
NATIONAL COUNCIL FOR OSTEOPATHIC RESEARCH

UNAUDITED

TRUSTEES' REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 APRIL 2016

NATIONAL COUNCIL FOR OSTEOPATHIC RESEARCH

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NATIONAL COUNCIL FOR OSTEOPATHIC RESEARCH

TRUSTEES' REPORT FOR THE YEAR ENDED 30 APRIL 2016

The Trustees present their annual report together with the financial statements of National Council for Osteopathic Research (the charity) for the year ended 1 May 2015 to 30 April 2016. The Trustees confirm that the Annual Report and financial statements of the charity comply with the current statutory requirements, the requirements of the charity's governing document, the Charities Act 2011 and the Accounting and Reporting by Charities: Statement of Recommended Practice (SORP) applicable to charities preparing their accounts in accordance with the Financial Report standard applicable in the UK and Republic of Ireland (FRS102) (effective 1 January 2015), as amended by update Bulletin 1 (effective 1 January 2016).

OBJECTIVES AND ACTIVITIES

Policies and objectives

In setting objectives and planning for activities, the Trustees have given due consideration to general guidance published by the charity commission relating to public benefit. The role of NCOR is to promote for the public benefit the advancement of education and the promotion of good health in particular but not exclusively by:

- (1) Leading and facilitating osteopathic research development in the UK, including developing a comprehensive and cohesive research strategy providing both direction and coordination of osteopathic research.
- (2) Representing the osteopathic profession on matters relating to the osteopathic evidence base and research development. Acting on behalf of the profession, in a research context, to the media, the public and patients, policy-makers, the inter-professional research community, other health professions and healthcare regulators.
- (3) Providing a forum for osteopathic educational institutions (OEs) through which to forge consistent standards in research governance, to share expertise, achieve economies of scale, and foster undergraduate and postgraduate research collaboration. Promoting research capacity and scholarship.
- (4) Providing osteopaths, the public and patients, healthcare professionals, and the research and academic community with a recognised, high quality and accessible resource of research-related information concerning the distinctive body of knowledge within osteopathic practice.
- (5) Improving awareness of osteopathic research development amongst osteopaths and the wider community. Establishing links and building networks within the research fraternity, nationally and internationally, with a view to development through collaboration. Formulating and fostering strategies for attracting funding for osteopathic research development.
- (6) Providing systems relevant for grants governance and research governance for the benefit of all stakeholders.
- (7) Fostering and disseminating outputs from osteopathic audit, evaluation, and research activities.

NATIONAL COUNCIL FOR OSTEOPATHIC RESEARCH

TRUSTEES' REPORT (continued) FOR THE YEAR ENDED 30 APRIL 2016

ACHIEVEMENTS AND PERFORMANCE

NCOR in 2015–16 has had a year of consolidation, integration and some initiation.

Our patient reporting platforms were operationalised and utilised, and our first analysis of data has shown that the Patient Incident Learning and Reporting System (PILARS) for use by osteopaths has produced a variety of interesting incidents and constructive comments. The Patient Reported Experiences of Osteopathic Services (PREOS) system has had a slow uptake, but the content is useful to illustrate the patient perspective. The national database for patient reported outcomes is now implemented, and we have around 63 osteopaths and their patients signed up to date.

Initial analysis of data shows that patients are responding well to osteopathic treatment and report positive experiences.

This year saw the emergence of our Centre for Reviews; we welcomed Dr Clare Miles to the NCOR team to carry out the paediatric review, which was part-funded by the crowd fundraising initiative from the previous year. We also have six volunteers who we are training in reviewing techniques, and who are updating some of our snapshot summaries and doing some new research.

We continue to disseminate research information to osteopaths using our website, the osteopathic magazines and social media, which have in some instances generated lots of activity: one particular article generated nearly 5,000 views. In addition to osteopathic educational institution talks this year, we have attended six regional society meetings to talk about the work of NCOR and how getting involved with the patient reported outcomes data collection exercise will help the profession.

We continue to maintain a strong presence in the international arena, and the NCOR Director was asked by the Osteopathic International Alliance to represent the profession at a World Health Organization taskforce to discuss and address the issues surrounding research into complementary and alternative healthcare throughout the world.

Queen Mary University of London, Barts and The London School of Medicine and Dentistry continue to support NCOR, as do most of the osteopathic education institutions, and this year we welcomed the Sutherland Cranial College of Osteopathy as a member of NCOR.

