General Osteopathic Council

GOsC Education Quality Assurance
Renewal of Recognised Qualification Report

This report provides a summary of findings of the providers QA visit. The report will form the basis for the approval of the recommended outcome to the GOsC's Policy and Education Committee.

The review process is set out in detail within the GOsC Quality Assurance Handbook

Provider:	BCNO Group
Date of visit:	11th -13th November 2025
Programme(s) reviewed:	Masters in Osteopathy (MOst) BSc (Hons) Osteopathy (modified attendance) BSc (Hons) Osteopathic Medicine (a level 6 exit award for those unable to pass their dissertation within the MOst)
Visitors:	Phil Stephenson, Stephen Hartshorn, Ana Molares Bargiela
Observers:	Steven Bettles, Rekita Sparrow

Outcome of the review

Recommendation to PEC:

☐ Recommended to renew recognised qualification status

☒ Recommended to renew recognised qualification status subject to conditions being met

☐ Recommended to withdraw recognised qualification status

Current recognition period: 1 September 2021 to 31 August 2026

General Osteopathic Council

Abbreviations

AGC	Academic Governance Committee
BCNO	British College of Naturopathy and Osteopathy - The BCNO Group comprises the merged European School of Osteopathy (ESO) and British College of Osteopathic Medicine (BCOM) though these brand names continue within the merged institution
BSc (Hons)	Bachelor of Science (with Honours)
CEO	Chief Executive Officer
CPD	Continuing Professional Development
EDI	Equality Diversity and Inclusion
EE	External Examiner
ESO	European School of Osteopathy
FEG	Faculty Engagement Group
FtP	Fitness to Practice
HOD	Heads of Department
HR	Human Resources
KPI	Key Performance Indicators
NHS	National Health Service
NSS	National Student Survey
PEG	Patient Engagement Group
PPH	Professional Practice Handbook
PT	Personal Tutor
Pts	Patients
QA	Quality Assurance

RA	Reasonable Adjustments
SEG	Student Engagement Group
SEWO	Student Engagement and Welfare Officer
SMT	Senior Management Team
UoP	University of Plymouth
VLE	Virtual Learning Environment
AGC	Academic Governance Committee
BCNO	British College of Naturopathy and Osteopathy
POLAR	Participation of Local Areas
IMD	Index of Multiple Deprivation

Overall aims of the course

The overall aims of the M.Ost and BSc programmes are aligned in to providing a stimulating appropriate teaching and learning environment to create a self-reflective effective osteopath who has the ability to work in contemporary healthcare. Graduates are expected to understand professional and inter-professional practice in modern healthcare practice. The graduate will understand their lifelong learning requirements and future career pathway, and aims are based on the requirements of GOsC and its relevant standards.

The aims as detailed in the programme specifications are below:

- Provide the student with knowledge, skills and clinical training reflective of advancing healthcare standards in osteopathy and health and its promotion;
- Develop the student's competence in applying clinical skills to osteopathic practice;
- Develop the reflective, critical, leadership and analytical skills of the student, allowing them to deal in a self-directed manner with complex issues, making sound judgements in the absence of complete data, and promoting excellence in professional practice;
- Develop reflective practice and communication skills to develop an effective partnership with patients, other healthcare professions in a changing healthcare environment
- Develop general problem-solving, key-transferable skills and research skills to allow the student to understand the evidence-based practice and become autonomous practitioners.
- Provide the students with the skills to respond positively to change (i.e. unfamiliar or unprecedented situations or problems);
- Enhance reflective skills, to provide effective, safe osteopaths
- Enhance interpersonal skills, enabling clear communication with all audience levels;
- Develop the skills for autonomous practice and team-working;
- Develop the skills to advance knowledge and understanding by independent life-long learning.

Overall Summary

The visit to the BCNO Group was undertaken over three days at the BCNO campus in London. The RQ visit was limited in its purpose to undertake only a review of the teach out of the M.Ost and BSc (Hons) osteopathy programmes. Teach out of the MOst is also taking place at the Maidstone campus which was the subject of a review visit in February 2025 in relation to the BCNO's new three year BSc programme.

Visitors met with a range of relevant groups from the London and Maidstone campuses to support their work in relation to the visit specification. These included SMT, teaching staff, clinic administration staff, support services, Trustees, students, recent graduates, UoP partner and patients. Meetings across the three days were held in an open and honest way to support the visitors with triangulation. The stakeholders which the visitors met with were generous with their time and candour, and were able to provide visitors with valuable information.

Strengths and good practice

There was widespread recognition among students of the support provided by the management team and the effective resolution of issues. Students spoke highly of the new Head of College and the middle management team, noting increased visibility and more open communication, which had further strengthened student confidence. (1.ix)

The University includes more formatives and tutorials to review the expectations for practical examinations highlighting in a way that students can clearly understand and experience how they can achieve the higher grades.

The BCNO Group has developed a strong, positive relationship with UoP where feedback is valued and acted upon.

Areas for development and recommendations

- For the final Clinical Competency Assessment, two assessors are present, and an independent moderator oversees the process to ensure fairness and subsequently produces a report. The External Examiner is invited to oversee the final Clinical Competency Assessment, but was unable to attend last year for the final Clinical Competency Examination, leaving a gap in the evaluation of the reliability and validity of that particular exam. It is recommended that The BCNO Group endeavour to ensure that an External Examiner is present at the Clinical Competency Examinations to provide to provide this additional assurance. (1.viii)

- Feedback from some students on the BSc programme indicated that they feel that BCNO sometimes struggles to recruit educators for weekend teaching, and that consequently, educators may be recruited at short notice and are not familiar with what they should be teaching. This impacts on consistency of teaching and student confidence. It is recommended that The BCNO Group take steps to manage staff recruitment and oversight adequately during weekends and ensure that educators are sufficiently supported to deliver material at the appropriate level. (1.ix)

- Although staff development is supported, there is still not a structured annual appraisal process to evaluate staff, provide feedback, and set development objectives. It was stated that there are plans to reinstate a system based on the previous 360 feedback appraisal process, and it is recommended that this be actioned as soon as practicable. (1.ix)

- The BCNO Group should consider ways of incentivising students to become student representatives and attend all relevant meetings to ensure their voice is more effectively heard and consider additional ways of significantly improving student response rates to surveys and module feedback. (6.iv)

- Although there are clear KPIs linked to the teach out plans, they are very ambitious and some may be difficult to accurately measure given student engagement levels. SMT should ensure that the KPIs in the teach out plan are regularly reviewed and recorded by SMT to help ensure any difficulties are addressed in a timely manner. (4.i)

- The BCNO Group should ensure that the FTP policy (linked to UoP) is uploaded once it has been reviewed to replace the current version. (2.ii)

- Although students said that they felt able to provide regular informal feedback and were happy with this, it is recommended that both formal and informal concerns and complaints are thoroughly logged so that SMT and AGC accurately review the concerns, see any patterns and respond to them on a more regular basis with the 'You Said We Did' approach. (1.vi) (1.x) (2.iii)

- The BCNO Group might consider exploring other channels for feedback, such as organising structured, and documented, student user groups that can feed into formal engagement processes or incentivising students for their active participation. (6.v)

- The BCNO Group should place the safeguarding information and other patient information throughout the clinic to increase visibility and therefore patient access to that information. (9.ii)

- It was evident from patient feedback that the BCNO teaching clinics are much valued by the local communities. To address patient concerns regarding the future of the London clinic, once a decision is reached, it is recommended that The BCNO Group create a detailed communication plan to announce formally to patients and the community about the teach out and future of the London campus clinic. (9.vi)

Conditions

1. Given the impact of recent changes the BCNO Group must ensure the risk register is not just reviewed but also updated on a monthly basis. The governance section must be reviewed as a matter of urgency and brought fully up to date. (2.i)

2. Considering the importance of more clarity on the future direction of the organisation for interested parties including staff and students, a decision should be made by the Board by February 2026 regarding the strategic plan, and following this, a clear summary document be produced and communicated which sets out how the chosen options will be achieved up to 2028. The strategy should be reflected in an action plan with effective timeframes, costings, review dates, KPIs and areas of responsibility, so that progress towards the targets will be measurable. (2.i) (4.iii)

3. This academic year, the BCNO Group must ensure that all out of date policies are updated. and policy access centralised through a single repository, maintaining a simple central register (4.iii)

4. The BCNO Group should ensure that KPIs are regularly reviewed, recorded and updated at least each semester in order to measure progress and effectiveness of the Teach out plan. (2.i)

Assessment of the Standards for Education and Training

1. Programme design, delivery and assessment

Education providers must ensure and be able to demonstrate that:

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i. they implement and keep under review an open, fair, transparent and inclusive admissions process, with appropriate entry requirements including competence in written and spoken English.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The BCNO has a comprehensive admissions policy and clear processes and entry requirements for students, updated in 2023. Policies and specific information for the programmes for the London campus are available on the BCNO website.

The BCNO London campus is at this moment following a teach out process and therefore, there are no new cohort admissions to their courses M.Ost and BSc(Hons) osteopathy.

However, if students wish to apply to a currently run course, the BCNO has the relevant APL/RPL policies published in the BCNO website. For student's applications, there is a comprehensive recognition of learning mapping form, to review and process each student as required.

The admissions process offers online and face-to-face interviews to allow the institution to assess applicants and gives applicants the opportunity to ask questions and engage with the institution.

Additionally, the recent review and approval of the Equity, Diversity, and Inclusion policy through committee structures highlight the institution's commitment to fostering an inclusive and supportive environment for all students.

Based on the evidence submitted and meetings with SMT, we are assured that the BCNO continues to implement an open, fair, transparent and inclusive admissions process.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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ii. there are equality and diversity policies in relation to applicants, and that these are effectively implemented and monitored.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The Equity, Diversity and Inclusion Policy, updated in July-25 is published in the policies page of the BCNO website to ensure equal opportunities and the avoidance of discrimination of prospective applicants.

From interviews with the staff and students during the visit, it is clear that all of them know where to find the EDI policies.

Students stated that they complete a very comprehensive life questionnaire upon joining the College to identify any specific needs they may have. A student that recently joined year 2 told us that he was very happy with student services as he was evaluated during the process of joining the College and subsequently allocated a tutor to support him.

One student reported that while their specific learning needs were not initially reflected in assessment design, the institution demonstrated responsiveness when concerns were raised. Following subsequent adjustments, the student achieved positive outcomes.

The same student initially experienced challenges within the clinical environment, citing inadequate support and limited patient exposure, which raised concerns about their academic progress. It was confirmed that the Head of Clinic had identified these issues and was actively implementing targeted interventions to address the student's requirements.

Overall, student representatives confirmed that the BCNO Group has consistently provided appropriate accommodations in response to disclosed disabilities.

In addition, it was confirmed that the admissions cycle is reviewed annually mid-cycle (January cut off) and end of cycle for student demographics such as age, history of parental higher education, POLAR and IMD areas, ethnicity, gender and qualifications.

Existing EDI policies and procedures, and meetings during the visit assured us that EDI policies will continue to be effectively implemented and monitored.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

iii. they implement a fair and appropriate process for assessing applicants' prior learning and experience.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

A clear RPL policy from the University of Plymouth (UoP) is published on the BCNO website for students who apply with Acquired Prior Learning (APL) or Recognised Prior Learning (RPL) and wish to follow this pathway to join a BCNO programme. If a student chooses to apply via this route, they are required to complete a comprehensive form used to review and map the applicant's RPL to the current courses.

During the visit, one student reported that he had recently been admitted through the RPL route. He expressed satisfaction with a process that was straightforward and uncomplicated, and noted that he received a full assessment during which his learning difficulties were identified immediately. As a result, he was provided with study support and a tutor to assist him with his learning needs. RPL students are invited to enrolment day to meet the academic and support teams. Clinical students are invited to begin their journey with BCNO through the pre-clinic introduction course.

Student Services and other students confirmed during the visit that it is standard practice for applicants to be invited to visit the College and the clinic, and that a thorough assessment is applied to all BCNO applicants in order to provide enhanced support within their teaching and learning environment.

The SMT stated that BCNO acknowledges students' prior learning and encourages them to share this within the College. Workshops have been organised to allow students with prior learning or experience in related healthcare fields, such as physiotherapy, to share their knowledge with their peers and with faculty.

The existing RPL policies and procedures, along with the meetings held during the visit, provided assurance that RPL policies will continue to be effectively implemented on the London campus.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

iv. all staff involved in the design and delivery of programmes are trained in all policies in the institution (including policies to ensure equality, diversity and inclusion), and are supportive, accessible, and able to fulfil their roles effectively.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

During the visit, the team was assured that staff undertake mandatory training during their induction on BCNO-specific policies and UoP policies. This training includes equality and diversity, safeguarding and PREVENT, as well as more job-specific training.

