased fees. I can't afford to absorb the increased fees. I am not a multi practitioner practice, or corporate or otherwise. A small business trying to survive and provide an honest service to my demographic.

Consultorma
10/11/2026 17:09:10

The increase in fees, depending on the amount, will no doubt have a knock on effect to the price of osteopathic treatment and therefore people on low incomes will no longer feasibly be able to access this service.

I am an Oseopathy Student and as much as I enjoy it I am thinking of changing to Physiotherapy. I do not feel that in the long term Osteopathy is sustainable, moral is low, fees are high already and I do not have trust that GOsC are transparent and supportive enough of this profession.

I strongly oppose the proposed increase in the registration fee. I believe the proposed rise is disproportionate and does not adequately take into account the financial circumstances of osteopaths, particularly those who work part-time or have their primary income determined by NHS pay structures. Firstly, I work for the NHS, where my salary is determined by nationally agreed pay scales. Over recent years, NHS staff have experienced pay freezes and pay increases that have not consistently kept pace with inflation and the rising cost of living. As an allied health professional, my income is therefore not something I can simply increase to compensate for additional professional costs. Increasing the registration fee therefore directly reduces my disposable income. For someone already working within a nationally determined pay structure, this creates a particularly significant financial burden. An increase in the registration fee from £570 to £670 represents a 17.54% increase. This is a substantial increase, particularly when compared with the annual increases in NHS pay. The average compounded increase in NHS allied health professional salaries since 2012 has been approximately 2.6–2.8% per year. Comparing an annual pay increase of this magnitude with a one-off 17.54% increase in a professional registration fee demonstrates how disproportionate the proposed increase is. Secondly, I work three days per week due to childcare responsibilities, meaning that my NHS salary is pro-rata and consequently substantially lower than that of someone working full-time. Nevertheless, the proposed registration fee is the same regardless of an individual's income or working hours. I do not believe that applying a flat registration fee to all practitioners produces an equitable outcome. A £670 fee represents a significantly greater proportion of the income of someone working part-time or earning a lower salary than it does for someone working full-time with a substantially higher income. The financial impact is therefore not equal, even though the fee itself is identical. I would therefore strongly encourage the regulator to consider a more proportionate and equitable fee structure, potentially with registration fees linked to income or working status. This would ensure that the financial burden is distributed more fairly and would recognise that practitioners have very different levels of income and ability to absorb increases in professional costs. Finally, I would ask the regulator to provide greater transparency regarding the proposed increase. Please could you specify what additional costs are driving the 17.54% increase and provide a clear breakdown of how the additional £50-100 per registrant will be allocated and spent? Given the scale of the proposed increase, registrants should be able to understand precisely what additional services, staffing, operational costs or other expenditure the increase is intended to cover. Greater transparency around the financial justification for the increase would allow registrants to properly assess whether such a substantial rise is necessary and proportionate. I appreciate that the regulator has costs that need to be met and that fees may need to increase periodically. However, I believe that a 17.54% increase is excessive, particularly in the context of NHS pay, inflation and the financial pressures already faced by healthcare professionals. I would therefore ask that this proposal be reconsidered and that greater consideration be given to the impact of the proposed increase on lower-income and part-time practitioners.

Reduced fees on maternity, reduced fees during long term illness/treatment. Reduced Fees for part time workers under 20hrs a week based on declaration at registration each year with provision of the necessary evidence.

Fees are high enough and put off patients already especially those on set income such as pension. As osteopaths we want to aid all patients not just those who have money spare.

With the selling of the Osteopathic Building in London I was hoping that the Registration Fees to the GOsC would decrease. I feel an option of reducing fees should of been in the survey . The registration fee has always been very high and thought the building in London was a big part of that fee

C3719a
12/11/2025 17:09:03

Just don't raise the fees, we already pay more than doctors to GMC, which makes absolutely no sense

Apprenticeship study. Increased resources for learning. A clear stated black and white document/info about standards of practice, consent and so on. (Being newly qualified is really scary without worrying about making a

mistake you never would have thought of).

Many female osteopaths work part time and the increase in fees for these earning less than their predominantly male full time counterparts indirectly discriminates against women. The fees are very high anyway and are relatively even higher for part time workers with care responsibilities or are predominantly female. GOsC should reduce its costs and spending, like everyone else has to, so that no increase is necessary. This should be more achievable now that there is reduced capital costs from the sale of the offices and the cash injection this provides.

Unsure right now

To mitigate the negative equality impacts identified in my response above, the key issue is affordability of fixed registration costs for lower-earning osteopaths (particularly early-career associates and those from lower socioeconomic backgrounds). Although a reduced fee for new graduates already exists, if it remains excessively expensive it may not achieve its intended equality benefit. Consider strengthening this mitigation by further reducing the new-graduate rate (or extending it over a longer transition period), introducing additional tiers based on working pattern (e.g., part-time/low clinical hours) or demonstrable financial hardship, and ensuring there is a monthly instalment option with no added charges so registrants are not forced into a large upfront payment. To reduce the wider financial burden, offer more genuinely low-cost or subsidised CPD options for registrants (including free online CPD and negotiated discounts with providers), as CPD is an unavoidable additional cost for many osteopaths amongst all of the other costs and subscriptions we have to pay for. If fee increases are unavoidable, phase them in gradually with clear advance notice, and actively monitor whether fee levels are linked to early-career drop-off or reduced workforce diversity, adjusting the approach if the data shows disproportionate impacts on protected groups or those least able to absorb rising costs.

Other than providing a nation wide scheme to cover any costs that are lowered for people in need then I do not see how it is possible, unless practices are already doing this off of their own backs.

As above, the inclusion of reduced fee increase for those returning to practice.

Do not think we need a separate regulator as it does very little for us osteopaths and unsure if patients are benefiting from it. Would prefer just to be part of HCE where fees are much more affordable

registered osteopath practicing abroad should not pay more, rather less, because you don’t provide any service abroad. to stay registered is only a sentimental act.

Rising costs will inevitably be transferred onto the patient costs. Anecdotally if you talk to Osteopaths, from my experience at least, we would favour a move to the HCPC. A single profession regulator doesn’t seem to hold the credibility to the public that one that regulates Physiotherapy does.

I really can't see the benefits of having a separate dedicated regulatory body for Osteopaths. I can't see why the HCPC couldn't provide this service at a fraction of the cost to Osteopaths who are already paying very high fees and it appears are about to be charged even more and any temporary on-off increase may well become an annual temporary one-off increase.

GOsC Council 12/12/2025 17:09:03

I think GOsC should keep the reduced registration fee for new graduates and the phased increase during the first two years of practice. This would help new graduates manage the costs of starting their careers and would make entering the profession more financially manageable.

I see a lot of disabled patients at a heavily subsidised price. The ongoing costs of being in practice is becoming a stretch. I am incredibly lucky that I a very busy practitioner and can offset this but honestly I think the very future of our profession is at risk.

Do not put up the osteopath fees! Reduce the amount of GOSC staff

Cost to patients would increase. Education is expensive and this could impact our work in the communities, especially to vulnerable people like those on palliative care or on minimum wages

I treat patients with money troubles due to incapacity, disability and mental health problems, all of these groups would find it a challenge when i undoubtedly have to increase my fees. I lost several patients last time I had to increase my fees (unfortunately)

As a current osteopathy student approaching graduation in 2 years time, I am particularly concerned about the impact of increased registration fees on new graduates and practitioners in the early stages of their careers. This needs to be considered alongside the current cost of living. General inflation has increased substantially, while wage and salary growth has not necessarily kept pace. Housing costs are particularly challenging in major cities, while osteopaths are predominantly self-employed and therefore responsible for many of their own professional and business costs. A registration fee increase therefore has a potentially greater impact on a new graduate with a small patient base than on an established practitioner with a full list. I would strongly recommend protecting the existing stepped/reduced registration fee for new graduates. This provides important financial support while practitioners establish themselves, and removing or substantially reducing this support could unintentionally discourage graduates from registering and entering osteopathy. The cost of mandatory registration should not become a factor that causes newly qualified healthcare practitioners to seek alternative careers or employment outside the profession. I also believe mitigation should focus on growing and strengthening the profession, rather than relying predominantly on higher fees from the existing registration base. A clearer and more accessible pathway for appropriately qualified international osteopaths from countries with comparable education and standards, such as Australia, could increase registration numbers and help broaden the financial base of the profession. There is also an opportunity to strengthen osteopathy's position within the wider MSK healthcare workforce. Osteopaths should be recognised as MSK practitioners in their own right, including both first-contact MSK practitioners and MSK practitioners more generally. It may be worth exploring a broader MSK framework or umbrella alongside physiotherapy and other MSK professions, while retaining separate professional identities, scopes of practice, education and regulation. Modern osteopathic education already incorporates rehabilitation and exercise-based care alongside manual therapy, so greater collaboration could benefit both patients and practitioners. Finally, greater public promotion of osteopathy is needed. There remains considerable confusion about the differences between osteopathy, physiotherapy and chiropractic. Better public education and promotion of osteopaths as part of the wider MSK workforce could increase awareness, patient access and demand. This is particularly important for workforce sustainability as experienced practitioners retire and the profession needs to attract and retain new graduates. Overall, I understand the need for financially sustainable regulation, but I believe the impact of any increase should be proportionate across different stages of a practitioner's career. Protecting new graduates, increasing international registration, strengthening osteopathy's role within the wider MSK workforce and improving public awareness could help mitigate negative impacts while supporting the long-term sustainability and growth of the profession.

N/A

Coe,Lorna
12/11/2026 17:09:03

Price rises could disproportionately affect poorer people from being able to afford osteopathy

There is a potential knock-on effect for patients if increased costs lead practitioners to raise fees, reduce their hours or leave the profession. This could disproportionately affect disabled and older patients, and others who already face barriers to accessing care.

I do feel for osteos only able to work park time the rise is harder to swallow

The possibility of differential price charges depending on socio-economic status and possibly other factors as well.

Keep the current fees just add the increase and apply it fairly

Patients over the age of 65 invited to attend appointments on days where there is a discount applied. This would be helpful.

I work Saturday mornings only and pay over £1000 for GOsC and IO. I run my business on the skin of my teeth costings wise - I doubt GOsC bothers. Our profession is struggling anyway. As you are going to put the prices up regardless, I want to see a marked increase in output. Not faffy stuff, or how to make us look more PC to the public - there are simply not enough osteo's. Stop trying to align us to the NHS (they have their own issues), and aim to be better than that! So get on, get your paperwork in order to streamline your business (because it is a business at the end of the day), and make it so you don't appear as a threat to us. HELP THE OSTEO's whilst still protecting the public!

Perhaps enabling osteopaths to use GP practices or community centres at a reduced rate

Osteopaths on maternity leave should be exempt. Osteopaths working part-time should pay a lower rate of increase.

I'm not sure as there are lots of people who work reduced hours for many different legitimate / desirable reasons, so it would seem unfair to have a 'part-time' working registration fee, but perhaps, if you can prove you're on statutory maternity pay or within 1 month of your due date, you could have a slightly reduced fee... however, there will still be a lot of work not related to hours work that the GOsC do, so it wouldn't support the current financial situation they are in.

As there is no guidance for osteopaths on what is a reasonable fee I think mitigation is difficult. The proposed increases are tiny and as costs to patients tend to rise every year in line with inflation or more it would be nice to think patients would not be affected negatively

I think osteopaths with these responsibility affecting their ability to work full time should be exempted and / or pay a greatly reduced fee.

Maybe soften your image and improve your communication skills so osteopaths end up feeling less resentful towards the GOsC

Offering fee holidays or substantial reductions for anyone who is not working full-time or has to take substantial time of leave, eg for hospitalisation.

Osteopathic Alliance
12/02/2026 17:09:03

You don't wanna lose good Osteopaths because they can't afford to pay the fees. There should be a way for people to continue to practice and develop their practice at a reduced rate until such a time as they can afford the fees And I think that the Register needs to be more proactive and public relations to allow the public to know that Osteopaths are not doing minor orthopedics or glorified massage But actually cutting edge Manual medicine

Fess up to your useless and expensive new computer system and stop trying to congratulate yourselves by quoting inspections when the profession does not respond well to this . You will be judged by how you operate.

It's not just the fact that registration fees are going up! Everything is going up & it would seem the sky is the limit £570 is already a lot of money & in your APM brief this week you said that any of the amounts (£50/75 or 100) will help the financial deficit that the GOSC is in so if it does have to go up then the least amount would be the best amount to absorb in running a practice.

I would encourage the GOsC to consider a more flexible and proportionate approach to registration fees, recognising that osteopaths work in very different circumstances and have widely varying levels of income. One possible solution would be to introduce a way to reduced registration fee for practitioners working part-time or earning below a certain income threshold, rather than applying the same fixed fee to everyone regardless of their working hours or earnings. More broadly, I believe the GOsC should carefully consider whether increasing fixed registration costs is the most equitable approach, particularly when the financial impact is proportionately much greater for those working fewer hours. The profession benefits from attracting and retaining practitioners with diverse backgrounds, experiences and family circumstances. Registration fees should be structured in a way that supports this diversity, rather than creating additional financial barriers to flexible working.

Increase in registration fees could lead to an increase in patient fees, affecting those groups with lower income

Don’t reduce the fee at all without clearly outlining exactly where our money is going. Impossible to get hold of anyone at GOsC so doubt anyone will even be reading this. Our fees are high already, plus the income from the sale of the London building the need for money from those that have paid into GOsC for many years should not be warranted. What as GOsC’s out goings? How are you regulating osteopathic education- I work and live in Swansea, graduated through Oxford brookes. The standard of students graduating from Swansea is currently abysmal. I interviewed a new grad last week (1sr class with honours, MOst) and she told me she was ‘a bit scared of manipulations)?!? Great advert for our profession!!! I’d like to see a vote of (no) confidence held by the regulator.

Nil

This is such poor english , I am not sure what you are asking . However I will state that as I am from the 1981 qualified osteopaths , the discussion was , who has retired , who is still working and come off the register, called themselves a different name , it has made no difference to their practice. The discussion was how to do it the benefits of no regulation, not having Big Brother there .Most had come off the Register having watched you take a colleague to task and fail to look at what actually happened. People like Nick Handoll and John Wernham , pillars of osteopathy , who you chose to ignore , abuse and throw out of the Register or not allow on . You make a mockery of the task you have been given with these actions. The cases that had been bought and were poorly investigated by GOsC, those osteopaths who were naturally deceitful , I have experienced 3 , those that can't do osteopathy , I have experienced 6.Those that haven't a clue how to behave and what is crossing the line and who needs to be watched .My receptionists do a great job watching out for the errors of judgement from the younger osteopaths. You need to look at yourselves as you ask us to do , with reflection , errors , failures. How did you get to 504k as a loss. If it was my business , it would indicate bankruptcy , but you have sold a building , given to you in good faith by the osteopaths who should never have done this , it should have been retained by the osteopaths . You have yet to show that you can act in a responsible way with the money that you have accumulated and not get into more debt . All the osteopathic schools have had to change to stay in existence, I don't believe you have shown enoughto say that you won't spend again . Where are your checks?

Consultation 10/11/2025 17:09:03

Osteopaths who do not already offer concessions, may need to consider this. However this might impact practitioner's finances or sustainability

If fees by osteopaths increase it may limit access to treatment for some groups

I don't think the fees should go up at all. I had a talk with Matthew Radford at the iO meeting in Edinburgh on Saturday 5th September. He took my email and was going to get me some financial details regarding the latest GOsC accounts... I'm still waiting.

If overheads increase, potential patients who are more vulnerable are the ones more likely to suffer first. For example, if treatment fees increase, older or disabled people may have to forfeit treatment. I do not agree with any fee increase at all. When the registration fee was put down to £570, (from £750), we were led to believe that there would be a further decrease in due course. Compared to a yearly registration fee for a physiotherapist, our fees are still well over two times what they pay. I do not see the logic in that.

By offering to support osteopaths in how they offer treatment and discounts to different groups with protected characteristics across the board. If there are special circumstances for osteopaths then my hope would be it encourages the practitioners to do the same regarding price and accessibility

Impact on Welsh speakers and the use of the Welsh language

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

Responses: 183



If no, please explain your views below:

Nonsense words that has nothing to do with fees

This question makes no sense

Got nothing to do with language

These are side issues of a very minor nature that the GOsC is addressing. Please see my answer with previous suggestions.

Carlyon
2/12/2026 17:09:03

This should apply equally to all nations

English language is more than enough if you are living in the UK.Are the GOsC spending money on Gaelic as well?

We live and work in The UK therefore our commun language is english.We simply cannot afford to spend money in any other language. YOUR priority should be cutting cost down not up.I wish we could join the HCPC instead.

Are you going to spend the same time amd effort to include international osteopaths as many i graduated were spanish, Portuguese, Czech and polish to keep inclusiveness fair for all. If not wasted effort

I work and live in England so my views are irrelevant on this matter.

you have just sold the London building

Wales has multiple low income areas, an increase will not improve the quantity of welsh speaking osteopaths. Personally I am learning welsh however it’s unlikely I will ever practice fully in welsh

There is no explanation to to consideration.

I am Welsh but so little Welsh is spoken and wasting time and money on this exercise is pointless.

Depends if both speak Welsh

No increase of fees in general. Selling your premises. Where is the money from that sale going to?

There is no explanation above for any rationale

How is this relevant?

It’s not relevant to me.

Financial income in Wales would not be the same for English practioners, which could deter new practioners from registering. I would suggest that the fee be considered in proportion to the average Osteopath income for Wales seperately.

I can’t see that the above gives a report of your assessment. Sorry, not fully understanding.

They all speak English so I’m sure they are not bothered if you only deal in English and save some money with all the translating

Any provision for the Welsh language is discriminatory and should be terminated. It singles out one ethnic group in an unequal manner and is not acceptable.

Rose Lama
12/12/2026 17:08:03

They can speak English as well

Irrelevant. I employ a Welsh speaking osteopath and she mostly speaks English

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

Responses: 42

If they speak Welsh that should be better for them

This is about fees. Stop conflating and confusing

I have nothing against Welsh speakers, but why is this even relevant to this consultation?

Nobody is asking for this in Welsh

Again, this is a peculiar side issues which is in my opinion irrelevant to the much greater problems the profession is facing.

There are thousands of osteopaths who can speak other languages. If welsh-speaking osteopaths deserve a preference treatment, the other osteopaths who can speak more languages, in theory, would deserve it too.

I do not have enough information to answer this question with any confidence.

They can learn English language, which is quite accessible to them, especially if they were born and raised in Wales. It is inconceivable that 8 osteopaths who can speak Welsh need to have a different treatment to them flr the fact they speak that language. There are thousands of osteopaths who can speak other languages besodes English and don't ask for, nor expect, a different treatment for that fact.

How many Osteopaths are we talking about here and what is the cost to the GOSc and ultimately to us Osteopaths who will be paying for this.

Not known

English language for all. This is the UK.

In my opinion we all should be under a commom language which is english. Otherwise we will have to also provide for the gaelic,scotts... May I ask how are we funding this? I believe we cannot afford this.

Since welsh is taught in welsh schools along side english than no. But using that sense are going to include Gaelic since these are still used in the uk

NA

Coe Lorna
12/11/2024 17:03:01

I do not want or need any communications in Welsh. If people want to speak Welsh that is fine. I do not speak the language and the vast majority of people in South Wales care very little about it. Too much money is spent by Government and other agencies on this subject when there are more important causes and problems in the country.

Make sure that for the 8 people speaking Welsh they have everything accessible in their language.

This question is not relevant to me as a non-welsh speaker, welsh-speakers are the most appropriate and only people necesary to consult on this topic.

Continue to provide options for correspondences be be delivered in Cymraeg and encourage Welsh speakers to participate in events.

drop the registration fee.

Why is the GOSC concerned with this? If Welsh speaking osteopath's want to speak in Welsh or English it’s up them.

I do not have any specific suggestions. I think the opportunities available to Welsh-speaking osteopaths should continue to be considered.

You could enroll more students who speak Welsh

Should there be any difference other than ensuring the documents are available in Welsh?

Lower the fee for Welsh osteopaths or raise more public awareness in Wales

Don’t waste time and money on it. If that saved money to not be translating things etc I’m sure everyone would be fine about it and not think you were being discriminatory.

Provide a dedicated website page on Welsh for wales osteopath

Suggest giving osteopaths who continue working in Wales and use the Welsh language, and as a registered member a payment (quarterly/6 monthlyor annual) in recognition for working in Wales.

Better write it in Scottish and Cornish then. Wouldn't want to exclude them too!

Is there scope for a transition period.

Presumably they were trained in English. Why does this accommodation exist?

Ask them - not something I feel qualified to comment on

N/A -

Coe Lorna
12/11/2026 17:09:03

I don't know.

Twll din pob sais

I do not see how this relates to the role of GOsC

8 osteopaths practising listed as ‘Welsh-speaking’

Pointless use of resources

I don’t think Welsh should be any different to any other language spoken in the uk, a good level of English should be expected of osteopaths, most clients speak some English or have a translator or google translate

I dont feel any changes are necessary,i have practised in wales for over fifty years, and it is really only helpful with older patients,[75 +].

Just make it dual as they do in Ireland, with computerised translation that should be okay to do

Don't know

Is this necessary ? How much does it cost and how many osteopaths in Wales don't speak English. If so with Welsh, why not with Celtic - for those of us who work in Scotland ?

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16. Any other comments

Responses: 79

At this stage, osteopaths should be regulated by the HCPC alongside the other AHPs. This would be more suitable than an increase in registration fee and significantly more beneficial for osteopaths and patients. Alternatively, GOsC should become more financial efficient to preserve the professions.

Perhaps you should look further into your own finances and how cost savings could be made before passing your failings onto those who have little choice but to pay a fee if they wish to continue to call themselves an osteopath. It would end up costing me the best part of £200 a month to remain registered and insured to be an osteopath which is an obscene amount of money when you compare it to the costs of other medical registers.

Although I appreciate that all costs etc have gone up in recent times I do not believe the increase is fully warranted. The GOSC doesn’t do enough to promote osteopathy. Where has all the money gone from the sale of the HQ? Can you as an organisation look to reduce costs...staff numbers / restructuring etc. we get less and less from the GOSc for little in return and I think may osteopaths who are well set up will simply deregister over time and continue to practice under their clinic reputation.

Cut your costs

Please consider how women especially have to work reduced hours for childcare and how carers also have true limits on clinical hours. Please don’t push us out of the profession.

Captured 27/1/2026 17:09:03

Dear General Osteopathic Council, Thank you for the opportunity to respond to the consultation on proposed registration fee increases. I fully appreciate that the GOsC has faced increasing financial pressures, including inflation, rising Fitness to Practise (FtP) costs and the fact that registration fees have remained unchanged for over a decade. I also recognise that regulating a relatively small profession inevitably results in higher costs per registrant than regulators overseeing hundreds of thousands of professionals. However, I do not believe the proposed solution places sufficient emphasis on improving efficiency, ensuring fairness, or addressing the long

term sustainability of the profession itself. 1. The registration fee is already exceptionally high The current annual practising fee of £570 is already one of the highest statutory healthcare registration fees in the UK. Regulator Profession Approx. Registrants Annual Registration Fee HCPC Physiotherapists (and other professions) ~363,000 £123.34 NMC Nurses & Midwives ~854,000 £143 (approved from Oct 2026) GPhC Pharmacists Large national register £310 GOC Optometrists ~24,000 £425 GMC Doctors ~412,000 £481 GOsC Osteopaths ~5,600 £570 GDC Dentists ~48,000 dentists £698 GCC Chiropractors ~4,000 £800 Whilst I appreciate that some smaller regulators inevitably have higher costs, the GOsC should demonstrate clearly why osteopaths are expected to contribute so much more than professionals working within much larger healthcare professions. 2. Value for money and organisational efficiency The consultation explains why more income is required, but provides limited evidence that every opportunity to improve efficiency has first been exhausted. Publicly available information indicates that the GOsC employs around 30 members of staff to regulate approximately 5,600 osteopaths, equating to approximately 5.4 employees per 1,000 registrants. By comparison: HCPC has approximately 0.9 employees per 1,000 registrants NMC has approximately 1.5 employees per 1,000 registrants While direct comparisons have limitations, these figures raise an obvious question: why does the GOsC require significantly more staff relative to its register than much larger healthcare regulators? Before increasing compulsory fees, registrants deserve a transparent explanation of: staffing levels; executive remuneration; organisational structure; administrative costs; legal costs; opportunities for shared services with other regulators; and what efficiencies have been considered but rejected. Simply asking registrants to fund increasing expenditure should not be the default solution. 3. A flat fee is not equitable One of my greatest concerns is that a single flat registration fee disproportionately affects certain groups of osteopaths. Regional inequality The earning potential of an osteopath varies considerably across the UK. Practitioners in affluent areas of London and the South East are often able to charge substantially higher treatment fees than colleagues practising in northern England or economically deprived regions. A £570 fee therefore represents a much larger proportion of annual income for many practitioners than for others. I would encourage the GOsC to consider whether a more equitable model could be developed. One possible approach would be to means-test fees or link them to declared professional income or another objective measure of earnings, rather than requiring every registrant to pay the same amount regardless of income. 4. Disproportionate impact on women and part-time practitioners The proposed structure also has equality implications. Although reduced registration fees already exist in certain circumstances, a practitioner returning from maternity leave may initially work one or two days each week whilst rebuilding their practice. Similarly, practitioners may reduce their hours because of caring responsibilities, disability, ill health or approaching retirement. Under the current proposal, these practitioners pay exactly the same registration fee as somebody working full-time. The result is that registration costs consume a significantly greater proportion of their professional income. I would ask the GOsC to explain whether it has fully considered these impacts within its Equality Impact Assessment, particularly regarding women returning from maternity leave, who are likely to be disproportionately affected. 5. The profession's long-term sustainability My greatest concern is that this consultation focuses almost exclusively on increasing income from existing osteopaths rather than addressing the declining size of the profession itself. The profession faces significant long-term challenges, and if we're not careful we will sleepwalk into extinction. Student recruitment has reduced. Some university osteopathy programmes have closed. The number of practising osteopaths remains relatively small. At the same time, physiotherapy continues to grow as a profession. For somebody considering a healthcare career today, physiotherapy often offers: significantly greater public recognition; broader NHS employment opportunities; greater career security; more diverse career pathways; and substantially lower regulatory costs. If these trends continue, osteopathy risks becoming progressively less attractive to future students. Increasing registration fees for the existing profession may temporarily improve the GOsC's finances, but it does little to solve the underlying issue. In my view, the sustainable solution is to increase the number of practising osteopaths. That requires investment in: student recruitment; university partnerships; public awareness; graduate retention; and improving the attractiveness of osteopathy as a career. If the profession grows, the regulatory cost per registrant naturally falls. If the profession continues to shrink, continually increasing fees risks creating a vicious cycle whereby higher fees encourage more practitioners to leave, requiring further fee increases for those who remain. 6. Transparency The consultation would benefit from greater comparative data. I believe registrants should be shown benchmarking against every other UK healthcare regulator, including: annual registration fee; number of registrants; number of employees; expenditure per registrant; staff-to-registrant ratio; executive remuneration; Fitness to Practise expenditure; and operating costs. Without this information it is difficult for registrants to judge whether the proposed increase represents genuine necessity or whether further efficiencies remain possible. I accept that the GOsC faces genuine financial pressures. However, I am not persuaded that increasing registration fees should be the primary response before greater evidence has been provided that organisational

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costs are proportionate and that all reasonable efficiencies have been achieved. I also believe greater consideration should be given to the unequal impact of flat registration fees on lower-earning practitioners, part-time osteopaths, women returning from maternity leave, and those practising in economically disadvantaged regions. Finally, I believe the long-term solution to the GOsC's financial sustainability lies not simply in increasing the financial burden on today's registrants, but in strengthening and expanding the profession itself so that more people choose osteopathy as a career. I therefore urge the GOsC to reconsider the proposed fee increase, publish fuller benchmarking against comparable healthcare regulators, explore alternative fee structures, and place far greater emphasis on growing the profession rather than relying upon an increasingly small group of registrants to fund an ever-increasing regulatory cost. Will any of these key performance indicators improve as a results of the increase in registration fees: Will Fitness to Practise times reduce? Will registration processing become faster? Will complaints be resolved more quickly? Will stakeholder engagement improve? Will the regulator commit to reducing future fee rises through efficiency savings? My fear is, regardless of any feedback through this consultation, you will increase the fees anyway. Even one of your own questions was "When we increase registration fees...". Please help prove this isn't all for show.