NATIONAL COUNCIL FOR OSTEOPATHIC RESEARCH

TRUSTEES' REPORT (continued) FOR THE YEAR ENDED 30 APRIL 2016

Review of Activities

1. Dissemination

Website

Approximately 1,600 people visit our website per month. Mobile and tablet access continues to grow, with access by these devices approaching 20% while desktop access has dropped to 80%.

Social media

Twitter attracts a higher average number of views compared to Facebook (approximately 1,800 per tweet) although a lower maximum number of views (approximately 2,500). This approximates to our tweets being seen 230 times per day.

Outreach visits

This year, we decided to increase the number of face-to-face contacts with the profession to promote NCOR and our projects for patient reported outcomes and our adverse event learning platforms. We made presentations at the osteopathic educational institutions (five), osteopathic regional societies (six), the Sutherland Cranial College conference and training day, and the General Osteopathic Council Regional Communications Network day.

Promotion of NCOR and presentations

We have also presented our work at:

- the Institute of Osteopathy convention – November 2015, Staines, UK
- the Osteopathic International Alliance conference (oral presentation on app development and quantitative findings) – 27th September 2015, Montreal, Canada
- William Harvey Research Day at Queen Mary University of London (poster presentation) – 20th October 2015, London, UK
- the Society for Back Pain Research conference (oral presentation and poster presentation) – 5th and 6th November 2015, Bournemouth, UK
- the PROMs summit (two posters describing quantitative and qualitative findings) – 1st December 2015, Birmingham, UK
- the Royal College of Chiropractors AGM (talk about research initiatives in osteopathy) – 28th January 2016, London, UK
- the American Osteopathic Association convention (keynote) – 15th to 17th March 2016, Orlando, USA
- the British School of Osteopathy (evaluation of the OsteoMAP programme) – 2nd April 2016, London, UK.

2. International relations

The Director of NCOR was also asked by the Osteopathic International Alliance to represent osteopathy and contribute to a World Health Organization project on the development of research in complementary and traditional medicines. This was an important working group on an international platform which will influence the global health agenda by recognising that a vast proportion of people do not have access to western medicine and rely on traditional and complementary therapies – but that we do not know enough about the effectiveness and safety of these therapies, how widely they are accessed, and the types of conditions they are used to aid.

3. Centre for reviews

In February 2016 we appointed a systematic reviewer to conduct a review of literature into manual therapy care of paediatric patients that is in part funded from money donated by our crowd fundraising campaign in 2014–15. We also recruited six volunteers, who we have trained and are supporting to undertake some research updating our snapshot summaries of evidence. These snapshots are provided to osteopaths on our website.

NATIONAL COUNCIL FOR OSTEOPATHIC RESEARCH

TRUSTEES' REPORT (continued) FOR THE YEAR ENDED 30 APRIL 2016

Review of activities (continued)

4. Adverse event learning and reporting platforms

Our patient incident and patient experience learning and reporting platforms, (PILARS - for collecting data from practitioners and PREOS - for collecting data from patients about their experiences of osteopathic care) have been available for use for just over a year.

Patient Reported Experiences of Osteopathic Services (PREOS)

PREOS is the learning resource for osteopaths, enabling practitioners to see how patients perceive osteopathic care and report their experience of practice (www.ncorpreos.org.uk).

To date, 16 patient reports have been submitted. Reports have been largely positive.

Patient Incident Learning and Reporting System (PILARS)

PILARS allows osteopaths to upload reports about difficult situations they have experienced in practice, with the aim that other practitioners can learn from the way they dealt with these situations; other osteopaths can also post comments on the reports. The platform can be found at: www.ncorpilars.org.uk

To date, 15 incident reports have been submitted. The comments posted relating to these reported incidents have been constructive and informative, and indicate professional maturity. We hope that the osteopaths have found this service helpful.

The reported incidents covered widely varying themes. The most common themes were:

- managing patient expectations
- worries about side-effects of osteopathic treatment
- discussing consent with patients
- clinical tests
- undetected pathology.

Less frequently reported issues included:

- dealing with unsatisfied patients
- challenging patients (dealing with patient aggression and unusual demands).

Comments posted about these incidents mainly addressed managing patient expectations. They also covered anatomy, symptom duration, involving the patient in decision-making, and risks associated with thrust techniques. Less frequently occurring themes were wide-ranging and included patient-clinician boundaries, identifying patients who have challenging needs, the value of clinical judgement, and the side-effects and benefits of treatment.

One reported incident involved a patient who experienced cervical artery dissection after treatment by an osteopath. The patient had been examined by their GP and ophthalmologist, and medicated for migraine. The osteopath undertook a peer-supervised critical incident review.