Staff mandatory training is updated annually, and if staff are unable to attend and complete their training, this is recorded and uploaded to the VLE. Changes to policies are communicated to staff via email and through the Quality Newsletter, which is distributed to all staff. As an improvement, the Quality team has introduced a mapping document and an audit trail of policies, but although are made available on the VLE and on the BCNO website, it is felt that there is room for improving the systematic reviewing process as well as storing the policies in a single central repository.

A member of staff commented during the visit that BCNO is supporting him in undertaking a teaching qualification, and that all staff are offered the same level of support to pursue teaching qualifications.

Staff observations are carried out regularly, and structured, constructive feedback is provided to enhance teaching skills. Senior members of staff support junior staff in the student clinic, and staff observations with corresponding feedback are also conducted regularly within the clinic.

Students spoke positively about the support received from the teaching staff, including opportunities for personal and private conversations. There is an open-door policy which allows for informal meetings and students commented during the visit that staff are in supportive and approachable.

Existing staff training and meetings during the visit assured us that staff involved in the design and delivery of programmes had been trained in all policies and that they were supported and able to fulfil their roles effectively.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

v. curricula and assessments are developed and evaluated by appropriately experienced and qualified educators and practitioners.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The BOst and MOst programmes currently delivered at the BCNO are validated by the University of Plymouth (UoP). Some modules from the programme are being slightly restructured to create parity between the Kent and London campus programmes, ensuring that all courses were aligned with the University of Plymouth. The BCNO courses are developed by senior staff and then undergo a rigorous approval and validation process by UoP. During the meeting with course and programme leaders, it was noted that they are involved in the process of syllabus development and in communicating with, and involving, faculty through regular formal and informal meetings.

Regarding the teach-out, the team was assured that a high level of academic standards is being maintained. The middle management team works collaboratively to evaluate and monitor module developments and adapt the programme for the remaining teach-out students. Changes and adaptations are discussed with the three members of the SMT who take responsibility for all areas of the institution, prior to implementation and review. For new modules in Year 4, staff reported that there is little impact from the teach-out, as the modules are new; they commented that it is “fresh and exciting” to design and implement new courses.

The research department has been reorganised and new experienced members of staff have been added to the team. They are producing new publications and securing funding to continue their research activities. Recently, additional members have been added to the middle management team to ensure parity of course delivery between the Kent and London campuses. Their aim is to ensure high-quality module delivery and to further support students during the teach-out so that the student experience remains unchanged.

Assessments are reviewed internally by the faculty delivering the module and the heads of department; examples are submitted to the external examiner to ensure mapping against the learning outcomes and the OPS. Assessments are conducted by trained faculty and practitioners in assessment methods. Members of staff are not permitted to participate in assessments unless they have received the appropriate training and have shadowed senior assessor staff.

External examiners are appointed to each RQ programme. Their reports have been positive following their annual visit to the BCNO and their subsequent annual report, which includes a review of academic materials, student–staff interaction, and assessment outcomes.

We are therefore assured that the curricular content has been developed by appropriately experienced and qualified educators and practitioners, who are also trained to participate in student assessments, and that ongoing evaluation is undertaken by suitably qualified staff.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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vi. they involve the participation of students, patients and, where possible and appropriate, the wider public in the design and development of programmes, and ensure that feedback from these groups is regularly taken into account and acted upon.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The BCNO has a Student Experience Group and a Patient Experience Group that provide feedback on aspects of the courses and resources, including the clinic and relevant policies.

During the patient meeting, it was confirmed that at the London clinic campus, reception staff, tutors, and students are very approachable. Patients feel that they are genuinely listened to and believe that clinic staff take any comments or suggestions seriously. In addition, patients receive a text message encouraging them to submit post-treatment feedback.

Students have representation on various bodies, including the UoP Joint Board of Studies and the Board of Trustees, where programme review is discussed. However, student engagement in feedback, class representation, and meeting participation continues to be low, raising concerns about whether the current student response data accurately reflects the wider cohort.

During discussions with the SMT, it was acknowledged that student engagement levels are low, and efforts are being made to increase participation. For example, student engagement has improved this academic year due to the introduction of formal feedback processes, which the SMT considers a significant improvement compared with the previous year. As a result of recent feedback, new technique video resources have been introduced at students' request, supervised practice sessions have been increased with teaching assistants present, and changes have been made to the current Year 2 course structure to provide additional support.

Efforts are also being made to increase the number of student representatives and their attendance at committees by raising awareness of the purpose of these committees and the importance of student involvement.

Course and programme leaders reported that they seek steady student participation by collecting feedback regularly at the start of each year and in every module. However, fewer than 10% of students provide module feedback, making it difficult to determine whether the feedback represents the wider student group or only individual views. They agreed that recruiting sufficient student representatives is challenging, and they are working to motivate representatives to understand their role and how they can influence the development of osteopathy.

As a small institution, BCNO Group benefits from close proximity to students, allowing for well-established informal feedback channels. This feedback is then reported to the SMT or the relevant staff member. Recent graduates confirmed that the SMT maintains an open-door policy and that concerns can be raised informally at any time.

Staff and students stated that the encouragement of ongoing informal feedback and subsequent discussion is welcomed by the staff team, and that feedback throughout the year is acted upon. Examples include increasing face-to-face teaching hours after students expressed concern about excessive online delivery and providing clearer information regarding Year 2 examinations. While this culture of informal dialogue facilitates feedback in classroom settings, it is not formally recorded, making it difficult to quantify. Course and programme leaders noted that they have now implemented written feedback collection three times per year and four meetings annually to ensure that feedback is documented.

During the meeting with the UoP representative, it was confirmed that UoP continuously reviews student feedback and meets with the BCNO SMT as needed so that any concerns can be addressed immediately. Formal meetings between UoP and BCNO are held each term and annually, including the review of student feedback, to identify areas requiring improvement. UoP also monitors the OfS report closely, and any concerns raised are scrutinised by the periodic review panel.

Regarding the teach-out, programme modifications have been introduced to support students, including the recruitment of additional staff for student support, and BCNO is using student feedback to guide these changes. Course and programme leaders reported that they aim to maintain clear communication with students regarding the teach-out and are aware of student concerns. They noted that while there were more concerns last year, improved communication this year has resulted in fewer issues being raised. In response to ongoing concerns, staff have reassured students that services will continue as normal, which has helped reduce anxiety. Staff also emphasised their commitment to maintaining normal day-to-day operations and continuing regular communication.

Based on the existing formal and informal feedback procedures, the close monitoring of student feedback by UoP and BCNO, and the staff's dedication to listening to students' ideas and concerns, we are assured that the institution actively involves students, patients, and, where appropriate, the wider public in the design and development of programmes, and ensures that feedback from these groups is regularly considered and acted upon

Strengths and good practice

None reported.

Areas for development and recommendations

Although students said that they felt able to provide regular informal feedback and were happy with this, it is recommended that both formal and informal concerns and complaints are thoroughly logged so that SMT and AGC accurately review the concerns, see any patterns and respond to them on a more regular basis with the 'You Said We Did' approach.

Conditions

None reported.

vii. the programme designed and delivered reflects the skills, knowledge base, attitudes and values, set out in the Graduate Outcomes for Pre-registration Osteopathic Education (including all outcomes including effectiveness in teaching students about health inequalities and the non-biased treatment of diverse patients).

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

All BCNO courses are mapped to the Graduate Outcomes, the OPS, and relevant national and GOsC standards and guidelines. The programme design ensures that students' learning is aligned with the competencies, knowledge, skills, and attitudes required for their future professional role and will enable them to meet the demands of the profession upon graduation. To ensure that students and staff are aware of the Graduate Outcomes, posters have been created and various course documents include the mapping for OPS and Graduate Outcomes.

The BCNO student clinics are committed to equality, diversity, and inclusion and therefore admits patients of all ages and backgrounds, including those who cannot afford treatment. During the visit, the Director of Clinical Education explained that the BCOM clinic provides free or reduced-cost treatments to patients who are unable to pay the full fee. The BCNO Group also offers treatments to the homeless population, both on site and at homelessness support locations, and the clinic collaborates with charities such as Versus Arthritis. Clinic staff ensure that all students are exposed to all patient groups through an internal periodic review audit. In addition, students follow required rotations, ensuring their participation in all specialised clinics and exposure to a wide variety of patients. This system enables students to learn in practice about health inequalities and the unbiased treatment of a diverse patient population. These expectations are reinforced in the student code of conduct, EDI policy, and fitness to practise policies, all of which are available in the clinic, on the VLE, and on the BCNO website.

We can therefore be assured that BCNO delivers the knowledge base, attitudes, and values set out in the Graduate Outcomes.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

☒ **MET**

☐ **NOT MET**

viii. assessment methods are reliable and valid, and provide a fair measure of students' achievement and progression for the relevant part of the programme.

Findings and evidence to support this

Students on the programmes delivered at the London campus are evaluated through a range of assessment methods throughout the course, including presentations, written papers, coursework, and clinical competency examinations. Assessments are designed to ensure that the curriculum, learning outcomes, and assessment processes are fully aligned to support a robust and coherent approach.

The BCNO ensures that students have access to detailed information about assessment criteria, weightings, and expected learning outcomes for each module through the module and programme handbooks available on the VLE for staff and students. These include assessment schedules, marking rubrics, and assessment briefs, ensuring that students are aware of the criteria on which they will be assessed and are clear about module expectations.

The reliability and validity of assessment methods are supported by input from External Examiners. Twenty percent of all written assessments that achieve a pass, as well as all failed scripts, are double-marked anonymously and reviewed by the External Examiner. All dissertations are double-marked blind and anonymously to ensure that marks are credible, transparent, and fair. Following marking and feedback, there is a cross-departmental review of marks and of the assessment process, including the results achieved. A moderation form is completed and submitted to the External Examiner. During practical assessments, a moderator is present throughout. For the final Clinical Competency Assessment, two assessors are present, and an independent moderator oversees the process to ensure fairness and subsequently produces a report. The External Examiner is invited to oversee the final Clinical Competency Assessment.

During the visit, the SMT assured the panel that the assessment quality assurance process will not be affected during the teach-out period at the London campus, and that BCNO's existing methods for maintaining validity and reliability will continue to be applied. As group sizes decrease during the teach-out, additional examiners will be brought in from the Kent campus to prevent bias, particularly during the Clinical Competency Assessments. The same team of experienced examiners is currently observing in the London clinic to ensure consistency and quality assurance. We were also assured that an External Examiner will be invited to the Clinical Competency Assessments to quality-assure the process and provide feedback on assessments, assessors, and students. External Examiner reports support the range of assessment methods, their alignment with the OPS and Graduate

Outcomes, and their effectiveness in assessing student achievement and progression. However, due to prior commitments, the External Examiner was not present for the final Clinical Competency Examination, leaving a gap in the evaluation of the reliability and validity of that particular exam.

During the programme leaders' meeting, it was reported that to support student learning and help them understand what is required in summative assessments, additional assessment briefs, tutorials, and formative exams have been introduced, particularly to prepare students for their final Clinical Competency Assessments. Structured, specific training is provided to staff to become assessors, and at the end of each academic year, modules are reviewed in relation to student outcomes.

Students reported that they are satisfied with the additional support provided and that students with learning difficulties receive appropriate adjustments during exams. Previous concerns raised by Year 2 students regarding the clarity of their exams have been addressed. However, BSc students expressed that the London campus struggles at times to secure tutors, particularly on Saturdays, and that provisional tutors are not always clear about the knowledge students require for assessments, which affects their preparation for subsequent exams.

During the meeting with the UoP representative, it was stated that when UoP has suggested improvements to BCNO's assessment methods, BCNO has consistently been responsive, listening to and implementing the recommendations provided.

Strengths and good practice

The University includes more formatives and tutorials to review the expectations for practical examinations highlighting in a way that students can clearly understand and experience how they can achieve the higher grades.

Areas for development and recommendations

The External Examiner is invited to oversee the final Clinical Competency Assessment, but was unable to attend last year for the final Clinical Competency Examination, leaving a gap in the evaluation of the reliability and validity of that particular exam. It is recommended that The BCNO Group endeavour to ensure that an External Examiner is present at the Clinical Competency Examinations to provide to provide this additional assurance. (1.viii)

It is recommended that The BCNO Group take steps to manage staff recruitment and oversight adequately during weekends and ensure that educators are sufficiently supported to deliver material at the appropriate level. (1.ix)

Conditions

None reported.

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ix. subject areas are delivered by educators with relevant and appropriate knowledge and expertise (teaching osteopathic content or supervising in teaching clinics, remote clinics or other clinical interactions must be

☒ **MET**

registered with the GOsC or with another UK statutory health care regulator if appropriate to the provision of diverse education). ☐ **NOT MET**

Findings and evidence to support this

The BCNO recruitment policy sets out a comprehensive framework to ensure that selection of new teaching staff is based on the specified criteria for skills, experience and qualifications set out in the job description and the role profile.