Use of Welsh language may present some additional considerations at ftp level - consider costs of translation, how clinical records are viewed and translated, accuracy of this process etc.

I recognise the important role that the General Osteopathic Council plays in protecting the public and maintaining confidence in the osteopathic profession, and I accept that the organisation needs to remain financially sustainable. However, I would support only the minimum proposed increase of £50. If the consultation's financial modelling demonstrates that a £50 increase is sufficient to address the projected deficit, I do not believe there is a strong justification for asking registrants to pay an additional £75 or £100. I would also encourage the GOsC to provide greater transparency around its expenditure, particularly the proportion allocated to governance. Before asking registrants to contribute significantly more, it would be helpful to understand in greater detail how governance expenditure has changed over time, what efficiency savings have been achieved, and what further opportunities for reducing administrative costs have been considered. In particular, I would welcome greater transparency regarding the income generated from the sale of the GOsC's previous property. Registrants would benefit from a clear explanation of how the proceeds from the sale have been allocated, what proportion remains, and how these funds have contributed to the GOsC's financial position. If registrants are now being asked to increase their fees because of financial pressures, it is reasonable for the profession to understand how significant capital assets and the proceeds from their sale have been managed. I would support a reduced registration fee for newly qualified osteopaths, recognising that the early years of practice can be financially challenging due to professional registration, insurance, CPD, equipment, clinic costs and other business expenses. I would also support an appropriate reduced fee for osteopaths who are registered but not currently practising. More broadly, I would like to see the GOsC demonstrate greater ambition in supporting the development and growth of osteopathy as a profession. While public protection and effective regulation must remain its primary responsibilities, registrants should also be able to see a clear benefit from having a strong, modern and forward-thinking regulator. There are significant opportunities for osteopathy to develop its role within the wider healthcare system. I would like to see the GOsC doing more to promote the profession, improve public understanding of what osteopaths can offer, support greater integration with other healthcare professionals and actively explore opportunities to expand the scope and recognition of osteopathic practice. For example, the profession should be having meaningful discussions about areas such as prescribing rights or other appropriate extensions to osteopathic practice, where there may be a clear benefit to patients and where suitably trained osteopaths could potentially contribute more effectively to multidisciplinary healthcare. I appreciate that changes of this nature involve wider legislation and policy considerations, but I would like to see the GOsC taking a more proactive leadership role in progressing these conversations rather than simply responding to developments elsewhere in healthcare. If registrants are being asked to pay more for regulation, I believe there should be a clear vision for how the profession itself will be strengthened and developed over the coming years. This should include investment in the future of osteopathy, support for innovation and research, improved public awareness and representation of the profession within the wider healthcare landscape. More generally, I believe future fee increases should be proportionate, evidence-based and clearly linked to the GOsC's actual financial requirements. Registrants should be able to see clearly how additional income will improve public protection, the effectiveness of regulation and the long-term development of the profession. I support the principle of effective

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professional regulation, but I believe the financial burden placed on registrants should be kept to the minimum necessary while maintaining high standards of public protection. At the same time, I would like to see the GOsC be more ambitious about what it can achieve for osteopathy. If osteopaths are being asked to invest more in their regulator, they should be able to see a clear commitment to transparency, value for money and actively building a stronger and more influential profession.

Can we not just join the hcpc. Who put this survey together, please tell me you used ai, as it is so bad and biased to a fee increase. Yes you are under financial pressure, yes regulation is hard and expensive this is why being a part of a bigger regulatory framework makes economic sence. But your survey does not explore the possibility of combined regulation, or cost cutting or streamlining processes. It is simple economics here, either get more people to pay, do less, or charge those who have to pay more!

No mention of changing regulators completely and looking at the benefits that would bring to promoting osteopathy and having the right registration number for the NHS jobs market. No mention of the savings made by joining HCPC. I would like a vote on staying with GOsC versus changing to HCPC. No mention of how much fees will rise in the future or when they will be reviewed

This consultation form is just farcical. You have not given the option for £0 increase in fees. So you decided already to increase fees without appropriate consultation. Please publish this comment for transparency.

I have significant concern regarding the proposed increases to registration fees, as outlined in your recent consultation. I fully appreciate the need for financial sustainability. However, I am struggling to understand the substantial disparity in costs between the GOsC and other statutory healthcare regulators. For example, physiotherapists are also required to register with the Health and Care Professions Council (HCPC), yet their two-year renewal cycle costs under £250 in total. In contrast, the GOsC's proposal places osteopathy in the region of £600–£680 per year. This raises a fundamental question: why are osteopathy fees so disproportionately higher than other registration bodies with similar statutory duties? If the GOsC's operational model is significantly more expensive than the HCPC's, I believe we need a thorough and transparent review of our governance and overheads. What are we doing differently that justifies this level of expenditure, and what steps are being taken to identify internal efficiencies that could reduce the financial burden on registrants? Given that registration is not optional for either profession, I request a detailed, itemised breakdown of the specific cost drivers behind this proposed rise, alongside a clear explanation of why the GOsC cannot achieve a cost structure comparable to that of the HCPC.

The GOsC's published information indicates that it employs around 28 staff and spends approximately £3.5 million a year regulating a relatively small profession. This raises legitimate concerns about proportionality, efficiency and value for money, particularly when osteopaths pay around £570 annually compared with approximately £125 for HCPC registrants. Before increasing fees, the GOsC should publish an independently scrutinised breakdown of staffing, governance, fitness-to-practise, legal and other operating costs. It should explain why costs cannot be reduced through shared services, collaboration with other regulators, or longer-term alignment with the HCPC. The GOsC should also publish a transparent comparison of its costs, fees and outcomes with the HCPC, and make an evidence-based case to Government for regulatory reform rather than repeatedly passing the cost of a separate regulatory structure onto osteopaths.

Coe Lorna
12/11/2026 17:09:09

3 million expenses a year for a small council, explain that.

Where is all the money going?

I think the fitness to practice process needs an overhaul to further reduce legal costs. I feel frustrated that some of our fees are spent on osteopaths who have failed to re-register. I believe these cases could be tackled in-

house without the need of large legal costs, by creating open guidelines and standardised reprimands for these particular cases.

I am personally astonished to see the suggestion of increasing fees every year from now on. The council is spending 3 million every year, with some positions having over 100K salaries. This does not happen on any other council for the amount of registrants they have, and I start suspecting a questionable way of internal decisions regatding financial decisions within the organisation. It's unjustifiable, when compared with data of other councils, and seems that certaim individuals might be taking advantage of the council's financial position, but it does not justify the financial operative necessity of the council itself. Expecting registrants to have their fees increased, as per what it seems to be a new yearly thing, especially after having sold the Osteopathy House for 2.4M, is a joke. I do not believe that the last year's council performance is anything special from other councils' performances in term of regilation, which does not justify such expenses. I'm starting to believe that we would be better off if we joined another council with lower rates, as what we get as a profession is, in the last years, not better than what other MSK professions are getting. Unfortunately, my views regarding the council, although initially and in principle were positive and encouraging, are now disappointing, unjustifiable, and every time, more and more unnecessary.

As a regulatory body that went in lockstep with the fraudulent pandemic it is not fit for purpose

unsure of this impact so I do not wish to comment.

To further ensure transparency it would be good if the Council could provide a set of figures, or latest accounts showing how many osteopaths are currently registered, and the yearly income the GOsC receives from registration fees. My reason for suggesting the above is that whilst I appreciate the fact that the fees haven't increased over the years, the number of practising osteopaths paying the fees has. Thank you

STOP WASTING MONEY

Poor decision by the regulator.

No fee increase. We should join the HCPC. We are not better than any other Allied Health Professional.

I would be very disappointed to see an increase in price of registration. As osteopaths we are getting nothing more and I believe many, including myself would look at de registering and consider treating under a different modality name

Considering the negative opinions voiced on social media regarding the increase and the potential loss of Osteopaths from the register due to the fee increase, I feel it essential that more is done to evidence to registered osteopaths the work carried out by GOsC and to ensure that all forms of communication and contact with the Council are improved with haste.

Coelenna
12/01/2026 17:09:03

Maybe is time for the GOSC to talk openly with osteopaths about joining HCPC. What about using your seminars to debate it.

The decision to increase registration fees right after selling Osteopathy House for £3.3 million is highly frustrating. Passing this problem onto osteopaths suggests a focus on revenue generation rather than supporting the profession. My lack of confidence in the GOsC is reinforced by how Fitness to Practise cases are handled. A colleague of mine has been trapped in an investigation for over a year based on an unfounded complaint from a patient with severe mental health issues. What started as a specific inquiry has degenerated into a shifting, year-

long witch hunt that ignores the initial context. This is a clear example of operational failure. Demanding higher fees will not fix a broken system; serious internal change is what is actually required. I hope the GOsC actually listens to the profession this time instead of treating this consultation as a box-ticking exercise but I highly doubt it

Please have a consultation on whether we should join other health professionals in one governing body. As there is no benefit to having our own individual bodies, especially if the only goal is to protect the public!

can’t see why an increase is needed seems like you’re very inefficient and poorly run Want to know what’s happened to my share of the proceeds from the sale of osteopathy house which i helped pay for as a shareholder of the gcro? How can i expect to be paid please ?

No

Do not increase fees

Unfortunate that have already agreed a fee increase before consultation. Concerned at the huge salary for those is GOsC and lack of transparency. Feel the heart of this profession is lost. It should not just about supporting patients and Osteo’s when things go wrong, but to promote the profession and ensure that there is quality teaching and mentoring. As it is now an allied NHS profession perhaps funding for students as per Physio etc.

I strongly oppose the proposed increase in the registration fee. I believe the proposed rise is disproportionate and does not adequately take into account the financial circumstances of osteopaths, particularly those who work part-time or have their primary income determined by NHS pay structures. Firstly, I work for the NHS, where my salary is determined by nationally agreed pay scales. Over recent years, NHS staff have experienced pay freezes and pay increases that have not consistently kept pace with inflation and the rising cost of living. As an allied health professional, my income is therefore not something I can simply increase to compensate for additional professional costs. Increasing the registration fee therefore directly reduces my disposable income. For someone already working within a nationally determined pay structure, this creates a particularly significant financial burden. An increase in the registration fee from £570 to £670 represents a 17.54% increase. This is a substantial increase, particularly when compared with the annual increases in NHS pay. The average compounded increase in NHS allied health professional salaries since 2012 has been approximately 2.6–2.8% per year. Comparing an annual pay increase of this magnitude with a one-off 17.54% increase in a professional registration fee demonstrates how disproportionate the proposed increase is. Secondly, I work three days per week due to childcare responsibilities, meaning that my NHS salary is pro-rata and consequently substantially lower than that of someone working full-time. Nevertheless, the proposed registration fee is the same regardless of an individual's income or working hours. I do not believe that applying a flat registration fee to all practitioners produces an equitable outcome. A £670 fee represents a significantly greater proportion of the income of someone working part-time or earning a lower salary than it does for someone working full-time with a substantially higher income. The financial impact is therefore not equal, even though the fee itself is identical. I would therefore strongly encourage the regulator to consider a more proportionate and equitable fee structure, potentially with registration fees linked to income or working status. This would ensure that the financial burden is distributed more fairly and would recognise that practitioners have very different levels of income and ability to absorb increases in professional costs. Finally, I would ask the regulator to provide greater transparency regarding the proposed increase. Please could you specify what additional costs are driving the 17.54% increase and provide a clear breakdown of how the additional £50-100 per registrant will be allocated and spent? Given the scale of the proposed increase, registrants should be able to understand precisely what additional services, staffing, operational costs or other expenditure the increase is intended to cover. Greater transparency around the financial justification for the increase would allow registrants to properly assess whether such a substantial rise is necessary and proportionate. I appreciate that the regulator has costs that need to be met and that fees may need to increase periodically. However, I believe that a 17.54% increase is excessive, particularly in the context of NHS pay, inflation and the financial pressures already faced by healthcare professionals. I would

Confirmed 11/11/2026 17:03:03

therefore ask that this proposal be reconsidered and that greater consideration be given to the impact of the proposed increase on lower-income and part-time practitioners.

you have just sold the London building

As the main school of the profession hasno combined with chiropractic college there is an argument for joint registration or for joining with the wider registration body such as the hcpc which will significantly reduce fees for Osteopaths, provide integration and uniformity with other health care professionals and have the IO as a strong advocate for the profession on the regulatory council

Completely biased questioning -"Having read the consultation document and annex, how well do you feel you understand the benefits of being regulated by a single-profession regulator?" Do you understand how many members would prefer to be regulated by the HCPC at vastly reduced cost? Have you considered how many leave the profession remaining as MSK practitioners to avoid the extortionate fees of an incompetent regulator with no fiscal control? GOsC is killing the profession

As an osteopath with young children the increase fee is absurd. I believe that the GOsC should be looking at the business they are running you can't keep pouring money in to a failing business without looking at expenses costs.

As I said before, raising already astonishing high fees, will entail in more Osteopaths deregistering. I strongly advice against. To be clear, I strongly oppose to increased fees, as I try to keep my fees below the average in my area, to help people and to accommodate the increased cost of living, if I raise the fees, I lose most of my work, which means I need to find a different job, which means you lose me as an Osteopath.

I'm really unhappy about you increasing fees, especially when you have just made such a large profit from selling Osteopathy house. I would be quite happy to be regulated by the the HCPC who only charge £123.34/year, what a difference! I only work part time and have even considered cancelling my registration and calling myself something else, as a number of my colleagues have already done so.

If this is a general comment box rather than pertinent to Wales, then I am aware that there are great differences in fees charged throughout the country and that lower fee osteopaths may struggle with increases in fees. There should be considerations for such colleagues.

As an overseas osteopath registered with the GOSC. A fee increase would make me consider leaving the register as the fee is already very expensive and I only work part time as I have children to take care of.

Unsure

As an experienced Osteopath I am struggling to understand why a fee increase is appropriate. The HCPC currently charges £90. And as of indicated the GoSC is for the public not to support the osteopath and therefore many will join the IO just as physios join the CSP. I am aware of the no of established osteopaths who have left the profession due the difference in fees and other concerns. I suspect any increase will lead to further colleagues leaving the profession. Most patients don't care what the title is of their practitioner as long as the individual has a good reputation and provides assistance. It would be sad to add to the continuing dwindling of the profession. Therefore I do not agree that a fee increase is appropriate and having looked at the accounts some costs seem above and beyond expectations such as website?

Received 15/12/2016 14:09:09

This consultation is not focused on enabling osteopaths to give their views. Also, some of the questions are written in such a way I had to select answers I did not agree with. My views: The role of GOsC is funded by our fees. “Your fees help protect patients, assure the quality of education for new osteopaths entering the profession, uphold and develop profession-specific standards and guidance, and protect the osteopathic title”. However, if our fees rise due to increasing costs that are mainly due to the rise in insurance claims as a result of inappropriate sexual behaviour by men, this raises two issues. 1) those osteopaths not responsible for this behaviour should not pay for it. Insurance should be related to individual risk, as in other insurance schemes. Insurance certificates could indicate a category, eg, A, B, C. It would enable places of work to get a sense of a persons risk, and may make perpetrators think twice. 2) “It also allows us to invest in areas that increasingly matter to both patients and practitioners, including supporting safe, high quality practice; improving understanding of professional boundaries; strengthening patient involvement; supporting newly registered osteopaths and those entering practice; ensuring that regulation remains relevant in a changing healthcare environment and embedding equity, diversity, inclusion and belonging.” This is clearly not happening if incidents are on the rise. You say that this is “something which is not unique to our profession and is being seen across healthcare regulation as a whole”. This comes across as you passing the buck, it suggests that this is somehow not your responsibility, everyone else is experiencing the same. Violence against women and girls has risen around the world and all organisations and institutions that are there to protect the public have watched it happen. What has GOsC done to understand and address the increase of incidents? This behaviour exists in all areas of society, including osteopathy staff and students, it is a culture. Are there policies and procedures in place to pick up on students’ attitude towards women at interview, and address them when it becomes apparent during their education and prevent these people qualifying? Are there policies and procedures in place to address and pick up on these attitudes in teachers interviews and when they are in their posts? Are there private and safe processes for anyone, including patients affected by it, to report it and know they will be taken seriously, that issues will be addressed professionally and actioned? There were not during my education. You say changes you have made “These include bringing the quality assurance of osteopathic education in-house rather than using an external provider”. Are those doing this inhouse professionally trained? Addressing this issue by putting the fees up to fund the increase in claims, fails all of us.

Professional registration and statutory fees should be standardised and equitable across the profession. At this stage in the development of healthcare provision, financial frameworks must reflect fairness for all practitioners —particularly frontline osteopaths actively treating patients.Continually increasing regulatory fees yields no tangible benefit for practising osteopaths. Instead, it creates the distinct perception that fee hikes primarily fund disproportionate executive remuneration and expanding administrative overheads. While grassroots practitioners directly shoulder the clinical workload, they carry the financial burden of supporting the Council with minimal discernible return on their investment.Crucially, the Council has failed to demonstrate any measurable evidence that its initiatives positively impact practitioner incomes or expand access to patient care. Despite years of compulsory contributions, osteopathy remains overwhelmingly isolated within the private sector. The governing body has not secured meaningful, systematic integration into the National Health Service (NHS). Consequently, patients who urgently require musculoskeletal care face substantial financial barriers, while osteopaths are denied the stability, institutional referrals, and broader scope of practice that true NHS commissioning would provide.Without concrete achievements in statutory healthcare integration or visible improvements to the economic viability of frontline practice, ongoing fee increases cannot be justified to the registrants footing the bill

I do not agree with ANY increase in the fee. Based on the information provided. by GOSC, there is no justification, merely a lot of verbal noise and no substance.

Coe Lorna
12/11/2026 17:09:03

How about osteopaths practising abroad, as I do? Should we have tha same fee increase, even not practising in England?

I think if you’re going to charge more you really need to invest in the future of osteopathy. So many universities have closed due to lack of funding. Surely the best way to gain money from practicing osteopaths is to invest in the future of osteopathy, to have more graduates being able to pay fees? Then you no longer have to up fees, because there are more people paying them. Osteopathy needs backing, and you have the power to do that. By

investing in universities and promoting osteopathy to the general public, prospective students and university staff, you are establishing a stronger future for osteopathy.

Osteopaths already pay over 4.5x what physios pay annually. That actually weakens the "we're behind everyone else" framing in the blog post the CEO sent out — GOsC isn't a low outlier catching up to the pack; it's already mid-to-high, well above the largest comparator group (HCPC's 15 professions, 350,000+ registrants). I'm still yet to understand what the actual proposed £ figure is, and what the reconciliation of the £2.4m reserve/HQ sale proceeds against the £540k annual gap is too, unless it's been covered elsewhere and I've missed it. The blog post was full of fluff and corporate justification and cowardice to actually discuss the fee amounts, which you eventually did presumably from pressure. As well as being a qualified osteopath, I have been the MD for one of the UK's largest and oldest music publishers for the past 15 years, so I'm used to this level of lip service and fake empathy lines of 'I know costs are on the rise and nobody likes it etc etc...but we're going to do it anyway'. This profession is wonderful but I fear you are in danger of losing Osteopaths from the register over the next few years (I already know of a number who haven't renewed and are now Physios - again, better reputation publicly) and preventing people from studying.

You haven't asked the obvious basic question of whether Osteopaths agree to an increase in their fees, presumably because you already know the answer will be that they don't. As I have previously stated, I really can't see the benefits of having a separate dedicated regulatory body for Osteopaths. I can't see why the HCPC couldn't provide this service at a fraction of the cost to Osteopaths who are already paying very high fees and it appears are about to be charged even more and any temporary on-off increase may well become an annual temporary one-off increase.

As an osteopathy student and future registrant, I would strongly encourage GOsC to keep the reduced registration fee for newly qualified osteopaths. Starting professional practice comes with many costs, including registration, insurance, CPD and equipment. Keeping a reduced fee for the first two years would help new graduates manage these costs while they establish themselves in the profession. I would support any increase being smaller for new graduates than for established practising osteopaths, while still allowing GOsC to meet its financial needs.

in addition to considering lower registration fees for newly qualified and non practising osteopaths I believe there is a case for a reduced rate for pensioner practitioners. As a 68 year old osteopath I work 12 hours a week which I think is comparable to newly qualified osteopaths and I raise the question "why can't pensioner age practitioners working less than 15 hours per week also have reduced registration fees?"

N/A

I do feel the numbers of Osteos is a real concern since Brexit. I know you say that numbers have gone up on the register but how many are actually working, how many have gone overseas. Plus numbers should have gone up with a rise in the general population. However, it is impossible as a principal to find an associate to come and work for you. Can you not get involved with recruiting students and generally increasing the numbers of Osteopaths?

Coe Louise
12/1/2026 17:09:03

I enjoyed giving feedback and learning about changes Increase in fees need to be fair and consistent

Consider an annual or percentage increase. Also tiered approach for example- students, disabled and neurodivergent (No increase) NQ- 2 years PQE (£50), perhaps 3- 10 years PQE (£75) and maybe 10 years plus £100

As a soon to graduate M.Ost student, the students fees have been significant. They have also risen year on year which has felt penalising (i.e., they should remain the same per year once you commence your programme and only increase for new students.) A significant rise in registration costs with GOsC upon graduation adds major strain. It is hard to pass these costs on to patients as it will be a matter of building a patient list first. Looking at other governing bodies, GOsC's proposals are relatively high. I'm not clear on why our fees should be more than the GMC for instance. It will feel like a real snake (snakes and ladders) to graduate and then be met with a heightened registration fee.

£2 a week for some in private practice is not a lot to absorb. Be interested to see how much consultation fees rise as a result of any increase

How do patients access information in languages other than Welsh or English

overall its a small increase considering how long its remained unchanged. it will have a larger impact on solo practitioners with small lists, but that is true in general for all running costs.

Please improve if you’re going to take more of our money

Stop wasting time and money on DEI teaching and enforcement.

I have ticked I agree with an increase by £50. This is not at all my opinion, however, there was no option to say 'fees shouldn't increase.' Osteopaths already pay an incredibly high registration fee compared to other practitioners in very similar disciplines. I already think out fees are too high and offer very poor value with very limited transparency. The number of GoSC staff per practising osteopath is too high (again compared to other governing bodies). I think the whole organisational structure of GoSC needs to be audited in a public forum to provide greater efficiency, not lump poor financial management across the organisation onto the practitioners. I think the whole exercise has been undertaken poorly.

As outlined above, do feel that although of course the GOsC needs to have a reserve as a charity, the fee increase is far too high to do in one go. I don't quite understand why it could not be increased gradually over a number of years instead of a 40% increase in one year.

I would like to see more of a review of how finances are spent, as other organisations have lower fees than us

Any increase in fees would frankly, be another nail in the coffin for my continued practice as an Osteopath. Physiotherapists do not pay anywhere near the fees that you are proposing. Trading is extremely challenging at the moment, I hate using the words business and trading, that’s not why I came into this profession. I did so to do a professional good job, and improve patients’ health, when busy it is fulfilling, alas no more. I’m not the only Osteopath finding it tough, I have been to numerous CPD events, and speaking to various people they are also finding it hard. I rarely feedback, and could write more, allow me to respectfully explain why not. Years back prior to the introduction of the (then) new CPD scheme the GOsC organised a series of events, one of which was held in Bedford. Your representative there at the time, (and I will not forget it)opened by reciting a letter from an Osteopath expressing misgivings about the new CPD scheme. Admittedly the letter, if conveyed accurately, was a bit of a rant, but it was read in a manner so as to cause amusement in the room,and for the person delivering it. Shameful. I wouldn’t want to think that my misfortune and current disposition would be subject to the above.

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Of the 8 do they also speak english? I'm not sure this is an issue that needs to be dealt with in such depth?

I am semi retired and I think that any increase in membership would, probably make me leave GOSC, people starting there career getting a 3 year subsidy, would be making a lot more money than me.

n/a

Whilst I believe that any fee increase should be applied equally to osteopaths in practice I do think that non-practicing osteopaths should have a lower or no increase.

Vote of no confidence to be held

I believe that you as the regulator should determine what increase in fees are appropriate in relation to your costs. We as osteopaths have no major understanding of your financial concerns going forward and therefore the decision should be yours, not ours.

Thank you for giving us the opportunity to share some thoughts. I would like to add some constructive thoughts about the profession, in relation to the reality of running a practice, which I hope may be taken into consideration. All Osteopaths, are facing increased costs from all angles (I note, here, that the population at large, is also in this situation), to include all clinical supplies, from couch rolls to Acupuncture needles, to toilet roll to cleaning products etc., because both manufacturing costs and delivery costs are necessarily increasing. Every time I wrestle with a consultation price increase - and this happens when my clinic rent goes up every two years - it isn't a pay rise for me to help meet the increasing, personal cost of living, it is an increase to meet my increased clinical practice costs. The 'wrestling' comes into this because a price increase is needed - there is only so much that can be absorbed personally - yet I don't want it to be prohibitive to patients. And each time I finally decide on the increase of let's say £2:50 a session, the cost of all clinic products continues to increase. The other consideration is the status of being self employed, which I acknowledge that most if us have chosen, and which offers pros and cons, just as being employed also offers pros and cons - I've been in both situations. However, as a self employed worker, the need to cover costs is enhanced by the pressure of meeting these costs when away from clinic, the obvious reasons being taking a holiday, being ill or having to look after a relative. Every cost has to be covered, whilst no income is coming in. Although a lot of this may be obvious, I hope that it supports the case for keeping any fee increase to a minimum. My other thoughts, which are linked to this, relate to the number of osteopaths having left, or thinking of leaving, the profession. As an example, while studying, I regularly practised and studied with three other ladies, all mature students, who all graduated with flying colours, and who made brilliant osteopaths. Sadly, of the four of us, I am the only one still in practice. The other three ladies left the profession because of the stress that came with it. Two of them left in their thirties. I suppose I'm sharing this with you to let you know that most osteopaths really care about their profession and the people that they treat, and that comes at a price, on more than one level. So, yes, please continue to represent us - I like being a part of a regulated profession - yet I'm also asking you to please consider the impact of increasing costs. It may seem like a small, isolated one, yet it is one of many cost increases that needs to be covered. Thank you for reading my thoughts.

I have made this as I went along. You have not given an options on questions , or on money -no change. You have made no suggestion about how to prevent fitness to practice cases, which must be the biggest aspect to consider, damage limitation. Prices don't always go up with inflation, food hasn't, so I think you would have to explain why you have used that as a tool for comparasion , where no other group has done this.