More information can be found in our PILARS summary report, which can be requested via our website at: www.ncor.org.uk/contact-us/

5. Patient reported outcome measures (PROMs)

NCOR, with Clinvivo and the financial support of the Institute of Osteopathy, has developed an IT solution for data capture of patient reported outcomes after osteopathic treatment. Data are collected using a smartphone

NATIONAL COUNCIL FOR OSTEOPATHIC RESEARCH

TRUSTEES' REPORT (continued) FOR THE YEAR ENDED 30 APRIL 2016

app or online facility. This project was initiated to gather data to provide evidence for the profession about the outcomes of osteopathic care on the patient population that we treat.

During the last year the PROM data collection facility has progressed. We have:

- completed all the qualitative interviews
- completed the piloting of the app
- modified the app based on the findings of the pilot
- implemented the app in clinical practice.

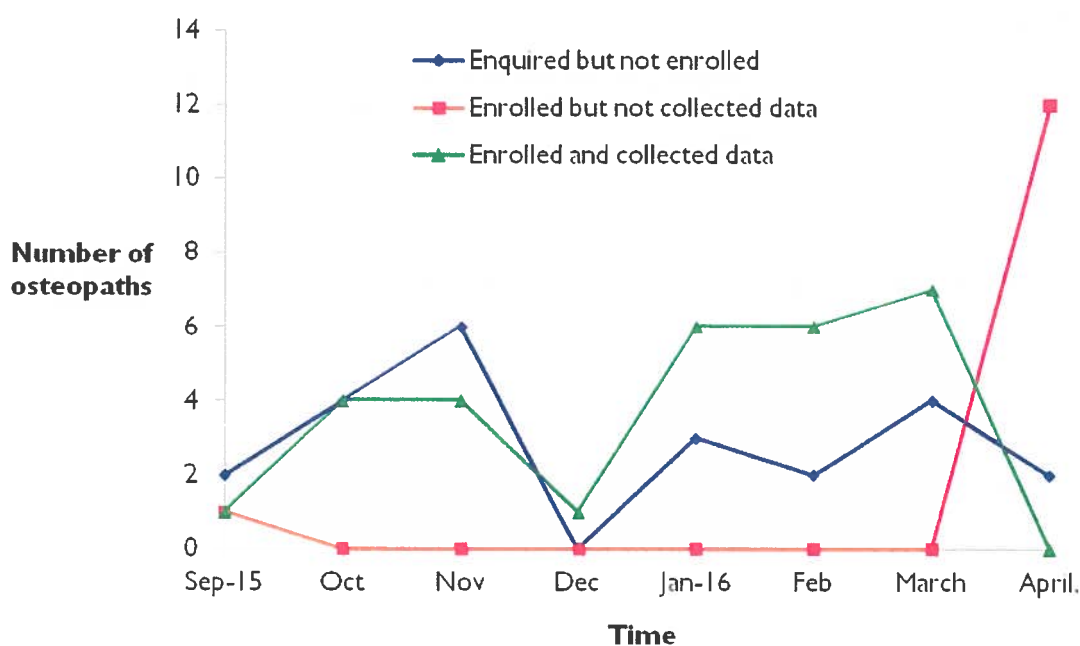
Implementation of the app

A modified version of the app for use by the profession was launched in September 2015. Although uptake has been slow, it is increasing; this increase has coincided with outreach visits and the opportunity for osteopaths to hear about the experiences of their peers when using the app. A resource pack is sent to osteopaths who sign up to implement the app in their practice, and considerable support is given by the NCOR team.

The section of the NCOR website related to PROMs (www.ncor.org.uk/practitioners/patient-reported-outcomes/) was revised when the app reached its implementation stage; there is now information for clinicians and patients describing the project, along with 'frequently asked questions'.

Since the implementation of the app began, data returns continue to rise steadily. The number of osteopaths now equipped to use the app is 63, and to date we have had 102 patients complete a baseline questionnaire, with 41 returns for a one-week follow up and 18 at six weeks.

Post-pilot data collection participation



The phone app is now available on Android, Windows and iOS (Apple) smartphone operating systems. The peer-review process required by Apple has been extensive, but having the app available in iOS format for use

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TRUSTEES' REPORT (continued) FOR THE YEAR ENDED 30 APRIL 2016

on iPhones and iPads should help uptake among patients.

Encouraging uptake

Communications about the development of the PROM app, and the findings of our qualitative research and quantitative analysis have appeared in the osteopathic press (published and electronic bulletins) on a regular basis. In addition we have attended six regional society meetings, talked to students at five osteopathic educational institutions and presented the work at the General Osteopathic Council Regional Communications Network day in March 2016.

