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MOTT  
MACDONALD

# GOsC Education Quality Assurance

## Initial Recognition 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 PEC.

Please refer to section 5.9 of the QA handbook for reference.

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|-------------------------------|---------------------------------------------------------------|
| <b>Provider:</b>              | BCNO Group                                                    |
| <b>Date of visit:</b>         | 18 <sup>th</sup> - 20 <sup>th</sup> February 2025             |
| <b>Programme(s) reviewed:</b> | BSc (Hons) Osteopathic Medicine (full-time three-year course) |
| <b>Visitors:</b>              | Dr Brian McKenna, Phil Stephenson, Stephen Hartshorn          |
| <b>Observer:</b>              | Hannah Warwick                                                |

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### Outcome of the review

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|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>Recommendation to PEC:</b> | <input type="checkbox"/> Recommended to recognise qualification status                                            |
|                               | <input checked="" type="checkbox"/> Recommended to recognise qualification status subject to conditions being met |
|                               | <input type="checkbox"/> Not recommended to recognise qualification status                                        |

**Programme start date:** September 2025

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### Abbreviations

|                   |                                                              |
|-------------------|--------------------------------------------------------------|
|                   |                                                              |
| <b>AGC</b>        | Academic Governance Committee                                |
| <b>APCL</b>       | Accredited Prior Certificated Learning                       |
| <b>APEL</b>       | Accredited Prior Experiential Learning                       |
| <b>AQPC</b>       | Academic Quality and Planning Committee                      |
| <b>BCNO</b>       | British College of Naturopathy and Osteopathy                |
| <b>BNU</b>        | Buckinghamshire New University                               |
| <b>BSc (Hons)</b> | Bachelor of Science (with Honours)                           |
| <b>CEO</b>        | Chief Executive Officer                                      |
| <b>COEI</b>       | The Council of Osteopathic Education Institutions            |
| <b>CPD</b>        | Continuing Professional Development                          |
| <b>CV</b>         | Curriculum Vitae                                             |
| <b>DBS</b>        | Disclosure Barring Service                                   |
| <b>EAP</b>        | Employee Assistance Programme                                |
| <b>EDI</b>        | Equality Diversity and Inclusion                             |
| <b>EE</b>         | External Examiner                                            |
| <b>EPR</b>        | Electronic Patient Records                                   |
| <b>ESO</b>        | European School of Osteopathy                                |
| <b>FEG</b>        | Faculty Engagement Group                                     |
| <b>FtP</b>        | Fitness to Practice                                          |
| <b>FtS</b>        | Fitness to Study                                             |
| <b>GOPRE</b>      | Graduate Outcomes for Osteopathic Pre-Registration Education |
| <b>GOsC</b>       | General Osteopathic Council                                  |
| <b>HE</b>         | Higher Education                                             |
| <b>HOD</b>        | Heads of Department                                          |
| <b>HR</b>         | Human Resources                                              |
| <b>IELTS</b>      | International English Language Testing System                |
| <b>iO</b>         | Institute of Osteopathy                                      |
| <b>MS Teams</b>   | Microsoft Teams                                              |
| <b>MSK</b>        | Musculoskeletal                                              |



|              |                                         |
|--------------|-----------------------------------------|
| <b>NHS</b>   | National Health Service                 |
| <b>NSS</b>   | National Student Survey                 |
| <b>OPS</b>   | Osteopathic Practice Standards          |
| <b>PDR</b>   | Performance and Development Review      |
| <b>PEG</b>   | Patient Engagement Group                |
| <b>PPE</b>   | Personal Protective Equipment           |
| <b>PPH</b>   | Professional Practice Handbook          |
| <b>PT</b>    | Personal Tutor                          |
| <b>QA</b>    | Quality Assurance                       |
| <b>RA</b>    | Reasonable Adjustments                  |
| <b>RAP</b>   | Reasonable Adjustments Policy           |
| <b>RQ</b>    | Recognised Qualification                |
| <b>SCOR</b>  | Student Characteristics Outcome Report  |
| <b>SCT</b>   | Senior Clinic Tutor                     |
| <b>SEG</b>   | Student Engagement Group                |
| <b>SET</b>   | Standards for Education and Training    |
| <b>SEWO</b>  | Student Engagement and Welfare Officer  |
| <b>SIWAC</b> | Student Inclusion and Welfare Committee |
| <b>SMT</b>   | Senior Management Team                  |
| <b>UCM</b>   | University Centre Maidstone             |
| <b>UoP</b>   | University of Plymouth                  |
| <b>VLE</b>   | Virtual Learning Environment            |
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### Overall aims of the course

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The BSc Osteopathic Medicine (three-year full time) course is a new course, validated by the UoP, currently recruiting for September 2025 enrolment. The course has been designed to condense the current four-year course into three. It is planned for the course to be delivered at the BCNO Group's Maidstone campus only.