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GOsC should be as small and as streamlined as possible. They should look to reduce all unnecessary costs and focus on their core activities of managing the profession.

This consultation does not allow for engagement with the consultation, since the questions are so closed. Most of the questions do not relate to the realities of fee increase, how much registrants think is a reasonable fee increase, etc. Boxes for comment or 'other' are few and far between. All in all, it does not feel like an authentic

consultation, seeking views, but an exercise in boxing people into a pre-set outcome. Disappointing to say the least - would have expected better engagement from a regulator who is trying to build trust with the profession. It has served to do the exact opposite, which is disappointing for all concerned.

As a small profession that is getting smaller the impact from increasing fees may lead to further loss of Osteopaths from being registered which will put more pressure on finances. The impact of less Osteopaths moving forward could be a loss of the profession and also impact on the general public visiting Osteopaths for treatment and therefore impacting on income to the regulator.

I left the fee increase question blank - I think neither £25, £50 nor £75. The question is disingenuous as it is implying that any respondents agree to an increase.

I do not agree with any fee increase at all. When the registration fee was put down to £570, (from £750), we were led to believe that there would be a further decrease in due course, when the GOsC had settled into its new premises. Compared to a yearly registration fee for a physiotherapist, our fees are still well over two times what they pay. I do not see the logic in that.

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Registered Charity No. 1157217

23 October 2026

FAO: Consultation team, General Osteopathic Council
By email: info@osteopathy.org.uk

RE: NCOR response to the consultation on registration fees

Dear Colleagues,

Introduction

The Board of Trustees of the National Council for Osteopathic Research (NCOR) welcomes the opportunity to respond to the General Osteopathic Council's (GOsC) consultation on registration fees, published on 6 August 2026. We are grateful to GOsC for inviting NCOR to respond as an organisation by letter. This response has been agreed on behalf of the Board and reflects the Board's discussion at its meeting of 14 October 2026.

NCOR is a registered charity (no. 1157217) that supports the development of osteopathic research and its use in practice, for the benefit of patients and the profession.

Declaration of interests

In the interests of transparency, we note the following. GOsC has funded NCOR since NCOR was established in 2003 and currently contributes £26,500 a year. In 2025, GOsC Council ring fenced this funding for a further five years, to 2030. GOsC's Chief Executive and Registrar sits on NCOR's Board as GOsC's nominated trustee. He took no part in the Board's discussions that informed this response, nor in its preparation. NCOR's Board also includes trustees nominated by the Institute of Osteopathy (iO) and by the Council of Osteopathic Educational Institutions (COEI), and several trustees and members of NCOR's staff are registered osteopaths who would themselves pay any increased fee.

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Overall position

The Board supports the principle that statutory regulation of osteopathy must be financially sustainable, and agrees with Council that the ongoing costs of regulation should be met from operational income rather than from reserves. We found the rationale for an increase clearly set out and well evidenced. The registration fee was reduced from £750 to £570 between 2012 and 2014 and has not changed since; expenditure exceeded income by £540,000 over 2023 to 2026; and the number of open fitness to practise cases has risen by 74% since 2018. As the consultation notes, this rise is not specific to osteopathy and does not indicate a decline in professional standards: other regulators report the same trend. The General Medical Council triaged 13,465 concerns about doctors in 2025, a 25% increase on 2024 and the largest annual rise in 20 years (General Medical Council, 2026; Wise, 2026), and the Health and Care Professions Council received 2,409 concerns in 2024-25, an 8% increase on the previous year, noting that this is “a trend being experienced by other professional regulators across the healthcare system” (Health and Care Professions Council, 2025). We also note the efficiencies GOsC has already made, including the sale of its headquarters building. On this basis the Board considers that an increase in the registration fee is justified.

Level and structure of the increase

The Board does not express a preference between the three proposed levels of increase (£50, £75 or £100 a year). We regard this as a judgement for Council, which is best placed to balance the financial security of the regulator against the impact on registrants, including the further loss of registrants that the consultation anticipates (2% beyond normal leaver numbers for a £50 increase, and 3% to 4% for £75 or £100).

On the structure of any increase, the Board would support an approach that limits the increase for those entering the profession and for non-practising registrants. The early years after graduation are a period in which retention in the profession is particularly sensitive to cost. NCOR is currently completing a programme of workforce studies funded by GOsC, concerning student recruitment

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and the reasons osteopaths leave the profession. We would be pleased to share the findings as they become available, to help GOsC assess the effect of its decision.

The wider osteopathic sector

The organisations that support the osteopathic profession are interdependent. Some registrants may weigh an increased registration fee, which is mandatory, against discretionary costs such as membership of the professional body, the iO. A fall in membership could reduce the iO's capacity to support osteopaths and to contribute to infrastructure shared across the profession, including research. We would therefore encourage GOsC to consider the cumulative effect of its decision on the sector, and to work with the iO and other sector partners to understand and, where possible, mitigate any unintended consequences.

Developing the profession and protecting the public

The Board welcomes the consultation's explanation of GOsC's statutory duty to "develop" as well as to "regulate" the profession for the purposes of public protection. Registrants will rightly want assurance about how their fees are used. We would encourage GOsC to explain more fully how spending on supporting professional standards and development (£0.76m, or 21% of the budget, in 2025-26) contributes to public protection, as many registrants may not see this connection.

As the consultation itself states, "the best mitigation of harms for patients and osteopaths is to avoid concerns being raised in the first instance". We believe NCOR's work, which GOsC part funds, illustrates the preventive value of development spending:

- **Concerns and complaints.** NCOR's annual concerns and complaints report, which GOsC cites in the consultation as part of its work to reduce concerns, has analysed data from GOsC, the iO and the profession's insurers since 2013. The most recent report (Fawkes and Draper-Rodi, 2026) shows that complaints about consent fell from 20 in 2013 to one in 2024, following education and training initiatives on consent between 2012 and 2018, and that complaints about communication (failing to communicate effectively or communicating inappropriately)

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numbered 18 in 2024, against a high of 49 in 2016. While these changes cannot be attributed to any single intervention, the report's findings have informed CPD priorities, including the mandatory CPD on communication and consent, and provide a means of tracking change over time.

- **Evidence from practice.** The NCOR Research Network, a national practice based research network of approximately 600 osteopaths (Draper-Rodi, Fawkes and Bailey, 2025), provides infrastructure for collecting data from osteopathic practice that can inform standards, guidance and CPD.
- **Workforce.** The workforce studies described above address recruitment into the profession and retention within it, both of which bear directly on the sustainability of the Register.

Recommendations

The Board offers the following recommendations to Council:

1. Explain more clearly to registrants what the duty to "develop" the profession involves, and how development spending contributes to public protection and to the prevention of concerns.
2. Limit the increase for those entering the profession and for non-practising registrants, to protect early career retention.
3. Monitor the effect of the increase on registration and retention, by career stage, and on the wider osteopathic sector, working with the iO, COEI and NCOR. NCOR would be pleased to contribute data and analysis.
4. Communicate the decision with its context: that the fee has not increased since it was reduced in 2014, how it compares with fees set by other healthcare regulators, and that the proposed increases equate to between £0.96 and £1.92 a week for those paying the standard fee.

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Closing

NCOR intends to publish this response on its website, together with a short explanation for the profession of the consultation and its context. We are grateful for GOsC's continued support of osteopathic research and would be happy to discuss any aspect of this response.

On behalf of the Board of Trustees of the National Council for Osteopathic Research.

Yours sincerely,

Ms Glynis Fox

Chair of the Board of Trustees, National Council for Osteopathic Research

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Response of the Institute of Osteopathy to the General Osteopathic Council's consultation on registration fees

Introduction

1. We are responding as the Institute of Osteopathy (iO) to GOsC's fee increase consultation through this free-text submission. This is to do the following:

    a. Express our concerns about
        - How GOsC has approached its planned fee increase.
        - How GOsC has run its consultation on the planned increase.
        - What the planned fee increase, and consultation potentially raise about GOsC governance and financial management arrangements.
        - The broader issues raised by the fee increase and consultation exercise.
    b. Indicate our expectations of how GOsC exercises its regulatory powers and functions and fulfils its regulatory responsibilities after the consultation.
    c. Indicate our expectation that GOsC engages in continued dialogue with the iO and other key parties within UK osteopathy after the consultation.

2. To clarify,

    a. This forms the iO's only response to GOsC's consultation on its planned fee increase. We are not also responding by using the online survey/template provided in its consultation materials.
    b. Where appropriate we have cross-referred to some of the consultation questions. This includes to answer some of the questions directly, to comment on the questions themselves (including why they are raised or how they are framed), or a combination of the two.
    c. Our response reflects specific feedback we have received from iO members on the consultation exercise and specific questions it asks. We have also strongly encouraged our members to respond to the consultation as individual registrants.
    d. We have shared planned key messages in our response with iO members for comment. We have refined our response in line with member feedback we have received on how we should respond.
    e. Our response has been finalised and signed off by the iO Council.
    f. We may also share our finalised response with other parties.

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3. None of our response should be interpreted as any kind of questioning of the importance of the UK osteopathy profession being subject to statutory regulation. We recognise the need and value of this to set and maintain high professional standards, serve the public interest, uphold patient safety, and protect the professional title ‘osteopath’.

About the iO

4. The Institute of Osteopathy (iO) is the professional membership body for osteopaths in the United Kingdom and exists to support, develop and promote the osteopathic profession. We provide professional leadership, education, professional development, guidance and resources to help osteopaths deliver safe, effective and person-centred care. We also act as a representative voice for the profession, engaging with governments, regulators, healthcare organisations and other stakeholders to advance the contribution of osteopathy to improving population health and patient care.

5. As the professional body, the iO seeks to represent the interests and perspectives of its members while supporting the profession's commitment to high standards of practice, professionalism and public confidence. This response has been developed following engagement with iO members and reflects feedback received in relation to the GOsC fees consultation and the issues it raises. Members have been encouraged to respond independently to the consultation as individual registrants, while the key themes and positions set out in this submission were shared with members for comment and refined in light of the feedback received. The final response has been reviewed and approved by the iO Council.

The fee increase

6. We understand from the tone of consultation materials and the framing of questions 7 and 10 that a fee increase from next year is a necessity for GOsC to remain viable and sustainable. In this context, we are concerned about how GOsC has explained the need for a fee increase. This is for the following reasons:

    a. We are not clear how GOsC’s governance arrangements have overseen its financial management and recent decision-making over recent years to seek to prepare for and uphold its ongoing sustainability and ability to fulfil its key regulatory responsibilities and functions.
    b. We are not assured that sufficient transparency has been provided on why a fee increase of between £50 and £100 per year is necessary, based on the information that GOsC has made available.
    c. More specifically, we are not clear why GOsC is in a position of needing to make such a substantial fee increase so soon after it sold Osteopathy House, and why its year-on-year deficit was not identified and addressed at an earlier point through its governance, oversight and financial management arrangements. This includes in the context of the explanation that GOsC gave about the rationale for selling Osteopathy

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House to put itself on a sound financial footing for the coming years; see Sale of Osteopathy House completed - General Osteopathic Council.

d. We are not assured that GOsC has made a sufficiently clear, transparent or robust case of its need to increase its registration fees in the consultation materials.
e. We do not see why or how it is relevant to make the case for increasing registration fees by rehearsing the value of GOsC being a single-profession regulator. This issue appears to sit outside the scope of the consultation, while it does not seem appropriate to highlight as a justification for GOsC's high registration fees compared with the fees of multi-professional regulators that have the benefits of greater economies of scale.
f. We are not assured that GOsC has conducted a sufficient risk assessment of the potential impact of increasing its registration fees. We are particularly unclear about how GOsC has appraised the risk that the planned fee increase will potentially accelerate the number of registrants lapsing their registration, with this further eroding how GOsC fulfils its primary responsibility of serving the public interest and upholding patient safety. We expand on these points in responding to questions 8, 9 and 10.
g. More broadly, we are keen to understand how GOsC is seeking to focus its activity on fulfilling its regulatory responsibilities and functions to uphold the public interest and patient safety and in line with right-touch regulation principles, and how it is committing to prioritise and adapt its future activity to fit with its projected income. We expand on these points below in setting out what we expect of GOsC after the consultation.

The consultation exercise

7. We are concerned about how GOsC has conducted the consultation exercise. Our specific concerns are itemised below.

   a. The questions included in the survey/template are closed and leading. They therefore delimit the feedback that respondents can provide to GOsC on its planned fee increase.
   b. We are concerned about how GOsC will interpret responses to the consultation questions, what it will infer from trends in responses, and how it will present the results of the consultation.
   c. We are unclear about the intended purpose of some of the questions. This includes questions 3 and 5 that ask respondents to indicate their level of understanding of GOsC's consultation materials. We are unsure, for example, whether this focus is intended to help GOsC measure either the effectiveness of its own consultation materials or the reliability of the responses that it receives. We are also unclear about how responses to these and other questions will affect GOsC's decision-making after it has run the consultation. These issues are compounded by our lack of confidence in the transparency of GOsC consultation materials regarding its financial position (see point 4 above).

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d. We have additional concerns about the purpose of GOsC providing information about the benefits of being a single-profession regulation and, again, asking about respondents' understanding of these benefits (question 5). We are unclear about both the relevance of this to the fee increase consultation or what GOsC plans to do with responses to this question.
e. We are concerned about what GOsC will infer from responses to questions it has asked, or how it will use trends in responses to determine and progress the outcome of its consultation. Again, this relates to the closed, leading nature of most of the questions.
f. We are unsure how the design of the consultation questions is intended to be inclusive of the public, patients or organisations. Most of the questions are framed such that they are only relevant to individual registrants. We recognise and respect that this fits with most people who respond to the consultation being registrants who will be directly affected by GOsC's fee increase. However, we think that the consultation exercise should have been more overtly inclusive and enabled other parties to respond. This includes to understand the full potential impact and the risks attached to the planned fee increase.

8. We see the approach taken by the Health and Care Professions Council (HCPC) in its recent consultation on raising its registration fees (for an increase of £5.06 to an annual registration fee of £128.40) as having been more appropriate; see Consultation on HCPC fees - 2026. The questions asked in the HCPC consultation were not closed or leading and overtly invited respondents to comment on the fee increase proposal from different perspectives.

9. We wish to gain clarity on the following:

a. The methodology that GOsC will apply to analyse the responses it receives.
b. How it will analyse respondents' feedback in the unnumbered free-text box in the Welsh language/speakers section of the online survey and template.
c. How it will analyse responses submitted, including this one, via a fully free-text, emailed document that do not directly align with the numbered questions in the online survey/Word template.
d. How it will publish data and information on the responses it receives.

Our response to specific questions

10. Our response to specific questions in the consultation is set out below.

Question 6.

11. As indicated in point 3 of our response, we wish to reiterate that we strongly recognise the importance and value of the UK osteopathy profession being subject to statutory regulation. We therefore see that all the factors listed in question 6 are "important benefits" of professional regulation. However, we are unclear about the relevance of the

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question to the focus of GOsC's consultation on increasing fees. In addition, the listed "benefits" are GOsC's responsibilities as a statutory regulator and to which it is accountable to the Professional Standards Authority for Health and Social Care (PSA) for how it performs them.

Questions 8 and 9.

12. We believe that it is very important that GOsC retains a lower registration fee for newly-qualified/-registered osteopaths and for osteopaths taking a temporary break from practice. This is to seek to uphold the affordability of registration for these categories of registrants and to avert the risk either of new graduates not entering the profession or a greater number of current registrants feeling they need to leave the profession. In addition to eroding the career choices of prospective and current individual osteopaths, ceasing to offer reduced registration fees risks further eroding the supply of osteopaths able to contribute to meeting population health and patient care needs. This would be against the public interest and upholding patient safety.

13. We have heard informally the GOsC executive's understanding that newly-qualified/-registered osteopaths usually have their registration fees paid by the clinic to which they are attached. In contrast, we have heard directly from iO members who are clinic owners that this is not the case and that newly-registered osteopaths must pay their registration fees themselves. We are therefore concerned that there is a risk of GOsC making a false assumption about the limited impact of the planned fee increase and the potential removal of the differential in fee levels on early-career osteopaths seeking to establish their professional career.

14. In this context, we are concerned about the extent to which GOsC's equality impact assessment (EIA) has taken account of the potential implications of its planned fee increase on different groups of current and prospective registrants. This includes registrants who practise part-time to balance with their caring responsibilities. We are also unclear as to how the EIA has appraised the potential knock-on implications of a fee increase on different population and patent groups' access to osteopathy services, or how the assessment fits with the GOsC's stated commitment to addressing DEI issues, as expressed in its EDIB framework; Equity, diversity, inclusion and belonging framework 2024-30 - General Osteopathic Council.

Question 10.

15. We do not feel able to respond directly to the question about how registrants will respond to the planned increase in registration fees. Where we have received indications of iO members' planned response, there is variation in projected action. This includes an indication that they will absorb the additional cost and that they see registration fees as an inevitable component of practising a regulated profession and being registered with a small, single-profession regulator.

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16. However, we have also heard some members of the profession indicating that the increase will form an impetus either for themselves to lapse their registration or some of their peers to do so and continuing to offer services to patients without using the protected title “osteopath”. This affirms our concern about how far GOsC has appraised the risks to fulfilling its primary responsibilities to serve the public interest and uphold patient safety (see point 4.e. above). This includes in terms of the potential impact of an increasing number of registrants lapsing their registration within an already small profession that is struggling with recruitment and retention issues.

What we expect

17. We understand from how GOsC has framed its consultation materials and specific questions in the online survey and template (see particularly questions 7 and 10) that it will increase its registration fee regardless of the feedback that it receives to the consultation. We also understand that the consultation stems from GOsC’s projection that it is now essential that it increases its registrant fees from 2027 for it to remain viable and sustainable.

18. We believe that it is essential that GOsC is more transparent about its financial management arrangements, its financial position, its need to increase its registration fees, and how it has reached this point over a number of years. We also see it as being essential that GOsC demonstrates greater transparency and provides greater levels of detail in explaining how it deploys its available funding to fulfil its regulatory responsibilities and how it demonstrates increased efficiencies in how it does this. We are hearing from our members that this is needed to build and maintain their trust and confidence in GOsC.

19. We also expect GOsC to do the following:

    a. Explain how it will increase the rigour with which its governance arrangements are exercised to ensure that they provide appropriate oversight of its decision making and financial arrangements from this point forward. This includes in the context of the PSA’s increased focus on governance and reporting arrangements within its updated standards and evidence framework for performance-managing statutory regulators (see Standards for Regulators and Accredited Registers (2026) | PSA).
    b. Demonstrate how it will adopt a clearer focus on undertaking activities that directly contribute to fulfilling its regulatory powers, responsibilities and functions to serve the public interest and uphold patient safety.
    c. Articulate how it will adhere to the PSA’s updated right-touch regulation principles and standards in all areas (see Right-touch regulation | PSA and Standards for Regulators and Accredited Registers (2026) | PSA). This includes by demonstrating greater agility in how it fulfils its role.
    d. Attend to the effectiveness of its governance arrangements in how it demonstrates that it is accountable, transparent, evidence-based and proportionate in its decision-making and activity.

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e. Achieve greater efficiencies in how it fulfils its regulatory powers, responsibilities and functions, including by identifying opportunities to reduce unnecessary expenditure, demonstrating value for money, and sharing the outcomes of its reviews of ways to increase its operational efficiency. Specific approaches could include benchmarking its costs and working practices against those of comparable regulators and seeking to distil learning from other regulators' approaches to fulfilling their regulatory roles and responsibilities, in line with the PSA's updated standards (see above).
f. Demonstrate greater effectiveness and efficiency in how it delivers a service to its key stakeholders. This includes both in serving its public interest role and in its communications and responsiveness to current and prospective registrants. It should also include demonstrating how improvements in working practices are contributing to achieving greater efficiency, value for money, and service quality. This includes by addressing issues raised by registrants in response to GOsC's 2024 perceptions survey; see GOsC Perceptions Research Final Report, October 2024.
g. Strengthen how it uses, triangulates and shares data to understand issues and trends relating to registrant numbers. This includes trends in the numbers of individuals joining its register, remaining on its register and lapsing their registration before and after implementing its planned fee increase, and the combined impact of these trends on GOsC's previous projections of downward trends in registrant numbers; see report-2-predictive-modelling-report-middlesex.pdf.
h. Explore the opportunity to learn from the approach taken by other statutory regulators to achieving increased effectiveness and efficiencies in specific areas, including in how it manages complaints and its fitness to practise processes. As an example, we would expect that the General Chiropractic Council's current piloting of mediation service arrangements to seek to increase its effectiveness and efficiency to be of potential relevance to GOsC (see GCC launches Chiropractic Complaints Mediation Service pilot | GCC).
i. Explore the scope to fulfil its responsibilities in more effective, efficient and agile ways while still adhering to its current legislation and rules. This includes by exploring how other regulators manage the same challenges, considering the wider context of the ongoing progression of the regulatory reform agenda for the healthcare professions, and the planned adoption of the draft GMC order as the blueprint for all the healthcare regulators over time; see Reforming the General Medical Council legislative framework - consultation document - GOV.UK.

20. In addition, we expect GOsC to engage in increased and sustained dialogue with the iO to do the following:

a. Work jointly with us to provide greater clarity on the respective roles of GOsC as the regulator and the iO as the professional body for the UK osteopathy profession. We believe that the consultation exercise itself has affirmed the importance of this activity. We recognise that we are jointly responsible as organisations to provide greater clarity on this point within and beyond the profession. This includes to clarify

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the organisations' distinct, but complementary, roles in standard-setting and professional leadership and support to underpin the profession's ongoing development, responsiveness to changing population health and patient care needs, and engagement in emergent opportunities at a collective and individual level. We also remain concerned to do more to uphold UK osteopaths' protection of title in the interests of the public, patients and the profession.

b. Provide assurance to us and other parties on how GOsC will address the concerns we have raised in this response. These include points relating to
   - The transparency and effectiveness of its governance and financial management arrangements.
   - Achieving greater effectiveness and efficiency in how its fulfils its regulatory functions.
   - Communicating how it spends registrants' fees to fulfil its regulatory responsibilities and to deliver an accessible, responsive service.
   - The potential impact of the fee increase on registrants, patients, and future registrant numbers.
   - How it designs and conducts its future consultation exercises.

c. How GOsC plans to address concerns that are raised by other respondents to the consultation, including those from individual registrants, who are also iO members, and from members of the public and from patients. This is in recognition that there is likely to be more that we can jointly do, on a collaborative basis, to enhance how we exercise our respective roles (including to uphold osteopaths' protection of title) and how we develop and demonstrate the value and impact of iO activity as the UK professional body for osteopathy.

Yours sincerely,



Dr Alison Robinson Canham
Chief Executive Officer | Institute of Osteopathy

Coe Lorna
12/11/2026 17:09:03

Response from the Council of Osteopathic Educational Institutions (COEI) to the consultation on registration fees

The Council of Osteopathic Educational Institutions (COEI) welcomes the opportunity to respond to the consultation on registration fees. COEI is the representative body for osteopathic educational institutions, and this response addresses the proposed fee levels and structure, their potential effects on graduates and educators, and the relationship between GOsC's development work and public protection.

Declaration of interests

In the interests of transparency, COEI notes that GOsC provides funding to COEI of £3000 per year to support the work of the Executive Administrator.

The proposed increase

COEI recognises the need for a financially sustainable regulator able to discharge its statutory functions, including education quality assurance, professional standards and fitness to practise. An increase may be necessary, but the consultation document and financial annex do not provide sufficient evidence for COEI to endorse a particular fee option.

The consultation document and financial annex set out the recent deficit, forecasts through 2031–32, savings measures and projected income from the fee options. COEI requests greater clarity on the assumptions underpinning these forecasts, particularly anticipated fitness-to-practise and legal costs, registrant numbers and retention, expected investment income and ongoing savings arising from the sale of Osteopathy House, and the basis for the projected additional loss of registrants under each fee option. COEI also requests clarification of whether the fee option ultimately adopted is projected to maintain financial sustainability through 2031–32 without a further increase, and what risks could make one necessary before then.

COEI requests that GOsC demonstrate that the proposed increases are the minimum necessary. In doing so, GOsC should explain what further options to reduce expenditure or generate income, beyond the savings measures set out in the consultation, it considered, and why it concluded that those options would not reduce the level of fee increase required.

Coe Lorna
12/11/2026 17:09:08

GOsC should also explain how it will monitor its financial position and the effects of any increase on registrants, and what action it would take if actual income or expenditure differs materially from the forecasts.

Graduates and educators

COEI supports retaining the reduced registration fee arrangements for new graduates during their first two years of practice. These reductions support the transition from education into practice and help avoid unnecessary financial barriers as graduates establish themselves professionally.

COEI requests that GOsC consider whether the proposed fee options could affect graduates' decisions to enter the profession and the implications for the attractiveness and long-term sustainability of osteopathic education. COEI also notes the strength of feeling generated by the consultation and requests that GOsC consider any potential unintended effects of the proposals on relationships across the profession.

Some educators retain registration because it is relevant to their teaching work, while others combine education with part-time clinical practice. Maintaining registration where appropriate supports educators' professional currency and the connection between education and contemporary practice. COEI understands that the current legislative process may not permit a new part-time fee category; however, COEI requests that GOsC assess the effects of the proposed fee options on osteopaths with mixed educational and clinical roles. COEI also requests that GOsC consider whether more proportionate arrangements could be developed in future for educators who maintain registration but undertake limited clinical practice, should the legislative framework permit.

Equality impacts

COEI considers that the effects of an increase may vary across the profession. Graduates establishing a practice and educators who combine teaching with clinical work may have less capacity to absorb an additional fee, particularly where disability or caring responsibilities limit their clinical hours or the pace at which they establish an income. COEI requests that GOsC's equality impact assessment examine these potential effects by career stage and work pattern, state the limits of the available evidence, and identify any mitigation. This supports COEI's position that the reduced fee for graduates in their first two years should be retained and that the impact on educators with mixed roles should be assessed.

COEI requests that GOsC's equality impact assessment consider whether, and how, an increase in registration fees could affect the affordability or accessibility of osteopathic care for patients, including any differential effects on groups who may already face barriers to access.

Coe Agenda 12/11/2026 7:09:03

Developing the profession and protecting the public

The consultation explains GOsC's statutory duty to develop as well as regulate the profession for the purposes of public protection. COEI requests that GOsC explain more

fully how it understands this duty and how expenditure on professional standards and development contributes to public protection, including through education quality assurance.

Conclusion

COEI recognises that an increase may be necessary for GOsC to meet its costs and remain financially sustainable. However, the information currently provided does not give COEI sufficient evidence to assess whether the fee option ultimately adopted would maintain financial sustainability through 2031–32, given the projected costs and risks that could require a further increase. COEI asks GOsC to address the questions raised in this response before determining the fee level.