6. Advice and guidance

Information requests and advice

We received 107 formal and informal enquiries between May 2015 and April 2016 for information and advice about research, using the PROM app, where to locate information, and how to provide evidence to different stakeholders.

NCOR has been providing advice and support relating to the Advertising Standards Authority's Code of Advertising Practice and guidance for the advertising of osteopathic services. This work is ongoing and important in ensuring the quality of osteopaths' public information.

In addition, when the National Institute for Health and Care Excellence (NICE) produced new draft guidance for the management of low back pain with and without sciatica, NCOR as a stakeholder submitted detailed comments on behalf of the osteopathic profession.

7. Miscellaneous developments

Future of the profession

NCOR are one of the five bodies contributing to the initiative for the development of the profession (the Osteopathic Development Group). NCOR's role is to develop the evidence base and relevant research for osteopathy, which we are continuing to do.

Regional hubs

The regional hubs continue: there are five active regional hubs. Hub meetings are run via Skype or teleconference where possible. Topics for hub meetings are selected by attendees, and are relevant to clinical practice.

Engagement with osteopathic educational institutions

The NCOR team continues to support the promotion of research in the osteopathic educational institutions through a number of methods. Talks have been delivered at six of the institutions throughout the year. Members of the NCOR team also act as external examiners and assess research presentations within some of the educational institutions.

NATIONAL COUNCIL FOR OSTEOPATHIC RESEARCH

TRUSTEES' REPORT (continued) FOR THE YEAR ENDED 30 APRIL 2016

FINANCIAL REVIEW

Financial Review

During the year, total income amounted to £132,609, with costs of £87,923. Unrestricted reserves at the year end were £86,797.

This financial year we lost income from three of the osteopathic educational institutions – Leeds Beckett University (formerly Leeds Metropolitan), Oxford Brookes University and the London College of Osteopathic Medicine – owing to course closures or financial constraints. However, as NCOR has become a charity, Barts and The London School of Medicine and Dentistry no longer charge NCOR for its overhead costs. This has offset the losses from the donations of the three educational institutions.

Income has been generated from the final payment from the British School of Osteopathy for our work on the evaluation of chronic pain service OsteoMap (£7,166), and from the General Osteopathic Council (GOsC) for our work on the analysis of claims and complaints arising from insurers, the GOsC and the Institute of Osteopathy (£1,100). In addition we have received £4,363 in donations.

Reserves policy

The Trustees have yet to establish a reserves policy.

Principal funding

NCOR is funded by donations from the General Osteopathic Council, the Institute of Osteopathy, the osteopathic education institutions and the Osteopathic Educational Foundation, and by other generous donations from members of public, osteopaths and supporters.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Constitution

NCOR became a Charitable Incorporated Organisation on 29 May 2014 (registered charity number 1157217) and this report marks the end of the first year of its operation as a fully-fledged and independent organisation.

Method of appointment or election of Trustees

There are five NCOR trustees: Martin Pendry (appointed by the Osteopathic Educational Foundation); Maurice Cheng (appointed by the Institute of Osteopathy); Rachel Ives (appointed by the Council of Osteopathic educational Institutions); Steve Vogel (elected by the NCOR Research Council); and Tim Walker (appointed by the General Osteopathic Council). They were appointed on incorporation.

The Trustees' role is not to sit as 'representatives' of their respective organisations but to ensure the effective operation of the charity, while the day to day research-related activities of NCOR are the responsibility of the NCOR Director and her team.

Organisational structure and decision making

Dr Dawn Carnes is the NCOR director (one day per week), Carol Fawkes is the Senior Research Officer and Austin Plunkett is the Research Assistant (both three days per week), Dr Clare Miles is our new systematic reviewer on a one-year contract (two days per week).

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TRUSTEES' REPORT (continued) FOR THE YEAR ENDED 30 APRIL 2016

PLANS FOR FUTURE PERIODS

Future developments

1. Dissemination of information

We continue to try and make research more user-friendly and are disseminating information through the website, social media, talks at osteopathic educational institutions, and conference presentations.

2. Conference and CPD

We plan to promote NCOR and the latest research via two one-day conferences: one in London and one in the northern counties. Multi-modal care is going to be a future focus of care delivery based on new guidance, and osteopaths may need to explicitly recognise the multi-component aspect of the care they give their patients to align themselves more closely with NICE recommendations.

3. Website redesign

Our website has grown extensively over the last three years, and we will need to invest time and money updating and reorganising this resource to ensure that it is user-friendly and accessible for all online devices.