The BCNO Group confirmed the following aims of the new three-year course within the mapping tool:

- 1) Equip students with knowledge, skills, and clinical training aligned with advancing healthcare standards in osteopathy.
  - 2) Enhance students' competence in applying clinical skills in osteopathic practice.
  - 3) Foster reflective, critical, and analytical skills for handling complex issues and making sound clinical judgments.
  - 4) Develop reflective practice and communication skills for effective therapeutic partnerships with patients.
  - 5) Improve the ability to communicate complex information appropriately for different audiences.
  - 6) Cultivate critical thinking and research skills for evaluating evidence-based practice.
  - 7) Prepare students for autonomous practice and effective teamwork.
  - 8) Enhance problem-solving skills and adaptability to change.
  - 9) Promote independent lifelong learning.
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### Overall Summary

The visit to the BCNO Group was undertaken over three days at the ESO campus in Maidstone. The RQ visit was limited in its purpose to undertake only an initial recognition review of the BSc (Hons) Osteopathic Medicine (three-year full time) course, which will be taught from the Maidstone campus.

Visitors met with a range of relevant groups 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

The appointment of the Student Engagement and Welfare Officer shows recognition of the importance of student welfare and well-being and has begun to lead to students feeling more supported and effectively signposted. (2iv)

The BCNO Group has developed a strong, positive relationship with UoP where feedback is valued and acted upon. (2vi)

The monitoring of student attendance is a good first step in leading to more effective engagement and support for students who may be struggling. (3i)

Students really appreciate the opportunity to become involved in the specialist clinics at the Maidstone site. (4iv)

The clinical provision at the BCNO Group is of a very high standard. The levels of support offered by staff and attendance at specialist clinics affords students a host of opportunities to hone and develop their skills in all areas. (7i)

#### Areas for development and recommendations

The BCNO Group should review its policies to ensure alignment with recent structural and strategic changes within the organisation and to ensure all out of date policies are updated. Furthermore, efforts should be made to centralise policy access through a single repository, wherever feasible. (1i, 1iii, 1iv, 2ii, 4iii, 9v)

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. (1vi, 2i, 2iii, 3ii, 6v)

The BCNO Group should reinstate their formal yearly staff review process and provide staff with a process by which they can develop if they wish to. (1ix, 8i)

The BCNO Group should evaluate their current methods of engaging with the student voice and 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. (1x, 6vi)

The BCNO Group should consider ensuring the risk register not just to be reviewed but also updated on a monthly basis and link this to the strategic development plan. (2i)

The BCNO Group should consider communicating with students more frequently upon their concerns and feedback and how this has been acted upon through a simple 'you said we did' format in order to encourage greater student engagement in the more formal feedback channels. (2iii)



The BCNO Group should gather feedback from staff and students on, and examine the effectiveness of, the personal tutor process, particularly with regard to engagement and frequency of meetings, to understand what is and is not working and to ensure that students have a suitable primary contact for their academic support and pastoral care. (3v, 6ii)

The BCNO Group should consider ways of incentivising stakeholders, including students, to regularly attend meetings so that their voice is consistently heard and is representative of the stakeholder views. This will be particularly important in order for stakeholders to give their views and suggestions to the new three-year programme as their involvement is not currently mentioned in the project schedule plan submitted. (4i)

The BCNO Group should consider implementing electronic patient records to adequately equip students for future roles in contemporary clinical practice. (5iii)

The BCNO Group should consider how they ensure that changes, made in response to identified problems, are monitored to ensure that they are effective. (6iv)

The BCNO Group should re-visit the policy of not requiring a DBS for osteopaths when they join the organisation in order to manage this risk associated with this and any impacts it may have on patients, students, and other staff. (8iv)

### Conditions

In the continued design of the new three-year programme, the BCNO Group must ensure comprehensive engagement with all areas of the organisation involved in or affected by its delivery. This engagement must thoroughly address student concerns about the increased pressures associated with completing the course in a condensed format and ensure that adequate resources are available to support their studies. Additionally, the BCNO Group needs to consider the perspectives of support staff, teaching staff, clinic tutors, and patients to ensure that the programme's design encompasses all aspects of delivery. (1vi)

To allow staff and stakeholders to understand the changes that are taking place and to ensure there is a clear direction and milestones to increase accountability and the effectiveness of the management structure, the BCNO Group must produce a strategic plan document which gives an overview of their plans for development over the next three to five years showing clear timeframes, costings, and areas of responsibility. (2i, 4iii)

The BCNO Group must ensure that all relevant course materials have been reviewed, approved, and are in place before the commencement of the new three-year programme. (6i)

The BCNO Group must increase student welfare monitoring in order to provide assurance that students are coping with the new course, able to engage in their clinical studies and ensure the BCNO Group can deal with any issues which may arise due to workload issues. (6ii, 7ii)

A monitoring visit must be conducted during the second year of the new programme to review its delivery, with particular emphasis on meeting students' academic and welfare needs. This visit should include direct contact with students and staff to provide assurance beyond the requirements of the annual reporting process. (6ii)



# Assessment of the Standards for Education and Training

## 1. Programme design, delivery and assessment

Education providers must ensure and be able to demonstrate that:

- 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 Group has an established admissions policy that has been developed for existing programmes, which will apply to the new three-year programme. The policy clearly details the various stages of the admissions process, from first point of contact through to final offer. This is made available via the BCNO Group website, where prospective students can also access information relating to the structure and content of the course. The admissions policy and procedure were last updated in November 2023 and would benefit from a review to ensure that it fully takes account of the recent structural changes to the BCNO Group.