Yours sincerely,

Sharon Potter
Chair
On behalf of the Council of Osteopathic Educational Institutions

Coe Lorna
12/11/2026 17:09:03

General Osteopathic Council

Annex E to 10

Equality Impact Assessment Template

Step 1 – Scoping the EIA

Title of policy or activity	
Increase in registration fees paid by osteopaths.	
Is a new or existing policy/activity?	
Existing policy (annual fee structure) with a proposed amendment (fee increase).	
What is the main purpose and what are the intended outcomes of the policy/activity?	
The purpose is to ensure the GOsC has sufficient financial resources to discharge its statutory functions effectively. The intended outcome is a financially sustainable regulatory model that maintains service quality and fulfils statutory duties.	
Who is most likely to benefit or be affected by the policy/activity	
• **Affected:** All registered osteopaths, including practising and non-practising registrants; new applicants; those returning to practice; and those whose protected characteristics or associated circumstances may affect their working pattern, capacity to work or income and therefore increase the relative financial impact of a fixed registration fee. • **Beneficiaries:** The public (through continued regulatory effectiveness), the profession (through sustained regulatory services), and the GOsC (through financial stability).	
Does this policy or activity impact on the use of the Welsh language?	
The fee increase does not directly affect opportunities to use Welsh. However, any communications about the change must comply with Welsh Language Standards to ensure Welsh is not treated less favourably.	
Dates of the EQIA	
• When did it start?	May 2026
• When was it completed?	October 2026 (to be finalised following consultation close and Council decision)
• When should the next review of the policy/activity take place?	One year after implementation of fee increase

Coe Lorna
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General Osteopathic Council

Annex E to 10

Useful information

What information would be useful to assess the impact of the policy/activity on equality?
• Demographic data on registrants across protected characteristics. • Data on registrants who pay reduced fees or whose working patterns may be affected by circumstances associated with protected characteristics, including ill health, disability, pregnancy and maternity. • Complaints or feedback relating to affordability or financial hardship. • Geographic distribution of profession, i.e. number of osteopaths in Wales.
Is there data relating to people with any/each of the protected characteristics and, if relevant, on people in Wales?[1]
Yes
Where can we get this information and who can help?
• GOsC registration database. • Consultation responses.

Step 2 – Involvement and consultation

If you have involved stakeholders, briefly describe what was done, with whom, when and where. Please provide a brief summary of the response gained and links to relevant documents, as well as any actions.
The proposed fee increase was subject to public consultation from 6 August to 29 October 2026. A total of 235 responses were received. The consultation included specific questions on equality impacts, potential impacts on patients with protected characteristics, and whether fee increases should be applied equally across the existing fee structure. It was supported by webinars for osteopaths, patients, students and Regional Leads; roundtables with sector partners; engagement with regional societies; and a live question-and-answer broadcast hosted by the Academy of Physical Medicine. The consultation evidence identified affordability and financial sustainability of practice, fairness and differential impact, and possible impacts on patient access as significant themes. Respondents raised particular concerns about part-time practitioners, parents and carers, those taking or returning from maternity or parental leave, disabled osteopaths and those with long-term health conditions,

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[1] The nine protected characteristics in the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

newly qualified osteopaths and those approaching retirement. Three organisational responses were also received, including responses that specifically addressed potential equality impacts and patient access.

Only two respondents provided complete equality monitoring information. This substantially limits the extent to which consultation responses can be quantitatively analysed by protected characteristic. However, respondents provided significant qualitative evidence through their free-text responses about circumstances associated with disability, pregnancy and maternity, caring responsibilities, age and working pattern. This qualitative evidence has therefore informed the assessment below, while recognising that it cannot establish the prevalence of these impacts across the profession.

Step 3 – Data collection and evidence

What evidence or information do you already have about how this policy might affect equality for people with protected characteristics under the Equality Act 2010 and for people in Wales under the Welsh Language Standards?

Please cite any quantitative (such as statistical data) and qualitative (such as survey data, complaints, focus groups, meeting notes or interviews) relating to these groups. Describe briefly what evidence you have used.

Disability: Consultation responses reinforce the potential for disproportionate impact where disability or long-term ill health reduces the amount a registrant is able to work or earn, including where this results in part-time or otherwise restricted working patterns. Existing reduced-fee arrangements for those not working because of ill health for three months or more continuously during the registration year are relevant mitigation, although consultation responses indicate that some disabled registrants may continue working at reduced hours and therefore not qualify for this arrangement.

“An increase in registration fees may have a disproportionate impact on those who are disabled or have long-term health conditions, particularly where this affects their ability to work full-time or maintain a consistent income.”
Q11 respondent

“I’m a mum of two and one of my children is disabled, which already limits how many hours I can work. I can only manage about 8 to 10 hours a week at the absolute maximum. I can’t just take on more patients without taking time away from my disabled daughter…”
Q13 respondent

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Pregnancy and maternity: Consultation responses repeatedly raised maternity leave, reduced working hours and reduced income both during periods away from practice and while returning to practice. Existing reduced-fee arrangements for people not working because of maternity leave for three months or more continuously during the registration year are relevant mitigation. Consultation responses indicate, however, that some registrants return gradually or continue limited work during this period and may therefore experience reduced income without qualifying for the existing reduced-fee arrangement.

Age: Consultation responses identified potential impacts at different stages of a professional career, particularly for newly qualified osteopaths establishing practices and some older osteopaths reducing their working hours or approaching retirement. Career stage does not necessarily correspond to age, and the available evidence does not establish that the impact will be experienced by an age group generally. The existing phased fee structure for new graduates provides relevant mitigation.

“Registration fees proportional to earnings, to safeguard lower earning osteopaths in less affluent areas, or those working part time due to health [or] family situations…”
Q13 respondent

Sex: Consultation evidence raises the potential for indirect differential impact where caring responsibilities result in reduced working hours or earnings. Respondents particularly identified women working part-time because of childcare or other caring responsibilities. Caring responsibilities should also be considered in monitoring, while recognising that caring status is not itself a protected characteristic under the Equality Act 2010.

The consultation evidence does not quantify the extent of this impact across the Register, so this should be treated as a potential rather than established disproportionate impact and monitored following implementation.

Race: No specific adverse impact has been established from the consultation evidence available to date. The position should continue to be monitored through equality data where sufficiently robust.

Religion or belief: No direct impact identified from the consultation evidence.

Sexual orientation: No direct impact identified from the consultation evidence.

Gender reassignment: No direct impact identified from the consultation evidence.

Coe Lord
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Marriage and civil partnership: No direct impact identified from the consultation evidence.

Intersection of characteristics and circumstances: Consultation responses also identified that impacts may overlap. For example, disability, pregnancy or maternity, age or caring responsibilities may coincide with part-time working or reduced earning capacity. The financial effect of a fixed registration fee may therefore be greater where several circumstances combine. The available evidence does not enable these cumulative effects to be quantified, but they have been considered in assessing potential impact and appropriate mitigation.

Welsh language: Of 183 respondents to the relevant consultation question, 83% agreed with GOsC's assessment of the Welsh language impact and 17% did not. Comments included support for Welsh correspondence and accessible Welsh-language material, while others questioned the relevance or cost of Welsh-language provision within a fee consultation. No direct adverse impact on opportunities to use Welsh has been identified.

Potential indirect impact on patients: The consultation identified a potential indirect equality impact if increased registration costs contribute to higher treatment fees, reduced availability of lower-cost care, reduced practitioner hours or registrants leaving the profession. Respondents particularly raised possible implications for disabled and older patients and others experiencing financial barriers to accessing private healthcare. In response to the specific consultation question, 59% of 227 respondents considered that a fee increase could have impacts on patients with protected characteristics through changes in the price or accessibility of treatment. This demonstrates a perceived risk but does not establish that increased registration fees will result in higher treatment prices or reduced access, nor the scale of any such effect.

“Keeping the registration fee increase to the minimum necessary would help reduce the likelihood of additional costs being passed directly to patients.”
Q13 respondent

What additional research or data is required to fill any gaps in your understanding of the potential or known effects of the policy? Have you considered commissioning new data or research?

The consultation has provided additional qualitative and quantitative evidence and this has been used to update the assessment. Equality monitoring information was limited, with only two respondents providing complete equality monitoring data, and this limits the extent to which impacts can be quantified by protected characteristic. No separate research has been commissioned for this assessment. Post-implementation monitoring will therefore be important in identifying any material or disproportionate effects.

Coe Lorna 12/11/2026 14:09:03

General Osteopathic Council

Step 4 – assessing impact and strengthening the policy

What does the data reviewed tell us about the people the policy/activity affects, including the impact or potential impact on people with each/any of the protected characteristics and people in Wales?
• **Disability:** Negative impact likely where disability reduces working hours or income. *Mitigation:* Ensure reduced-fee eligibility is clearly communicated and accessible; ensure flexibility in payment schedules remain (payment by direct debit over a number of months). • **Gender reassignment:** No direct impact identified; monitor for any financial vulnerability issues. • **Marriage/civil partnership:** No specific impact identified. • **Pregnancy/maternity:** Potential negative impact where maternity leave or a gradual return to practice reduces working hours or income. Existing reduced-fee arrangements provide mitigation for eligible registrants, although they may not apply where an individual continues to undertake limited work. *Mitigation:* Clearly communicate reduced-fee eligibility, maintain payment flexibility and monitor impacts following implementation. • **Race:** No specific adverse impact on registrants has been established from the available evidence. Monitor equality data following implementation where sufficiently robust. • **Religion or belief:** No direct impact identified • **Sex (gender):** Potential differential impact where caring responsibilities are associated with reduced working hours or earnings. The available evidence does not establish the extent of this impact across the Register. *Mitigation:* Maintain payment flexibility and monitor post-implementation evidence where sufficiently robust. • **Sexual orientation:** No direct impact identified. • **Age:** Potential impacts have been identified at different career stages, particularly for newly qualified osteopaths establishing practices and some older osteopaths reducing working hours or approaching retirement. The available evidence does not establish an impact on an age group generally.

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Mitigation: The differentiated fee structure limits the increase for newly qualified registrants; maintain payment flexibility and monitor impacts following implementation.

- **Welsh language:**
  No negative impact if communications comply with Welsh Language Standards.
- **Potential indirect impact on patients:**
- Consultation responses identified a perceived risk that increased registration costs could affect treatment prices or practitioner availability, with potential consequences for access to care. The evidence does not establish that these effects will occur or their scale.
  Mitigation: Monitor evidence of unintended equality impacts following implementation and review where proportionate and within GOsC's statutory powers.

Are there any implications in relation to each/any of the different forms of discrimination defined by the Equality Act and on opportunities to use the Welsh Language?

No evidence of direct discrimination has been identified. The assessment has, however, identified the potential for a fixed registration cost to have different effects where protected characteristics are associated with reduced working capacity, working hours or income. The proposed differentiated approach, existing reduced-fee arrangements, payment flexibility and post-implementation monitoring are intended to mitigate these risks.

What practical changes will help to reduce any adverse impact on particular groups?

- Ensure reduced-fee eligibility is clearly communicated and accessible.
- Ensure flexibility in payment schedules remain (payment by direct debit over a number of months).
- Ensure communications are accessible and culturally sensitive.

What could be done to improve the promotion of equality within the policy?

The consultation has been used to test and strengthen this assessment. In particular, the final policy should recognise that equal treatment can have unequal effects where registrants have materially different working patterns or capacity to earn. Within the limits of the existing legislation, GOsC should use the current differentiated fee structure, accessible payment arrangements and clear communication of reduced-fee eligibility to mitigate adverse impacts where possible.

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General Osteopathic Council

Step 5 – making a decision

Summarise your findings and give an overview of whether the policy will meet the GOsC's objectives in relation to equality.
The assessment identifies potential differential financial impacts where protected characteristics are associated with reduced capacity to work, reduced working hours or lower income, most clearly in relation to disability, pregnancy and maternity, sex and age. Consultation evidence also identifies a potential indirect effect on patients if increased regulatory costs contribute to higher treatment prices, reduced practitioner availability or registrants leaving the profession, although the evidence does not establish that these outcomes will occur. The proposed differentiated fee approach, together with existing reduced-fee arrangements and payment flexibility, provides mitigation by limiting the increase for newly qualified and non-practising registrants. Within the constraints of the existing legislative framework, the Executive considers that the remaining potential impacts are justified by the need to secure GOsC's financial sustainability and its continuing ability to discharge its statutory public-protection functions. These impacts should be monitored following implementation and the assessment reviewed if evidence of material or disproportionate effects emerges.
What practical actions do you recommend to reduce, justify or remove any adverse/negative impact?
• Ensure reduced-fee eligibility is clearly communicated and accessible. • Ensure flexibility in payment schedules remain (payment by direct debit over a number of months). • Ensure communications are accessible and culturally sensitive. • Monitor equality, registration and retention data following implementation, where sufficiently robust, to identify any material or disproportionate impact.
What practical actions do you recommend to include or increase potential positive impact?
• Publish a transparent explanation of what was heard through the consultation, the fee decision, the reasons for it and the mitigations adopted. • Use the wider learning from the consultation to make the value of registration and regulation more visible and understandable. • Continue direct engagement with registrants, patients and sector partners, including regional engagement, so that equality impacts and unintended consequences can be identified early. • Explain reduced-fee arrangements clearly so eligible registrants can access them.

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Step 6 – monitoring, evaluation and review

How will you monitor the impact/effectiveness of the policy/activity?
• Analysis of fee-related enquiries, complaints, and hardship requests. • Monitor registration, retention and movement between fee categories, including by protected characteristic, career stage and relevant working circumstances where the available data is sufficiently robust. • Review of registrant numbers and demographic shifts.
What is the impact of the policy/activity over time?
• Assess whether the increase is associated with material changes in registration, retention or movement between fee categories, including for groups identified in this assessment. • Evaluate whether the differentiated fee structure and other mitigation measures are operating as intended. • Review any evidence of unintended impacts on equality and respond where proportionate and within GOsC's statutory powers.
Where/how will this EIA be published and updated?
• We will publish the EIA alongside the fee-increase decision. • Update annually or sooner if significant impacts emerge.

Step 7 – action planning

Please detail any actions that need to be taken as a result of this EIA		
Action	**Owner**	**Date**
Finalise this EIA using the complete consultation dataset and Council's final fee decision	Chief Executive and Registrar	Post consultation / November 2026
Ensure final communications explain reduced-fee eligibility, payment options and equality mitigations	Head of Communications	Before implementation
Implement the fee structure approved by Council and progress the necessary rule changes	Executive team	For May 2027 implementation
Monitor registration, retention, fee-category movement and relevant equality data	Executive team	From implementation; formal review after one year

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Report material or unexpected equality impacts to Council and review mitigations where necessary	Chief Executive and Registrar	As required

Document history:

Version	Date	Description of Change	Author
1	May 2026	Original document - private meeting of Council	CE&R
2	July 2026	Equality Impact Assessment updated to reflect scope of consultation (i.e. across the board fee increase or not)	CE&R
3	October 2026	Updated following consultation evidence and to reflect proposed differentiated fee approach	CE&R

Coe Lorna
12/11/2026 17:09:03

General Osteopathic Council

11

Council
19 November 2026
Budget Forecasting 2027-28

Recommendation(s)	1. To consider the overall financial envelope for financial year 2027-28

Key messages

- The paper sets out the budget envelope for 2027-28. Council is not being asked to agree the budget at this meeting. The budget will be presented alongside the Business Plan in February 2027.
- There are set core principles on which the budget forecasts are developed, and which help guide us through an ever-changing uncertain environment.
- Budgeted expenditure for FY2027-28 is expected to be around £3.65m before spending from designated reserves, £199k higher than the previous financial year's budget.
- Our budgeted total income for FY2027-28 is around £3.30m, based on current student data and historic trend figures, along with projected investment income. This is £63k higher than the previous financial year's budget. The budgeted income is below what is needed to cover budgeted expenditure, with a deficit of around £347k.
- Registration fee income has been calculated at current fee levels. When Council makes a decision to raise registration fees, the final budget for approval at the February 2027 Council meeting will reflect the new registration fee levels.
- If no fee increase is made, budgeted deficits will be funded from reserves or the investment portfolio.

Coe Lorna
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General Osteopathic Council

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Classification	Public
Action	For discussion
Purpose of the paper	The paper looks at the overall financial envelope for the financial year 2027-28 and sets some parameters around forecast expenditure levels and registration fee income projections to inform the business plan and budget cycle.
Strategic Priority implications	A thorough budget preparation and discussion shows that we are transparent and can demonstrate trust.
Standards of Good Regulation implications	There is no direct Standard of Good Regulation but having an reliable budgeting process ensures that the Executive and Council are being held to a high standard when it comes to financial management.
Communications implications	Spend against budget is reported at each Council meeting.
Financial, resourcing and risk implications	These are set out in the paper.
Patient perspectives	Patient activity is included in the annual budget
Diversity implications	Equality and diversity activities will be funded within the budget for 2027-28.
Welsh language implications	Welsh language activities are included in the annual budget.
Annex(es)	None
Author	Darren Pullinger
Background reading	None

Coe Lorna
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Introduction

1. Council receives on an annual basis a budget strategy paper which sets out the forecast budget envelope for the year ahead covering the headline expenditure levels, including known cost changes, and an explanation of how our work streams will be funded through registration fees paid by osteopaths. This paper informs the development of the business plan and budget.

2. While the budget strategy paper is set against the backdrop of an ever-changing environment, Council should expect an underlying synergy between the budget strategy paper, the future Strategy towards 2030 and the development of the business plan which Council will receive at its February 2027 meeting.

Discussion

Budget strategy principles

3. The core principles upon which the budget is being developed are:

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

   Ensure the patient voice is heard: we will make sure resources are allocated so that the patient voice informs our current and future work and osteopathic care.

   Look upstream: we will ensure we identify and fund activities which support upstream regulation, and which are relevant and appropriate for our context.

   Digital first: our focus will be on developing a digital first approach to our operation in order to streamline activities we undertake.

   Continuous improvement: we will use our resources to drive continuous improvement so that we can be a better organisation tomorrow, than we are today.

   Cost efficiency and cost effectiveness: we will ensure we are careful where our resources are deployed in order to be cost efficient and cost effective.

4. Questions we need to consider on an ongoing basis include:

   - How do we anticipate budget costs growing towards 2030, taking into account ongoing cost increases and inflation?
   - Where can we find reductions in expenditure to offset those cost increases?
   - How do we expect income to change over that period based on register numbers and other income (such as investment income)?
   - What income levels do we need to deliver our strategic plan, and how can we achieve income targets?

Coe Lorna
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The changing environment

5. The budget strategy paper is prepared against an ongoing backdrop of uncertainty. Further detail is set out below:

    - **Registrant numbers:** registrant numbers have continued to slow down, with 145 predicted to join the Register in FY2027-28. We anticipate an average of 100-150 registrants leaving each year, based on historic data. The latest registration report can be seen at Paper 7 earlier in this meeting.

    - **Registrant Profile:** approximately 17% of the register are over 60 years of age (and 2% of those over 70), with the assumption that a number of those will leave the register in the next decade or so. The 17% equates to 956 registrants, which is equivalent to roughly 6½ year's worth of new joiners to the Register. This is something to be mindful of going forward.

    - **Registrant expectations:** registration fees have been stable for the last 12 years, and we are currently consulting on a possible change to the registration fee.

    - **Cost of living crisis:** The current economic environment provides a considerable financial risk, particularly around inflation levels. This affects both GOsC expenditure, but also registrants operating their businesses. Given the current unpredictability of the economy and the outcome of the October 2026 Budget announcement, we will need to monitor both income and expenditure carefully.

    - **Ambition of GOsC to protect patients and regulate and develop the profession:** despite being one of the smaller healthcare regulators, GOsC has an established reputation for setting ambitious programmes of activity, and for these activities to be impactful within our community and the wider regulatory sector. We will aim to be as efficient as possible with our spending so we are able to deliver as much as we can to develop the profession and protect the public.

Expenditure forecast

6. Total budgeted expenditure in the current year, FY2026-27 was set at £3.45m. We are estimating a spend of £3.65m in FY2027-28, an increase of £199k on the previous year's budgeted figure.

7. The increase in expenditure is down to additional spends including payroll and other staff costs, Fitness to Practice case load pressures, governance recruitment. Also included is an adjustment of 3% for inflation and potential supplier invoice increases. We have also budgeted for a significant reduction in central resources costs following the sale of the former headquarters.

8. We are continually looking for ways to be more innovative with our resources, both human and financial, in order to deliver the proposed budget activities.

Coe Lorna
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9. The FY2027-28 budget envelope will include:

    - Ongoing activity to support the delivery of the GOsC Strategy, through to 2030, and our core statutory functions.

    - Provision for external companies to perform Internal Audit work.

    - Provision for salary/day rate/honorarium increases and the associated on-costs which will be informed by inflation.

    - Inflationary increases for other costs.

10. The Fitness to Practise (FtP) area remains the most significant in terms of expenditure, and is monitored closely due to its unpredictability around the volatility and variability of complaint levels. This will be the case again in FY2027-28 and are actively reviewing the cost model in this area to take into consideration cost efficiencies. A large proportion (around 90%) of FtP hearings are currently held remotely.

11. Our current forecast for Fitness to Practise activity across this period is shown below:

    - 16 Investigating Committee (IC) meetings scheduled, excluding the IC annual training day. We have increased the number of IC meetings in order to ease the bottleneck of open cases waiting at the IC stage. A new pilot has been implemented to enable the IC to consider more cases at each meeting. More detail on this can be seen in Paper 9 earlier in this meeting

    - Up to 30 substantive Professional Conduct Committee (PCC) hearings (with an average of five days per hearing) forecast.

    - Six PCC review hearings (with an average of one day per hearing), which may be completed virtually.

    - Up to nine Interim Suspension Order hearings, which may be completed virtually.

    - Three Section 32 prosecutions, up from two the year before.

12. Direct employment costs (salaries, national insurance and pensions) have been estimated at approximately £1.99m. This calculation is largely based on the current staffing structure, with budget for an additional part-time employee, and an allowance for an increase in salaries and associated pension contributions (to be determined by the People Committee in March 2027). As part of this work we will be carefully considering the impact of the cost of living on our staff team, which remains the organisation's greatest asset.

Coe Emma
12/11/2026 17:06:03

13. Non-direct employment costs will be approximately £108k, which includes recruitment; staff learning and development; insurance premiums for healthcare and death-in-service; and other staff benefits such as health assessments, recognition schemes, and professional subscriptions. There may be scope to

reduce some of these costs; this will be explored before the final budget is presented in February 2027.

Income assumptions

14. Income from sources other than registration fees is forecast to reach around £225k representing higher rates of interest returned on our bank accounts, and growth in the investment portfolio. However these estimates are cautious, even with an investment market which is performing well.

15. Based on registrant figures in October 2026, and predictions around future joiners to the Register, we have forecasted registration fee income at around £3.07m in 2027-28. We predict a net increase of between 50 and 100 registrants in each of the next couple of years, with leavers taken into account. These figures are based on current student data and historic information regarding leavers.

16. The forecast for the estimated total income over the next financial year is not sufficient to cover our expenditure requirements based on current expectations. Budgeted deficits will be funded from reserves or the investment portfolio.

17. The registration fee income forecast is based on assumptions which the Executive believe to be sound. Our assumptions include:

    a. New graduates joining the Register will be lower than in FY2026-27.
    b. We have used an average of 100-150 osteopaths leaving the Register each year, based on historic data.

18. Student data suggests the number of new graduates joining the Register:

Year	Number forecast
2026/27	154
2027/28	145

19. The Executive will continue to monitor registration statistics and the OEIs forecasts of numbers of graduates against the assumptions set out above. Any variations and their impact will be reported to Council.

Registration fees

20. The operational environment in which we work is ever-changing and presents challenges that we need to keep under review. The budget strategy for 2027-28 is developed from an uncertain position as we are currently consulting about a possible increase to the registration fee.

21. We aim to manage our expenditure to ensure we have a healthy level of reserves in order to sustain us through periods of uncertainty and change. Medium term, there is some instability in our financial position.

Coe Lorna 12/11/2026 12:09:16

22. Details of the registration fee consultation can be seen in paper 10 earlier in this meeting. We should recognise that by holding registration fees at a constant level since 2014 and not increasing fees in line with inflation, GOsC has

absorbed around £1.98m of lost income in FY2026-27. Adjusted for inflation, £570 in 2014 is now worth £944. This does, however, demonstrate much of the efficiency with which we operate.

23. A table of current registration fees are set out below.

Registration levels	Current fee levels
Year 1 (entry)	£320
Year 2 UK	£430
Year 2 reduced rate	£215
Year 3 UK	£570
Year 3 reduced rate	£320

The small additional fee applied when registrants choose to pay by direct debit also remains unchanged. Approximately 56% of registrants pay in instalments.

Budget stress-test

24. As part of the budget setting process the Executive completes a basic 'stress test' to consider which activities would still be deliverable if we were to experience a sudden drop in resources (whether financial or personnel, at a rate of around 10% - 15%).

25. It goes without saying that the core statutory functions would have to take priority over other activities which may be considered discretionary. Core statutory functions include the education quality assurance programme; setting and implementing standards, fitness to practise regime; registration assessment pathways and the governance structure. In addition, we would have general running costs to maintain the IT infrastructure and Osteopathy House, as well as having employment costs. However, in the event of a significant decline in available resources, a rationalisation of the staffing structure may be required.

26. When taken as a total sum (employment costs are included in full before any rationalisation), this is equal to 95% of the forecast expenditure budget.

Executive view

27. We are continuing to see increased costs in many areas, and Fitness to Practise case load is still at historically high levels. Changes to the registration fee will help us to return to a surplus and give us time to reflect once any new fee structure has had time to bed in and let things settle down after a long period of change at GOsC.

28. In the time between this meeting and the February 2027 meeting, the Head of Resources and Assurance will meet again with all department heads to work on finalising the budget ready for approval. Any fee changes will be reflected in the budget presented in February.

Coe,Lorna
12/11/2026 17:09:03

Recommendation

1. To consider the overall financial envelope for financial year 2027-28.

General Osteopathic Council

12

Council
19 November 2026
Investments review

Recommendation(s)	1. To note the content of the report.

Key messages

- The new investment portfolio has been open since August 2026; Council agreed in February 2026 to change the investment manager to Cambridge investments and agreed in May 2026 the portfolio type.
- The portfolio is well diversified when looking at asset classes, geographical markets, sectors and individual underlying investments.

Classification	Public
Action	For noting
Purpose of the paper	To provide an update on the new investment portfolio, managed by Cambridge Investments, including a focus on the diversity of the portfolio.
Strategic Priority implications	Regular reviews by the Executive show we are proactive in looking at the best options to maximise the return on investments and reduce costs so we can support delivery of our strategic priorities.
Standards of Good Regulation implications	There is no direct Standard of Good Regulation but being proactive in managing the organisation's assets shows that the Executive and the Committee are looking at ways to maximise income for the GOsC to support delivery of our statutory responsibilities.
Communications implications	The investment portfolio has a section in the year end accounts.
Financial, resourcing and risk implications	The new investment portfolio should bring us higher investment returns, along with lower fees compared to the previous Investment Manager.

Coe, Lorna
12/11/2026 17:09:03

Patient perspectives	Better investment returns mean that we will have more resources to invest in our statutory duty of protecting the public.
Diversity implications	None arising from this paper
Welsh language implications	None arising from this paper
Annexes	None.
Author	Darren Pullinger
Background reading	None relating to this paper.