NCOR objectives 2015–2018

To promote for the public benefit the advancement of education and the promotion of good health, in particular but not exclusively by the objectives shown in column 2 of Table 1. The final column indicates the operational and strategic tasks for 2015–18. The items in plain text are those that are undertaken by NCOR already; those in italics are projects that will require additional funding and are still to do.

Area	Objective	Current and future (italic) tasks
Development	Leading and facilitating osteopathic research development in the UK, including developing a comprehensive and cohesive research strategy providing both direction and coordination of osteopathic research.	<p>Continuing the development and implementation of existing projects</p> <p><i>Using the Delphi consensus study findings to prioritise studies for targeting research funding</i></p> <p>Day-to-day management of NCOR activity; responding to enquiries</p>

NATIONAL COUNCIL FOR OSTEOPATHIC RESEARCH

**TRUSTEES' REPORT (continued)
FOR THE YEAR ENDED 30 APRIL 2016**

Area	Objective	Current and future (<i>italic</i>) tasks
Representing the profession	Representing the osteopathic profession on matters relating to the osteopathic evidence base and research development. Acting on behalf of the profession, in a research context, to the media, the public and patients, policy-makers, the inter-professional research community, other health professions and healthcare regulators.	<p>Actively seek opportunities for NCOR representation on relevant panels, development groups and professional advancement bodies, as opportunities arise</p> <p>Respond to requests about research as they arise and create a FAQ section about osteopathy the profession can use when discussing osteopathy in the wider health care arena</p>
Promoting research capacity and scholarship	Providing a forum for osteopathic educational institutions (OEIs) through which to forge consistent standards in research governance, share expertise, achieve economies of scale, and foster undergraduate and postgraduate research collaboration.	<p>Four charity member meetings per annum</p> <p>Encourage and coordinate cross-OEI research</p> <p><i>Raise funds for a new PhD studentship (2017)</i></p>
Dissemination of relevant research	Providing osteopaths, the public and patients, healthcare professionals, and the research and academic community with a recognised, high-quality and accessible resource of research-related information concerning the distinctive body of knowledge within osteopathic practice.	<p>Continue to update the website and use social media to inform the profession and others of relevant work</p> <p>Set up a blog</p>

NATIONAL COUNCIL FOR OSTEOPATHIC RESEARCH

TRUSTEES' REPORT (continued) FOR THE YEAR ENDED 30 APRIL 2016

Area	Objective	Current and future (<i>italic</i>) tasks
Collaboration with a view to raising funds	Improving awareness of osteopathic research development among osteopaths and the wider community. Establishing links and building networks within the research fraternity, nationally and internationally, with a view to development through collaboration. Formulating and fostering strategies to attract funding for osteopathic research development.	<p>Continue to work with the Osteopathic International Alliance as chair of the International Osteopathic Research Network</p> <p>Explore fundraising opportunities:</p> <ul style="list-style-type: none"> • <i>NCOR conference</i> • <i>CPD online</i> • <i>Identify key projects for fundraising</i> <p>Undertake ad hoc research projects</p>
Research governance	Providing systems relevant for grants governance and research governance, for the benefit of all stakeholders.	Update research governance guidance as required and continue to advise in this area
Research projects and professional development	Fostering and disseminating outputs from osteopathic audit, evaluation, and research activities.	<p>Continue with:</p> <ul style="list-style-type: none"> • the PROMs project • developing the PILARS and PREOS sites <p>Initiate a systematic review centre for research relevant to osteopathy</p>

NATIONAL COUNCIL FOR OSTEOPATHIC RESEARCH

TRUSTEES' REPORT (continued) FOR THE YEAR ENDED 30 APRIL 2016

Trustees' responsibilities statement

The Trustees are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in England & Wales requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources of the charity for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgments and accounting estimates that are reasonable and prudent;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The Trustees are responsible for keeping proper accounting records that are sufficient to show and explain the charity's transactions and disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provisions of the trust deed. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

This report was approved by the Trustees on 23/4/16 and signed on their behalf by:



.....
Tim Walker
Chair of the Trustees

NATIONAL COUNCIL FOR OSTEOPATHIC RESEARCH

**REFERENCE AND ADMINISTRATIVE DETAILS OF THE CHARITY, ITS TRUSTEES AND ADVISERS
FOR THE YEAR ENDED 30 APRIL 2016**

Trustees

Martin Pendry
Maurice Cheng
Rachel Ives
Steve Vogel
Tim Walker

Charity registered number

1157217

Principal office

Yvonne Carter Building
58 Turnier Street
London
E1 2AB

Accountants

Peters Elworthy & Moore
Chartered Accountants
Salisbury House
Station Road
Cambridge
CB1 2LA