All osteopathic teaching faculty members are registered with the GOsC. During the visit, it was evident that the faculty members who met with the team were experienced and enthusiastic about teaching osteopathy. There is a comprehensive induction for new members of staff, shadowing and peer observations to monitor the quality of the academic and clinical delivery.

Various feedback mechanisms, including a peer review process, student feedback and external examiner reports are used to maintain the quality of the teaching and the staff.

Newly appointed and more senior staff have been offered a subsidy to help to do the training for the PGCert in education. In our meeting newly academic staff stated that they were encouraged to participate in reflective practice to identify areas of personal development.

However, there is not a structured yearly appraisal to evaluate staff, provide feedback, or set goals and plans for member of staff development. In the meeting with the SMT we were told that they are looking to reinstate the 360 BCNO formal yearly appraisal process, however, due to the staff uncertainty it has been put on hold. They plan to launch a new appraisal system based on previous 360 feedback appraisals in 2026.

Newly appointed programme, course leaders and the head of clinical education are highly qualified experienced educators that work across both sites (Kent and London) to maintain parity of the programmes and support their academic and clinical staff. They also work in conjunction to create a continuous learning and help students to apply their academic learning into the practical setting and to minimise the effect of the teach-out as much as possible in the London campus.

Research methods are delivered by the academic research team. The team oversee research activities and publications developed in the institution allowing students and patients to collaborate. The expertise and knowledge of the research team aims to raise the research levels of the institution.

At the meeting with recent graduates it was remarked that they received an excellent teaching delivery, that tutors were always available and that they felt very supported as students. Also, the variety of knowledgeable tutors in the clinic helped them to understand that there is not only one way of practising osteopathy. Regarding the teach-out there was a consensus that due to the teach-out in the London campus, some experienced staff members had left and that had created some uncertainty within students although it didn’t affect their learning experience.

During the visitors’ meeting, current students reported inconsistency in the quality of teaching, noting variability in the standard of lectures. The Year 2 London cohort attributed this to staff departures associated with the teach-out process. Students also expressed the view that, although the provision delivered by staff is generally of lower quality compared with other teaching staff, the overall osteopathic grounding they receive remains strong.

For the bachelor programme, students feel that the institution is struggling to find tutors especially on Saturdays to teach them and that makes them unsettled. They also pointed out that sometimes teachers come in at short notice, and they don't know what to teach so the consistency is not there. In general, however, students agreed that due to teach-out they are benefiting with a more personalised approach to teaching, sometimes this is a nearly one to one teaching. They also agree that they have a very good group of academic staff, that they receive a good quality of teaching and that teachers are very passionate about teaching and osteopathy.

We are therefore assured that the programmes are delivered by educators with relevant and appropriate knowledge and expertise.

Strengths and good practice

There was widespread recognition among students of the support provided by the management team and the effective resolution of issues. Students spoke highly of the new Head of College and the middle management team, noting increased visibility and more open communication, which had further strengthened student confidence.

Areas for development and recommendations

Although staff development is supported, there is still not a structured annual appraisal process to evaluate staff, provide feedback, and set development objectives. It was stated that there are plans to reinstate a system based on the previous 360 feedback appraisal process, and it is recommended that this be actioned as soon as practicable

It is recommended that The BCNO Group take steps to manage staff recruitment and oversight adequately during weekends and ensure that educators are sufficiently supported to deliver material at the appropriate level.

Conditions

None reported.

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x. there is an effective process in place for receiving, responding to and learning from student complaints.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The BCNO complaints policy is published on the organisation's website, making it accessible to students as needed, and students are reminded of the policy each year during induction. The Head of Student Services is available to assist any student in making a formal or informal complaint. However, the current complaints policy set by the University of Plymouth (UoP) does not allow for an anonymous formal complaint at the initial stage, as students must first submit an informal complaint before they are permitted to lodge a formal one.

During the visit, it was evident that although students know where to find the complaints policy and are regularly invited to provide feedback, participation in meetings, class representation, and formal feedback processes remains low. There is an established open-door culture at the London campus for informally discussing concerns and complaints. This informal system has been long in place, and, in the absence of a dedicated Student Services office, students use the library as their main point of contact to raise questions, concerns, or complaints. If the issue cannot be resolved immediately, students are directed to the appropriate department.

However, under this system, concerns or complaints are often not formally recorded or reported to the Academic Council for action or monitoring, but are instead addressed informally. This creates a risk of complaints being lost or not handled by the appropriate department.

During the meetings, students stated that they feel the support from lecturers more than from the wider college. Complaints such as the one regarding one lecturer appear to have been resolved primarily at the lecturer level rather than through institutional channels. Students acknowledged that communication could improve, although they reported that fundamental concerns; such as requests for additional practice sessions receive a response. They also indicated that communication has improved since September, and that although they do not always receive formal feedback, the small cohort size enables them to learn quickly when changes are made to the course.

With regard to the teach-out, students reported experiencing difficulties due to not fully understanding why the teach-out is happening. They felt that BCNO had not communicated all changes clearly, leaving them unsure about developments and future plans. Students also felt anxious about staff departures and uncertain about what would happen next. However, they noted that communication has improved this year, that they receive more one-to-one tuition, and that they feel more listened to. They expressed particular satisfaction with the new Head of College, who they felt provided reassurance and clarity about the direction of the institution during the teach-out.

As a result, we are assured that there is an effective process in place for receiving, responding to, and learning from student complaints.

Strengths and good practice

None reported.

Areas for development and recommendations

Recommendations:

As mentioned in a previous standard, it is recommended that BCNO consider putting in place a system to record informal complaints. If complaints are not documented makes it more difficult to

evaluate or develop procedures to ensure that student concerns are effectively identified and directed to the relevant area within the organisation for resolution in a timely and effective manner.

Create a better structured way of communicating feedback including feedback from informal complaints.

Conditions

None reported.

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xi. there is an effective process in place for students to make academic appeals.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

BCNO utilises the University of Plymouth (UoP) policies for managing academic appeals, which are published on both the UoP and BCNO websites.

In the 2023/24 academic year, there were two academic appeals. One involved a BNU - registered student who questioned the marking and feedback of their dissertation. The marking process was reviewed by a senior academic, who confirmed that the validating university's policies and procedures had been correctly followed. The dissertation was also reviewed by the External Examiner, who did not challenge the result. This appeal remained at the informal stage, and the student was satisfied with the outcome.

The other case involves a UoP-registered student and is currently ongoing.

During the visit, students confirmed that they are aware of where to find the academic and complaints policies and how to access them if required.

As a result, we are assured that an effective academic appeal process is in place for the programmes.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

2. Programme governance, leadership and management

i. they effectively implement effective governance mechanisms that ensure compliance with all legal, regulatory and educational requirements, including policies for safeguarding, with clear lines of responsibility and accountability. This should include effective risk management and governance, information governance and GDPR requirements and equality, diversity and inclusion governance and governance over the design, delivery and award of qualifications.

☐ **MET**

☒ **NOT MET**

Findings and evidence to support this

Over the last two years the BCNO Group has undertaken a review of their governance structure, remits and membership of the 16 committees and sub-committees. These include student, faculty and patient experience groups who are able to give their feedback to the Academic Board and SMT. A number of surveys were undertaken to test the effectiveness of the governance structures and mechanisms. A Governance and Management Structure Handbook 2025-2026 has now been produced with a review scheduled to be undertaken every three years.

Through this structure and led by the CEO and SMT, the BCNO Group has made some significant changes to its direction of travel and future planning. Following the decision to teach out programmes in London, the BCNO Group has produced a teach out plan and a student protection plan which give key performance indicators to evaluate the success of its provision. It will be important to keep these documents under regular review to ensure that all future changes are accurately reflected. The KPI are very ambitious and this is recognised by SMT. In order to measure progress and effectiveness of the teach out plan it will be important for the KPIs to be regularly reviewed, recorded and updated each semester.

There are a number of opportunities for staff and students to be represented through the current governance structure but attendance at some meetings is often low. Attendance at the Academic Stakeholders Working Groups (SEG, FEG and PEG) in the last year has varied from 21%-64%. Although attendance at other committee meetings is higher we were concerned that the stakeholders' views (through these working groups) may not be sufficiently robust. Additionally there are currently nine vacancies for student representatives which may further weaken the more formal channels of communication. Students tell us that they find the timings of meetings make them difficult to attend as it may mean they miss lectures or have to take time off work. They also felt the pressure of work is such that the additional responsibility of this role is unsustainable. We spoke to recent graduates a number of whom had been student representatives and they recognised the value and importance of the role. The BCNO Group have advertised the vacancies and promoted the role but further consideration may be needed to incentivise students, staff and patients to attend the stakeholder working groups so that their voice is more effectively heard.

The students told us they prefer to use informal channels of communication and if they have a concern or complaint they would speak to a member of staff directly. Whilst students were generally happy with this approach and the responses they were getting there may be a danger that the more formal channels of communication are neglected and patterns of concern or complaint do not necessarily reach middle or senior management. Student response rates to surveys and feedback forms are also very low, averaging about a 20% response rate.

At the RQ visits on 11–13th January 2022 and 18-20th February 2025 it was recommended that a strategic plan was developed giving showing clear timeframes, costings, and areas of responsibility. Although the BCNO Group has recently produced a five year strategic plan 2025-2030 giving a future

vision, costings and areas of responsibility are not given and time frames are general rather than specific. It provides broad outline and direction for the future but does not detail how it will achieve this, when and by whom.

Through extensive marketing information, financial predictions and networking the SMT have been able to develop a number of options for the continued direction of the BCNO Group relating to teach out, use of buildings and future business possibilities. These will be presented at the November 2025 Board Meeting where decisions will be made on the future direction of the organisation up to and beyond November 2028. Given the uncertainty surrounding the future of the London campus and the impact upon student, staff and patients it will be imperative that once these decisions have been made, at the November 2025 Board Meeting, these must be effectively communicated to all stakeholders. Many of the staff and students we spoke to felt quite strongly that communication from the Board had been ineffective over the recent periods of change. They felt that communication with managers and SMT had been more effective. Bearing in mind the importance of more clarity on the future direction of the organisation it will be imperative that a clear summary document should be produced and linked to a detailed action plan which sets out how the chosen options will be achieved up to 2028 with effective timeframes, costings, review dates, KPIs and areas of responsibility.

The risk register is managed by the SMT and reviewed on a termly basis (last time October 2025). The risk register identifies risks associated with governance, operations, finance, external factors, and students. Although each risk is scored for likelihood and impact, in the “current score: review date” column dated entries varied from July 2020 to October 2025. Given the rapid pace of change within the BCNO Group and the impact of recent decisions it would be more useful for each risk on the register to be reviewed and dated each time. Although there are clear mechanisms in place for controlling risk and most areas are quite up to date 14 areas of the governance section have not been recently reviewed a with one as far back as July 2020.

The BCNO Group have adopted the UoP Safeguarding Policy which is available to staff and students through the website and VLE. Safeguarding is reported to a dedicated team who maintain a central repository. Processes and outcomes are reviewed annually through safeguarding audits. Safeguarding information and reminders are communicated via newsletters to staff and students on the VLE and on posters displayed in various locations, including clinics.

Although we are assured that BCNO has a clear governance and management structure to ensure compliance with legal, regulatory and educational requirements, we feel it is imperative that a clear summary document be produced and linked to a detailed action plan is needed to clearly show developments over the next 3 years.

Strengths and good practice

None reported.

Areas for development and recommendations

Conditions

Given the impact of recent changes the BCNO Group must ensure the risk register is not just reviewed but also updated on a monthly basis. The governance section must be reviewed as a matter of urgency and brought fully up to date.

Considering the importance of more clarity on the future direction of the organisation for interested parties including staff and students, a decision should be made by the Board by February 2026 regarding the strategic plan, and following this, a clear summary document be produced and communicated which sets out how the chosen options will be achieved up to 2028. The strategy should be reflected in an action plan with effective timeframes, costings, review dates, KPIs and areas of responsibility, so that progress towards the targets will be measurable

The BCNO Group should ensure that KPIs are regularly reviewed, recorded and updated at least each semester in order to measure progress and effectiveness of the Teach out plan.

To support student understanding, a student-centred poster was developed and displayed on campus. This presented the information in an accessible FAQ format, focusing specifically on what the changes meant for students.

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ii. have in place and implement fair, effective and transparent fitness to practice procedures to address concerns about student conduct which might compromise public or patient safety, or call into question their ability to deliver the Osteopathic Practice Standards.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

FtP policies and procedures follow those set by the university and the GOsC with local adjustments made for the context and profession specific requirements. These are published to staff and students and are accessible through the VLE and website. The current FtP policy linked to UoP may need updating as it was last reviewed in 2023.