Coe Lorna
12/11/2026 17:09:03

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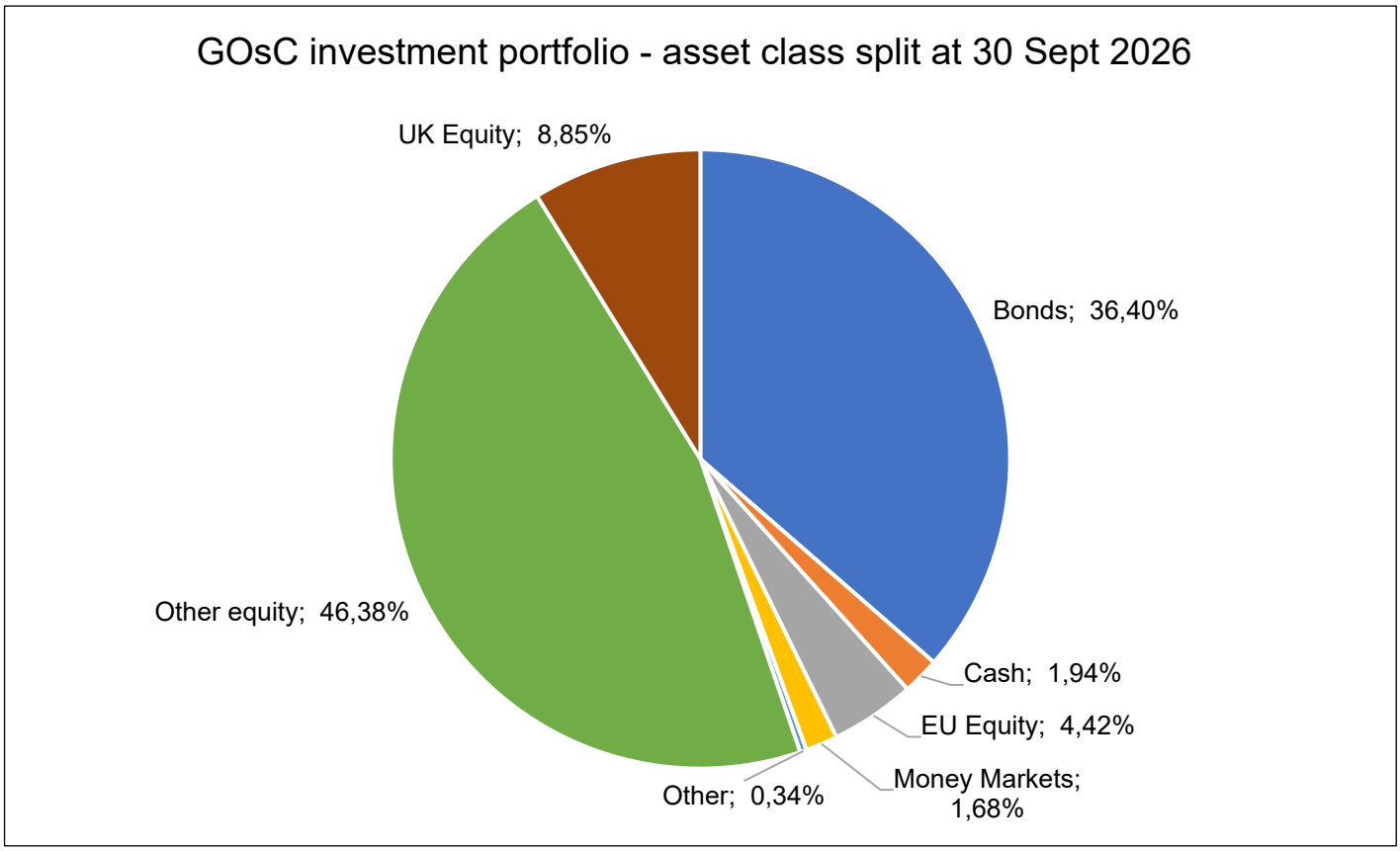

4. This is largely in line with the previous Brewin fund, with the main difference being bonds (Cambridge fund holds 36.40% in bonds; Brewin held 29.21%). The Cambridge fund has no holdings in Property, where the Brewin fund held 5.86%. Regular property income is along similar lines to bonds, but is more risky due to the higher likelihood of property funds failing compared to government and investment-grade bond funds.

5. The “Other equity” section includes geographic locations such as North America / US, Japan, Emerging markets, and Asia-Pacific ex-Japan.

Coe Lorna
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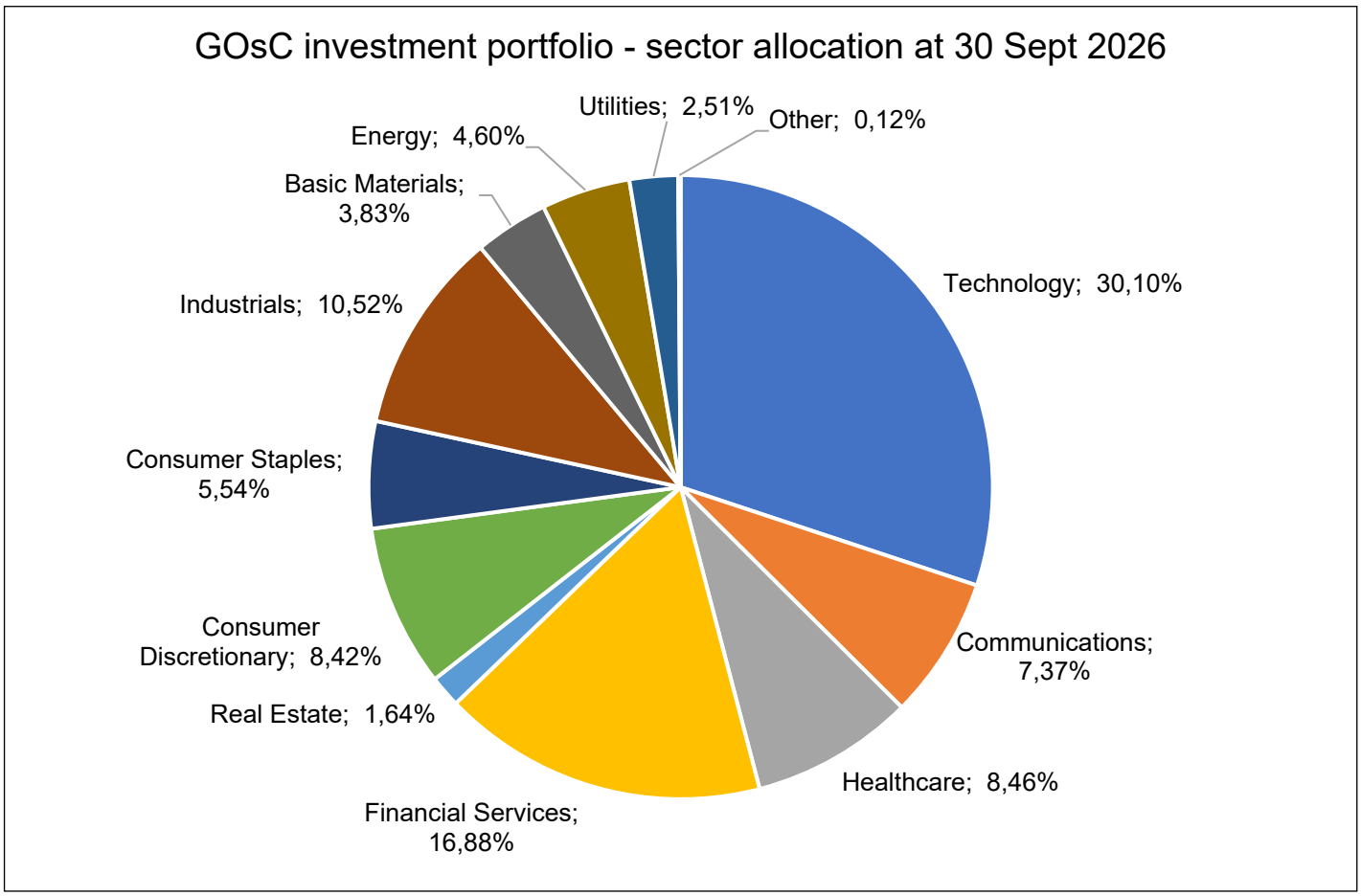
6. In terms of equities in the chart above, these comprise 59.65% of the portfolio, and are split between the following sectors:



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Coe Lorna
12/11/2026 17:09:03

8. Whilst having 30% of our equity holdings in Technology may feel high, and over exposed, this is almost exactly in line with one of the major Global investment funds (Vanguard FTSE Global All Cap Index Fund). A comparison of our fund with the Vanguard fund is shown below:

Sector	GOsC	Vanguard Global All Cap	Difference
Technology	30.10%	30.00%	0.10%
Communications	7.37%	7.25%	0.12%
Healthcare	8.46%	8.53%	-0.07%
Financial Services	16.88%	16.27%	0.61%
Real Estate	1.64%	(included in Other)	
Consumer Discretionary	8.42%	8.93%	-0.51%
Consumer Staples	5.54%	4.44%	1.10%
Industrials	10.52%	11.06%	-0.54%
Basic Materials	3.83%	4.12%	-0.29%
Energy	4.60%	3.94%	0.66%
Utilities	2.51%	(included in Other)	
Other	0.12%	5.46%	-1.18%

9. As technology now represents a substantial proportion of global quoted equity market capitalisation, so a diversified portfolio which broadly reflects global equity markets will naturally have a significant technology allocation. The exposure is also spread across a range of underlying companies rather than concentrated in a single investment.

10. Across the various equity funds, there are tens of thousands of underlying individual companies we are invested in, at varying levels. Our top 10 underlying holdings are as follows:

Underlying holding	Sector	Country	% of account
NVIDIA	Technology	United States	2.52%
Apple	Technology	United States	2.31%
Microsoft	Technology	United States	1.86%
Taiwan Semiconductor Manufacturing	Technology	Taiwan	1.33%
Amazon	Consumer Discretionary	United States	1.33%
Alphabet (Class A)	Communications	United States	1.03%
Broadcom	Technology	United States	0.91%
HSBC	Financial Services	United Kingdom	0.90%
Alphabet (Class C)	Communications	United States	0.84%
Shell	Energy	United Kingdom	0.65%
Total: Top 10 underlying holdings			**13.67%**

11. This shows that the ten largest underlying holdings represent only 13.67% of the overall portfolio, with the largest individual company exposure representing approximately 2.52%.

Coe Lorna
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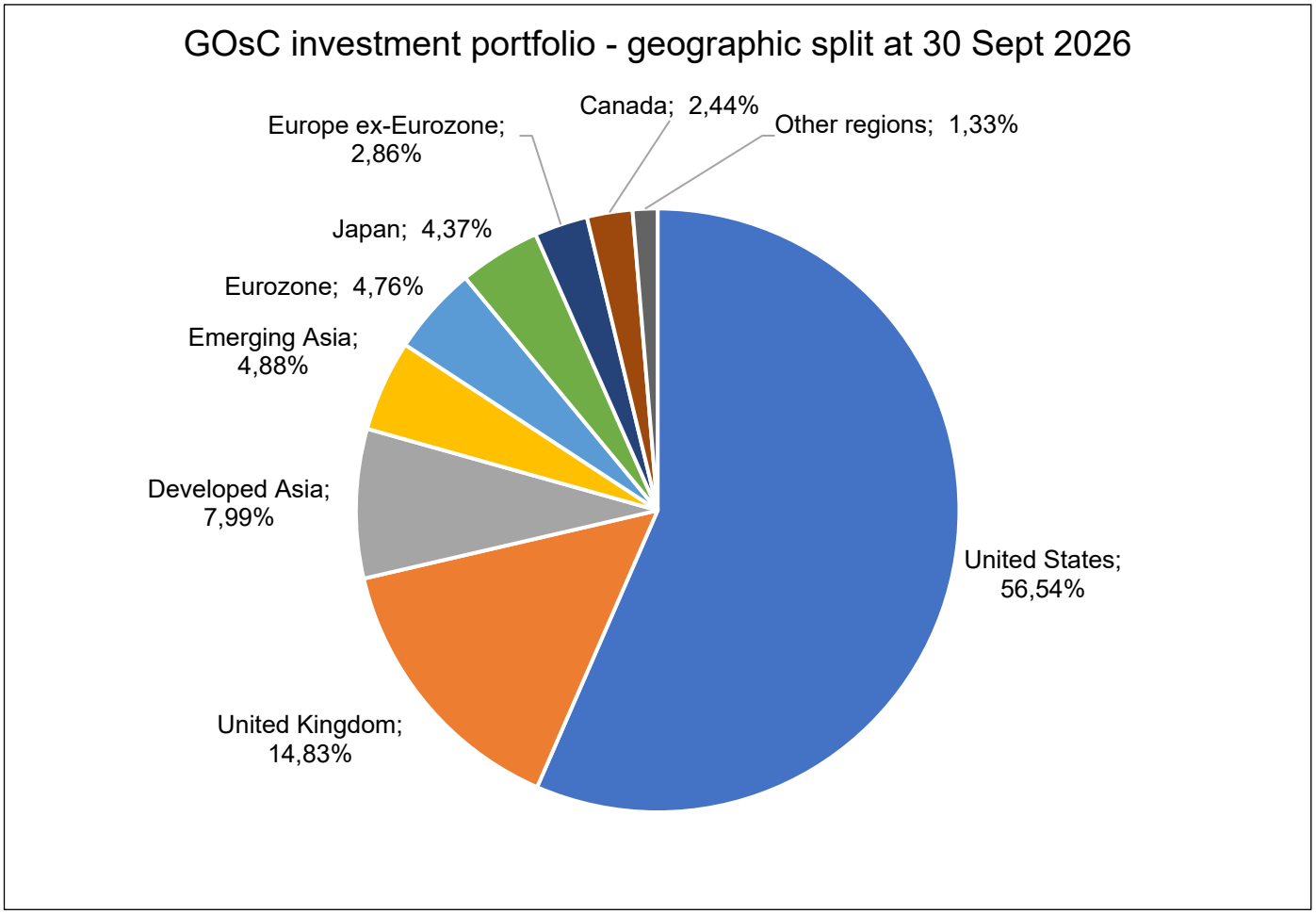
12. A more detailed view of which global locations are invested in is as follows:



13. The largest geographical exposure within the equity portfolio is to the US, at approximately 56.54%. While this may appear relatively high when viewed in isolation, it reflects the significant weighting of US companies within global equity markets.

14. By comparison, the US represented approximately 61.25% of the Vanguard fund referred to earlier. The portfolio's US exposure should therefore be viewed in the context of the composition of global equity markets rather than as an unusually concentrated allocation to a single country.

Coe Lorna
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15. The remaining equity portfolio is diversified across the UK, Europe, Japan, developed and emerging Asia and other international markets. If we compare the geographical exposure to the Vanguard fund:

Geographic region	GOsC	Vanguard Global All Cap	Difference
United States	56.54%	61.25%	-4.71%
United Kingdom	14.83%	3.00%	11.83%
Developed Asia	7.99%	6.47%	1.52%
Emerging Asia	4.88%	4.82%	0.06%
Eurozone	4.76%	7.00%	-2.24%
Japan	4.37%	5.86%	-1.49%
Europe ex-Eurozone	2.86%	3.53%	-0.67%
Canada	2.44%	3.03%	-0.59%
Other regions	1.33%	5.04%	-3.71%

16. The largest difference between our fund and the global fund is exposure to the UK. As a UK-based organisation, we don't see this as an issue. Our fund has a greater allocation to UK equities, at 14.83% compared with 3.00% in the Vanguard fund, reflecting a greater domestic weighting within an otherwise globally diversified portfolio.

17. In summary, taking those things into account, our new portfolio remains well diversified across asset classes, geographical markets, sectors and individual underlying investments. Around 60% of the portfolio is invested in equities and 36% in bonds, providing diversification between growth and fixed-income assets.

18. Within the equity allocation, investments are spread across the major global markets and economic sectors. While the US (56.54% of equities) and technology (30.10% of equities) are the largest geographic and sector exposures respectively, these proportions are broadly consistent with the composition of global equity markets. For comparison, the Vanguard FTSE Global All Cap Index Fund has 61.25% exposure to the US and 30.0% to technology.

19. Diversification is also evident when looking through the pooled funds to the individual investments they contain. The ten largest underlying company holdings account for only 13.67% of the total GOsC portfolio, with the largest individual holding representing approximately 2.52%. The equity portfolio also has a greater allocation to the UK than the global comparator (14.83% compared with 3.00%), providing a higher domestic weighting while retaining broad international exposure. Overall, the portfolio is not reliant on the performance of any single company, sector or geographical market.

Coe Lorna
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20. In addition, when preparing this report, we spoke to colleagues at other healthcare regulators, which enabled us to do some comparisons, which are shown below. Those organisations who hold investments also have well-diversified portfolios, at varying risk tolerance levels. In the same way that we hold our investments in one fund which is well diversified, all other regulators operate in the same way. The Head of Resources and Assurance is in regular contact with his equivalents across the other organisations, and they were happy to share that information.

Regulator	Fund size (£m)
General Medical Council	63.09
Nursing and Midwifery Council	49.01
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General Optical Council	9.41
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Executive view

21. We are satisfied that Cambridge Investments have allocated us a well-diversified portfolio, and are able to provide us with useful reports which have allowed us to produce this report

22. The Head of Resources and Assurance is pleased to draw on his knowledge of investment funds from his previous role outside of the GOsC to answer any further questions members may have about the fund.

Recommendations:

1. To note the content of the report.

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12/11/2026 17:09:03

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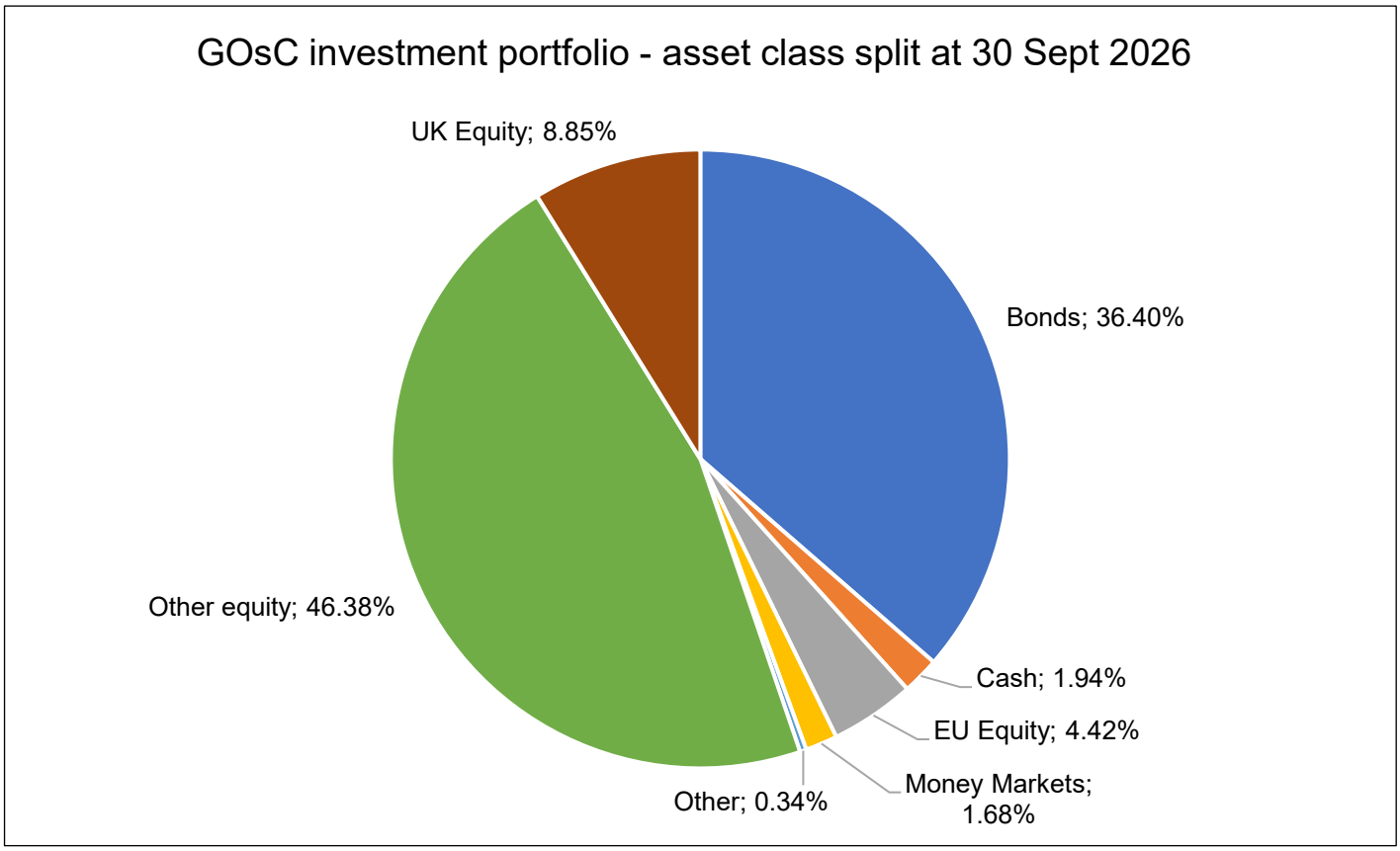

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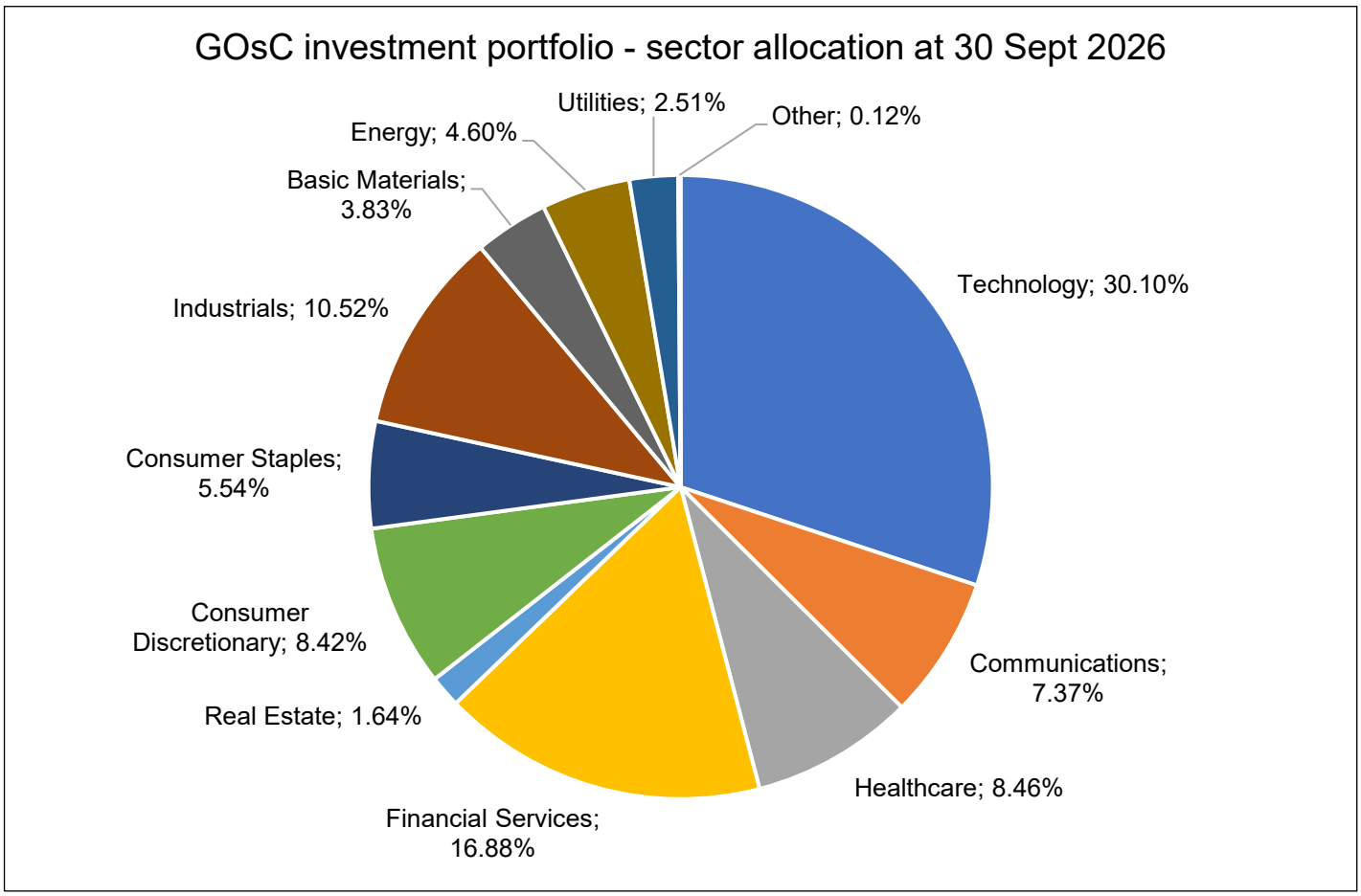

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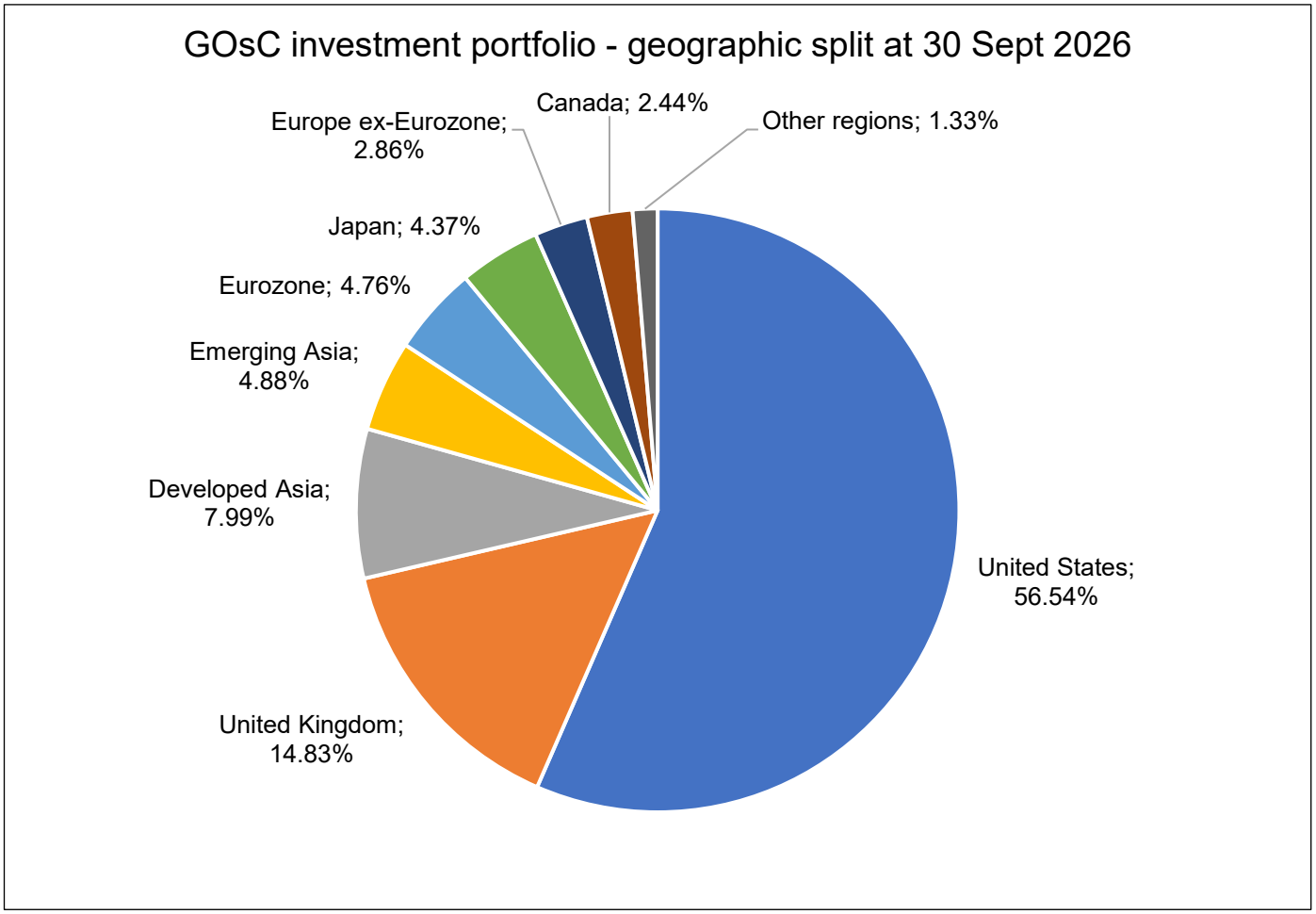

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Recommendations:

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12/11/2026 17:09:03

General Osteopathic Council

13

Council
19 November 2026
Osteopathic Practice Standards – approval of consultation on updated standards

Recommendation(s)	Council is asked: 1. To agree the draft revised Osteopathic Practice Standards at Annex A; 2. To agree the consultation document at Annex B; 3. To agree the Equality Impact Assessment at Annex C to accompany the consultation; 4. To agree the approach to the consultation 5. To agree that the Executive may make minor editorial, presentational and accessibility changes before publication, provided these do not alter the substance approved by Council;
Key messages • The proposed revision retains the established four-theme structure of the OPS while making targeted changes to reflect contemporary practice, strengthen clarity and address developments including digital technology, inclusivity, professional boundaries and wider healthcare responsibilities and other matters as outlined in the consultation document at Annex B and the Osteopathic Practice Standards at Annex A. • Subject to Council approval, consultation will test the clarity, proportionality and practical implications of these changes before a final version returns to PEC and Council in 2027.	