At all points of contact, the faculty are keen to ensure that prospective students fully understand the specific demands of the course, including time commitment, whilst offering various mechanisms to allow prospective students to ask questions about the nature and delivery of the course.

The BCNO Group operates a structured interview process to objectively assess the suitability of prospective candidates. Interviews can take place online or face to face, depending on student preference, and participating staff are given training on the fair and consistent application of the interview process.

International students are expected to hold the equivalent of an IELTS certificate, with an overall score of 6.5. The BCNO Group undertakes a cyclical review of applicant information to drive strategies that ensure that the admission process can continue, where necessary, to evolve to maintain candidate inclusivity.

Based on our meetings with the SMT and documentation submitted as evidence we are assured that this standard is met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

The BCNO Group should review its policies to ensure alignment with recent structural and strategic changes within the organisation and to ensure all out of date policies are updated. Furthermore, efforts should be made to centralise policy access through a single repository, wherever feasible. (1i, 1iii, 1iv, 2ii, 4iii, 9v)

### Conditions

None reported.



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 BCNO Group maintains an EDI policy, which undergoes an annual review. This policy ensures that the admissions process is based on merit and objectivity. It aligns with the structured design of the interview process and underscores the BCNO Group's commitment to EDI as outlined in their admissions policy. The annual review of the EDI policy is conducted alongside the cyclical review of applicant data to inform the resourcing of future outreach programmes.

In cases where students believe themselves to be disabled, they are encouraged to speak to the Student Engagement and Welfare Officer, the registry team, or their personal tutor to ensure that, where possible, reasonable adjustments can be made. There are policies in place to guide students through the reasonable adjustment process and during our meetings with the student body, students indicated that the BCNO Group are effective in responding to requests for reasonable adjustments.

Based on the documentation submitted as evidence, we are assured that the standard is met.

#### 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

Recognition of prior learning falls within the remit of the UoP's academic regulations and policies, which are available to prospective students via the BCNO Group's website. The UoP's policy for recognition of prior learning comprehensively sets out the process for consideration of APCL and APEL.

As part of the admissions process, applicants are encouraged to discuss the accreditation of prior learning with senior members of the faculty. Historically, senior members of faculty have reviewed any application for APCL/APEL and used a detailed form to map prior learning to the learning outcomes of the course. UoP audit all applicant qualifications at enrolment.



We were assured, in our meetings with SMT, that existing policies, procedures, and documentation were being repurposed. However, at the time of the visit, this mapping form was not available for the new three-year programme.

Based on our meetings with the SMT, and the documentation submitted as evidence, we are assured that overall, this standard is met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

The BCNO Group should review its policies to ensure alignment with recent structural and strategic changes within the organisation and to ensure all out of date policies are updated. Furthermore, efforts should be made to centralise policy access through a single repository, wherever feasible. (1i, 1iii, 1iv, 2ii, 4iii, 9v)

### 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, staff were able to confirm that they had access to all the BCNO Group policies via the VLE, MS Teams, and the BCNO Group website. Whilst staff were confident that they could find policies, it was noted that navigation across the various platforms could be slightly cumbersome, and consideration might be given to placing all policies into a single repository for ease of access.

During our meetings with various members of the faculty, it was evident that staff had received training on key policies, either as part of their induction or where key policies had been introduced. Where policies had been updated, changes were communicated to staff by email and via the staff newsletter.

Based on our meetings with members of the faculty and through access to the various BCNO platforms, we are assured that this standard is met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

The BCNO Group should review its policies to ensure alignment with recent structural and strategic changes within the organisation and to ensure all out of date policies are updated. Furthermore, efforts should be made to centralise policy access through a single repository, wherever feasible. (1i, 1iii, 1iv, 2ii, 4iii, 9v)



### 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

It was evident during the visit that the BCNO Group has a vast amount of experience within its faculty. However, whilst the development of the new three-year course has been led by appropriately qualified and experienced educators, the group responsible for this task had been restricted due to the perceived pace of strategic change within the organisation. As such, there is work to be done to fully engage the broader BCNO Group academic community in the development of the course, prior to its inception in September 2025.

A recommendation to approve the new three-year programme had been made to the Senate of UoP and it was confirmed that this had been accepted when the visiting team met with the UoP's Partnership Manager for the BCNO Group.

Based on the evidence presented during the visit, and our meetings with the SMT, we are assured that this standard is met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

**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

It was evident, during the visit that student, patient, and wider public participation in the design of the programme had been relatively limited. The new course has been presented to the patient engagement committee. Similarly, whilst most of the faculty were supportive of the new three-year programme, active involvement in the course design appeared to be limited to senior management and, to a lesser extent, course leaders.