Bankers

NatWest
Black Lion House
45 Whitechapel Road
London
E1 1DU

NATIONAL COUNCIL FOR OSTEOPATHIC RESEARCH

INDEPENDENT EXAMINER'S REPORT FOR THE YEAR ENDED 30 APRIL 2016

Independent Examiner's Report to the Trustees of National Council for Osteopathic Research

I report on the financial statements of the charity for the Year ended 30 April 2016 which are set out on pages 15 to 23.

This report is made solely to the charity's Trustees, as a body, in accordance with section 145 of the Charities Act 2011 and regulations made under section 154 of that Act. My work has been undertaken so that I might state to the charity's Trustees those matters I am required to state to them in an Independent Examiner's Report and for no other purpose. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the charity and the charity's Trustees as a body, for my work or for this report.

The financial statements have been prepared in accordance with Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) in preference to the Accounting and Reporting by Charities: Statement of Recommended Practice issued on 1 April 2005 which is referred to in the extant regulations but has been withdrawn.

This has been done in order for the accounts to provide a true and fair view in accordance with the Generally Accepted Accounting Practice effective for reporting periods beginning on or after 1 January 2015.

Respective Responsibilities of Trustees and Examiner

The charity's Trustees are responsible for the preparation of the financial statements, and they consider that an audit is not required for this Year under section 144(2) of the Charities Act 2011 (the Act) and that an independent examination is needed.

It is my responsibility to:

- examine the financial statements under section 145 of the Act;
- follow the procedures laid down in the general Directions given by the Charity Commission under section 145(5)(b) of the Act; and
- state whether particular matters have come to my attention.

Basis of Independent Examiner's Report

My examination was carried out in accordance with the general Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the financial statements presented with those records. It also includes consideration of any unusual items or disclosures in the financial statements, and seeking explanations from you as Trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently no opinion is given as to whether the financial statements present a 'true and fair view' and the report is limited to those matters set out in the statement below.

NATIONAL COUNCIL FOR OSTEOPATHIC RESEARCH

**INDEPENDENT EXAMINER'S REPORT (continued)
FOR THE YEAR ENDED 30 APRIL 2016**

Independent Examiner's Statement

In connection with my examination, no matter has come to my attention:

- (1) which gives me reasonable cause to believe that in any material respect the requirements:
- to keep accounting records in accordance with section 130 of the Act; and
 - to prepare financial statements which accord with the accounting records Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) and in other respects and comply with the accounting requirements of the Act
- have not been met; or
- (2) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the financial statements to be reached.

Signed:

Dated: 5 December 2016

Judith Coplowe FCA

Peters Elworthy & Moore
Salisbury House
Station Road
Cambridge
CB1 2LA

NATIONAL COUNCIL FOR OSTEOPATHIC RESEARCH

**STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 30 APRIL 2016**

	Note	Unrestricted funds 2016 £	Total funds 2016 £	Total funds 2015 £
INCOME FROM:				
Donations	2	124,343	124,343	123,524
Charitable activities	3	8,266	8,266	16,477
Investments	4	-	-	10
TOTAL INCOME		132,609	132,609	140,011
EXPENDITURE ON:				
Charitable activities	5	87,923	87,923	97,900
TOTAL EXPENDITURE		87,923	87,923	97,900
NET INCOME AND MOVEMENT IN FUNDS		44,686	44,686	42,111
RECONCILIATION OF FUNDS:				
Total funds brought forward		42,111	42,111	-
TOTAL FUNDS CARRIED FORWARD		86,797	86,797	42,111

All activities relate to continuing operations.

The notes on pages 17 to 23 form part of these financial statements.

NATIONAL COUNCIL FOR OSTEOPATHIC RESEARCH

**BALANCE SHEET
AS AT 30 APRIL 2016**

	Note	£	2016 £	£	2015 £
CURRENT ASSETS					
Debtors	9	29,618		10,290	
Cash at bank and in hand		124,730		33,621	
		<u>154,348</u>		<u>43,911</u>	
CREDITORS: amounts falling due within one year					
	10	(67,551)		(1,800)	
NET CURRENT ASSETS			<u>86,797</u>		<u>42,111</u>
NET ASSETS			<u>86,797</u>		<u>42,111</u>
CHARITY FUNDS					
Unrestricted funds			<u>86,797</u>		<u>42,111</u>
TOTAL FUNDS			<u>86,797</u>		<u>42,111</u>

The financial statements were approved by the Trustees on behalf, by:

23/11/16

and signed on their



.....
Tim Walker (Chair of the Trustees)

The notes on pages 17 to 23 form part of these financial statements.