The BCNO Group ensures that its students are not only familiar with its FtP procedures but also the wider range of the GOsC guidance including student guidance on professional behaviours and FtP for osteopathic students. The PPH was reviewed and updated in July 2025 and provides a wide range of relevant information for staff and students whilst in clinic or practical classes with regard to conduct which may compromise public or patient safety. Students and staff tell us they are know how to access policies and are confident that they would follow the relevant procedures.

The FtP policies, guidance, and procedures are in place. These are accessible and understood by staff and students so we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

To ensure that the FTP policy (linked to UoP) is uploaded once it has been reviewed to replace current copy.

Conditions

None reported.

iii. there are accessible and effective channels in place to enable concerns and complaints to be raised and acted upon.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The BCNO Group conducts an annual review of its complaint management procedures. The students' complaints policy is adopted from the UoP and has a review date for 2026. The AGC reviews complaints from students, staff, and patients at each meeting as a standing agenda item, which helps identify any recurring themes. Written feedback, particularly through the module outcomes statistic report is helpful but student engagement with this is low varying between cohorts from 7% to 57% (average 27%).

Students told us they are aware of the formal channels to raise concerns and offer feedback, but most feel they do not always have sufficient time to respond to surveys or feedback forms. They told us that they felt concerns are resolved more effectively by informally emailing or talking to a member of staff. Their experience of raising concerns was mixed. Some students had complained about poor teaching and felt the response to this was slow and impacted their learning. Others told us they were listened to by staff and things changed for the better. Students told us that their student representatives find the additional demands on their time difficult to manage which may explain the current nine vacancies.

Students and staff informed us there are effective channels in place to enable concerns and complaints to be raised but some have reservations over how effectively they are acted upon and resolved.

Patients told us they were very happy with the opportunities they have to raise concerns, complain, or make compliments either electronically, in person or over the phone. They felt channels of communication were effective and accessible.

Many students told us they prefer to chat with or email a member of staff if they have a concern or complaint rather than going along a more formal route. Although it is evident that some complaints and concerns are logged there is a danger that if concerns, complaints, and feedback are not thoroughly logged any review of complaints will be incomplete. If all informal concerns and complaint were comprehensively logged it would be possible to accurately measure and review the concerns, see any patterns and respond to the stakeholders on a more regular basis using the 'You Said We Did' approach, which has already begun. This would be of particular use to the AGC when they review complaints in their meetings.

Overall, we found there were procedures and opportunities in place to enable concerns and complaints to be raised and acted upon. Our meetings with staff, students, and patients confirm this so we are confident that this standard is met.

Strengths and good practice

Students are confident to email and talk to staff if they have any concerns or complaints

Areas for development and recommendations

It is recommended that both formal and informal concerns and complaints are thoroughly logged so that SMT and AGC accurately review the concerns, see any patterns and respond to them on a more regular basis with the 'You Said We Did' approach.

Conditions

None reported.

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iv. the culture is one where it is safe for students, staff and patients to speak up about unacceptable and inappropriate behaviour, including bullying, (recognising that this may be more difficult for people who are being bullied or harassed or for people who have suffered a disadvantage due to a particular protected characteristic and that different avenues may need to be provided for different people to enable them to feel safe). External avenues of support and advice and for raising concerns should be signposted. For example, the General Osteopathic Council, Protect: a speaking up charity operating across the UK, the National Guardian in England, or resources for speaking up in Wales, resources for speaking up in Scotland, resources in Northern Ireland.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Staff and students are informed about the BCNO Group's anti-bullying and harassment policy, sexual misconduct policies and procedures during induction. Through the VLE section there are also additional learning resources, and helpful guidance materials. There are also a range of recently reviewed policies including the student code of conduct and dignity at work which emphasises the behaviour expected of the BCNO Group staff and students.

Staff, students, and patients told us they would feel confident to speak up if they witnessed unacceptable or inappropriate behaviour, can access the relevant policies and are aware of the procedures to follow.

In addition to support available internally through PTs, the SEWO and student counsellors, students and staff have access to a number of external agencies who can provide additional support. This is signposted on the student welfare leaflet and VLE and includes access to the Health Assured Programme and links to Samaritans, Shout and Stay Alive.

We found there were policies and procedures in place as well as key staff available to listen to and signpost staff, students or patients if further support is needed. Our meetings with staff, students and patients confirm this so we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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v. the culture is such that staff and students who make mistakes or who do not know how to approach a particular situation appropriately are welcomed, encouraged and supported to speak up and to seek advice.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Students tell us they feel comfortable about speaking up and seeking appropriate advice. Most have PTs but also find staff very approachable so they generally find somebody they are comfortable to approach. This initial contact may also lead to the student being appropriately signposted to receive additional help either by another staff member or an external support agency. The SEWO is well respected by the students as they find her very approachable, responsive and a useful catalyst for support. A full range of available support can be found on student newsletters, a student welfare leaflet and poster on display and on the VLE.

Staff told us they do feel confident to speak up and seek advice and support if needed. Training and additional CPD opportunities to acquire additional skills were available to all staff and SMT had been found to be receptive and responsive.

Although students are asked to provide feedback on their clinical tutors to ensure support for students and to flag any potential issues with tutors, student engagement with this is variable. Tutors who have poor feedback meet with the Head of Clinical Education to receive support and undergo peer observation of their clinical teaching. Clinic tutors have termly meetings chaired by the Head of Clinical Education to discuss updates and student progression. We did speak to teaching staff who had been involved in peer observation of teaching by HoD.

We found there were channels and procedures for students and staff to follow with key staff available to listen and signpost further support if needed. Our meetings with staff and students confirm this so we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

vi. systems are in place to provide assurance, with supporting evidence, that students have fully demonstrated learning outcomes.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

As part of the annual programme monitoring, assessments and outcomes are reviewed to ensure students are meeting the approved learning outcomes. This is evidenced in module outcome reports, student characteristics and outcomes reports and the EE reports.

Students tell us that the quality of feedback they receive varies greatly but can be very helpful. They told us the marking criteria and rubrics are useful but they feel there is still considerable variation in the quality of feedback offered and marks given by staff. The academic teams mark and provide feedback using the marking rubric to help students identify areas for improvement. A rubric and marking criteria for each assessment is available for students, along with the marking criteria. There is also a guide for staff to assist in marking and an internal moderation for each assessment.

Our meeting with UoP confirmed a positive relationship with The BCNO Group and confidence in the approach and work of BCOM. EE reports confirm that modules contain a wide range of components which provide a sound knowledge base and align with the requirements of the OPS. EEs also provide feedback to the SMT regarding the credibility of assessment and whether it meets the requirements of the regulatory body. This feedback is largely positive but does indicate the need for more feedforward comments and indicates some variance in the quality and standards of marking.

The latest EE report confirms that modules contain a wide range components which provide a sound knowledge base and align with the requirements of the OPS. There is a wide range of assessment

tools in use which enable students to demonstrate skills in differing contexts which results in a well-rounded view of each student's abilities.

We found there were systems in place to provide assurance that students have demonstrated their learning outcomes and evidence from EEs supports this, so we are confident that this standard is met.

Strengths and good practice

The BCNO Group has developed a strong, positive relationship with UoP where feedback is valued and acted upon.

Areas for development and recommendations

None reported.

Conditions

None reported.

3. Learning Culture

i. there is a caring and compassionate culture within the institution that places emphasis on the safety and wellbeing of students, patients, educators and staff, and embodies the Osteopathic Practice Standards.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The BCNO Group has been through a challenging period of considerable change with difficult decisions needing to be made. This has had a major impact on all stakeholders. Whilst a number of the decisions made have not be universally popular, staff and students have acted professionally to support the effective teach out of the programmes. Despite the anger, uncertainty and frustration expressed, SMT have endeavoured to maintain a caring learning culture, recognising the importance of the safety and wellbeing of all stakeholders. There is a clear management structure which is backed up by a range of policies to emphasise a focus on the well-being of students, patients and staff as well as reflecting the OPS.

Although not all staff agree on some of the decisions made they tell us they are well supported in their role and have access to additional training to develop their skills or expertise if required. There is a range of support services available to staff and students linked to their well-being and these are clearly signposted in the VLE and on welfare posters.

Patients tell us they feel completely safe and praise the commitment and professionalism of both staff and students in all aspects of their treatment and aftercare.

The BCNO Group use SharePoint as a central repository for safeguarding which, they feel, has enhanced their ability to manage information more efficiently. Safeguarding reminders are visible and accessible, with posters displayed in clinics, staff and student areas and regular updates sent through newsletters and stored on the VLE.

We found that relevant information and policies are in place relating to the safety of staff, students, and patients. Our meetings with staff, students and patients confirmed that a caring and compassionate culture is evident, so we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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ii. they cultivate and maintain a culture of openness, candour, inclusion and mutual respect between staff, students and patients.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The BCNO Group promotes a culture of openness and candour by providing staff, students, and patients with opportunities to voice their feedback and concerns through a number of committees and experience groups. The staff and students we spoke to were aware of these opportunities but preferred to deal with things more informally by approaching or emailing a member of staff. Given the recent changes made across the BCNO Group there is an understandable current of anger and concern at some decisions made and the continuing uncertainty around the future, but staff and students seem to be approaching teach-out of the programmes with professionalism and determination. Patients and members of the PEG tell us they feel included and respected.

A source of frustration for staff and students is the continuing uncertainty on the future of BCNO London delivery, and the perceived poor communication from the Board. Although future decisions will be difficult and not universally popular it was felt that all stakeholders need to know clearly what is going to happen over the next three years. This needs to happen shortly after the November 2025 Board meeting.

The mechanisms for gathering more formal feedback from staff, students and patients are in place. Student related issues are held during SEG meetings and discussions about patient-related issues take place during PEG meetings. The FEG feed through to the programme leads who report back to the faculty. Student and staff representatives also form a key part of Board and governance meetings as well as being represented on the Board of Trustees. We noted that engagement with these important groups was extremely variable with attendance over the last year varying from 21-64%.

SMT recognise that student engagement is low and are keen to improve this. Student perception is that their workload and time issues hinder greater engagement and participation. The BCNO Group do create a range of opportunities for additional feedback including online surveys and module feedback but students still seem to prefer a more informal approach.

The BCNO Group has relevant guidelines for staff and student behaviour and expectations and tracks its complaints and disciplinary proceedings for both students and staff annually.

We found relevant policies and processes are in place to encourage and monitor a positive respectful culture between staff, students, and patients. Our meetings with staff, students and staff confirm a culture of openness, candour and respect is evident so we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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iii. the learning culture is fair, impartial, inclusive and transparent, and is based upon the principles of equality and diversity (including universal awareness of inclusion, reasonable adjustments and anticipating the needs of diverse individuals). It must meet the requirements of all relevant legislation and must be supportive and welcoming.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Nearly all the students and all the recent graduates we spoke to felt they were well supported and know how to access any additional help when needed. Through a range of policies including EDI, RA, FtP and FtS policies, the BCNO Group seek to ensure students and staff are treated fairly.

Students requiring RA are seen by the SEWO. Students confirm that this process is timely and supportive. Relevant faculty and staff are notified where appropriate and with consent of the student.

Students who struggle to engage with the course are highlighted through poor attendance and feedback from faculty. Informal meetings are arranged with the Programme Lead, HoD and SEWO to support the students. The SEWO oversees students' support and any trends affecting the attendance. There has been an ongoing drive to ensure the PT system works well but the availability and willingness of staff to undertake this role has caused some difficulties. However most students said they had a personal tutor but their response to how useful they were was mixed with students preferring to approach a member of staff who they felt would be able to help them.

Student characteristics and outcomes are monitored, including learning differences, long-term health conditions, age, gender, disability, and ethnicity to ensure that the learning culture remains fair, impartial, and inclusive.

A range of policies are in place to meet all legislative requirements. Staff and students tell us that they feel supported, so we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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iv. processes are in place to identify and respond to issues that may affect the safety, accessibility or quality of the learning environment, and to reflect on and learn from things that go wrong. ☒ MET ☐ NOT MET

Findings and evidence to support this

The CEO manages the team that oversees resources, facilities, access and health and safety. He takes a lead role in health and safety matters as Chair of the health and safety committee. This committee meets quarterly and considers all aspects of safety including buildings, students, patients, and staff.

Key areas such as academic appeals, student complaints, and FtP are reported to the AGC. Patient complaints are also directed to the AGC, while whistleblowing incidents are escalated to the Board. This structured approach aims to ensure oversight and adherence to governance standards.

Students are encouraged to voice their concerns formally through SEG and informally through various channels, including meetings with faculty teams, personal tutors, or student representatives. If staff note a particular issue, they can raise it directly with the facilities team or their line managers. Health and safety is a standing item on all committee agendas.