The new three-year programme largely draws from existing programmes and the content is well understood. However, delivering it as a condensed programme poses challenges, especially with limited stakeholder engagement, which could hinder effective solutions. This is crucial due to the BCNO Group's recent decision to place their entire strategic focus on delivering the new programme at a single site.

Generally, the BCNO Group has made concerted efforts to engage with the student voice through membership in various committees. However, this engagement had seen limited success. In meetings with both students and alumni, the issue of response to student feedback was consistently raised as an area of concern. They also appeared sceptical as to the efficacy of current communication channels, with most of those present at the meeting with visitors were seemingly unaware of the process for reporting in to, and receiving information out of, their student representatives on these committees.

Given the condensed nature of the new three-year programme, the BCNO Group should consider how to better engage with its students within the broader context of the organisation's operational management. For instance, the BCNO Group has not yet fully consulted with support services in designing the new programme. This could help identify new ways of working or additional resource needs to support students during the intensive three-year period of study. Similarly, students report having a strong rapport with classroom and clinic tutors. The BCNO Group might explore these areas as potential channels of formal communication between the student body and the wider organisation.

In discussions with both students and alumni, the issue of "burnout" was frequently raised, with both groups expressing concerns about the additional pressures imposed by the new three-year programme. However, the faculty asserted that the condensed format of the course would yield significant benefits for future students. This situation highlights a disparity between the perceptions of the faculty and the students that should be examined before the implementation of the new three-year programme.

Levels of engagement in the programme design have, in part, been driven by the recent structural changes to the BCNO Group. Nevertheless, based on the evidence seen at the visit, we are of the opinion that this standard is not met.

### **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. (1vi, 2i, 2iii, 3ii, 6v)

### **Conditions**

In the continued design of the new three-year programme, the BCNO Group must ensure comprehensive engagement with all areas of the organisation involved in or affected by its delivery. This engagement must thoroughly address student concerns about the increased pressures associated with completing the course in a condensed format and ensure that adequate resources are available to support their studies. Additionally, the BCNO Group needs to consider the perspectives of support staff, teaching staff, clinic tutors, and patients to ensure that the programme's design encompasses all aspects of delivery.



**vii. the programme designed and delivered reflects the skills, knowledge base, attitudes and values, set out in the Guidance 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

The new three-year programme is an abridged version of the existing programmes currently offered at the BCNO Group. Consequently, the majority of the content has been evaluated to ensure it aligns with the OPS, SET and the skills, knowledge base, attitudes, and values outlined in the GOPRE. The programme specification for the three-year programme is clearly mapped against programme intended learning outcomes, GOPRE and the OPS, as is programme module information.

There are well established mechanisms in place to monitor and ensure that students are exposed to a diverse range of patient presentations. The BCNO Group operates a range of specialist clinics that include sessions for headaches, paediatrics and balance and stability classes. There are also opportunities for students to explore interdisciplinary opportunities through collaborative initiatives with local dementia and physiotherapy services. Students reported that they were well supported into clinic and clinic staff were very adaptive to their individual needs. The mechanisms used for appropriately allocating specific patient types to specific students were effective and students have access to a suitable range and number of patients. However, some students raised concerns that they were not adequately prepared for some of the specialist clinics and only received the prerequisite training the week prior to beginning practice at those clinics.

Based on evidence submitted for the visit and our meetings with the SMT and faculty members, we are assured that this standard is met.

#### Strengths and good practice

None reported.

#### Areas for development and recommendations

None reported.

#### Conditions

None reported.

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

☒ MET

☐ NOT MET

#### Findings and evidence to support this

The BCNO Group provides assessment criteria, weightings, and module descriptors for all assessment activities. These are shared with students and faculty through programme handbooks, module descriptors, and assessment briefs. This information is populated through the VLE and MS Teams. The new three-year programme is an abridged version of the existing programmes, so much of this information already exists. However, at the time of the visit, some modules required development and the programme quality handbook for the new programme, remains to be completed.



The faculty provides continuous feedback through tutoring and formative assessments. During meetings with student representatives, some concerns were raised regarding the timeliness and usefulness of certain feedback. Specifically, students reported difficulties in correlating feedback comments with the marks they received. This view was also expressed in our meetings with alumni.

The BCNO Group implements a moderation process, as outlined in their assessment setting, marking, and moderation policy. The forms employed during this moderation process are supplied to the external examiner, in accordance with the regulations of UoP. The UOP's Partnership Manager for the BCNO Group, has confirmed the appointment of an external examiner for the new three-year programme. Failed assessments, along with 20 percent of passed assessments, are subjected to anonymous double marking, as well as any work assessed by a new tutor.

Based on our meetings with the SMT and documentation submitted as evidence we are assured that this standard is met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

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 registered with the GOsC or with another UK statutory health care regulator if appropriate to the provision of diverse education).