Classification	Public
Action	**Decision**
Purpose of the paper	To seek Council approval of the draft revised Osteopathic Practice Standards (OPS) and the proposed consultation approach, enabling a public consultation to begin in winter 2026–27.

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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 a core feature of the updated OPS that goes to formal consultation. Embracing innovation: the draft seeks to remain relevant as digital technology, healthcare and models of practice develop.
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. In developing our Osteopathic Practice Standards consultation the following general standards have also been demonstrated: Standard one: The regulator provides accurate, fully accessible information about its registrants, regulatory requirements, guidance, processes and decisions. 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 three The regulator understands the diversity of its registrants and their patients and service users and

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	of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics. Standard four The regulator reports on its performance and addresses concerns identified about it and considers the implications for it of findings of public inquiries and other relevant reports about healthcare regulatory issues. 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	The consultation will include clear, accessible communications for osteopaths, patients, educators, students and partner organisations, with a range of routes supporting awareness and participation.
Financial, resourcing and risk implications	The OPS review budget is £7,500 within the 2026/27 budget. The principal delivery risk is insufficient or unrepresentative engagement, particularly from patients and under-represented groups. Mitigations are set out in the consultation approach.
Patient perspectives	Patients have been involved as members of the OPS review reference group. It is important that the standards reflect the needs, interests and expectations of patients and the public as well as osteopaths. Patient and public involvement will be a specific strand of the formal consultation.
Diversity implications	An Equality Impact Assessment has been prepared and is annexed to this paper. The draft consultation document includes specific questions about equity, diversity and inclusion.
Welsh language implications	The draft standards and consultation materials will be available in Welsh. Consultation questions and engagement arrangements will be designed to meet the

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	applicable Welsh Language Standards and to invite views on effects on the Welsh language.
Annex(es)	Annex A: Draft revised Osteopathic Practice Standards Annex B: Draft consultation document including consultation questions Annex C: Equality Impact Assessment
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 • Policy Education Committee October 2026 – Public item 3 - Osteopathic Standards review update.

Background

1. 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 set out in the Osteopathic Practice Standards (2019) (OPS).

2. We have been reviewing the OPS over the last year. The review has tested whether the framework remains clear, current and proportionate, and whether it continues to reflect public expectations, developments in healthcare and the contexts in which osteopaths practise.

3. The review indicates that the four-theme structure and most of the existing content remain appropriate. The proposed revision therefore takes a targeted approach: retaining the overall framework while clarifying expectations and strengthening selected areas where evidence, experience or wider developments indicate change is needed.

4. The draft has been developed collaboratively through five meetings of the OPS review reference group, discussion with the chairs of the Investigating Committee and Professional Conduct Committee, review of fitness to practise and enquiries evidence, and comparison with standards and developments in wider healthcare regulation alongside current research, inquiries and reports.

Council
12/11/2026 17:09:03

5. The Policy and Education Committee (PEC) received updates in March and June 2026 and considered the emerging draft standards on 15 October 2026. The Committee broadly supported the proposed approach, and raised a number of points regarding the clarity, emphasis and practical application of particular provisions, and the draft has been amended where appropriate in response. The principal issues raised by PEC, and the changes made, are summarised later in this paper, together with any matters on which Council's particular attention is sought.

6. The purpose of this paper is to enable Council to decide whether the revised draft is sufficiently developed and appropriately framed to proceed to public consultation.

7. Subject to Council approval, the draft standards will proceed to public consultation. The consultation will test the clarity, proportionality and practical implications of the revised standards, including the areas most likely to generate debate or require supporting guidance.

How the draft has been developed

8. The review has drawn on:

   - feedback obtained through a call for feedback and the work of the OPS review reference group, whose membership includes perspectives from patients, students, undergraduate and postgraduate education, the Institute of Osteopathy and the National Council for Osteopathic Research;
   - discussion with the chairs of the Investigating Committee and Professional Conduct Committee;
   - learning from ethical enquiries, fitness to practise cases and the NCOR concerns and complaints report;
   - comparison with current practice standards across healthcare regulation; and
   - relevant reports and inquiries, including work concerning anti-racism, speaking up, learning from complaints and the regulation of artificial intelligence in healthcare.

9. The reference group met on five occasions. It considered both areas requiring additional or clearer expectations and opportunities to consolidate existing material. Members also reviewed emerging wording between meetings through a shared working document.

Policy and Education Committee consideration

10. PEC considered the draft revised OPS and the proposed areas for consultation at its meeting on 15 October 2026. The paper invited views on whether the draft reflects contemporary expectations, whether anything material was missing or disproportionate, the balance between standards and supporting guidance, and the issues most likely to attract debate during consultation.

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11. The Committee supported the overall direction of the updated OPS and the approach of retaining the existing four-theme framework while making targeted changes to reflect contemporary practice and improve clarity. Key points are summarized in the following table:

What PEC said	What we did:
PEC asked us to review the distinction between “must” and “should”, particularly where communication, understanding, safeguarding or patient safety are involved. Specific suggestions concerned A3 paragraphs 5 and 6, patients receiving the osteopath’s full attention, and paragraph 6.5.	We reviewed each use in context and have made further changes following the meeting.
PEC supported making clear that the OPS apply when osteopaths use adjunctive therapies, but said that information provided to patients should relate to therapies that may be relevant to their care, rather than everything an osteopath is able to provide.	We amended the wording so that the information requirement relates to approaches or therapies that may be relevant to the patient and the care being proposed.
PEC supported including an expectation concerning osteopaths who provide education or training to non-osteopaths, but asked for greater clarity about its purpose, strength and practical effect. Members raised patient safety, professional integrity, misleading representations about qualifications, teaching outside the UK and the relationship with protection of title.	We revised the wording and added an explanation to the consultation material. The consultation will test whether the provision is appropriate.
PEC considered “sensationalise” and “trivialise” too subjective in the social media provisions and was concerned that the wording might inadvertently capture legitimate academic debate, educational material or evidence-based communication.	We have considered the points made, but consider the language is suitable for addressing misuse of social media issues raised to us by osteopaths. We have additionally included a point about freedom of speech which may support greater understanding. We will test this via consultation.

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What PEC said	What we did:
PEC queried how the provisions concerning relationships between osteopaths and other professional colleagues interact with the fitness to practise threshold criteria.	We reviewed the provisions alongside the proposed threshold criteria. The frameworks serve different purposes: the OPS set out a framework for professional judgement to be exercised by osteopaths setting out expected professional conduct. The threshold criteria determine whether a concern is sufficiently serious for regulatory action and so serves a different purpose. We have therefore proposed that minimal changes were required to the introduction.
PEC suggested making active listening and person-centred care more explicit.	We reviewed the wording but did not add the specific terms – listening has been strengthened in A1 (1). Person-centred care is embedded in the introduction and Theme A, and that two-way communication and listening with care adequately convey active listening. The consultation can test whether this is sufficiently clear and person centred and we can check this with patients and the public too.
PEC asked for osteopaths' contribution to public health and wellbeing to be clearer. Members also cautioned against describing osteopaths as "public health professionals", because this could imply a distinct professional qualification. A suggestion to add "in your community" was also made.	We reviewed C6. Paragraph 1 states: '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. The draft retains a proportionate expectation concerning health improvement and prevention within the osteopath's role and competence.

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What PEC said	What we did:
	The consultation will test whether the public health dimension is sufficiently clear without implying specialist public health status.
PEC questioned the reference to FGM as the example of mandatory reporting and asked whether other reporting duties and differences between UK jurisdictions should be recognised.	We reviewed the provision and retained FGM as an example rather than an exhaustive statement of the law. The wording makes clear that osteopaths must comply with the legal requirements applicable in their jurisdiction and circumstances. More detailed jurisdiction-specific information can be maintained in guidance.
PEC asked whether the statement about poor communication being at the root of complaints remained accurate. It was suggested that “often” should be added.	We amended the wording to say that poor communication is “often” at the root of patient complaints.
PEC said that the sequence of the B2 guidance on competence, advice and patient care did not read clearly.	We reordered and amended the relevant paragraphs to improve the logical flow.
PEC identified possible duplication within the A3 digital technology provisions. Members also asked whether the OPS sufficiently addressed protection of patient information and what patients should understand about the use of technology in their care.	We streamlined the digital technology provisions where they duplicated one another. D5 already requires patient information to be protected when digital technologies are used. More detailed expectations can be addressed through supporting guidance.
PEC also asked whether patients should be told what remedy or response would be	We have not added a separate general requirement on remedies. Existing duties concerning patient safety, candour, complaints,

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What PEC said	What we did:
available if digital technology or AI failed or caused harm.	confidentiality and responding when things go wrong continue to apply. This is an area that can be tested through consultation and addressed in supporting guidance if needed.
PEC identified a number of drafting, numbering, cross-reference and formatting issues, including A7, A4, C1, D2, the renumbering following consolidation of D8 and consistency between the summary and detailed provisions.	The identified corrections have been made or included in the final editorial review. A4 now includes “appropriately”, C1 refers to “patients”, and the summary tables, numbering and cross-references are being checked before consultation.

Overview of the proposed changes

12. The review has retained the four-theme framework and focused on targeted changes to improve clarity, reflect contemporary practice and address relevant legal, regulatory and healthcare developments. Significant proposed changes are summarised below; Council should read this section alongside the full OPS consultation draft at Annex A and the OPS consultation document and questions at Annex B.

Area	Relevant provision	Purpose and approach
Digital technology and artificial intelligence	Standards A3, B1, B3 and D5	The draft refers at a high level to responsibilities when using digital technology rather than naming artificial intelligence throughout. This term is also broad enough to encapsulate electronic electronic health records, wearables, imaging technology etc. Use of this term will ensure the OPS remains durable while allowing more detailed and rapidly

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Area	Relevant provision	Purpose and approach
		updateable expectations to sit in separate guidance.
Social media	Standard D7	The draft makes professional responsibilities in social media use more explicit, including the potential effect of conduct on others, on the osteopath's professional standing and on public confidence.
Adjunctive therapies and other approaches	Introduction	The introduction clarifies that the OPS apply to all approaches and interventions used in patient care. This is to improve alignment between the OPS and the separate adjunctive therapies guidance.
Professional boundaries	Standards A3 and D2 and Theme B.	The draft strengthens clarity about information and communication before and during appointments, and broadens workplace-boundary expectations to include professional relationships with colleagues, other healthcare professionals and students. We've also strengthened Theme B about being professional engaged with other osteopaths.
Equity, diversity, inclusion and belonging	Standards A7 and D6	The draft moves beyond a statement of legal compliance by setting clearer expectations for inclusive practice, reflection on assumptions and beliefs, and appropriate responses to discrimination.

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Area	Relevant provision	Purpose and approach
Safeguarding	Standard C4	The requirement is strengthened from awareness of procedures to remaining up to date and understanding how to apply them. We have also added the roles of the Disclosure and Barring Service and Disclosure Scotland and strengthened guidance to support osteopaths in exercising their responsibilities. This can also be supported by additional resources to complement the Osteopathic Practice Standards when they are agreed.
Reflective practice	Standard B4	The draft clarifies the types of information osteopaths may use to evaluate their practice and the expectation that reflection should inform improvement.
Safety netting	Standard C1, paragraph 1.9	New guidance addresses what patients should expect, when further advice or care may be needed, and appropriate follow-up where improvement is not as expected.
Wider healthcare role	Standard C6	The draft clarifies a proportionate role in public health, health improvement and prevention, linked to the patient's needs, circumstances and the osteopath's professional role.

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Area	Relevant provision	Purpose and approach
Managing health and when to notify the GOsC	Standard D10	The draft provides additional clarity around how osteopaths should manage their health and when they need to notify the GOsC.
Consolidation and drafting	Standards C3, D1 and D8	The review considered consolidation where requirements overlapped. C3 is retained because its expectation about handling and providing information was seen to be not be fully addressed elsewhere. D8 has been incorporated into D1. Other minor amendments improve clarity and consistency.

Key considerations for Council

13. **Level of detail:** The principal drafting judgement is the balance between standards that are sufficiently specific to be meaningful and enforceable, but sufficiently high-level to apply across different practice contexts and remain current. Detailed or fast-moving areas, particularly artificial intelligence, are proposed to be addressed through supporting guidance.

14. **Proportionality:** The revision is not intended to expand the scope of osteopathic practice. It clarifies professional expectations within an osteopath's role and competence, including in relation to public health, technology and adjunctive approaches.

15. **Public confidence and professional ownership:** The OPS must support public protection and accountability while remaining recognisable and usable by the profession. The collaborative development process and consultation are intended to test both dimensions.

16. **Implementation:** Consultation should test not only agreement with the wording but also practical usability, potential unintended effects, and where implementation support or guidance will be needed.

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Consultation approach

17. We plan to launch the consultation during the week commencing 7 December and the consultation will close during the week commencing 1 March for a 12 week consultation period. During this period, communications will support an informed, inclusive consultation that helps people understand the proposed changes to the Osteopathic Practice Standards and how to contribute meaningfully to them and share their views.

18. We will explain the proposals clearly, including why the standards are being updated, what is changing, what remains unchanged, and how feedback can influence the outcome. We will tailor engagement to different audiences and need, using webinars, regional discussions, partner networks and targeted patient and student sessions, as well as utilising existing meetings and events (such as patient development day and regional lead meeting). We will bring information together on a dedicated consultation page, with the draft standards, a summary of changes, events, and ways to respond.

19. We will phase communications, from a December soft launch, then a New Year engagement push, targeted follow-up and final reminders, adapting activity where audiences are under-represented.

20. We are supporting inclusive participation, including producing Welsh-language materials, and explain afterwards how feedback informed decisions.

21. We will help embed the final standards, through supporting resources and communications before they take effect.

22. The duration of the consultation will be 12 weeks.

23. Key audiences will include osteopaths, patients and the public, students, pre-registration and postgraduate educators, professional bodies, research organisations and other relevant partners. Engagement methods should provide more than one way to respond and should support participation by people with different communication and accessibility needs.

Risks and mitigations

Risk	Mitigation / control
Insufficient or unrepresentative consultation response	Targeted engagement with patients, under-represented groups, educators and professional bodies; accessible formats and varied response routes.
Standards become over-detailed or quickly outdated	Retain high-level, outcomes-focused standards; use separate guidance for detailed or rapidly developing subjects.

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Risk	Mitigation / control
Unintended interpretation as expansion of scope of practice	Use clear drafting and consultation questions; reinforce that osteopaths must work within competence and apply the OPS to all approaches used in professional practice.
Implementation burden or uncertainty	Use consultation to identify areas requiring guidance, examples, communications or transition support; allow an implementation period before the revised OPS take effect.
Equality or Welsh language impacts are not fully identified	Publish the Equality Impact Assessment with the consultation, invite specific evidence, provide Welsh materials, and update assessments before final approval.

Executive Review

24. The development of the draft OPS has been an evidence informed and collaborative process. Relevant publications and literature have been reviewed and discussions with key partners have been thoughtful and careful and consultation issues have been identified too and we have also tested some of the key issues with regional groups ahead of consultation.

25. The draft documents are presented to Council as a good basis for consultation.

Recommendations

Council is asked:

1. To agree the draft revised Osteopathic Practice Standards at Annex A;
2. To agree the consultation document at Annex B;
3. To agree the Equality Impact Assessment at Annex C to accompany the consultation in paragraphs 17 to 23;
4. To agree the approach to the consultation
5. To agree that the Executive may make minor editorial, presentational and accessibility changes before publication, provided these do not alter the substance approved by Council;

Disclaimer:
Artificial Intelligence was used to support the drafting of this paper. All content has been reviewed by humans, and GOsC takes full responsibility for its accuracy and quality.

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General Osteopathic Council

Annex A to 13

Osteopathic Practice Standards

DRAFT 11 November 2026

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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: osteopathy.org.uk/ops.

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 sets 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.

The standards apply across the different settings and roles in which osteopaths practise. This may include clinical practice, remote practice, education, research, leadership and connected business activities as well as their work with students, colleagues and other professionals. How particular standards apply will depend on the nature of osteopaths' roles and the context in which they are working.

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 in accordance with these standards.

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 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.

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Adjunctive therapies:

Many osteopaths use a range of treatment approaches in addition to those covered in their pre-registration education. These standards apply to everything done by osteopaths, including all techniques, treatment approaches and adjunctive therapies. Osteopaths must apply the standards in the context of the particular approach being used. For example, the standards apply whether treating a patient using spinal manipulation, acupuncture or another treatment.

Before moving into a new area of practice, osteopaths should use their professional judgement, in accordance with these standards, to assess and justify that they can work lawfully, safely and effectively. Osteopaths should also undertake any necessary training and gain appropriate experience before expanding their scope of practice.

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 aspects of a patient's care, and record this ~~as~~ ~~appropriate~~ appropriately.
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

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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, which involves not just talking but also listening with care and considering how what you say might be received. Poor communication is often at the root of 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, needs, preferences, values and backgrounds, and may understand their health and care and your communication 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~~ must 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 that enables mutual understanding 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.

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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 what they can expect. This includes: (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 may provide including any complementary therapies; (1.5) their right to stop the examination or treatment at any time; and (1.6) what they can realistically expect from you as an osteopath.

2. Where appropriate, this information may be provided, for example through your website, booking information or other patient information.

3. You must satisfy yourself that the patient has understood the above before proceeding with examination or treatment.

4. 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.

5. ~~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 explain any potential risks and benefits associated with this.~~ You must discuss appropriate care options with patients including the anticipated benefits and any material or significant risks of the proposed treatment, and the reasonable alternatives available, including the option of no treatment.

6. 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~~ must not treat them.

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

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 or change their preferences 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~~ They 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

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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 that you offer.

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.

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.

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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 (although it can be withdrawn by the patient at any time), 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 (see also Standard D5)

21. You must obtain specific consent from patients regarding the sharing of any information about them with others except as outlined in D5 and C4.

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. You should ask patients about their preferences and discuss how these can be accommodated during examination or treatment.

2. 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.

3. You should respect your patients' dignity and modesty by:

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3.1 explaining to patients in advance of their first appointment that they may be asked to undress for examination and treatment and may wish to bring a T-shirt and shorts or other suitable clothing to help maintain their comfort and modesty.

3.2 ~~allowing~~ ensuring a patient ~~to~~ can undress, and get dressed again, without being observed

3.3 providing patients with appropriate privacy when undressing or changing before or after examination or treatment. If a patient needs or asks for assistance, you should agree with them what support is appropriate and respect their dignity, preferences and boundaries. ~~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~~

3.4 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.

3.5 Where a patient's preferences about undressing require examination or treatment to be adapted, you should discuss the options and any resulting limitations on their care, and agree with them how to proceed.

4. 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.

5. 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.

6. You must always ask a patient if they would like a chaperone when:

6.1 you examine or treat an intimate area

6.2 you are treating a patient under 16 years of age

6.3 you are treating an adult who lacks capacity

6.4 you are treating a patient in their home.

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7. A chaperone can be:

7.1 a relative or friend of the patient

7.2 a suitable person from your practice but not your spouse or personal partner.

8. 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.

9. 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, adapting your approach to their individual needs.
~~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 differ from those of your patient and may influence your professional practice and communication. You should take steps to ensure that these do not affect your ability to recognise and respond to patients' individual needs or adversely affect your judgement.

3. You should maintain a professional manner at all times, even where a personal incompatibility arises with a patient, colleague, student or other healthcare professional.

4. You are not obliged to accept any individual as a patient (subject to this being consistent with ~~the points raised in~~ Standard D6 ~~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:

4.1 they are or become aggressive;

4.2 their behaviour compromises a safe and effective 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 (including as a primary healthcare professional). ~~their practice as primary healthcare professionals, and must maintain and develop these throughout their careers.~~ This applies both to clinical practice as a healthcare professional and to other professional roles undertaken as an osteopath. Osteopaths must maintain and develop their knowledge and skills as their practice and professional roles evolve and 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 use to provide care or support your practice 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 must be competent in all aspects of your practice and professional work, including in any clinical, leadership, management, research or teaching roles.

2. You ~~should~~ must use your professional judgement to assess and justify ~~whether~~ that you have the training, skills and competence for the work you undertake. ~~to treat a patient, seeking advice where necessary.~~

3. You must recognise when an activity is at or beyond the limits of your competence and take appropriate action. The may include: ~~If, you should consider:~~

    3.1 seeking appropriate advice, ~~or~~ assistance or supervision ~~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 with other osteopaths, undertaking professional development activities and complying with GOsC requirements regarding continuing professional development including discussions with your peer

    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), safeguarding (see Standard C4), 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.

3. ~~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 patients 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 patients 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 (including advice);
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.

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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

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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 be able to recognise children and adults at risk of harm. You must understand and meet your legal and professional safeguarding responsibilities and take appropriate action when you have concerns about the safety or wellbeing of a child or adult.

2. You must comply with the law to protect children and ~~vulnerable adults~~ adults at risk. The law is different in England and Wales, Scotland and Northern Ireland.

3. You must comply with professional guidance including principles of confidentiality (see standard D5), capacity, consent, communication and patient partnership (see standards in Theme A). You should recognise that patients may have experienced trauma or abuse and you should aim to support their safety, dignity, autonomy and trust and seek to avoid causing further distress or harm. But also be aware that the public interest and the law may require disclosure of information to other organisations to enable them to make decisions to keep patients and others safe. You should record and justify your professional decisions. You should not be afraid to take action to keep patients safe.

4. 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~~,~~. If you are employed, you must follow the safeguarding policy of your employer. If you are not employed, you must have in place and follow your safeguarding policy which should include contacts for your local authority safeguarding leads. You must ~~and~~ follow these procedures if you suspect a child or ~~vulnerable~~ adult is experiencing, or is at risk of, abuse, neglect or exploitation. This includes being alert to different forms of abuse, neglect and exploitation, including domestic abuse.

~~5. 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:~~

~~5.1 discussing your concerns with the colleague or practitioner~~

~~5.2 reporting your concerns to other colleagues or to the principal of the practice, if there is one, or to an employer~~

~~5.3 if the practitioner belongs to a regulated profession, reporting your concerns to their regulator~~

~~5.4 if the practitioner belongs to a voluntary register, reporting your concerns to that organisation~~

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~~5.5 where you have immediate and serious concerns for a patient, reporting the colleague to social services or the police.~~

6. In any circumstances where you believe a patient is at immediate and serious risk of harm, you should contact emergency services such as the police. ~~consider the best course of action, which may include contacting the police or social services (though see standard D5 regarding confidentiality).~~Local authority social services departments, the Disclosure and Barring Service or Disclosure Scotland can provide support and advice about making referrals to them so that they can take appropriate safeguarding action.

7. You ~~should~~ must 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:

   7.1 discussing your concerns with the colleague or practitioner

   7.2 reporting your concerns to other colleagues or to the principal of the practice, if there is one, or to an employer

   7.3 if the practitioner belongs to a regulated profession, reporting your concerns to their regulator

   7.4 if the practitioner belongs to a voluntary register, reporting your concerns to that organisation

   7.5 where you have immediate and serious concerns for a patient, reporting the colleague to social services or the police.

   7.6 In certain circumstances, referrals may need to be made to the Disclosure and Barring Service (for England, Wales and Northern Ireland) or to Disclosure Scotland.

8. If you are the principal of a practice, you should ensure that the culture and systems ~~are~~ in place enable and encourage ~~for~~staff to raise concerns about risks to patients.

9. 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 if you practise in England, Scotland and Wales and the Health and Safety Executive for Northern Ireland, if practising in Northern Ireland.

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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, 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~~ act 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.~~

D~~9~~8 You must support ~~colleagues~~ and cooperate with those you work with ~~them~~ to enhance patient care.

D~~10~~9 You must consider the contributions of other health and care professionals, to optimise patient care.

D~~11~~10 You must ensure that any problems with your own health do not affect your patients. You must take appropriate action if your physical or mental health may compromise patient safety.

D~~12~~11 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.

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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 withdraw a complaint about you or another healthcare professional.
   - 1.6 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.
   - 1.7 recommending a professional service or product solely for financial gain
   - 1.8 borrowing money from patients or accepting any other benefit that brings you financial gain.
2. You must be open about any interests that could give rise to a conflict of interest and put the interests of patients first. You must identify and appropriately manage any actual or potential conflict of interest that could affect, or could reasonably be seen to affect, your professional judgement or your responsibilities to patients.
3. You should not allow misleading advertising or information about you and your practice. You should make sure that:
   - 3.1 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).
   - 3.2 The information you provide about your professional qualifications, practice arrangements and the services you provide is of a high standard and factually accurate.
   - 3.3 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.
   - 3.4 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.

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4. 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.

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 or otherwise work with.

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 or is perceived to exploit, pressure, harm or undermine 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. They are dynamic and are established and maintained before, during and after consultations. 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.~~ Professional boundaries apply across the different relationships you may have in your professional role, including with patients, students and colleagues. The nature of appropriate boundaries will depend on the relationship and circumstances. Some actions, such as limited personal disclosure, may support empathy and trust, while in other circumstances they may risk blurring professional boundaries. You must use your professional judgement, remain alert to differences in power or vulnerability, and ensure that your actions do not exploit, disadvantage or cause harm to others.

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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.

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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 establish and 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, ensure appropriate reporting and learning, 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.

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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 accessing patient information only where necessary for your professional role, and only to the extent required for that purpose, and taking reasonable steps to ensure that others working in or attending your practice follow the same principle

   1.4 ensuring that the information is kept confidential even after the death of a patient

   1.5 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)

   1.6 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, retirement or incapacity. Patients should know how they can access their records in such circumstances.

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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

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 or for safeguarding reasons).

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11. Any disclosures of information should be proportionate and limited to the relevant details.