We found there are policies and procedures in place to reflect on aspects of safety, accessibility and the quality of the learning environment. Discussions with staff, students, and patients confirm their awareness of this so we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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v. students are supported to develop as learners and as professionals during their education. ☒ MET

☐ **NOT MET**

Findings and evidence to support this

Students tell us they do feel supported both as learners and professionals throughout their course and if additional help is needed, for example, additional learning needs they have found staff very receptive. The SEWO plays a key role in signposting and providing support and students find her a very useful resource.

Although nearly all students had a personal tutor, their engagement with the students and adherence to the PT Handbook was quite variable. The SEWO and SMT are currently discussing ways of improving this and providing a broader base of PT to support the full range of students.

When we asked recent graduates and Year 4 students how well prepared they felt for their professional roles they were very positive about the range of experiences and the quality of their preparation and education. Some students complained about the variability of teaching quality but once concerns were raised, either through module feedback or direct to HoD, action had been taken by SMT.

All students praised the range of support available through library services across all year groups, including at dissertation stage, for support with developing academic writing and responsible use of AI.

A wide range of study skills are offered through presentations and workshops, for example, literature searching, plagiarism, referencing and paraphrasing. The VLE also offers resources, including information on referencing. The study skills handbook has been reviewed, updated and distributed to all year groups.

Through a range of policies and support students are encouraged to develop as learners and professionals. Discussions with students and patients confirmed they develop their skills, knowledge and confidence throughout the course, so we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

vi. they promote a culture of lifelong learning in practice for students and staff, encouraging learning from each other, and ensuring that there is a right to challenge safely, and without recourse.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

There is a culture of questioning and challenge where students are encouraged to reflect on their own learning and learn from each other through problem-based approaches, reflective portfolios, lectures and tutorials. The BCNO Group's aim is for students to become reflective independent lifelong learners and for that to continue throughout their career as osteopaths.

Students are encouraged to become reflective learners through their use of the clinic portfolios, reflective logs, plus a range of additional resources such as anatomy workbooks. In the clinical settings, pre and post session debriefs and tutorials encourage students to question and discuss cases and diagnoses.

Students felt confident to express their opinions and challenge their learning without recourse and could give examples of when they had done this. For example when a lecturer's teaching fell well below expectations they had challenged this and the matter was resolved.

Staff tell advised that they feel well supported professionally, are encouraged to undertake CPD and develop their own skill sets.

Discussions with students confirmed that they do enjoy learning from and with each other and feel well supported by staff to develop as lifelong learners and so we are confident this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

4. Quality evaluation, review and assurance

i. effective mechanisms are in place for the monitoring and review of the programme, to include information regarding student performance and progression (and information about protected characteristics), as part of a cycle of quality review.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The BCNO Group has developed a strong relationship with the UoP with well-defined procedures for approving, monitoring, and reviewing academic programmes. These reviews are discussed at committee level and then through a joint board of studies meeting. Each year BCNO review module and assessment elements comparing them to the previous year's data in the student characteristics and outcomes report.

UoP have also been in discussion with the BCNO Group regarding the teach out and student protection plans. When we spoke to the UK Partnerships Manager of UoP he confirmed that he had good links with the SMT and is confident that their teach out and student protection plans are robust.

Our discussions with SMT, the programme team and the UoP confirm that there are mechanisms in place for the teach out of the programmes, so we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

Although there are clear KPIs linked to the teach out plans, they are very ambitious and some may be difficult to accurately measure given student engagement levels. SMT should ensure that the KPIs in the teach out plan are regularly reviewed and recorded by SMT to help ensure any difficulties are addressed in a timely manner.

Conditions

ii. external expertise is used within the quality review of osteopathic pre-registration programmes.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The EEs have a key role in quality assurance and the annual monitoring of courses. The validation of these programmes follows the clearly defined UoP processes, which include experts from the profession to ensure thorough course reviews. The UoP confirmed that, in their experience the BCNO Group are always receptive to suggestions and change and are keen to improve and enhance the student learning experience.

Historically EE reports have been used to drive change in courses for example: increasing teaching observations, reviewing the use of rubrics for written feedback, and providing more informal feedback opportunities and feedforward comments. We reviewed one EE report, and whilst it was fit for purpose, we found that it was very basic and provided only simple detail.

In relation to standard 1.viii it was referenced that The External Examiner is invited to oversee the final Clinical Competency Assessment, but was unable to attend last year for the final Clinical Competency Examination, leaving a gap in the evaluation of the reliability and validity of that particular exam.

Discussions held with SMT and the UoP assure us that external expertise has been used with regard to original programme and will continue to be utilised during teach out plans, so we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

It is recommended that The BCNO Group endeavour to ensure that an External Examiner is present at the Clinical Competency Examinations to provide to provide this additional assurance.

Conditions

None reported.

iii. there is an effective management structure, and that relevant and appropriate policies and procedures are in place and are reviewed regularly to ensure they are kept up to date.

☐ **MET**

☒ **NOT MET**

Findings and evidence to support this

There is a clear management structure from experience groups and committees through to Board level operating at both strategic and operational levels. Attendance at a variety of meetings particularly the three engagement groups seem to include a high number of apologies so there is a danger that true representation, for instance from the student and staff body, may mean that the stakeholder voice is diluted.

Although there is a clear management structure there is currently no written strategic development plan which means that the various committees up to Board level may find it difficult to assess progress towards goals or milestones leading to issues with accountability and financial planning. With the recent changes and feelings of uncertainty that prevail key decisions must be made at the next Board meeting in November. The outcomes and future direction of the BCNO Group and its buildings can then be communicated to all stakeholders.

Staff and students told us they know how to access all policies. Policies are organised for the course the student is undertaking, for example linking to UoP adopted policies where appropriate.

The process of reviewing and updating all BCNO policies is underway but due to staff sickness this process has not been fully completed or launched. A number of policies were reviewed in June and July 2025. It would be useful to ensure all out of date policies are updated. Furthermore, efforts should be made to centralise policy access through a single repository, currently they can be accessed through the website, VLE or through Teams. Similarly, a simple register should be kept to show the name of policy, last reviewed date and next review date.

There is a clear management structure and a wide range of policies available to all. Our discussions with SMT, the Board, staff, students and patients inform us that although the management structure works, there were some concerns regarding the regularity and content of communications received, particularly from the Board.

In order for an accurate vision of where the BCNO Group is heading a clear strategic plan with timings, responsibilities, and costings is needed. It is understood that at the next Board Meeting in November key decisions will be made in order to allay the anxiety of all stakeholders and it is imperative that the outcomes of this meeting are clearly communicated.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

This academic year, the BCNO Group must ensure that all out of date policies are updated. and policy access centralised through a single repository, maintaining a simple central register.

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iv. they demonstrate an ability to embrace and implement innovation in osteopathic practice and education, where appropriate.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Innovation is encouraged, shared and developed by the BCNO Group. Opportunities have been explored linked to local charities including CWC (a homeless charity), Age UK and some interdisciplinary opportunities linking with physiotherapy students (through London Met) and the London Marathon. Within the clinic setting there are opportunities to treat a range of patients including those with sporting and performing arts related injuries.

Good practice and innovation is identified in lesson observations and research activities shared within the department. There are good links with the Kent site with shared experiences and opportunities particularly in the specialist clinic settings.

Documentation and discussions with staff and students assure us that opportunities for innovation are sought by the BCNO Group and appreciated by the students. We are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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5. Resources

i. they provide adequate, accessible and sufficient resources across all aspects of the programme, including clinical provision, to ensure that all learning outcomes are delivered effectively and efficiently.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The BCNO Group operates across two sites: at Netherhall Gardens, London, and Tonbridge Road in Kent. At the Kent site, the BCNO Group has recently renovated a newly acquired building to include twelve treatment rooms, a large clinic reception area, rooms designated for students and tutors, and additional storage space. Treatment rooms are spread across two floors: four treatment rooms on the ground floor, two of which have wheelchair access, and a further eight on the first floor.

The London campus has fifteen treatment rooms arranged over two floors. Eleven of the treatment rooms are on the ground floor and the building offers good access for wheelchair users. Several rooms have been designated for priority use for elderly patients, given their proximity to the reception area, and one room has been designated for paediatric use. An additional room has been equipped with specialised apparatus to facilitate health screenings and fitness assessments. There are plans to open two additional treatment rooms on the second floor, to accommodate the needs of final year students participating in the teach out programme. Both sites have good provision for disabled parking.

Both locations feature dedicated teaching spaces designed to support both practical and academic instruction. There are hydraulic couches available for practical sessions and the teaching areas are furnished with screens that can display content from the Virtual Learning Environment (VLE) as well as other media sources.

A recent Office for Students report noted that the BCNO possessed suitable physical and digital infrastructure, supported by current VLE resources that effectively facilitate student learning. The report noted several initial challenges faced during the implementation of the updated VLE; however, observations made during the visit confirmed that considerable efforts have been made to effectively address these issues.

Students were able to access relevant learning materials ahead of lectures, and a comprehensive catalogue of policies and procedures was also available through the VLE. The BCNO Group continued to develop educational resources for the VLE and had established a video repository of techniques that is likewise accessible via the platform.

Library facilities at both locations provide good access to textbooks, journals, interactive media, support services and interactive equipment such as anatomical models. They also offer student support with literature searches and academic support to enhance student study skills. Students also have access to resources and facilities at the UoP and academic interlibrary loan services.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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ii. the staff-student ratio is sufficient to provide education and training that is safe, accessible and of the appropriate quality within the acquisition of practical osteopathic skills, and in the teaching clinic and other interactions with patients.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Historically, the BCNO Group has maintained an educator-to-student ratio of 10:1 for practical instruction and between 1:4 to 1:8 in clinical settings. However, Course Leaders reported that the educator ratios for both classroom and clinic increased during Teach Out meaning there were more educators per student, a finding corroborated by our observations of academic sessions (including online) and clinic visits.

Feedback from student representatives indicated that they felt well supported by staff during lectures and clinical sessions. In meetings with the Senior Management Team (SMT), we were assured that they would maintain their commitment to sustaining staff levels during the Teach Out process.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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iii. in relation to clinical outcomes, educational providers should ensure that the resources available take account, proactively, of the diverse needs of

☒ **MET**

students. For example, the provision of plinths that can be operated electronically, the use of electronic notes as standard, rather than paper notes which are more difficult for students with visual impairments, availability of text to speech software, adaptations to clothing and shoe requirements to take account of the needs of students, published opportunities to adapt the timings of clinical sessions to take account of students' needs.

☐ **NOT MET**

Findings and evidence to support this

The BCNO Group maintains a Reasonable Adjustments (RA) policy which ensures that students who disclose a disability either at the point of offer, or when later becoming aware of a disability are supported by the Student Welfare Officer in identifying suitable solutions. Discussions with student representatives indicated that the BCNO Group has historically demonstrated an effective response to disclosed disabilities by offering suitable accommodations.

Hydraulic couches are predominantly utilised in clinical and teaching settings; however, electrically operated couches can be made available to students, should they specifically require them. Support services staff indicated that provisions for visually impaired students, such as permitting tablet use for notetaking, can be arranged. Students are provided with support to enhance their study skills, such as memory training, managing various learning styles, and assistance for those with dyslexia. Nevertheless, there are presently no plans to transition from manual records to Electronic Patient Records (EPR).

Disabled access is available for clinic facilities at both the London and Maidstone campuses, and classrooms have not given rise to any reported accessibility issues for students on the Teach Out Programme. The administration has confirmed that they are able to accommodate requests for preferred seating arrangements during classes and specific room assignments within the clinic where reasonable.

Support service staff report that the Student Welfare Officer has initiated a programme of neurodiversity training to enhance support for both students and staff. There is also an initiative to provide mental health first aid training for staff. Students receive safeguarding training in year 3 (with a patient focus) and year 4 (with a focus on transition to practice).

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

iv. there is sufficient provision in the institution to account for the diverse needs of students, for example, there should be arrangements for mothers to express and store breastmilk and space to pray in private areas and places for students to meet privately.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

During the visit, the team noted that students had access to dedicated quiet study areas, private meeting rooms, and communal social spaces. It was evident that these facilities enabled students to effectively utilise available resources for forming study groups, practising techniques, and engaging in academic discussions.

The BCNO Group report that designated quiet and contemplative areas for prayer are available upon request. Additionally, support is provided to new mothers returning to their studies, as confirmed in discussions with recent graduates, including one individual who returned to academia after childbirth.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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v. that buildings are accessible for patients, students and osteopaths.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Both campuses offered accessible entry to ground-level spaces for wheelchair users and individuals with disabilities. In addition, each location included clearly marked parking spaces reserved for people with disabilities. Several of the treatment rooms situated on the ground floor feature dedicated wheelchair-accessible facilities, ensuring convenient access for patients, students, and staff members.

