

ASA submission to General Osteopathic Council consultation on: Strengthening Protection of the title 'osteopath'

1. Background and introduction

1.1. This submission is provided by the Advertising Standards Authority (ASA), and the Committee of Advertising Practice (CAP) and the Broadcast Committee of Advertising Practice (BCAP) – the 'ASA system.'

1.2. The ASA system is providing this written submission in response to General Osteopathic Council consultation on: Strengthening protection of the title 'osteopath'. We are not responding to a specific question in the consultation.

1.3. The ASA is the UK's independent advertising regulator. We have been administering the Non-broadcast Advertising Code (written and maintained by CAP) for 60 years and the Broadcast Advertising Code (written and maintained by BCAP) for 20, with our remit further extended in 2011 to include companies' advertising claims on their own websites and in social media spaces under their control.

1.4. We are the UK's independent frontline regulator of ads by legitimate businesses and other organisations in all media, including online. Our work includes undertaking proactive projects and acting on complaints to tackle misleading, harmful or offensive advertisements. We are committed to evidence-based regulation, and we continually review new evidence to ensure the rules and our application of them remain fit-for-purpose.

1.5 As the UK's frontline advertising regulator, the ASA brings together different statutory, co-regulatory and self-regulatory enforcement mechanisms so they appear seamless to people and businesses. Our system involves the active participation of a range of legal backstops in the consumer protection landscape. We work closely with a network of partners including the Gambling Commission, Competition and Markets Authority, Information Commissioner's Office, Ofcom, Trading Standards, the Medicines and Healthcare products Regulatory Agency and the Financial Conduct Authority.

1.6 We call our model of partnering with businesses and other regulators 'collective ad regulation.' The ASA's independence and the buy-in and support we receive through collective ad regulation delivers faster, more flexible, more joined-up and proportionate regulation.

1.7 The UK Advertising Codes include rules reflecting specific legal provisions and rules developed through separate regulatory process, which in combination ensure ads don't mislead, harm, or seriously offend their audience. The inclusion of the rules in the UK Advertising Codes has enormous benefits for responsible businesses and for consumers, who benefit from the protection the rules afford.

2. The ASA's role and remit in regulating osteopathic claims

2.1 Claims in advertising that directly or indirectly invite consumers to consider seeking osteopathy must comply with the Codes.

2.2 The ASA regulates osteopathic claims and the context in which they appear in ads.

- Claims made by osteopaths' across media, that serve the purpose of encouraging consumers to make a transactional decision (i.e. claims that directly or indirectly invite individuals to consider seeking osteopathic treatment for themselves or someone else) must comply with the Code.
- As healthcare practitioners regulated by statute, osteopaths may offer advice on, diagnosis of and treatment for conditions for which medical supervision should be sought. Those claims should be limited, however, to those conditions for which the ASA or CAP has seen suitably robust evidence, held by the advertiser, for the efficacy of osteopathy to treat, (references to conditions which the ASA or CAP accept osteopathy can help should be understood on this basis, the ASA acknowledges that new evidence may emerge).
- Osteopaths may make claims to treat general as well as specific patient populations, including pregnant women, children and babies, provided they are qualified to do so. Osteopaths may not claim to treat conditions or symptoms presented as specific to these groups (e.g. colic, growing pains, morning sickness) unless the ASA or CAP has seen evidence for the efficacy of osteopathy for the particular condition claimed, or for which the advertiser holds suitable substantiation.

2.3. Our aim is to ensure that osteopaths advertising their practice, and consumers seeking osteopathic care after viewing an osteopath's website or social media, can do so reassured that the information provided there is responsible.

2.4. The ASA recognises that osteopaths provide a service to a wide range of patients and we have no desire to stand in the way of the marketing of osteopathy services, providing that advertising is responsible and, in particular, that claims about the efficacy of treatment options can be backed up by robust evidence in all cases.

3. Our rules

3.1. The UK Advertising Codes contain overarching principles that prohibit ads across media, including online and social media, from containing anything that is likely to be misleading, harmful or otherwise irresponsible. And the rules, and the ASA's work, place a particular emphasis on protecting young and vulnerable people.

3.2. The Advertising Codes also contain dedicated content and targeting rules on medicines, medical devices, health-related products, treatments and beauty products. The rules in this section are designed to ensure that ads for these products receive a necessary high level of scrutiny, including requiring that claims about the efficacy or safety of a treatment, or the qualifications of a healthcare practitioner are backed by suitably robust evidence, and that they're targeted away from under-18 audiences. Crucially, the rules apply to ads and not the products, which are regulated by health regulators such as the MHRA.

3.3. Our rules include prohibitions on misleading advertising which state that:

- Marketing communications must not materially mislead or be likely to do so.

- Marketing communications must not mislead the consumer by omitting material information. They must not mislead by hiding material information or presenting it in an unclear, unintelligible, ambiguous or untimely manner.
- Before distributing or submitting a marketing communication for publication, marketers must hold documentary evidence to prove claims that consumers are likely to regard as objective and that are capable of objective substantiation. The ASA may regard claims as misleading in the absence of adequate substantiation.
- Marketing communications must not display a trust mark, quality mark or equivalent without the necessary authorisation. Marketing communications must not claim that the marketer (or any other entity referred to), the marketing communication or the advertised product has been approved, endorsed or authorised by any public or other body if it has not or without complying with the terms of the approval, endorsement or authorisation.

3.4. Therefore, under the Advertising Codes, if someone who is not an osteopath advertised treatments/interventions as ‘osteopathic’ we would consider that to be misleading as we consider the term ‘osteopathic’ implies the treatment/intervention is carried out by a registered osteopath.

3.5. In 2016 we published a [review and guidance](#) around osteopathy and guidance for marketing claims for pregnant women, children and babies. This guidance provided examples for osteopaths where claims were likely and unlikely to mislead. Our guidance states that claims are unlikely to mislead if they give details of the qualifications of osteopaths and explain the status of osteopaths as statutorily regulated health professionals.

3.6. In 2022, we published an updated [AdviceOnline article](#) about the advertising of Osteopathic services.

4. Rulings

4.1 The ASA published one upheld ruling against [Kane & Ross Clinics Ltd](#) in 2022 for misleadingly implying that osteopathy for babies could treat constipation and infections.

4.2. In 2025, we resolved two cases informally meaning that the advertisers agreed to amend the ads that had been complained about without the need for further formal action. These ads were from sports practitioners, who described their treatments/techniques as “osteopathic”, despite not being registered osteopaths. Both ads were from sole traders who had attended a training course in the techniques, by a registered osteopath, and the course was described in the material as “osteopathic”. Under Code 3.1, we considered the ads to be misleading as the term “osteopathic” would imply the treatment or service would be carried out by a registered osteopath. Both advertisers agreed to remove the term from their ads.

5. Protection for the title of osteopath

5.1. We support the General Osteopathic Council’s recommendation of stricter protection around the title of ‘osteopath’. This will protect consumers and ensure that

those practicing as registered osteopaths are also protected.

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