NATIONAL COUNCIL FOR OSTEOPATHIC RESEARCH

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 APRIL 2016

1. ACCOUNTING POLICIES

1.1 BASIS OF PREPARATION OF FINANCIAL STATEMENTS

The financial statements have been prepared under the historical cost convention with items recognised at cost or transaction value unless otherwise stated in the relevant notes to these accounts. The financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and Charities Act 2011. The Trustees have decided to early adopt Update Bulletin 1 to the new SORP (effective 1 January 2016).

The financial statements have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'. This departure has involved following Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) issued on 16 July 2014 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice from 1 April 2005 which has since been withdrawn.

National Council for Osteopathic Research constitutes a public benefit entity as defined by FRS 102.

There are no significant estimates or judgements made by management in preparing these financial statements.

FIRST TIME ADOPTION OF FRS 102

These financial statements are the first financial statements of National Council for Osteopathic Research prepared in accordance with Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (FRS 102) and the Charities SORP 2015 (SORP 2015). The financial statements of National Council for Osteopathic Research for the year ended 30 April 2015 were prepared in accordance with previous Generally Accepted Accounting Practice ('UK GAAP') and SORP 2005.

Some of the FRS 102 recognition, measurement, presentation and disclosure requirements and accounting policy choices differ from previous UK GAAP. Consequently, the Trustees have amended certain accounting policies to comply with FRS 102 and SORP 2015.

1.2 RECONCILIATION WITH PREVIOUS GENERALLY ACCEPTED ACCOUNTING PRACTICE

In preparing these accounts, the Trustees have considered whether in applying the accounting policies required by FRS 102 and the Charities SORP FRS 102 the restatement of comparative items was required.

No restatements were required.

1.3 FUND ACCOUNTING

General funds are unrestricted funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the charity and which have not been designated for other purposes.

NATIONAL COUNCIL FOR OSTEOPATHIC RESEARCH

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 APRIL 2016

1. ACCOUNTING POLICIES (continued)

1.4 GOING CONCERN

The Trustees consider that there are no material uncertainties about the Charity's ability to continue as a going concern.

With respect to the next financial period, 2017, the most significant area of uncertainty that affects the charity is the level of income received.

There are no significant estimates at the reporting date that have a risk of causing a material adjustment to the carrying value of assets and liabilities within the next reporting period.

1.5 INCOME

All income is recognised once the charity has entitlement to the income, it is probable that the income will be received and the amount of income receivable can be measured reliably.

Donated services or facilities are recognised when the charity has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use of the charity of the item is probable and that economic benefit can be measured reliably.

On receipt, donated professional services and donated facilities are recognised on the basis of the value of the gift to the charity which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

Membership fees are recognised in the period to which the membership relates. Income received in advance is deferred.

Crowdfunding and other donations are recognised when the charity has entitlement to the donation.

Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Other income is recognised in the period in which it is receivable and to the extent the goods have been provided or on completion of the service.

NATIONAL COUNCIL FOR OSTEOPATHIC RESEARCH

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 APRIL 2016

1. ACCOUNTING POLICIES (continued)

1.6 EXPENDITURE

Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably.

All expenditure is recognised on an accruals basis.

Direct costs attributable to a single activity are allocated directly to that activity. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources.

Support costs are those costs incurred directly in support of expenditure on the objects of the charity and include governance costs. Governance costs are those incurred in connection with administration of the charity and compliance with constitutional and statutory requirements.

All resources expended are inclusive of irrecoverable VAT.

1.7 FINANCIAL INSTRUMENTS

The charity only has basic financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

1.8 DEBTORS

Trade and other debtors are recognised at the settlement amount after any trade discount offered. Prepayments are valued at the amount repaid net of any trade discounts due.

1.9 CASH AT BANK AND IN HAND

Cash at bank and in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

1.10 CREDITORS AND PROVISIONS

Liabilities are recognised when there is an obligation at the Balance Sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Liabilities are recognised at the amount that the charity anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide. Provisions are measured at the best estimate of the amounts required to settle the obligation. Where the effect of the time value of money is material, the provision is based on the present value of those amounts, discounted at the pre-tax discount rate that reflects the risks specific to the liability. The unwinding of the discount is recognised within interest payable and similar charges.