Access to classrooms, library facilities, and study areas was not identified as an issue, and robust procedures for managing reasonable adjustments are in place and available for implementation if necessary. The BCNO Group performs comprehensive risk assessments in compliance with insurance requirements to maintain a safe environment for patients, students, and staff. Oversight of these processes is provided by the health and safety committee, which convenes quarterly.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

6. Students

i. are provided with clear and accurate information regarding the curriculum, approaches to teaching, learning and assessment and the policies and processes relevant to their programme.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The courses reviewed during the visit were in Teach Out status and were closed to new enrolments. All current students have full access to detailed course resources via the VLE, including course details, policy documents, procedural guides, and key organisational information. During the visit, the availability of this material was confirmed both by examining VLE content and by interviewing student representatives.

The Virtual Learning Environment (VLE) provides students with access to the Programme Specification for each course. These documents clearly articulate the programme's aims and objectives, offering an overview of module content, comprehensive mapping to learning outcomes, and details on alignment to the osteopathic practice standards.

Module handbooks offer students detailed information regarding their courses, and the BCNO Group is committed to uploading lesson-specific materials, including slide packs, to the VLE at least 48 hours prior to scheduled lectures. Providing these resources ensures students have a transparent overview of their educational pathway throughout their studies at the BCNO Group.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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ii. have access to effective support for their academic and welfare needs to support their development as autonomous reflective and caring Allied Health Professionals.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The support services team provide both academic guidance and pastoral care to students, ensuring their overall well-being. At the start of their studies, students are given comprehensive information about these services and are each assigned a personal tutor, who serves as their primary contact for any academic or personal concerns. The Student Engagement and Welfare Officer oversee the personal tutor system, which is described in the personal tutor handbook.

The personal tutor handbook states that tutors are required to meet with first-year students a minimum of five times throughout the academic year, and with students in their second, third, and fourth years at least once per semester. Additionally, all meetings must be documented, and any agreed actions should be submitted to the Student Engagement and Welfare Officer at the conclusion of each term. However, at the time of the visit, the Personal Tutor system was being reviewed in light of historical difficulties in recruiting staff into the role.

Discussions with student representatives revealed an awareness of the Personal Tutoring process and confirmation that Personal Tutors had been allocated. However, most respondents indicated that they did not meet with their tutors in a structured or regular way. As such, the student engagement with the personal tutoring system was on a relatively ad hoc basis and was not as originally intended. Nevertheless, students reported receiving adequate support when they did have cause to seek additional assistance.

Students have access to a 24-hour helpline that provides legal support, and they have access to counselling support when needed. Attendance policies are designed to spot students who might be "at risk" so early help can be offered. The BCNO Group provided targeted assistance, including support with accommodation expenses, to students seeking to transfer between the London and Kent campuses. Four students had recently utilised this opportunity and successfully transitioned their studies to the Kent campus.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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iii. have their diverse needs respected and taken into account across all aspects of the programme. (Consider the GOsC Guidance about the Management of Health and Disability).

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Students are encouraged to share information about disabilities during the application process or whenever they become aware of a disability throughout the period of their studies. During the first week of studies, the Student Engagement and Welfare Officer meets with students to discuss issues around disability, inclusion, and both mental and physical wellbeing. This ensures that students are aware of how to disclose needs, access support, and maintain overall well-being.

Upon notification of a disability, or any other concern, the Student Engagement and Welfare Officer assesses the individual requirements and, where feasible, coordinates suitable accommodations. Students are encouraged to communicate their needs at any stage of their academic journey, and ongoing reviews are conducted to ensure adjustments reflect any changes in health or learning circumstances.

The Student Inclusion, Welfare and Attendance Committee meets three times a year and has oversight for the welfare and inclusion of the student body. In doing so, it acts to ensure that all related policies and procedures are up to date and fit for purpose.

During our discussions with the support services team, it was observed that neurodiversity training for staff had been expanded and that mental health first aid training was being introduced. Meetings with student representatives demonstrated that the BCNO Group responds efficiently to requests for reasonable adjustments. They were also aware of how they could access policies relating to equity, diversity and inclusion, reasonable adjustments and student welfare.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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iv. receive regular and constructive feedback to support their progression through the programme, and to facilitate and encourage reflective practice.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

A recent report by the Office for Students highlighted instances of inconsistent practices regarding assessment design, marking procedures, and the quality of handwritten feedback. However, the report acknowledged that the BCNO Group had identified this issue, through student feedback, and had proactively implemented plans for the effective management of the problem.

Discussions with student representatives revealed that the BCNO Group has taken various steps to enhance the feedback process. However, whilst these initiatives have resulted in some progress, their application continues to lack consistency.

We are satisfied that students are provided with regular and constructive feedback, however, it is advisable for the BCNO Group to continue to monitor and adapt their initiatives, so the feedback process remains effective and impactful.

Strengths and good practice

None reported.

Areas for development and recommendations

The BCNO Group should consider ways of incentivising students to become student representatives and attend all meetings to ensure their voice is more effectively heard and consider additional ways of significantly improving student response rates to surveys and module feedback.

Conditions

None reported.

v. have the opportunity to provide regular feedback on all aspects of their programme, and to respond effectively to this feedback.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

There are several formal channels available to allow for students to provide feedback. However, the BCNO Group recognises that it remains challenging to connect with students and understands the need to evaluate how student representatives can engage in an effective way.

Students expressed mixed feelings about formal communication channels, preferring instead to collaborate as a group and share feedback with the organisation via informal networks. Although respondents considered this approach to be effective, it creates potential inconsistencies in how the BCNO Group implements solutions across different cohorts.

Reasons given for not engaging with formal processes included lack of time, the energy consumed by their studies and the desire to “move on” following the completion of a module or academic year. However, students who were actively involved in the formal process recognised the value of their engagement.

Students reported a clear understanding of the procedures available for raising concerns. They expressed confidence in their capacity to report safeguarding issues or OPS breaches without fear of prejudice and trusted that such matters would be managed appropriately.

Strengths and good practice

None reported.

Areas for development and recommendations

The BCNO Group might consider exploring other channels for feedback, such as organising structured, and documented, student user groups that can feed into formal engagement processes or incentivising students for their active participation.

Conditions

None reported.

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vi. are supported and encouraged in having an active voice within the education provider.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

It was evident that the BCNO Group has made a concerted effort to engage with the student voice through membership in various committees. However, this engagement had seen limited success and the organisation had struggled to recruit Student Representatives onto these committees.

In meetings with both students and alumni, similar reasons were given for lack of engagement. These included lack of time, the energy consumed by their studies and time conflict between scheduled meetings and work or study commitments.

There continued to be a discernible tendency to address concerns collectively and engage with the organisation through informal channels. Although the majority of interviewed students regarded this informal method as relatively effective, it was noted that such an approach lacks the rigour inherent in formal processes and may result in the undocumented and inconsistent resolution of issues across different cohorts.

Strengths and good practice

None reported.

Areas for development and recommendations

Given that current processes for engaging with the student voice have not functioned as intended, the BCNO Group might explore alternative methods of engagement. For example, organising structured, and documented, student user groups that can feed into formal engagement processes, incentivising students for their active participation or short, structured meetings at the end of classes.

Conditions

None reported.

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7. Clinical experience

i. clinical experience is provided through a variety of mechanisms to ensure that students are able to meet the clinical outcomes set out in the Graduate Outcomes for Osteopathic Pre-registration Education.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Students of all BCNO London campus programmes are expected to attend to clinic over all four years of the course and in line with Graduate Outcomes, they are expected to attend 1000 hours of clinical training and move through their clinical placements gaining more autonomy as they progress.

Due to the structure of the modified attendance BSc course, some students find that they need to make up clinical hours during holiday clinics before they can progress to the following year. This flexibility is built into the course design, with clear guidance provided to students about the make-up hours and a mapped schedule that outlines how they can fulfil this requirement.

The Clinic Reception Team effectively record and monitor student hours regularly in order to ensure that students achieve a minimum of 1000 clinic hours prior to completion of the course.

In the meeting with the clinic manager it was evident that they regularly monitor student attendance by a well-structured recording system to identify potential problems with student clinic hours and offer the necessary support to bring the numbers back in line. We could see on the spread sheets that all 4th year students graduated last year exceeding the 1000 hours clinical experience required.

The Clinic Reception Team are also responsible for the allocation of new patients. They are provided with new patient priority lists which help ensure that new patients are allocated appropriately in order to enable students to meet their required new patient numbers.

The osteopathic student clinic in the BCNO London campus is a well established clinic considered by patients as part of the community. During the visit we were told that number of patients are monitored to ensure enough patient numbers for students to practice. The marketing team told us during the meeting that they release adequate promotions and marketing to get NPs numbers up when needed including during clinical competency exam season.

Staff stated that there have been some concerns from student and staff about the uncertainty about the clinic and patients' numbers. The 2nd years are the group that feel more anxious about the uncertainty of the clinic providing enough patients for them to graduate. However, we were assured by the SMT that strategies like marketing trying to make the right amount of variety of patients are in place to make sure students cover their 1000 hours in the clinic and patients are provided for them to graduate and meet the required learning outcomes.

Overall, we are assured that students will have clinical experience that is provided through a variety of mechanisms to ensure that students are able to meet the graduate outcomes

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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ii. there are effective means of ensuring that students gain sufficient access to the clinical experience required to develop and integrate their knowledge and skills, and meet the programme outcomes, in order to sufficiently be able to deliver the Osteopathic Practice Standards.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

BCNO utilises its patient booking system to ensure students gain sufficient access to patients and to an appropriate clinical experience.

During the marketing meeting we were informed that where there is a shortfall in a specific patient group, the clinic administration team will work with the marketing team to advertise for new patients.

The BCNO clinic offers students the opportunity to attend specialist clinics or to participate in placements outside the teaching clinic all of which are supervised by senior clinical tutors to ensure quality and OPS compliance.

The long established London clinic is, as patients stated, a popular clinic part of the community and includes specific clinics specialities like headaches, sports, and pregnancy clinics ensuring that students are exposed to a diverse patient demographic. Beyond the in-house clinical experience, BCNO operates an outreach homeless clinic where students attend supervised by a senior clinician.

The clinic collaborates with the London marathon and charities like Versus arthritis and Carers UK and the looking after yourself programme. These further additions widens even more the variety of patients seen by students.

The reception team has a structure system in place to monitor student hours, patient numbers and diversity of patients that each student sees. The patient auditing can be seen by students and decides the allocation of patients to students to increase variety.

During the marketing meeting it was confirmed that patient data is used to inform the marketing plans. The College utilises patient data to enable a strategic marketing plan of targeted advertising to ensure

a sufficient depth and breadth of patients and enough patient numbers, including the during clinical exam season.

During the visit it was demonstrated that the BCOM clinical experience offers a variety of patient exposure to students and a broad range of clinical experiences that allowed them to translate their clinical knowledge into practice.

A meeting with recent graduates confirmed that they were satisfied with their experiences of training at the BCNO London clinic, and that there are enough patients and a good range and variety of patients. They also stated that they felt well supported by clinicians in the clinic, clinicians had different styles but all were supported and helpful. Recent graduates felt that their training had adequately equipped them for professional practice.

During student group meetings, 2nd year students stated that they have observed a good variety of patients so far. And the 4th years are happy with the very good management from reception to make sure students have enough new patients numbers.

Overall, we are assured that the BCNO London clinic provides students with the number of patients and that they see a broad range of patients and patients' presentations.

Strengths and good practice

A highly committed and passionate Director of Clinical Education at the BCNO London ,who has introduced initiatives and projects designed to provide students with a rich, varied, and fulfilling clinical experience.

Effective use of patient data to inform a more targeted student–patient ratio, ensuring that students are exposed to a broad and appropriate range of patient presentations.

Areas for development and recommendations

None reported.

Conditions

None reported.

8. Staff support and development

i. educators are appropriately and fairly recruited, inducted, trained (including in relation to equality, diversity and inclusion and the inclusive culture and expectations of the institution and to make non-biased assessments), managed in their roles, and provided with opportunities for development.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The BCNO Group uses a structured recruitment process guided by its Recruitment Policy, which promotes fairness, transparency, and EDI. The process begins with the development of a Job Description and Role Profile based on an identified need, followed by the evaluation of applicants according to these criteria, and the invitation of shortlisted candidates for interview.

Interviews are conducted by a minimum of two members of staff, with at least one representative from the Human Resources team. Interviews are structured and scored to ensure that all questions are administered consistently and fairly across all candidates. The policy appears to be robust and staff who had been subject to the process reported that the experience appeared to be fair and transparent.

There is a formal induction process to support new starters into their roles. This requires them to gain a comprehensive understanding of key policies and to undertake basic training in areas such as health and safety, GDPR, fire safety, and manual handling. Prerequisite induction training courses can be delivered, and monitored, via the organisation's HR software platform.