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~~ act 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 action where you encounter discrimination in your professional practice. This may include speaking up, offering support, raising concerns or taking other appropriate action. You should be prepared to recognise and name racism and other forms of discrimination where these occur.

~~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. Like everyone, osteopaths have the right to freedom of belief, privacy and expression. However, these rights also need to be balanced with the impact on others rights and interests.

3. In any public communications, you should support informed understanding of osteopathic care, uphold the reputation of the profession, and reflect the professionalism 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.

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4. Upholding the reputation of the profession may include:

4.1 acting within the law at all times (criminal convictions could be evidence that an osteopath is unfit to practise)

4.2 showing compassion to patients

4.3 showing professional courtesy to those with whom you work

4.4 behaving honestly in your personal and professional dealings

4.5 maintaining the same standard of professional conduct in an online environment as would be expected elsewhere

4.6 not abusing alcohol or drugs

4.7 not behaving in an aggressive or violent way in your personal or professional life

4.8 not allowing professional disputes to cause you to fall below the standards expected of you

4.9 not falsifying records, data or other documents.

5. If you teach osteopathic techniques or treatment approaches, you must make clear what the training qualifies learners to do and must not imply that it gives them an osteopathic qualification or professional status that it does not confer. You should ensure that the training is appropriate to learners' existing knowledge, skills and scope of practice. You should take reasonable steps to ensure that learners have the knowledge and skills to apply what they learn safely in patient care and understand the limits of their competence.

~~**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.~~

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D~~9~~8 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 should take appropriate action if you become aware of bullying or harassment (including sexual harassment) in your professional work, including supporting those affected and raising concerns where appropriate.

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

   3.1 patient confidentiality

   3.2 secure storage and retention of medical records

   3.3 appropriate relationships with patients, colleagues and other healthcare professionals

   3.4 complaints and associated procedures for handling them

   3.5 maintaining a safe work environment

   3.6 health and safety

   3.7 equality duties and good practice.

4. Where you teach, supervise (including mentoring) or work with and support the development of others in educational, practice or other settings, you should do so conscientiously, provide appropriate support and feedback, promote learning and reflection, and prioritise patient safety.

5. 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.

6. 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.

7. 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.

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D~~10~~9 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 and communicate effectively with other healthcare professionals involved in a patients care ~~providers to optimise patient care~~, where ~~such approaches are~~ appropriate, to support coordinated and continuous care and optimise patient outcomes ~~and available~~.

D~~11~~10 You must ensure that any problems with your own health do not affect your patients. You must take appropriate action if your physical or mental health may compromise patient safety. ~~not rely on your own assessment of the risk to patients.~~

1. Having a physical or mental health condition does not, in itself, mean that you are unable to practise safely. Most health conditions can be managed locally with appropriate advice and support.
2. You must take responsibility for assessing whether changes to your physical or mental health may adversely affect your ability to practise safely and effectively. If you are unsure about your ability to make this assessment, you must ask an appropriate health and care professional to assess this on your behalf.
3. Where your physical or mental health may adversely affect your ability to manage your practise safely and effectively, you must seek and follow appropriate advice on how to modify your practice. If necessary, you must stop practising until your medical adviser considers you fit to practise again.
4. If you are unable to practise safely because of your health, you must stop practising and inform the GOsC.

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~~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:~~

~~4.1 seek and follow appropriate medical advice on whether you should modify your practice and in what way~~

~~4.2 if necessary, stop practising until your medical adviser considers you fit to practise again~~

~~4.3 inform the GOsC.~~

5. 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.

D~~12~~11 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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General Osteopathic Council

Annex B to 13

Consultation: Review of the Osteopathic Practice Standards

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Date 2026

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About the General Osteopathic Council

The General Osteopathic Council (GOsC) is established by the Osteopaths Act 1993.

The overarching objective of the GOsC is the protection of the public. This involves working towards the following objectives:

- protecting, promoting and maintaining the health, safety and wellbeing of the public
- promoting and maintaining public confidence in the profession of osteopathy
- promoting and maintaining proper professional standards and conduct for members of that profession

The GOsC is legally required to 'develop' and 'regulate' the profession of osteopathy.

We have specific powers to

- set standards and quality assure undergraduate education,
- set standards of conduct, competence and ethics in practice (our Osteopathic Practice Standards which form the heart of our regulatory framework and which this consultation is about),
- standards of continuing professional development supporting the implementation of the Osteopathic Practice Standards as well as professional development and
- where necessary in the public interest and public confidence in the profession, to remove or restrict registration through our fitness to practice process.

We use learning and insight from our activities to try to avoid problems occurring in the first place through communications and resources and engagement raising awareness of and applying standards in practice and supporting osteopaths to exercise their professional judgement.

All these activities help the General Osteopathic Council to support osteopaths and patients in great osteopathic care.

Who is this consultation for?

We expect the following stakeholders to have a direct interest in this consultation:

- Osteopaths
- Osteopathic patients
- Members of the public
- Professional bodies
- Osteopathic education institutions
- Osteopathic students
- Post registration osteopathic education providers
- Anyone else with an interest in osteopathy

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About the Osteopathic Practice Standards

The OPS provides a framework to support the delivery of ethical, competent and safe osteopathic care. They also explain to patients, other health professionals, students and others what they can expect from osteopaths.

The OPS expresses the values, knowledge, skills and behaviours at the heart of being an osteopath. Osteopaths put them into practice using their professional judgement through their everyday decisions, actions and relationships, which support them to deliver high quality osteopathic care.

The OPS are also used to:

- **Inform education:** they provide the basis for the Graduate Outcomes that all osteopathic students must meet before graduating. The award of the osteopathic recognised qualification means that graduates meet the Osteopathic Practice Standards
- **Form the basis for osteopaths CPD:** Osteopaths' CPD activities must reflect the four themes of the Osteopathic Practice Standards.
- **Assess internationally qualified applicants:** applicants must meet the standards through our assessment processes before they can register with us.
- **Support a return to practice:** they help osteopaths returning after two or more years out of UK practice identify appropriate continuing professional development (CPD).
- **Assess professional conduct:** they help us in assessing an osteopaths' conduct in fitness to practise proceedings.

Why are we consulting now?

It is good practice to review standards regularly to ensure that they reflect changes in law, society and public expectations as well as developments in osteopathic practice and training.

Human interaction, touch and a holistic patient approach remain key foundations of osteopathic practice. The diversity of approaches in osteopathy supports patients in getting the care they want and need and our research shows that osteopaths continue to offer high-quality care to patients.

Our 2023 Public and Patients Perceptions You Gov survey showed that 94% to 99% of patients who had recently seen their osteopath rating them as good.

However, since the current OPS took effect in 2019, health policy changes have included:

- national shared decision-making guidelines;
- shifting care to communities, to prevention and to digital literacy;
- changes in how many osteopaths work; and,
- increasing use of artificial intelligence.

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- Inquiries have raised themes of: not listening to the patient voice, failures in candour and speaking up and systemic racism among other things.

At the same time, complaints about failing to maintain appropriate professional boundaries are rising across the health professions, including osteopathy.

We also receive regular queries from osteopaths, patients and other health professionals about referrals, safety netting, speaking up, expectations about support, and how to delegate among other things.

Alongside reviewing literature, including other regulators standards, inquiries, research and reflecting on learning from our own fitness to practise cases; we have also been working over the past few months with osteopaths, patients and others to develop a draft of the revised standards. We have set out this work in more detail below.

Reviewing our standards

In reviewing our standards, we have gathered feedback from osteopaths, patients, osteopathic students, osteopathic educators and others with an interest in osteopathy. To help us consider what changes to make to our standards, we formed a stakeholder reference group comprising both osteopaths and lay people. The organisations involved were:

- The Institute of Osteopathy – the professional body for osteopaths
- The Osteopathic Alliance – postgraduate providers
- Sutherland Cranial College of Osteopathy – postgraduate provider
- Council of Osteopathic Education Institutions – representing undergraduate education
- National Council for Osteopathic Research – the research oversight organisation for osteopathy

Patients and osteopathic students were also involved in the group.

For further information on the review process, please see the annex to this document.

The draft revised OPS

The current standards are organised under four themes:

- Communication and Patient Partnership
- Knowledge, skills and performance
- Safety and quality in practice
- Professionalism

Each theme contains a set of standards related to that theme. To help osteopaths understand what actions they may need to take in meeting the standards, each standard includes a set of underpinning guidance. The standards and themes also interconnect to provide a holistic approach for cross-cutting areas such as professional boundaries.

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The feedback received suggests the structure and much of the content remains 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.

The standards provide a framework to help osteopaths exercise their professional judgement and it is important to get the balance right between providing sufficient detail to ensure they are meaningful and useful, while also ensuring that they are applicable to the different context and varied ways that osteopaths practice. We have been mindful of this throughout the review process and understand that further external guidance may need to be developed to support the application of the standards in practice.

As part of the revision process, we have also considered:

- the distinction between a standard, underpinning guidance, external guidance and learning resources
- the importance of the OPS applying across different practice settings and professional roles
- the role of professional judgement
- how “must” and “should” are being used
- the balance between clarity, consistency and flexibility

Key changes to our standards

Below, we explain in detail the key changes we are proposing to make to the standards in the following key areas:

- Use of digital technology
- Social media use
- Adjunctive therapies
- Professional boundaries (including strategies to support professional boundaries, before, during and after consultations)
- Inclusive practice: Equity, diversity, inclusion and belonging
- Safeguarding (including speaking up)
- Reflective practice
- Safety netting
- Osteopaths’ wider role as healthcare professionals
- Managing health and when to notify the GOsC
- Additional changes

We have provided a full copy of the draft standards so you can see the changes we are proposing.

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Use of digital technology

Digital technologies, including artificial intelligence (AI), can support osteopaths in their work, but their use also raises questions about professional judgement, patient involvement and the protection of patient information.

The current OPS already apply when osteopaths use these technologies. Our interim guidance on AI explains in further detail how existing responsibilities apply. Using technology does not remove an osteopath's responsibility to exercise professional judgement or to provide safe and appropriate care.

We have therefore proposed making these responsibilities more explicit through targeted additions to the underpinning guidance:

- **Standard A3:** explaining how digital technologies may be used in a patient's care and considering whether more active discussion or specific consent is needed, taking account of the technology's nature, purpose and potential impact.
- **Standard B1:** understanding the risks and benefits of technology used in practice and its potential impact on patients, alongside the critical thinking skills needed to interpret information and justify decisions.
- **Standard B3:** keeping professional knowledge and skills up to date with relevant developments in digital technologies.
- **Standard D5:** protecting patient information against loss, theft and improper disclosure, including if digital technologies are used to record, store, process, share or manage it.

These additions clarify how established professional responsibilities apply, rather than introduce a separate set of standards for AI. Patients should understand how technology is used in their care, have opportunities to ask questions and express their preferences, and be confident that their osteopath remains responsible for the care provided.

We propose using the broader term 'digital technologies' within the OPS so that these expectations apply across different tools and uses, including AI, electronic patient records and remote consultation platforms. The focus is on the professional responsibilities involved, rather than a particular technology or product.

Following discussion with our reference group, we propose keeping these references within the OPS at a high level, with more detailed explanations and examples in separate guidance. This allows practical advice to be updated as technology and practice develop, while the underlying professional responsibilities continue to apply.

This approach builds on our interim AI guidance and wider work with other regulators, including the joint statement on AI in health and care professional education and our shared commitment to develop principles for its use in professional practice.

Social media use

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Osteopaths use social media to share information about their practice, promote their services and engage with others. While there are many benefits to this, and like everyone else, osteopaths have the right to freedom of speech; the way osteopaths communicate can affect the rights and interests of others, how osteopathic care is understood, and public trust and confidence in the profession.

The current OPS already require osteopaths to uphold the reputation of the profession and maintain the same standard of professional conduct online as they would elsewhere. We also provide separate guidance on social media use. However, through our review we identified that setting out these responsibilities more explicitly would give osteopaths, patients and the public greater clarity about what is expected.

We therefore propose adding guidance under Standard D7 to make clear that whilst osteopaths have the right to freedom of expression, they should also consider how this could impact on the rights of others, osteopaths' public communications should promote informed understanding of osteopathic care and reflect the professionalism and dignity expected of a healthcare professional. This includes avoiding communications that sensationalise, misrepresent or trivialise osteopathic care.

We have framed the proposed addition around public communications rather than particular social media platforms, so that it can apply across different ways of communicating. Rather than specifying every type of content that may be inappropriate, the guidance asks osteopaths to exercise their professional judgement and be able to justify how their communications reflect the standards expected by patients, the public and their professional peers.

Adjunctive therapies

Many osteopaths use a range of treatment approaches, including therapies that were not covered in their pre-registration education. These are often referred to as adjunctive therapies and may include acupuncture, Pilates or sports massage. Whatever approach is used, patients should be able to expect that their osteopath has the appropriate knowledge and skills and applies the same professional standards to their care.

We already publish separate guidance on adjunctive therapies. However, we continue to receive queries from osteopaths about how the OPS apply when they provide these therapies, and adjunctive therapies have also featured in fitness to practise cases. Through our review, we therefore identified a need to make clearer that using a different treatment approach does not remove an osteopath's responsibility to meet the OPS.

We propose amending the introduction to make explicit that the OPS apply across all aspects of professional practice, including all approaches and interventions used in patient care. We have also added a paragraph explaining how this applies to adjunctive therapies and other interventions. This reinforces the importance of applying the standards in the context of the particular approach being used and undertaking any necessary training and gaining appropriate experience before moving into a new area of practice.

We have also made clearer the osteopath's professional responsibility to use their professional judgement to assess and justify their scope of practice within the framework of the Osteopathic Practice Standards.

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Rather than introducing separate standards for individual therapies, we have focused on clarifying how the existing framework applies. More detailed information will remain in our separate guidance on adjunctive therapies.

Professional boundaries

Clear professional boundaries are essential to maintaining trust between osteopaths and patients. Patients should understand what to expect from their care, feel able to ask questions and express concerns, and be confident that their rights and preferences will be respected.

The current OPS already require osteopaths to establish and maintain clear professional boundaries and not abuse their position of trust. However, professional-boundary concerns continue to arise in fitness to practise cases. Although these cases involve a small proportion of osteopaths, their impact on patients and public confidence can be significant. Poor communication has been identified as a relevant factor in some cases.

We have made clearer in the guidance that professional boundaries are dynamic and are established and maintained before, during and after consultations with patients. We have proposed strengthening the guidance under Standard A3 to make clearer what osteopaths should explain before and after a consultation, rather than relying only on discussion during the appointment. This includes patients' rights, their right to have a chaperone present, what the consultation may involve and their right to stop examination or treatment at any time. The draft also makes explicit that osteopaths must satisfy themselves that patients have understood this information before proceeding with examination or treatment.

In addition, we have reflected on the need for professional boundaries with others that osteopaths work with. We have strengthened guidance in Theme B about professional engagement with others as a key part of the strategies needed to support establishment and maintenance of professional boundaries.

We have also made changes to Standard D2 to provide further clarity around professional boundaries, applying to the colleagues they work alongside or supervise, the students they might teach or other healthcare professional and staff they employ and manage. Clear professional boundaries are important in these relationships, particularly where an osteopath holds authority or influence over another person's learning, assessment or employment.

We therefore propose adding guidance under Standard D2 to make explicit that its principles also apply, where relevant, to professional relationships with colleagues, students and others whom osteopaths teach, supervise, assess, employ or manage. The proposed guidance makes clear that osteopaths must not use their professional position, authority or influence in a way that exploits or pressures others, causes harm or undermines appropriate professional boundaries.

Inclusive practice (equity, diversity, inclusion and belonging)

Patients should feel respected, included, listened to and safe when they access osteopathic care. Recognising and responding to patients' individual needs, backgrounds and experiences is important to building trust and supporting effective care.

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The current OPS requires osteopaths to comply with equality and anti-discrimination law. Through our review, we identified a need to make clearer that professional

responsibilities extend beyond legal compliance: they extend to inclusive practice. The proposed changes have also been informed by wider healthcare developments, including the Lord Mann Review on antisemitism and other forms of racism in the NHS and the joint regulator shared anti-racism principles.

We therefore propose strengthening Standard D6 to explicitly require osteopaths to act fairly, recognise diversity and individual values, and practise in an inclusive and non-discriminatory manner. The accompanying guidance explains that inclusive practice involves recognising and responding appropriately to patients' diverse needs, backgrounds and experiences, and taking reasonable steps to reduce barriers that may affect their access to, experience of, or outcomes from care.

The proposed addition to the guidance under Standard A7 complements these changes by asking osteopaths to recognise and reflect on how their experiences, background, culture, beliefs and values may influence practice and may influence their professional judgement and interactions with patients. This reinforces the importance of understanding each patient's individual needs, values and circumstances, rather than making assumptions about them.

Alongside these changes, we also propose making clearer that osteopaths should take appropriate and proportionate action when encountering all forms of discrimination, including naming racism. These changes are intended to move beyond an emphasis on avoiding unlawful discrimination towards a more active approach to inclusive care aligning with expectations of patients and the public in the wider healthcare sector. They retain scope for professional judgement about the steps that are appropriate in the circumstances, while setting clearer expectations about osteopaths' responsibilities.

Professionalism and teaching techniques to non osteopaths

Osteopaths may share their knowledge and skills through teaching, including providing training to people who are not osteopaths. This can support learning and collaboration across healthcare. However, osteopaths also have a responsibility to consider whether the training they provide is appropriate for those receiving it and how it is described to learners and the public.

Our wider work on the value of regulation and protection of the osteopathic title has highlighted concerns about how training in techniques used by osteopaths is described and promoted to people outside the profession, particularly where this could imply that completing a course confers an osteopathic qualification or professional status. These concerns relate both to public understanding of osteopathy and to patient safety, where learners may be taught techniques without the knowledge and skills needed to use them appropriately.

We therefore propose adding guidance under Standard D7 to make clear that osteopaths must not provide or promote training in a way that misleadingly implies an osteopathic qualification or professional status. The proposed guidance also states that training should be appropriate to learners' existing knowledge, skills and scope of practice, and should not create an avoidable risk to patient safety.

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Rather than preventing osteopaths from teaching people outside the profession, the proposed addition focuses on their professional responsibilities when doing so. It is intended to support responsible education while protecting patients and maintaining public confidence in the profession.

Safeguarding

Safeguarding requires osteopaths to recognise risks and know how to act, not simply be aware of procedures. The current guidance already requires action, but its emphasis on procedural awareness does not fully explain the practical understanding needed. We therefore propose strengthening the guidance under Standard C4 to make these responsibilities clearer.

To help osteopaths respond promptly and use the right local routes, the proposed guidance makes explicit that they must understand and meet their legal and professional safeguarding responsibilities. They should understand, keep up to date with and know how to apply local procedures. Employed osteopaths must follow their employer's safeguarding policy; those who are not employed must have and follow their own policy, which should include local authority safeguarding contacts.

Safeguarding responses should protect patients without causing further distress or harm. The draft therefore asks osteopaths to recognise that patients may have experienced trauma or abuse and support their safety, dignity, autonomy and trust. To support decisions about sharing information, it also clarifies when the law or public interest may require disclosure and asks osteopaths to record and justify their decisions.

To make routes for action clearer also making explicit reference to the role of local authorities and the Disclosure and Barring Service and Disclosure Scotland. The draft explains emergency action and referrals to safeguarding bodies and retains mandatory reporting duties. Replacing 'should' with 'must' makes explicit that protecting patients from risks posed by other practitioners is not optional. Practice principals should also ensure that their culture and systems enable and encourage staff to raise concerns, recognising that effective safeguarding depends on people being able to speak up.

Reflective practice

Reflecting on practice helps osteopaths identify what is working well, where improvements may be needed and how they can develop the care they provide. This involves not only considering their own experience, but also gathering and using information that can offer different perspectives on their work.

Responses to our call for feedback highlighted uncertainty about how osteopaths could demonstrate how to meet Standard B4. We therefore propose expanding the guidance under Standard B4 to give examples of how osteopaths may gather information about their practice, including feedback, audit, appraisal, peer discussion, review and risk assessment. The proposed guidance also makes clearer that osteopaths should identify and implement actions arising from these activities and use them to support their professional development and the care they provide.

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Safety netting

Patients need to understand what to expect following a consultation and what to do if their condition changes or does not improve as anticipated. Providing this information, often described as safety netting, is particularly important where there is uncertainty about how a condition may develop or respond to care.

The current OPS already require osteopaths to monitor the effects of their care, recognise adverse reactions and take appropriate action. However, they do not explicitly address safety netting. Through our review, the reference group considered that clearer guidance would help osteopaths understand their responsibilities and support patients in knowing when further advice or care may be needed.

We therefore propose adding guidance under Standard C1 to 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. This complements the existing requirements to keep care under review and adapt or stop treatment where appropriate.

Rather than relying on the term “safety netting”, the proposed guidance describes the practical actions involved. This is intended to make the expectation understandable to osteopaths and patients, while allowing advice and follow-up arrangements to be tailored to the individual patient and their circumstances.

Osteopaths’ wider role as healthcare professionals

Osteopaths can contribute to patients’ health and wellbeing beyond addressing the particular symptoms that bring them to a consultation. Where appropriate, their professional role provides opportunities to support health improvement and the prevention of ill health.

The current OPS already recognise osteopaths’ wider role as healthcare professionals. However, key partners contributing to the review identified increasing expectations of healthcare professionals’ contribution to public health, health improvement and prevention. Through our review, we considered how the standards could reflect this more clearly while keeping expectations proportionate to osteopathic practice.

We therefore propose revising Standard C6 and its accompanying guidance to make clearer that osteopaths should maintain awareness of relevant public health issues and identify appropriate opportunities within their professional role to support patients’ health and wellbeing. The proposed approach links this contribution to the individual patient’s needs and circumstances, rather than expecting the same discussion or intervention in every consultation.

The intention is to recognise the contribution osteopaths make as healthcare professionals, not to suggest that they hold a separate public health qualification or should work beyond their competence. The changes seek to balance a more active contribution to health and wellbeing with professional judgement about what is relevant and appropriate in each situation.

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Managing health and when to notify the GOsC.

Osteopaths need to look after their own health and take appropriate action where it may affect their ability to practise safely. Having a physical or mental health condition does not, in itself, mean that an osteopath is unable to provide safe care.

We therefore propose revising Standard D10 and its accompanying guidance to make clearer the distinction between health conditions that can be managed with appropriate advice and support and circumstances in which an osteopath must stop practising and inform the GOsC. This is to address queries we have about when to notify us of any health conditions.

The proposed guidance explains that osteopaths must assess whether changes in their health may affect safe and effective practice and seek an assessment from an appropriate healthcare professional if they are unsure about their ability to do so. Where their health may adversely affect their practice, they must seek and follow appropriate advice about modifying their work and, if necessary, stop practising.

If they are unable to practise safely because of their health, they must stop practising and inform the GOsC. These changes are intended to encourage osteopaths to seek support and manage their health effectively, while making their responsibilities to protect patients clear.

Additional changes

- **Declining or ending patient care.** We propose clarifying under Standard A7 that an osteopath may decline to accept or continue treating a patient where their behaviour compromises a safe and effective therapeutic relationship. This recognises the importance of a safe care environment while retaining expectations about fair treatment and appropriate referral.
- **Changes to the use of ‘must’ and ‘should’.** We propose strengthening selected duties by replacing ‘should’ with ‘must’, including requirements to discuss care options, act on risks to patients and prepare for medical emergencies. This makes essential responsibilities clearer while retaining flexibility where a duty depends on the circumstances or factors outside an osteopath’s control.
- **Competence across professional roles.** We propose clarifying under Standard B2 that osteopaths must assess and justify their competence for the work they undertake, including clinical, leadership, management, research and teaching roles. This reflects the different roles osteopaths undertake.
- **Care in different settings and formats.** We propose adding guidance under Standard C1 requiring osteopaths to consider the setting and method of consultation, including any limitations on the information or clinical findings available, and adapt their assessment and care accordingly. This clarifies how safe and appropriate care should be maintained across different ways of practising, including remote consultations or pitch side work.
- **Bringing honesty and financial integrity together.** We propose combining the existing Standard D8 on financial dealings with Standard D1 on honesty and integrity. This simplifies the standards and reduces repetition by bringing related professional and financial responsibilities together.
- **Identifying and managing conflicts of interest.** We propose adding explicit guidance under Standard D1 requiring osteopaths to be open about relevant interests and identify and appropriately manage actual or potential conflicts that could affect, or reasonably appear to affect, their professional judgement

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or responsibilities to patients. This makes clearer how osteopaths should put patients' interests first.

- **Accessing patient information only when needed.** We propose clarifying under Standard D5 that osteopaths should access patient information only where necessary for their professional role and only to the extent required, taking reasonable steps to ensure others in their practice do the same. This makes clear that access to records does not, by itself, justify viewing them and reinforces patients' privacy and confidentiality.
- **Responding to bullying and harassment (including sexual harassment).** We propose adding guidance under the revised Standard D8 that osteopaths should take appropriate action when they become aware of bullying or harassment (including sexual harassment) in their professional work, including supporting those affected and raising concerns where appropriate. This makes clearer their responsibility to respond to harmful workplace behaviour, even where there is no direct risk to patients.
- **Supportive workplaces and supervision.** We propose expanding guidance under the revised Standard D8 to promote positive, inclusive and supportive workplaces and strengthen expectations for teaching, feedback and supervision, explicitly including students. This supports learning and speaking up, while making clearer that those supporting others should help them work within their competence and prioritise patient safety.

The draft Osteopathic Practice Standards

The consultation draft of the Osteopathic Practice Standards is available here. We have made clear which text has been deleted and additional text has been inserted in red.

The consultation questions ask about specific areas, but also we welcome your feedback on any aspect of the proposed changes to the Osteopathic Standards in the free text sections of the consultation document.

It is important that the standards reflect contemporary expectations, but also that they are workable in practice.

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How to respond

The deadline for responses to this consultation is XXXXXXXXXX 2027

You can send us your views by:

- Using this online consultation form
- emailing your responses to the consultation questions to: standards@osteopathy.org.uk

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

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

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

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Consultation questions

[Note: What follows below will appear on an electronic consultation response form, hence specific information is provided as appropriate to support respondents to answer questions as they go along]

Before answering the consultation questions, please take the time to read through the draft OPS which accompanies this consultation document. Following answering a question you will be given the option to explain the reason for your answer. We welcome all comments on feedback on the draft OPS as well as responses to specific questions.

Please answer the consultation questions:

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

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

GOsC Council/Committee member	
Member of the public	
Osteopath	
Osteopathic educator (pre-registration)	
Osteopathic educator (post registration)	
Osteopathic Patient	
Osteopathic Student	
Researcher	
Other	

If you answered 'Other' above, please specify

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Topic specific questions

Digital technology

The existing OPS already apply when osteopaths use digital technologies, including artificial intelligence (AI). We have therefore proposed only limited, targeted additions to the underpinning guidance under Standards A3, B1, B3 and D5, rather than introducing a separate set of technology-specific requirements.

We propose keeping these references high level, with more detailed explanations and practical examples in separate guidance.

3. To what extent do you agree or disagree that the proposed additions to the underpinning guidance adequately address osteopaths' responsibilities when using digital technologies?

    - Strongly agree
    - Agree
    - Neither agree nor disagree
    - Disagree
    - Strongly disagree
    - Not sure

If you wish, please explain your answer, including telling us how this could be improved.

Public communications

The proposed provisions clarify professional responsibilities for public communications, including social media, while seeking not to restrict legitimate academic, professional or educational discussion.