NATIONAL COUNCIL FOR OSTEOPATHIC RESEARCH

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 APRIL 2016**

2. INCOME FROM DONATIONS

	Unrestricted funds 2016 £	Total funds 2016 £	Total funds 2015 £
Membership fees	103,000	103,000	90,000
Crowdfunding and other donations	22,023	22,023	9,556
Gift Aid claim	(680)	(680)	732
Funds on incorporation	-	-	23,236
	<hr/>	<hr/>	<hr/>
Total donations and legacies	124,343	124,343	123,524
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

In 2015, all income related to unrestricted funds.

3. INCOME FROM CHARITABLE ACTIVITIES

	Unrestricted funds 2016 £	Total funds 2016 £	Total funds 2015 £
Web platform development	-	-	7,711
Osteomap	7,166	7,166	7,166
Complaints Report	1,100	1,100	1,600
	<hr/>	<hr/>	<hr/>
	8,266	8,266	16,477
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

In 2015, all income related to unrestricted funds.

4. INVESTMENT INCOME

	Unrestricted funds 2016 £	Total funds 2016 £	Total funds 2015 £
Investment income	-	-	10
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

In 2015, all income related to unrestricted funds.

NATIONAL COUNCIL FOR OSTEOPATHIC RESEARCH

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 APRIL 2016**

5. ANALYSIS OF EXPENDITURE BY ACTIVITIES

	Activities undertaken directly 2016 £	Governance and Support costs 2016 £	Total 2016 £	Total 2015 £
Expenditure	64,765	23,158	87,923	97,900

6. DIRECT COSTS

	Research Activities £	Total 2016 £	Total 2015 £
Research costs	16,790	16,790	24,051
Staff costs recharged	47,975	47,975	50,293
	64,765	64,765	74,344

7. GOVERNANCE AND SUPPORT COSTS

	Governance £	Support £	Total 2016 £	Total 2015 £
Travel expenses	-	3,410	3,410	4,527
Training costs	-	145	145	3,900
Website costs	-	843	843	5,195
Sundry costs	-	4,600	4,600	134
Honoraria costs	-	12,000	12,000	8,000
Independent Examination fee	2,160	-	2,160	1,800
	2,160	20,998	23,158	23,556

8. NET INCOME / (EXPENDITURE)

This is stated after charging:

	2016 £	2015 £
Independent Examination fee	2,160	1,800

The key management personnel of the charity comprise the Trustees. The Trustees all give their time and expertise without any kind of remuneration or other benefits in kind (2015: £nil).

During the year no Trustee received any reimbursement of expenses (2015: £nil).

NATIONAL COUNCIL FOR OSTEOPATHIC RESEARCH

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 APRIL 2016**

9. DEBTORS

	2016	2015
	£	£
Trade debtors	13,250	1,600
Other debtors	13,316	7,958
Prepayments	3,000	-
Tax recoverable	52	732
	<u>29,618</u>	<u>10,290</u>

10. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2016	2015
	£	£
Other creditors	17,551	1,800
Deferred income	50,000	-
	<u>67,551</u>	<u>1,800</u>

DEFERRED INCOME

Deferred income at 1 May 2015	-
Resources deferred during the year	<u>50,000</u>

Deferred income relates to funding received for the year 2016-17.

11. RELATED PARTY TRANSACTIONS

Martin Pendry, a trustee of NCOR is also a trustee of Osteopathic Educational Foundation. A donation of £50,000 (2015: £25,000) was received from this organisation during the year. Funds of £16,707 which were being held on behalf of the Osteopathic Education Foundation were transferred to NCOR in incorporation in the previous year.

Queen Mary University London (QMUL) provided administration services to NCOR. Total costs were £70,818 (2015: £91,552) and comprised of direct costs: £16,790 (2015: £24,051), recharged salary costs: £47,975 (2015: £50,293), and support costs: £6,053 (2015: £17,208). At the period end £11,156 (2015: due to NCOR £6,158) was due to NCOR and is included within other debtors.

£2,160 (2015: £1,800) is to be recharged to Institute of Osteopathy relating to governance costs and this is shown within other debtors at the year end.

A donation of £26,500 (2015: £20,000) was received from the Institute of Osteopathy, a trustee of NCOR is also the Chief Executive of this organisation.

NATIONAL COUNCIL FOR OSTEOPATHIC RESEARCH

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 APRIL 2016**

11. RELATED PARTY TRANSACTIONS (continued)

A donation of £26,500 (2015: £25,000) was received from the General Osteopathic Council, a trustee of NCOR is also the Chief Executive of this organisation