At our meeting with the SMT, we learned that they do not currently have a structured performance management review process in place. However, they plan to reinstate this process after the Board meets to approve a detailed strategic plan thus enabling the organisation to establish a people programme that is more closely aligned with its strategic objectives.

However, it has been observed that no formal performance management process has existed since the onset of the pandemic. Subsequent consultations with Course Leaders revealed that some have adopted informal review processes which, while supportive of staff, may result in inconsistencies in staff development.

Strengths and good practice

None reported.

Areas for development and recommendations

Reintroducing the performance management process would enable the organisation to actively involve employees in implementing its strategy, while ensuring that workforce skills are aligned with the strategic and learning objectives of the organisation.

Conditions

None reported.

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ii. educators are able to ask for and receive the support and resources required to effectively meet their responsibilities and develop in their role as an educator.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

During our discussions with faculty members, staff reported feeling well-supported in their positions and confirmed that they could obtain the help and resources needed to carry out their duties. Although there is currently no formalised process for meetings between staff and their line managers, certain departments arrange regular informal meetings to ensure employees have the necessary resources to perform their roles effectively. Both staff and managers indicated that, given the size of the BCNO Group and the strong collaborative relationships, they feel comfortable seeking assistance as needed.

The resources available in both classroom and clinical settings were adequate to support staff in delivering high-quality instruction. These included interactive models, online learning tools, integrated technologies suitable for classroom implementation, access to the Virtual Learning Environment (VLE) and the use of interactive learning tools such as slido.com.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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iii. educators comply with and meet all relevant standards and requirements, and act as appropriate professional role models.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

BCNO Group policy requires everyone involved in clinical or technical teaching roles to be registered with the GOsC or another healthcare professional body. When the visiting team reviewed a sample of the faculty list and compared it with the GOsC database, they found that all individuals were properly registered.

All staff interviewed during the visit demonstrated a clear understanding of the procedures for reporting OPS breaches and safeguarding concerns. They also indicated that they felt comfortable bringing these issues to senior management without fear of prejudice or discrimination.

Documentary evidence was presented regarding the peer review process, which aims to deliver objective feedback and incorporates recommendations on teaching methodologies and professionalism. During our consultations with faculty, it became clear that most staff members interviewed had participated in or been subject to this process.

Students have several opportunities during the academic cycle to provide feedback on their learning experience. However, despite efforts to improve engagement with the student body, participation in the feedback process remains low.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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iv. there are sufficient numbers of experienced educators with the capacity to teach, assess and support the delivery of the recognised qualification. Those teaching practical osteopathic skills and theory, or acting as clinical or practice educators, must be registered with the General Osteopathic Council, or with another UK statutory health care regulator if appropriate to the provision of diverse education opportunities.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

In our meetings with the SMT, we received assurances that staff numbers would remain consistent throughout the teach-out process. This was further supported by discussions with students, who reported increased access to teaching staff, which was also reflected in our teaching and clinic observations.

Newly appointed teaching staff receive guidance from experienced colleagues and undertake teaching assistant responsibilities until they have acquired the necessary experience to lead their own classes. Teaching staff are encouraged to pursue formal qualifications in education and some teaching staff reported that they had been provided with financial incentives to encourage their participation in these programs.

All personnel involved in the teaching of practical osteopathic skills and theory, or serving as clinical or practice educators, are required to be registered with the General Osteopathic Council or another UK statutory healthcare regulator.

Despite the ongoing uncertainty surrounding the future of the London campus, and the significant change agenda experienced within the BCNO Group as a whole, staff retention has remained comparatively stable. It was evident that these challenges had impacted on staff morale and need to be sympathetically managed to prevent attrition rates from hindering course delivery. Nevertheless, at the time of the visit, there were an adequate number of suitably qualified staff available to deliver the programmes undergoing the Teach Out process.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

v. educators either have a teaching qualification, or are working towards this, or have relevant and recent teaching experience.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Staff are eligible to apply for funding to pursue external courses; however, the available funding is limited and intended to support overall staff development rather than being dedicated specifically to teaching qualifications. Some of the staff members who spoke with the visiting team reported receiving support to undertake teaching, or other, qualifications. More generally, staff members demonstrated a broad spectrum of relevant qualifications and experience.

Given the uncertainty expressed by some staff members, and recognising that this may intensify as the Teach Out process progresses toward completion, the BCNO Group may wish to consider implementing a training bursary as a strategic incentive. Such an initiative could support staff retention throughout the remaining three years of the Teach Out programme whilst benefiting both the organisation and employee through additional skills acquisition.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

9. Patients

i. patient safety within their teaching clinics, remote clinics, simulated clinics and other interactions is paramount, and that care of patients and the supervision of this, is of an appropriate standard and based on effective shared decision making.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The Institution assures us that patient safety and high standards of care remain paramount to the BCNO.

All prospective students are required to undergo an enhanced pre-registration DBS check.

Both campuses have established teaching clinics where students undertake their clinical placements. These clinics are supervised by trained osteopaths registered with the GOsC, who oversee student–patient interactions and ensure patient safety throughout.

Discussions with staff, students, and patients confirmed that the BCNO maintains a strong commitment to patient care and that informed consent and shared decision-making are applied appropriately in clinical practice. These principles are reinforced throughout the curriculum and are formally assessed during the final clinical competency evaluation.

The students' clinic handbook provides detailed guidance on expectations and requirements for clinic attendance, including student responsibilities, safeguarding, consent procedures, first aid, and infection control.

We were assured by the Head of Clinical Education (London) who manages the site and the supervision of students and patients, that their aim it is to create safe experience for patients in the clinic. There are on-display in the clinic student room information about patient safety, code of conduct and fitness to practice available to students in the clinic discussion room. Though this was evident, increased visibility of safeguarding information would be useful.

BCNO maintains a high tutor-to-student ratio in both onsite clinics and clinical placements, and this was confirmed by staff and students. Students are supervised by qualified osteopaths who take responsibility for the patients' encounter.

At the London clinic, there is an intercom in the clinic rooms that allows students to call their tutors anytime they need. Clinic tutors are all registered osteopaths and undergo support, training and peer observation both at induction and throughout their time at BCNO.

During the visit to the clinic it was evidenced that the clinic reception team manage the clinic, patients schedules and appointment and looks after the patients prior their consultation efficiently.
The clinic uses an exercise prescription website, rehab my patient, which includes safety netting information, so patient is aware of possible sign or symptoms of potential serious illness and what to do in the case of needing help.

During the patients meeting there was a consensus that both campus clinics were very good at asking for patients' concerns. Students are extremely thorough during their questioning and treatment is agreed in consultation at all times with the patients. It was evident that an ethos of shared decision making is implemented, and patients are empowered to make informed decisions and exercise choice regarding their own treatment.

This provides assurance to us that patients will be kept safe and that students will be supervised to an appropriate standard.

Good innovation aligned with other allied health care practice: The clinic uses an exercise prescription website, (Rehab my Patient), which includes safety netting information, so patients are made aware of possible sign or symptoms of potential serious illness and what to do in the case of needing help.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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ii. Effective safeguarding policies are developed and implemented to ensure that action is taken when necessary to keep patients from harm, and that staff and students are aware of these and supported in taking action when necessary.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The BCNO has the relevant safeguarding policies in place to ensure the safety of all patients attending clinics in both campuses.

Staff and students receive appropriate training in safeguarding, child protection, health and safety and other areas that are designed to keep patients safe and enable them to take appropriate action when necessary.

Staff receive a mandatory yearly training in all the BCNO policies including safeguarding. Students received a safeguarding training when they join the clinic. During the meeting with student services, they stated that they are including more safeguarding training sessions for year 3 and year 4. We were told that as a new initiative, students receive their safeguarding training alongside clinic tutors from both clinics, these sessions are aimed at helping students to understand safeguarding, including clinical tutors' personal experiences of actual safeguarding cases. There is an extra safeguarding training for year four students on yellow flags prevention.

During the visit and discussions with staff and students, it was clear that staff and students knew where to find the safeguarding policies and were well informed on how to report a safeguarding issue.

The BCNO states that patients, students, and staff are well-informed about these policies through strategically placed safeguarding posters in clinics and common areas. However, during our visit to the clinic, the safeguarding and other posters and patient information were in a board next to the main entrance with little visibility.

We are assured that the College has effective safeguarding policies in place.

Strengths and good practice

None reported.

Areas for development and recommendations

Recommendation: Place the safeguarding information and other patient information throughout the clinic to increase visibility and therefore patient access to that information.

Conditions

None reported.

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iii. the staff student ratio is sufficient to provide safe and accessible education of an appropriate quality.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

During the SMT meeting we were informed that the guidelines for staff-student ratios are being adhered to, and in the London campus clinic is 1-4. There have been changes in the London clinic to put in place more support to students.

During the students meeting some concerns were raised regarding the teaching carried out by new clinical staff and their availability during clinical consultations. However, this was only noted in one incident that had occurred within the London clinic. In general, students are happy that they have more personal support and that they have more access to tutorials and resources in clinic due to reduced groups of students.

As a result, we are assured that there are sufficient staff-student ratios in place providing safe and accessible education.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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iv. they manage concerns about a student's fitness to practice, or the fitness to practice of a member of staff in accordance with procedures referring appropriately to GOsC.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The BCNO has the relevant fitness to practise policies in place and these are available in the BCNO and UoP websites for anyone to access. For the current programmes at the BCNO London campus, the policy in place is the UoP Fitness to Practise policy which had been reviewed in August 2025.

During the visit, and through discussions with both staff and students, we were reassured that all groups receive policy training to ensure they understand the processes and procedures to follow should any issues arise. Programme and course leaders, along with academic staff, demonstrated a clear understanding of their responsibilities in reporting fitness-to-practise concerns to the GOsC.

During the meeting with students, the second-year cohort stated that they feel very supported and encouraged to speak up, and that they find the Fitness to Practise and Safeguarding pathways very clear. Overall, students reported that they feel able to approach the Head of Clinic or another member of staff whenever support is needed.

There were no student Fitness to Practise concerns in 2024–25. Expected student and staff behaviours are outlined in the Professional Practice Handbook, which is updated annually and used across both campuses.

Therefore, we are assured the BCNO manages concerns and there are suitable procedures in place for managing fitness to practice concerns for staff and students.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

v. appropriate fitness to practise policies and fitness to study policies are developed, implemented and monitored to manage situations where the behaviour or health of students poses a risk to the safety of patients or colleagues.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

For University of Plymouth students, the Fitness to Practise Policy falls under the university's policies. Students are expected to comply with a professional code of conduct as well as the UoP Student Code of Conduct and Disciplinary procedure.

In addition to the GOsC website, the BCNO provides students with appropriate teaching, support, information and guidance about the standards of behaviour expected of students training as Osteopaths . The policies are available in the VLE portal and printed and available in the student room in the clinic. Additionally, it was noted that policies are available in the library at the London campus, and monitoring of these is conducted during departmental meetings.

During the staff meeting we were informed that they have a professional practice handbook, and that they are aware of the FtP and FtS policies. Policies are available via VLE and Teams and staff confirmed that if documentation is changed it is communicated via email and they get notifications when there is an update.

BCNO adheres to the University of Plymouth's Support for Study policy ensuring consistent support across institutions whilst maintaining support for students and patient safety. Fitness to Practise, safeguarding concerns, and Prevent issues are regularly reported to the Board of Trustees via the Academic Governance Committee.

Therefore, we are assured that appropriate fitness to practice policies and fitness to study policies are implemented and monitored.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

vi. the needs of patients outweigh all aspects of teaching and research. ☒ **MET** ☐ **NOT MET**

Findings and evidence to support this

During the visit we were assured that BCNO has in place the relevant policies and procedures to ensure patient safety. Communication and patient consent are embedded in the course and this is reflected in the clinical case notes.

Students at BCNO are not required to undertake primary data-gathering research projects; however, they receive comprehensive instruction on the principles of ethical clinical research and the primacy of patient safety. The research module emphasises the importance of safeguarding participants from harm and outlines the procedures for obtaining appropriate ethical approval when conducting research.

The BCNO Professional Practice Handbook has been revised and emphasises the focus on patient welfare above all other considerations.

During the patient meeting, we were assured that informed consent is obtained repeatedly, both in writing and orally during student–patient consultations. Patients reported that the continuous consent process and the explanations provided before and during treatment make the consultation experience clear and transparent. They also stated that students consistently explain what they are going to do and take thorough notes, including recording relevant symptoms. One patient gave an example of having experienced an episode of nausea/ dizziness after a treatment.

They noted that at the following session, the approach was adapted to prevent any further episodes of nausea or dizziness and that every student she saw would then follow the same protocol.
Regarding the teach out, the SMT team told us that patients are aware of the teach out through patient experience groups and the Media. However, there had not been a formal announcement or involvement of the BCNO with patients of the clinic regarding the teach out plans.