4. To what extent do you agree or disagree that the proposed addition to the guidance sets appropriate expectations for osteopaths when communicating publicly, including through social media?

    - Strongly agree
    - Agree
    - Neither agree nor disagree
    - Disagree
    - Strongly disagree
    - Not sure

If you wish, please explain your answer, including any suggestions on how this can be improved.

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Adjunctive therapies

We have clarified that the OPS apply across all of the osteopath's professional practice, including where they use adjunctive therapies or other approaches as part of patient care. The intention is to make clear that using a different therapeutic approach does not remove the osteopath's responsibility to meet the relevant professional standards.

5. To what extent do you agree or disagree that the proposed wording makes clear how the OPS apply when osteopaths use adjunctive therapies or other approaches as part of patient care?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Not sure

If you wish, please explain your answer or tell us anything you think should be clearer.

Professional boundaries

The proposed guidance strengthens expectations about information patients should receive concerning their consultation, including their rights, chaperones, what the consultation may involve and their ability to stop examination or treatment.

6. To what extent do you agree or disagree that these changes set appropriate expectations for communication that supports establishing and maintaining professional boundaries?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Not sure

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If you wish, please explain your answer including any suggestions on how this could be improved.

We have also strengthened the guidance on professional boundaries, including the importance of recognising power and vulnerability in professional relationships. The proposed changes also make clearer that, where relevant, professional boundaries extend beyond relationships with patients to relationships with colleagues, students and others osteopaths work with.

7. To what extent do you agree or disagree that the proposed changes to make clear that professional boundaries extend beyond the osteopath and patient relationship set appropriate expectations for osteopaths?
   - Strongly agree
   - Agree
   - Neither agree nor disagree
   - Disagree
   - Strongly disagree
   - Not sure

If you wish, please explain your answer, including any suggestions on how this could be improved.

We have strengthened Theme B in relation to professional connectedness and a strategy to support osteopaths to establish and maintain professional boundaries.

8. To what extent do you agree or disagree that the proposed changes in Theme B about professional engagement set appropriate expectations for osteopaths?
   - Strongly agree
   - Agree
   - Neither agree or disagree
   - Disagree
   - Strongly disagree
   - Not sure

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Theme A: Communication and patient partnership

About this theme

Theme A covers how osteopaths communicate and work in partnership with patients. We have retained its overall approach while proposing changes to make clearer how osteopaths should understand patients' needs and preferences, support informed choices and check understanding throughout care.

Key changes include:

- strengthening expectations about two-way communication, listening and understanding what matters to individual patients;
- clarifying the information patients should be able to receive before a consultation and the requirement to check their understanding before examination or treatment;
- strengthening expectations for discussing care options, benefits, risks and reasonable alternatives, including no treatment, and reinforcing consent as an ongoing process and the right of the patient to withdraw consent;
- emphasising recognition of unconscious bias and its potential influence on professional judgement and interactions with patients; and
- clarifying circumstances in which an osteopath may decline or end care, while retaining expectations about fair treatment and appropriate referral.
- Clarifying requirements in relation to dignity and modesty

Communication and patient partnership

9. To what extent do you agree or disagree that the proposed standards and guidance set appropriate expectations for communication and working in partnership with patients?

    - Strongly agree
    - Agree
    - Neither agree nor disagree
    - Disagree
    - Strongly disagree
    - Not sure

If you wish, please explain your answer, including any suggestions on how this could be improved.

Theme A overall

10. Thinking about Theme A as a whole, to what extent do you agree or disagree that the proposed standards and guidance set the right expectations for osteopaths to use in practice?

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- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Not sure

Is there anything else about the changes we have made to Theme A that you would like us to consider?

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Theme B: Knowledge, skills and performance

About this theme

Theme B covers the knowledge, skills and professional judgement osteopaths need to practise safely and effectively and to maintain and develop their practice.
Key changes include:

- clarifying expectations where osteopaths use digital technologies;
- emphasising the need to understand the benefits, risks and limitations of technologies used in practice;
- maintaining relevant knowledge as practice and technology develop;
- clarifying competence and keeping up to date extends across all roles osteopaths undertake including being able to assess and justify that osteopaths have the training, skills and competence for the work that they undertake;
- strengthening expectations to be professionally engaged with other osteopaths and peers
- expanding the guidance on reflective practice to clarify how information about practice can be used to support learning and improvement.

Reflective practice

The revised guidance gives further examples of ways osteopaths may gather and reflect on information about their practice and makes clearer that reflection should contribute to learning and improvement.

11. To what extent do you agree or disagree that the proposed guidance on reflective practice makes clear what is expected of osteopaths?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Not sure

If you wish, please explain your answer, including any suggestions on how this could be improved.

Theme B overall

12. Thinking about Theme B as a whole, to what extent do you agree or disagree that the proposed standards and guidance set the right expectations for osteopaths to use in practice?

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- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Not sure

Is there anything else about Theme B that you would like us to consider?

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Theme C: Safety and quality in practice

About this theme

Theme C concerns the provision of safe and appropriate care, managing risk and taking appropriate action where patients may need further advice, support or care. Key changes include:

- Clarifying the role of patient partnership in conducting an osteopathic evaluation
- new guidance describing the practical elements of safety netting;
- strengthening and clarifying expectations and practical guidance in relation to safeguarding;
- clarifying osteopaths' proportionate role in supporting wider health and wellbeing.

Safety netting

The proposed guidance in C1 makes clearer the importance of helping patients understand what to expect, when they may need further advice or care and appropriate follow-up where their condition does not improve as expected.

13. To what extent do you agree or disagree that the proposed guidance sets appropriate expectations for osteopaths in relation to safety netting?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Not sure

If you wish, please explain your answer, including any suggestions on how this could be improved.

Safeguarding

We propose strengthening the guidance under Standard C4 to make osteopaths' safeguarding responsibilities and routes for action clearer. The changes cover recognising children and adults at risk, applying local procedures and following safeguarding policies, responding sensitively to patients who may have experienced trauma or abuse, and sharing information appropriately. They also clarify emergency action and referrals, strengthen the duty to protect patients from risks posed by other practitioners, and emphasise a practice culture and systems that support staff to raise concerns.

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14. To what extent do you agree or disagree that the proposed changes to the safeguarding guidance set appropriate expectations for osteopaths?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Not sure

If you wish, please explain your answer, including any suggestions on how this could be improved.

Wider health and wellbeing

The proposed changes clarify that osteopaths can contribute to health improvement and prevention where relevant to the individual patient's needs and circumstances, while remaining within their professional role and competence.

15. To what extent do you agree or disagree that the proposed standards and guidance set appropriate expectations for osteopaths' wider role as healthcare professionals and their need to enhance the health and wellbeing of their patients?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Not sure

If you wish, please explain your answer, including any suggestions on how this could be improved.

Theme C overall

16. Thinking about Theme C as a whole, to what extent do you agree or disagree that the proposed standards and guidance set the right expectations for osteopaths to use in practice?

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- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Not sure

Is there anything else about Theme C that you would like us to consider?

Theme D: Professionalism

About this theme

Theme D covers the professional behaviours and responsibilities expected of osteopaths.
Key changes include:

- clarifying expectations to put the interests of patients first
- developing expectations concerning professional boundaries, including broadening the scope to include reference to professional boundaries between osteopaths and patients, students and/or colleagues;
- strengthening expectations to reflect and record in relation to the duty of candour;
- strengthening expectations in relation to confidentiality and access to patient information only where necessary;
- clarifying responsibilities for continuity of patient care by making arrangements for secure access to patient records in the event of death, retirement or incapacity.
- strengthening expectations for inclusive and non-discriminatory practice (including specific mention of bullying and harassment (including sexual harassment), speaking up and workplace culture;
- clarifying expectations for public communications, including social media whilst also taking account of freedom of speech;
- addressing professional responsibilities when teaching techniques used in osteopathic practice to people who are not osteopaths;
- clarity around professional obligations and behaviour towards those osteopaths work with including supporting the development of others
- additional clarity around requirements for osteopaths on managing their health and when to notify the GOsC about issues with their health.

Inclusive practice (equity, diversity, inclusion and belonging)

The proposals move beyond simply stating the requirement to comply with equality law and develops expectations concerning inclusive, fair and non-discriminatory practice and anticipating, recognising and responding to patients' individual needs and circumstances. We have also included an explicit requirement to recognise and take action when encountering discrimination, including naming racism where it occurs.

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17. To what extent do you agree or disagree that the proposed standards and guidance set appropriate expectations for inclusive and non-discriminatory practice?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Not sure

If you wish, please explain your answer, including any suggestions on how this could be improved.

18. To what extent do you agree or disagree that the proposed guidance sets appropriate expectations for taking action when encountering discrimination in practice?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Not sure

If you wish, please explain your answer, including any suggestions on any further support we could provide to support osteopaths in implementing these changes.

Duty of Candour

We have made further changes to the guidance in this standard to ensure that osteopaths reflect on what has occurred, meet any reporting requirements and consider what they could do to keep patients from harm in the future.

19. To what extent do you agree or disagree that the proposed guidance sets appropriate expectations for osteopaths around meeting their professional duty of candour?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree

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- Strongly disagree
- Not sure

If you wish, please explain your answer, including any suggestions on how this could be improved.

Professionalism and teaching techniques to non osteopaths

The proposed guidance addresses professional responsibilities where osteopaths teach techniques to people who are not osteopaths, including the suitability of the training, patient safety and avoiding misleading implications about qualifications or professional status.

20. To what extent do you agree or disagree that the proposed guidance sets appropriate expectations for osteopaths who teach techniques used in osteopathy to people who are not osteopaths?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Not sure

If you wish, please explain your answer, including any suggestions on how this could be improved.

Managing health and when to notify the GOsC

We have redrafted the standard and guidance to provide greater clarity for osteopaths about managing their own health and when to report issues with their health to us.

21. To what extent do you agree or disagree that the proposed standard and guidance sets appropriate expectations for osteopaths around managing their health and when to notify the GOsC?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree

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- Strongly disagree
- Not sure

If you wish, please explain your answer, including any suggestions on how this could be improved.

Theme D overall

22. Thinking about Theme D as a whole, to what extent do you agree or disagree that the proposed standards and guidance set the right expectations for osteopaths to use in practice?

    - Strongly agree
    - Agree
    - Neither agree nor disagree
    - Disagree
    - Strongly disagree
    - Not sure

Is there anything else about Theme D that you would like us to consider?

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The OPS Overall

Applying the OPS in practice

23. To what extent do you agree or disagree that the proposed OPS can be applied in the different settings and roles in which osteopaths work?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Not sure

If you wish, please explain your answer, including any suggestions on how this could be improved.

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Guidance and support

24. Are there any areas where additional guidance, examples, learning resources or other support would help people understand or apply the revised OPS?

- Yes
- No
- Not sure

If yes, please tell us what would be helpful.

The proposed OPS as a whole

25. Thinking about the proposed Osteopathic Practice Standards, how well do you feel you understand what they would require of osteopaths?

- Fully
- To a large extent
- To some extent
- To a small extent
- Not at all

If you wish, please explain your answer, including any ways in which we could improve the OPS as well as anything else we may not have considered.

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Equality impacts

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

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

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

Impact on Welsh speakers and the use of the Welsh language

In preparing for this consultation we have sought to understand how the approach we take and the potential consultation outcome meet the needs of Welsh speakers and people in Wales, especially to allow for greater opportunities for those in Wales to use the Welsh language.

There are 164 osteopaths in Wales and 4 osteopaths practising listed as 'Welsh-speaking' on the General Osteopathic Council's Register of osteopaths, as of 13 May 2025. There are also currently 138 students (update before consultation launched) studying osteopathy in Wales, and while we cannot be sure how many of these students will go on to join the Register and practise osteopathy after graduating and remain in Wales to do so, we nevertheless take this into consideration when trying to understand the scale of impact our consultation may have on osteopaths and patients in Wales in the future.

The changes that we have proposed to the OPS in this consultation would apply equally to osteopaths working in Wales, and all of the devolved nations.

We have legal duties to look for increased positive effects on opportunities to use the Welsh language and to not have adverse effects on the use of the Welsh language in our activities.

Accompanying questions

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

Yes		No	

If no, please explain your views below:

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

29. Are there any adverse effects on use of the Welsh language arising from our draft Osteopathic Practice Standards?

Yes		No	

If not, please explain what these are and how we can mitigate these below:

If you have any additional comments or feedback, these can be sent to standards@osteopathy.org.uk.

All feedback will be taken into consideration.

Disclaimer:
Artificial Intelligence was used to support the drafting of this paper. All content has been reviewed by humans, and GOsC takes full responsibility for its accuracy and quality.

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Diversity questionnaire

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

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

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

• eliminate unlawful discrimination

• promote equality of opportunity

• foster good relations between those that have particular protected characteristics and those that do not.

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

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

Please complete the diversity questionnaire

Thank you for your response to this consultation

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Annex A – Reviewing the Osteopathic Practice Standards (OPS)

At the end of 2025 we started the first stage of the review process where we ran a call for feedback. The call for feedback gathered views from osteopaths, students, patients and anyone with an interest in osteopathic practice to understand:

- What they thought of the current standards.
- How useful the standards are in practice.
- What works well and what does not.
- Whether anything important is missing (including coverage of contemporary issues).

We had 33 responses to the call for feedback. which told us that the existing framework for the students worked well, that they found the standards easy to follow and that the level of detail was sufficient. However, they also found that some of the standards were vague that left osteopaths uncertain about what was required to meet the standard.

The call for feedback highlighted that the following areas need to be updated within the updated set of standards:

- Artificial Intelligence, digital practice and remote consultations
- Social media and online professional conduct
- Professional boundaries
- Reflective practice
- Equity, diversity, inclusion and belonging
- Application of the standards to non clinical roles
- Speaking up
- Practitioner wellbeing
- Safeguarding
- Duty of candour

Following the call for feedback we formed the OPS review reference group to help us consider any changes we wanted to make to the OPS. The group included representatives from the following organisations:

- The Institute of Osteopathy
- The Osteopathic Alliance
- Sutherland Cranial College of Osteopathy
- Council of Osteopathic Education Institutions
- National Council for Osteopathic Research

There were also student and patient representatives who sat on the group.

Discussions within the group were informed by not only information that was collected via our call for feedback, but also 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.

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Within the draft of the revised OPS, 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). We have also looked at 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).

We have also used learning from fitness to practise cases to inform the revised draft.

We have set out the process of reviewing the OPS below and we are currently at Stage 3.

Stage 1	Winter 2025/26	Call for feedback
Stage 2	Spring/Summer 2026	Reference group considers call for feedback and proposed changes to the Standards.
Stage 3	Winter 2026/27	Consultation on proposed changes
Stage 4	Spring/Summer 2027	Consideration of further changes following consultation
Stage 5	Autumn 2027	New OPS published
Stage 6	Autumn 2028	New OPS comes into effect

Further information about the review process can be found on our website: https://www.osteopathy.org.uk/about-gosc/how-we-work/consultations/consultations-osteopathic-practice-standards-update-call-for-feedback/

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General Osteopathic Council

Annex C to 13

Equality Impact Assessment Template

Step 1 – Scoping the EIA

Title of policy or activity	
Review of the Osteopathic Practice Standards (OPS).	
Is a new or existing policy/activity?	
It is an existing policy which is being revised.	
What is the main purpose and what are the intended outcomes of the policy/activity?	
The purpose of the activity is to undertake a review of the OPS. Based on the evidence generated through the review, we will make changes to the standards to ensure that continue reflect changes in law, society and public expectations.	
Who is most likely to benefit or be affected by the policy/activity	
The standards need to be met by all practising osteopaths. Any changes made to the standards will have a direct impact on osteopaths. Indirectly, patients will also be affected as what the standards say will determine osteopaths' practice. Up to date standards that take into account of developments in society, the law and changes in practice should improve the care osteopaths provide to patients.	
Does this policy or activity impact on the use of the Welsh language?	
Yes, the review will need to take into account Welsh speakers. Welsh speakers were able to provide a response to the call for feedback and will also be able to respond to the formal consultation when launched as we plan to have this translated into Welsh. We will also produce a version of the OPS in Welsh.	
Dates of the EQIA	
• When did it start?	11/11/2025
• When was it completed?	10/11/2026
• When should the next review of the policy/activity take place?	15/03/2027

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Useful information

What information would be useful to assess the impact of the policy/activity on equality?
• Protected characteristic data from our register. • Protected characteristic data from our education annual reports. • UK Census data with respect to protected characteristics. • CPD Evaluation data
Is there data relating to people with any/each of the protected characteristics and, if relevant, on people in Wales?[1]
We collect data on the 9 protected characteristics at the point of registration with the General Osteopathic Council. We also know how many osteopaths are based in Wales and speak Welsh. As part of our quality assurance processes, we also collect protected characteristic data for enrolled and progressed students on sex, age, ethnicity and disability.
Where can we get this information and who can help?
This information is available internally and from UK Census from the Office for National Statistics.

Step 2 – Involvement and consultation

If you have involved stakeholders, briefly describe what was done, with whom, when and where. Please provide a brief summary of the response gained and links to relevant documents, as well as any actions.
We have engaged stakeholders in pre-engagement activities via a call for feedback. During the call for feedback, all registrants were sent a survey to complete asking them for their thoughts on the current standards. The survey was also published externally and promoted. We also offered the opportunity for respondents to provide us with feedback over the phone. There were 33 responses to the call for feedback. Almost all respondents were based in England. There were no responses from Scotland, Wales and Northern Ireland. Most of the respondents had also been on the register for 3 or more years and therefore views may not have been represented of those that were newly

Coe Lorna
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[1] The nine protected characteristics in the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

qualified. Results from the call for feedback played an important role in shaping the draft OPS.

We also formed a stakeholder reference group to help us with revising the standards. Participants are from different groups, representing osteopaths, patients, students and osteopathic educators. There is a mix of genders, ages and ethnicities. Each bring a different perspective to the discussions.

For further information see: https://www.osteopathy.org.uk/about-gosc/how-we-work/consultations/consultations-osteopathic-practice-standards-update-call-for-feedback/

Step 3 – Data collection and evidence

What evidence or information do you already have about how this policy might affect equality for people with protected characteristics under the Equality Act 2010 and for people in Wales under the Welsh Language Standards?

Please cite any quantitative (such as statistical data) and qualitative (such as survey data, complaints, focus groups, meeting notes or interviews) relating to these groups. Describe briefly what evidence you have used.

- **Disability:** According to the current data we hold on the register, 205 osteopaths or 3.6% declared they had a disability, with a further 226 (3.95%) declaring that they preferred not to say. We will need to ensure that any new requirements do not create any new burdens for them. Additionally, we need to make sure that there are a variety of ways for osteopaths with a disability to respond to the formal consultation as we are under-represented in this area compared to census data. We have a group of osteopaths who helped us develop accessible CPD guidance and we can ask them if they would provide specific feedback on the OPS.
- **Pregnancy/maternity:** A small number of osteopaths currently on maternity leave. Potential impact around communication of the consultation and their ability to engage. We will write specifically to osteopaths who are non-practising to invite them to participate in the consultation and to find out how we can make this participation easier for them.
- **Age:** Of the total registrants 12% were aged 30 or under, 23% were aged between 31 and 40, 24% were aged between 41 and 50, 24% were aged between 51 and 60, 14% were aged between 61 and 70, 2% were aged 71 or over. Younger osteopaths could be impacted due to new requirements not being yet reflected in the current graduate outcomes. Older osteopaths could be impacted by new requirements that could change their current practice. We will take steps to ensure that we speak to groups of all ages as part of the consultation.
- **Sex:** The latest registration report taken at end September 2026, indicates there were 3,037 female registrants (53.07%) and 2,686 male registrants (46.93%). No direct impact has been identified so far as the standards are gender neutral and apply to all. However, we need to consider whether the addition of requirements around tackling

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discrimination are more challenging to implement for women as opposed to men. We will explore this as part of the consultation.

- **Race:** The ethnicity data from our register shows that 75.26% identified as White or White British, 4.91% as Asian or Asian British, 3.27% as having a mixed ethnic background, 1.57% as Black or Black British, and 1.15% as belonging to another ethnic group. A further 6.76% selected 'Prefer not to say', while 7.08% had no response recorded.

  We are proposing new requirements around challenging racism within the standards, which some osteopaths may find difficult and worry that they are more likely to have complaints raised against them. We will use the consultation to seek views from osteopaths identifying in different groups to hear their views on the draft OPS.
- **Religion/belief:** The religion or belief data from our register show that 24.04% identified as Christian and 20.30% reported no religion or belief. A further 6.55% identified as atheist, 6.24% as agnostic and 4.25% as spiritual. Smaller proportions identified as Hindu (1.50%), Buddhist (1.38%), Muslim (1.28%), Jewish (1.15%), Sikh (0.68%), Pagan or Humanist (0.61%). A further 1.01% selected 'Other religion or belief'. In total, 20.84% selected 'Prefer not to say', while 10.17% had no response recorded.

  No impacts could be identified but we will explore and encourage responses from all groups to check for impacts.
- **Sexual orientation / gender reassignment:** The sexual orientation data from our register show that 68.15% identified as heterosexual, 2.34% as gay or lesbian, 2.84% as bisexual, asexual, queer or pansexual. A further 0.66% selected 'Prefer to self-describe'. A further 17.14% selected 'Prefer not to say', while 8.77% had no response recorded.

  No direct impact identified, although challenging discrimination could also be difficult for some of these groups. We will explore and encourage responses to the consultation from these groups to check for impacts and mitigations.
- **Marriage/civil partnership:** Registrant data indicates that 41% of registrants are married or in a civil partnership. No direct impact identified.
- **Welsh language:** No direct impact besides being able to read the OPS in Welsh, which we are addressing through our plan to translate it for the consultation and once it is finalised.

What additional research or data is required to fill any gaps in your understanding of the potential or known effects of the policy? Have you considered commissioning new data or research?

We have captured views on how we can make the standards more accessible via our call for feedback and we will also ask about impact on protected characteristics when we consult over the winter in 2026-27.

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Step 4 – assessing impact and strengthening the policy

What does the data reviewed tell us about the people the policy/activity affects, including the impact or potential impact on people with each/any of the protected characteristics and people in Wales?
• **Disability:** No specific impact although need to consider whether any new requirements have an indirect impact. *Mitigation:* Ensure there are flexible ways to respond to the consultation and we ask about impacts as part of the consultation. • **Gender reassignment:** No direct impact identified at this point. But we will need to check with the group as part of the consultation • **Marriage/civil partnership:** No direct impact identified at this point. • **Pregnancy/maternity:** We need to ensure that those osteopaths on maternity leave are informed of the consultation and that there is sufficient time and opportunity for them to respond. *Mitigation:* The consultation will be open for 12 weeks and we will make sure there are different ways to provide a response. We will also approach this group directly to see how we can support them to participate in the consultation. • **Race:** Ethnic minorities may find it difficult to challenge discrimination in practice. *Mitigation:* Seek data through consultation; Use the data to identify whether any further supporting guidance needs to be developed. • **Religion or belief:** No direct impact identified but we will check as part of the consultation. • **Sex (gender):** Some women may also find it difficult to challenge discrimination especially those who work as sole practitioners. *Mitigation:* Seek data through consultation; Use the data to identify whether any further supporting guidance needs to be developed. • **Sexual orientation:** No direct impact identified but we will check as part of the consultation. • **Age:** No significant impact identified at this point although some older or younger osteopaths may be affected. • **Welsh language:** No negative impact if communications comply with Welsh Language Standards.

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Are there any implications in relation to each/any of the different forms of discrimination defined by the Equality Act and on opportunities to use the Welsh Language?
Given the diversity of the UK population in general, we will need to consider our approach to consultation and how we can ensure that any osteopath, patient or other stakeholder holding one or more of the nine protected characteristics has the opportunity to fully engage and to have their views heard. We will also need to consider how the consultation will be accessible for Welsh speakers.
What practical changes will help to reduce any adverse impact on particular groups?
We will seek data on the impact on the protected characteristics through the consultation. For our consultation, we will: • undertake a mixture of face to face events and online webinars. • offer different ways to provide feedback during the consultation process. • Invite specific groups to participate in the consultation taking steps to specifically reduce any barriers to them doing so. Once finalised, we will also need to consider how we publish the standards, including the format to ensure that they are accessible for those with a disability. Furthermore, changes we are proposing in the standards around recognising unconscious bias and inclusive practice will help to improve the experience for patients as well as for osteopaths from diverse backgrounds.

What could be done to improve the promotion of equality within the policy?
We will need to make sure that no groups with protected characteristics are excluded from engagement. We will consider this as part of our consultation strategy and actively seek to understand and reduce barriers to participation. Once the new OPS is implemented, it will also be promoted through our CPD scheme which requires osteopaths to undertake CPD in the four themes of the Osteopathic Practice Standards.

Step 5 – making a decision

Summarise your findings and give an overview of whether the policy will meet the GOsC's objectives in relation to equality.
There may be some groups that are disproportionally impacted through the consultation process and the new requirements we set in the draft OPS. We will ensure that the consultation allows for responses from different groups with protected characters and seek feedback on the changes to inform what further

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support may be needed to help certain groups implement any of the proposed changes or whether those changes appear in the final version. Changes currently proposed to the OPS will provide additionally clarity around the need for osteopaths to meet the needs of the UK's diverse patient population.
What practical actions do you recommend to reduce, justify or remove any adverse/negative impact?
We will need to be mindful to ensure that all those holding protected characteristics are able to engage in the consultation and be part of the review process where they wish to be. This includes: • Holding a number of online webinars to inform stakeholders of the changes. • Holding some in person events. • Allowing osteopath to respond to the consultation in a variety of ways including over the phone, in writing or through the online survey.
What practical actions do you recommend to include or increase potential positive impact?
• Ensure it is clear why and where we have made the changes. • Explain that we can develop external guidance if further support is needed to translate the standards into practice. • Engage widely with stakeholders explaining the process undertaken to make clear we have had expert input in developing this.

Step 6 – monitoring, evaluation and review

How will you monitor the impact/effectiveness of the policy/activity?
The EIA will be regularly reviewed by the project lead. In particular, this will take place prior to consultation as well as following the consultation.
What is the impact of the policy/activity over time?
The OPS sets the standards for osteopaths and also sets out what patients can expect from osteopaths. It needs to be sufficiently flexible to take into account changing demographics and apply to all. The proposed additions aim to support osteopaths to consider more inclusive practice and help them to consider how they can best serve the communities in which they practice.

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Where/how will this EIA be published and updated?
We will publish the EIA when the revised OPS has been finalised. We will also update annually or sooner if significant impacts emerge.

Step 7 – action planning

Please detail any actions that need to be taken as a result of this EIA		
Action	**Owner**	**Date**
EiA reviewed by Director of Education, Standards and Development. Suggestions made in relation to specific invitations to groups to understand barriers to responding to the consultation with a view to removing these and expert advice on equality.	Fiona Browne	10 November 2026
Translate the draft revised OPS and consultation document into Welsh.	Communications Team	20/11/2026-5/12/2027
Ensure Communications plan reflects EIA and mitigations	Communications Team/Paul Stern	10/11/2026-15/11/2026
Seek advice from expert in equality, diversity and inclusion as part of the consultation.	Fiona Browne / Paul Stern	December to March 2027
Review consultation response and how this may affect the EIA	Paul Stern	15/03/2027
Accessible publication of Standards	Communications Team/Paul Stern	August/ September 2027

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