☒ MET

☐ NOT MET

### Findings and evidence to support this

The BCNO Group 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 highly qualified and experienced. Several operational groups monitor the quality of teaching, and these efforts are reinforced through various feedback mechanisms, including a peer review process, the NSS and EE reports. Staff members who are new to teaching are supported into assistant roles within the classroom.

The BCNO Group keeps a register of all staff qualifications, which identified that over 20% of faculty have specific qualifications in teaching. During our meetings with the SMT we were informed that there was a limited budget for supporting staff development. However, in discussions with faculty, it became evident that there is no formal performance management process in place to identify areas for staff development. As



such, the BCNO Group should consider establishing a formal performance management process to identify areas for future staff development.

Based on the documentation submitted as evidence, and our meetings with the SMT and faculty, we are assured that this standard is met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

The BCNO Group should reinstate their formal yearly staff review process and provide staff with a process by which they can develop if they wish to. (1ix, 8i)

### Conditions

None reported.

**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

There are established procedures for managing student complaints, which are readily available. The SEG and programme committee meet regularly, providing a forum for student representatives to give feedback on areas of good practice or specific concerns. Meetings with the SMT indicated that student engagement can be challenging, and students mentioned feeling disconnected from their student representatives.

Overall, the BCNO Group have endeavoured to engage with the student voice and had established a number of processes to allow this to happen. However, both the BCNO Group and the student body recognised that this was not working as effectively as hoped. Therefore, the BCNO Group should reconsider how they engage with the student voice, potentially leveraging off the positive relationships at the classroom and clinic levels to create alternative, formal, lines of reporting.

Given the BCNO Group's resolve to find effective solutions in this area, we are assured that this standard is met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

The BCNO Group should evaluate their current methods of engaging with the student voice and 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. (1x, 6vi)

### Conditions



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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

The BCNO Group has adopted the UoP's appeals policy, which outlines the procedure for students seeking a review of decisions made by an academic board. For the new three-year programme, appeals will be submitted directly to the validating university. When necessary, students are able to seek additional support from the Student Union at the UoP.

During the 2023/24 academic year, there were two academic appeals. One of these appeals involved a UoP student and, at the time of the visit, this appeal remained outstanding.

Based on the evidence provided for the visit, we are assured 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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## 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

The BCNO Group committee structure consists of 16 committees and sub-committees including student, faculty and patient experience groups who are able to give their feedback to the Academic Board and SMT. In summer 2024 a survey with multiple sections covering organisation and understanding of role was undertaken to test the effectiveness of these current governance structures and mechanisms. Feedback from the surveys led to some changes including guidance on committee remit, quorum, responsibility for policies, training, and support. Details and updates were given in the student newsletter November 2024.

Following recent changes and the decision to teach out programmes in London, the Board is in the process of allocating workflows so that a new strategic plan for the next five years is agreed. The Board believes it has achieved its number one strategic objective by securing adequate financial resources to provide existing students with a full and enriching study experience and have the resources to deliver this. The Board told us that over the next five years, decisions will need to be made around educational delivery in the UK post-graduate and international options, plus identifying an economically viable future for the charity. They also intend to undertake another review of current operational and governance structures and measure their suitability within the current context.

The Board have provided a project schedule plan for the three-year programme which sets out targets and dates for the planning, development, implementation, and evaluation. Bearing in mind the considerable changes that have taken place it is felt necessary for the Board and SMT to expand this to produce a clear strategic development plan which would help staff and all stakeholders understand the BCNO Group's future direction. At the RQ visit on 11–13 January 2022, a recommendation was made for a similar plan to be developed but this was not undertaken. Extensive marketing information and financial oversight and predictions have been used to guide the Board's decision-making but a document giving clear strategic future planning over the next three to five years does not currently exist.

There are opportunities for all staff and students to be represented through the current governance structure but attendance at meetings is often quite low, particularly for student representation. This is recognised by SMT. Students tell us they feel their workload is such that representation at meetings and survey responses is not a high priority. In order for the BCNO Group to ensure greater engagement and a fuller student response, ways of incentivising them to become student reps should be considered.

The risk register is managed by the SMT and reviewed on a termly basis. The risk register provided identifies risks associated with governance, operations, finance, external factors, and students. Although each risk is scored for likelihood and impact, the current score dates varied from July 2020 to October 2024. Given the rapid pace of change within the BCNO Group and the impact of recent decisions it would be more useful for the risk register not just to be reviewed but also updated on a monthly basis.

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 were assured that the BCNO Group has a clear governance and management structure to ensure compliance with legal, regulatory and educational requirements with policies, guidance and terms of reference in place, we feel a clear strategic plan is needed to clearly show development plans over the next three to five years.

### 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 (1vi, 2i, 2iii, 3ii, 6v).

The BCNO Group should consider ensuring the risk register not just to be reviewed but also updated on a monthly basis and link this to the strategic development plan.