During the staff meeting, members of the academic staff expressed concern about the number of patients who would be left without access to the clinic, some of whom have been attending for

decades. Staff informed us that several letters had been sent to the Board from patients expressing serious concerns about the potential closure of the London campus clinic.

Students also expressed concern that patient attendance might decline toward the end of the teach-out period once patients become aware that the clinic will be closing, potentially affecting students' ability to see sufficient patients to meet their graduation requirements.

Although there were patient concerns about the closure of the clinic, the BCNO has demonstrated that patient care has been a priority, and we are assured that the needs of patients outweigh all aspects of teaching and research.

Strengths and good practice

None reported.

Areas for development and recommendations

Recommendation:
Create a detailed plan to announce formally to patients and the community about the teach out and the possibility of closure of the London campus clinic.

Conditions

None reported.

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vii. patients are able to access and discuss advice, guidance, psychological support, self-management, exercise, rehabilitation and lifestyle guidance in osteopathic care which takes into account their particular needs and preferences.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

During the visit to the London campus clinic, we were assured that students at both sites are trained to support patients with lifestyle advice, exercise, rehabilitation, and self-management. The Director of Clinical Education explained that students use the 'Rehab My Patient' application to prescribe exercises to patients. The clinic's system ensures that patients are prescribed only one exercise at a time, with clear explanation and review at each visit. A maximum of three exercises may be prescribed in total, alongside appropriate lifestyle advice.

In addition, the VLE serves as a valuable repository of information for both students and tutors. By providing access to NHS advice sheets, the VLE ensures that students have up-to-date, evidence-based information readily available. This resource supports student learning, professional development, and their ability to provide informed support to patients.

Patients stated that they feel cared for and that they found it easy to discuss things with the students and tutors. They reported that they feel heard and treated as individuals, received appropriate advice about their care and that they feel they could approach staff and students with difficult issues if the need arises.

Furthermore, patients stated that they are shown exercises post-treatment in the clinic like lifting weights and extra exercises to do. They also receive relaxing exercises and advice after treatment.

Therefore, we are assured that appropriate advice, guidance, psychological support, self-management, exercise, rehabilitation and lifestyle guidance is offered in the clinic to patients.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

A. Evidence

A.1 Evidence seen as part of the review

The appended list below details the full documented evidence provided by the BCNO and reviewed by the visit team.

RQ25 - XXX	Evidence List
001	BCNO Programme Specification BSc (Hons) Osteopathy
002	BCNO Programme Specification M.Ost
003	BCNO Programme Specification BSc (Hons) Osteopathic Medicine - Draft
004	BCNO Applicant Report
005	Offer Holder Event Invite
006	Equity, Diversity & Inclusion Policy
007	Recognition of Prior Learning Policy
008	Recognition of Prior Learning Mapping Form
009	Recognition of Prior Learning Meeting Email Summary
010	Academic Policy Update for Staff – Autumn Term
011	BCNO Staff Newsletter #6
012	Staff Newsletter MS Teams Alert
013a	Policy Audit
013b	UoP Policy Pages
013c	BNU Policy Pages
014	Policy Audit Process
015	Quality Mapping Document
016	BSc (Hons) Osteopathic Medicine Approval Report
017	Information For New Course
018	Quality Handbook: M.Ost (teach out)
019	Quality Handbook: BSc (Hons) Osteopathy

RQ25 - XXX	Evidence List
020	Quality Handbook: M.Ost
021	Quality Handbook: BSc (Hons) Osteopathic Medicine - draft
022	OfS Sector Recognised Standards
023	Assessment Approval Record
024	Assessment Brief: BCNO5001
025	Assessment Brief: MOST7007
026	UoP Joint Board of Studies Agenda
027	Patient Experience Group Sub-Committee Report
028	UoP Teach Out Mapping Document for Graduate Outcomes
029	BNU Teach Out Mapping Document for Graduate Outcomes
030	iO Screenshot
031	Presentation on Physio Placement
032	Moderation Form
033	UoP Assessment Setting, Marking and Moderation Policy
034	BNU Assessment and Feedback Policy
035	Module Outcome Report
036	FCCA Email 2024
037	Student Characteristics & Outcomes Report
038	UoP Student Complaints Policy
039	BNU-ESO Student Complaints Policy
040	Email from BNU re Policy
041	AGC Agenda

RQ25 - XXX	Evidence List
042	Faculty Development Day Agenda
043	Committee Survey
044	Staff Newsletter #5
045	Committee Survey Email
046	Proposed Governance Document
047	Approved Governance Document
048	Staff Survey Committee Outcome
049	Effective Management of Committee Meetings
050	UoP Referral Board Minutes 2023-24 – Redacted
051	BNU Exit Strategy
052	Retention Scheme Email from SMT
053	Safeguarding Audit
054	Student Newsletter
055a	Safeguarding Poster Kent
055b	Safeguarding Poster London
056	UCM Survey
057	ESO-BNU Fitness to Practise Policy
058	Academic Board Minutes - Draft
059	BCNO4002 Module Handbook M.Ost
060	Professional Practice Handbook (PPH)
061	Dignity at Work Policy
062	Anti-Bullying Policy
063	Student Code of Conduct

RQ25 - XXX	Evidence List
064	Sexual Violence & Misconduct Policy
065	Whistleblowing Policy
066a	Student-Tutor Feedback London
066b	Student-Tutor Feedback Kent
067	Clinic Peer Observation of Teaching Form
068	Clinic Tutor Induction
069	Clinic Team Meeting Agenda
070	Personal Tutor Policy
071	Student Welfare Leaflet
072	Student Newsletter
073	External Examiner S Buss Report 2023-24
074	External Examiner M Hayes Report 2023-24
075a	BNU External Examiner Report 2023-24
075b	BNU External Examiner Response 2023-24
076	Safeguarding Presentation
077	Attendance Registers - Redacted
078	PEG Chair Email
079	BCNO Prevent Risk Register and Action Plan
080	BCNO Prevent Return
081a	HA Assistance Leaflet
081b	HA Assistance Poster
082	BCNO Stress Management Policy Draft

RQ25 - XXX	Evidence List
083	Faculty Experience Group Agenda
084	Student Experience Group Agenda
085	Patient Experience Group Agenda
086	Minutes of SIWAC
087	Reasonable Adjustments Policy
088	BNU Exam Board 2022-23 - Redacted
089a	Personal Tutor Report 1 Redacted
089b	Personal Tutor Report 2 Redacted
090	Personal Tutor Handbook
091	Study Skills Presentation
092-096	Anatomy Workbooks
097	Updated Study Skills Handbook
098	Pre-clinic Course Timetable 2024
099	Clinic Tutorials
100	Clinic Tutorials
101	Year 1 BCNO4002 Portfolio Notebook
102	Year 2 Portfolio and Reflective Log
103	Year 3 Portfolio and Reflective Log
104	Year 4 Portfolio and Reflective Log
105	MOST7004 Audit Example
106	UoP ADPC Form
107	UoP Approval Process

RQ25 - XXX	Evidence List
108	UoP External Advisor Nomination Form
109	UoP External Examiner Nomination Form
110	HoD Action Plan 24-25
111	Silver Sunday - Barnet Poster
112	BCNO Site Visit Form
113	VLE Audit
114	Health Questionnaire
115	Risk Assessment
116	Re-Enrolment Form
117-118	Module Handbooks
119	Student Handbook BNU
120	Student Handbook UoP Teach Out
121	Student Handbook UoP
122	BSc Communication - Weekly
123	Year 4 Workshop: BNU
124	Year 1 Workshop
125	Mini CEX Feedback Form
126	Attendance and Engagement Policy
127	Attendance Email - Redacted
128	SIWAC Agenda
129	Faculty Development Day Presentation 2023-24
130	MOST7004 Audit Form

RQ25 - XXX	Evidence List
131	OS746 Assessment Brief
132	Student Rep Training
133	Student Rep Thank You Letter
134	NSS Comparisons
135	Module Feedback Report 23-24
136	Student Perception Questionnaire Feedback Report (SPQ)
137	Action Plan 24-25
138	Joint Board of Studies Minutes 2023-24 - Redacted
139	Clinic Portfolio Focus Group
140	Clinic Portfolio Summary
141	Patient Case History Sheets
142	Clinical Integration Presentation
143	CCA Presentation
144	Example of Patient Mapping Kent
145	Example of Patient Mapping London
146	Poster for Sports Clinic
147	MCC Flyer
148	Applied Clinical Medical Template
149	Applied Clinical Medical Example
150	Learning & Development Policy
151	Learning & Development Contract
152	HR Code of Conduct
153	BCNO Organisation Chart

RQ25 - XXX	Evidence List
154	Patient Feedback Poster BCOM
155	Patient Feedback Poster ESO
156	UoP Support for Study Policy
157	BNU Support to Study Policy
158	NHS Advice Sheets
159	Student Progress Results
160	Clinic Feedback on Tutors (1)
161	Clinic Feedback on Tutors (2)
162	Clinic Feedback on Tutors (3)
163	Clinic Feedback on Tutors (4)
164	SEG Meeting - UoP
165	SEG Meeting - BNU
166	Peer Observation of Teaching (1)
167	Peer Observation of Teaching (2)
168	Peer Observation of Teaching (3)
169	Clinic Peer Observation Teaching (4)
170	BNU Annual Report 22-23
171	BNU Annual Report 23-24
172	UoP Annual Report 22-23
173	UoP Annual Report 23-24
174	HoD Action Plan example
175	Student response rate

RQ25 - XXX	Evidence List
176	Policy Register
177	Complaints Themes 23-24
178	BSc (Hons) Osteopathic Medicine - Presentation
179	BSc (Hons) Osteopathic Medicine - Financial Modelling
180	Student Protection Plan (SPP)
181	SIWAG Minutes - May 2024
182	SIWAG Minutes - October 2024
183	Email to Student re attendance
184	Student Numbers 05/01/25
185	Proposed Student Feedback 24-25 Semester 1 – Year 1
186	Proposed Student Feedback 24-25 Semester 1 – M.Ost Year 2
187	Proposed Student Feedback 24-25 Semester 1 – BSc Year 2
188a	Example of Guest Lecture – LGBTQ+ and Healthcare
188b	Example of Guest Lecture – Skills and CV Writing
188c	Example of Guest Lecture – Telehealth
188d	Example of Guest Lecture – NHS Careers
188e	Example of Guest Lecture – Osteopathic Communities
188f	Example of Guest Lecture – Pain Management
189	Career Day 2024-25
190	Example of Completed Clinic Portfolio Year 1

RQ25 - XXX	Evidence List
191	Example of Completed Clinic Portfolio Year 2
192	Example of Completed Clinic Portfolio Year 3
193	Joint Board of Studies Minutes 22-23
194	BNU Periodic Review
195	Disability Leaflet
196	Institutional Risk Register - October 2024
197	Example of timetable for BSc (Hons) Osteopathic Medicine
198	Recruitment Policy
199	New Starter Induction Checklist
200	Induction Clinic Tutors
201	Induction Health & Safety
202	Faculty Qualifications
203	FtP Response
204	Research Ethics Policy
205	Research Ethics Application Template
206	Research Ethics Committee Membership

RQ25 - XXX	List of further evidence submitted September 2025
207	Applicant Review
208	EDI Policy Draft
209	Offer Holder Invite 2025
210	M.Ost Quality Handbook
211	UoP JBS Minutes
212	Graduate Outcome Posters
213	Module Outcome and Student Characteristics Report
214	AGC Minutes_Redacted
215	Governance and Management Structure Handbook 2025-26
216	Professional Practice Handbook 2025-26
217	Harassment and Sexual Misconduct Policy (E6)
218	Code of Conduct (Staff)
219	Anti Bullying Policy Draft
220	Code of Conduct (BNU Students)
221	Safeguarding Audit 24-25
222	BCNO Prevent Risk Register
223	BCNO Prevent Risk Return
224	Code of Practice Freedom of Speech
225	Reasonable Adjustment Policy
226	Student Protection Plan
227	Teach Out Plan

RQ25 - XXX	Evidence List
228	Module Handbook BCNO 5007
229	Institutional Partner Handbook
230	Draft BCNO Handbook
231	Gap Analysis
232	Mentoring Report
233	Mentoring Handbook
234	Peer Assisted Learning Handbook
235	Support Poster
236a 236b 236c	BCOM Clinic Tutorials
237	ESO Clinic Tutorials
238a 238b 238c	Examples of CEx
239	Example of Returning Patient Summary
240	Headache Clinic
241	BCOM London Marathon
242	Formative Assessment - Checklist
243	Formative Assessment - Case
244	Applied Clinical Medicine
245	Agenda Staff Development Day