### Conditions

To allow staff and stakeholders to understand the changes that are taking place and to ensure there is a clear direction and milestones to increase accountability and the effectiveness of the management structure, the BCNO Group must produce a strategic plan document which gives an overview of their plans for development over the next three to five years showing clear timeframes, costings, and areas of responsibility. (2i, 4iii)

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

The BNU FtP policy was reviewed and approved via the BCNO Group committee structure in October 2024. FtP policies and procedures follow those set by the university with local adjustments made for the context and profession specific requirements. These are published to staff and students via the VLE and website. For the three-year course the policy will need to be aligned to the UoP, who will be validating the three-year programme, rather than BNU. The University notes that the UoP FtP is already in place for current UoP course students.

Students and staff told us they are aware of policies and procedures for FtP but access to the policies is not always straightforward. It was felt that it would be useful for all the policies relevant to the three-year programme to be placed together so that, for instance, policies shared with the UoP are more easily found.

The BCNO Group ensures that its students are not only familiar with its FtP procedures but also various GOsC guidance documents including applicants and students with a disability or health condition, student FtP guidance, and student guidance on professional behaviours and FtP for osteopathic students. The PPH also provides a repository of relevant information for staff and students while in clinic or practical classes with regard to conduct which may compromise public or patient safety.



The FtP policies, guidance, and procedures aligned to the UoP 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

The BCNO Group should review its policies to ensure alignment with recent structural and strategic changes within the organisation and to ensure all out of date policies are updated. Furthermore, efforts should be made to centralise policy access through a single repository, wherever feasible. (1i, 1iii, 1iv, 2ii, 4iii, 9v)

### 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. In 2024, the BCNO Group identified the need to update the complaints procedure which has been approved through the committee structure and the UoP.

During meetings as part of the visit, students told us there are channels in place to raise concerns and offer feedback, but most feel they do not always have sufficient time to respond to some of the surveys or feel disillusioned that their feedback may not be listened to. They told us that concerns around clinical issues are resolved more effectively. Their experience of raising concerns about academic matters was that changes and responses were much slower and less forthcoming. Students told us that their student representatives find the additional demands on their time difficult to manage. During our visit it was noted that there were five vacancies on the SEG although a recruitment round was in process.

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

Patients met with as part of the visit told us they are happy with the opportunities they have to raise concerns, complain, or make compliments either electronically, in person, or over the phone and do receive follow up from the clinic in a timely and respectful manner.

The AGC reviews complaints from students, staff, and patients at each meeting as a standing agenda item, which helps identify any recurring themes. Complaints and feedback through evaluations and surveys are used to review and improve teaching and learning but student engagement with this is low. For example, semester 1 and 2 module feedback varied from 0% to 41% with an average of 16% response rate.

Many students told us they prefer to chat with a member of staff rather than going along a more formal route so there is a danger that concerns, complaints, and feedback may not be logged and therefore a review of complaints will be incomplete. However, there is a log for HoDs to log complaints made formally. Students



were happy with the opportunities for giving feedback or raising concerns and complaints but were not always aware of whether they were acted upon so tended not to use them. It was felt that the BCNO Group could restore more confidence in the student body that they were acting upon their concerns and feedback by informing the students of any changes more effectively. This could be through regular 'you said we did' communications.

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

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 (1vi, 2i, 2iii, 3ii, 6v)

The BCNO Group should consider communicating with students more frequently upon their concerns and feedback and how this has been acted upon through a simple 'you said we did' format in order to encourage greater student engagement in the more formal feedback channels.

### Conditions

None reported.

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 violence, and misconduct policies and procedures during induction. Through the dedicated VLE section there are a range of policies, learning resources, and guidance materials. Staff, students, or patients who feel they are being harassed are encouraged to follow the procedures outlined in these policies and the BCNO Group is committed to scrutinising any allegation of harassment with care and diligence. Staff, students, and patients told us they would feel confident to speak up if they witnessed unacceptable or inappropriate behaviour and are aware of procedures to follow.



There are also a number of current policies including the student code of conduct and dignity at work which emphasises the behaviour expected of the BCNO Group staff and students.

In addition to support available internally through personal tutors, the Student Engagement and Welfare Officer 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 including 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 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

The appointment of the Student Engagement and Welfare Officer shows recognition of the importance of student welfare and well-being and has begun to lead to students feeling more supported and effectively signposted.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

**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 have a number of informal and formal channels open to them to seek support and advice including personal tutors, the Student Engagement and Welfare Officer, or approaching a trusted member of staff. There are two student counsellors and 24 hour telephone support through the employee/student assistance programme. The full range of support is evidenced in the student welfare leaflet and student newsletter.

There have been a number of changes to the personal tutor system which is outlined in the personal tutor policy but most of the students we spoke to told us that they do not find the personal tutor system effective and many have not really engaged with their personal tutors more than once or twice throughout their course. The students have set up their own supportive WhatsApp group which they find useful in terms of sharing concerns or seeking advice or support particularly with their workload.

The BCNO Group has an 'open door' policy allowing staff and students to report concerns to a member of staff or faculty. Staff and students tell us they do feel confident to speak up and seek advice and support if needed.

Complaints from staff, students, and patients are centralised and presented to the SMT and then the AGC to help triangulate concerns which may need addressing strategically by the Trustees.



Students are asked to provide feedback on their clinical tutors every six weeks to ensure support for students and to flag any potential issues with tutors. Student engagement with this is variable with a recent response rate of under 20%. Tutors who have poor feedback meet with the Head of Clinical Education and undergo peer observation of their clinical teaching following induction for new clinic tutors. Clinic tutors have termly meetings chaired by the Head of Clinical Education to discuss updates and student progression, evidenced in the meeting agendas.

Lecturers undergo peer observation of teaching by heads of department and feedback is provided and where needed support is given. From discussions with staff, the frequency of these observations and quality of feedback offered is variable

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, assessment processes 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 EE reports. The BCNO Group already have a well-established, strong relationship with the UoP and have completed the validation process for the new three-year course.

Existing processes will be used for the three-year programme including academic teams marking and providing 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. Students 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.

The BCNO Group also use an internal approval process prior to the assessments being sent to the EE for approval. These steps are planned to aid internal and external scrutiny. EE reports provide feedback on and moderation of the assessments. Feedback from EE is largely positive but does indicate the need for more feedforward comments and indicates some variance in the quality and standards of marking. EEs also provide feedback to the SMT regarding the credibility of assessment and whether it meets the requirements



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of the regulatory body. Our meeting with the UoP confirmed they have a very positive working relationship with the BCNO Group and a new EE is in the process of being appointed for the three-year programme.

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.

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### 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 strives to maintain a culture of caring and compassionate leadership, recognising the importance of the safety and wellbeing of all the students, patients, and staff. This is backed up by a range of policies including; safeguarding, dignity at work, FtP, FtS, anti-bullying, EDI, prevent, whistleblowing and study and wellbeing.

Management and Board meetings have EDI, Prevent, health & safety, safeguarding, and training and development as standing agenda items.

The Head of HR takes a lead role in coaching managers to deal effectively with any issues that might arise and supporting those new to people management. Advice and more formal training is arranged if required, and students and staff can access the Health Assured assistance programmes if a situation arises that might be better supported externally.

Annual audits of safeguarding policies evaluate the effectiveness of processes and procedures and helps to identify any issues or recurring themes. The BCNO Group now use SharePoint as a central repository for safeguarding which, they feel, has enhanced their ability to manage information more efficiently.

Student attendance is carefully monitored by the Student Engagement and Welfare Officer who is notified if a student's attendance falls below 80%. Students whose attendance falls below 80% receive an email notifying them of this, with the welfare office copied, and offering support. Since this intervention there has been a marked improvement in attendance and increased engagement with both the registry and academic staff.

Safeguarding reminders are visible and accessible, with posters displayed in clinics, staff and student areas and regular updates sent through newsletters.

Staff have access to the EAP, which gives independent advice on various topics, including financial matters, and mental health and wellbeing support as well as providing a 24-hour helpline.

Stakeholders are currently reviewing a new staff policy on stress management dated November 2024. The BCNO Group believe this, together with additional resources offered will help foster an even more supportive work environment.

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

#### Strengths and good practice

The monitoring of student attendance is a good first step in leading to more effective engagement and support for students who may be struggling.

#### Areas for development and recommendations

None reported.



### Conditions

None reported.

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 involvement in a number of committees and experience groups. Discussions about 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.

SMT recognise that student engagement is quite low and are keen to improve this. Students acknowledge there are opportunities, but their perception is that 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 informal meetings with programme leads or SMT to share their thoughts and concerns.

Faculty and support staff are members of the SIWAC which is a key forum for gathering feedback on the student population as a whole. Membership of this group includes the Student Engagement and Welfare Officer, personal tutors, heads of department, programme leads, and registry officers.

The BCNO Group has relevant guidelines for staff and student behaviour and expectations and tracks its complaints and disciplinarys 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 and students 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

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. (1vi, 2i, 2iii, 3ii, 6v)

### Conditions

None reported.

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

☒ MET

☐ NOT MET



individuals). It must meet the requirements of all relevant legislation and must be supportive and welcoming.

#### Findings and evidence to support this

Through the recently reviewed EDI, RA and FtS policies, the BCNO Group seek to ensure students and staff are treated fairly. Students requiring RA are seen by the Student Engagement and Welfare Officer to enable a swift activation of the RA policy. 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, Heads of Department, and the Student Engagement and Welfare Officer to support the students. The SIWAC oversees students' support and any trends affecting the attendance.

The BCNO Group has recently reviewed its policies and made a significant shift from focusing on equality to emphasising equity after discussions in SIWAC meetings. Student characteristics and outcomes are monitored, including learning differences, long-term health conditions, age, gender, disability, and ethnicity. This data helps the BCNO Group ensure that the learning culture remains fair, impartial, and inclusive. The approach is grounded in the principles of equity and diversity, promoting awareness of inclusion, reasonable adjustments, and anticipating the needs of diverse individuals.

A range of policies including those from the UoP 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.

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

Safety is closely monitored by the Operations Manager, who reports to the CEO, who, in turn, takes a lead role in health and safety matters as Chair of the health and safety committee. This committee meets every other month 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. Equally, if faculty 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.

The Maidstone site has undergone refurbishment of student and patient areas with new flooring, decoration, new windows and furniture where needed. The refurbishment and modernisation is designed to ensure the learning environment is the best it can be and will provide suitable learning and clinic opportunities for the three-year course. There is also additional suitably equipped space available at the nearby UCM campus.

We found there are policies and procedures in place to reflect on aspects of safety and 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.

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

☐ **NOT MET**

### Findings and evidence to support this

The latest revision of the personal tutor policy attempted to ensure that all students have effective and suitable academic and professional development during their studies. Students are allocated a member of the academic staff as personal tutors where they can have one-to-one meetings to discuss matters related to their studies, academic professional, or personal support. The personal tutor handbook 2024/25 was produced as result of feedback from staff and was collated by the Student Engagement and Welfare Officer who interviewed personal tutors for feedback on the process. Changes include training for the personal tutors and greater clarity of roles. Personal tutors are expected to provide termly written reports and summaries to the Student Engagement and Welfare Officer, ensuring a support system is embedded across both campuses. These reports highlight any concerns about student engagement, which are followed up by the Student Engagement and Welfare Officer. The reports also help ensure that the personal tutors are engaging and meeting with their tutees. Although the Student Engagement and Welfare Officer reported that the policy is now more embedded and students have engaged well, feedback from students revealed most of them have not taken advantage of the personal tutor systems as stated in the policy. It was felt to be useful to gather more feedback from staff and students on why the personal tutor policy is not working as well as expected; students were surveyed at the end of semester 1 and the Student Engagement and Welfare Officer is reviewing the outcomes.



Students undertaking their research dissertations are allocated a research supervisor who supports the student through the research process. Students tell us they appreciate the range of support offered by the library.

In the clinical setting, students manage their own patients, ensuring they work within the scope of the OPS. Feedback from tutors is collected at the end of a six-week cycle. This information is collated and passed on to relevant tutors for the following six-week cycle to support individual development. Any areas that seem to be cohort related are addressed with tutorials delivered to support learning.

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

Guest lectures cover various subjects related to the OPS and graduate outcomes, such as communication, consent, and telehealth.

Professionalism tasks are covered in class through problem-based learning and discussions using case examples on communication, consent, evidence-informed practice, and shared decision-making. Students are assessed through reflective pieces based on their clinic observations and understanding. Students are taught to handle complex cases in clinics under the supervision of qualified osteopaths.

The clinic portfolio is developed throughout the programme and applied to practice, using feedback from the clinic and classroom.

A careers day is organised for students to engage with professional osteopaths, learn about potential CPD and career pathways, and hear from osteopaths who have built successful practices.

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

The BCNO Group should gather feedback from staff and students on, and examine the effectiveness of, the personal tutor process, particularly with regard to engagement and frequency of meetings, to understand what is and is not working and to ensure that students have a suitable primary contact for their academic support and pastoral care. (3v, 6ii)

### 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



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 differential diagnoses.

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 learners and for that to continue throughout their career as osteopaths. Students on the three-year course will have a range of opportunities to learn with and from each other and work in the specialist clinics at the Maidstone campus including those for paediatric, sports, headaches, and MSK ultrasound scans.

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 good relationship with the UoP with well-defined procedures for approving, monitoring, and reviewing academic programmes. Our meeting with the UoP confirmed that the validation process for the three-year programme had gone smoothly. For the coming months there is a project plan which shows the four stages of planning and development, development and preparation, implementation and evaluation. For each phase, start and end dates are shown alongside the person responsible for that area. The BCNO Group has experience of annual review of module and assessment elements, these reviews are conducted and discussed through committee meetings and culminate in the joint Board of Studies meetings. The UoP tell told us that staff are receptive to suggestions and change.

As most stakeholders were not involved in the development of the new programme it would seem prudent to ensure further monitoring and review of the programme includes all stakeholders attending the various committee or project meetings. In order to ensure better representation at future meetings, additional measures should be considered to incentivise attendance. Opportunities for stakeholder views are not currently evident in the project schedule plan submitted. It was noted that there is considerable variance in those attending meetings so there is a danger that full representation, for instance from the student body, may not always be possible.

An earlier analysis of student characteristics revealed that some students with reported disabilities were not succeeding at their first attempt on assignments and certain assessments. This insight prompted the BCNO Group to outsource training on neurodiversity, demonstrating a proactive approach to addressing these challenges. The Student Engagement and Welfare Officer is committed to providing an inclusive learning environment for neurodiverse learners and those who require additional learning support. There are also suitable policies and procedures in place if a student is affected by a disruption in their studies due to personal circumstances.

Our discussions with SMT, the programme team and the UoP confirm that there are mechanisms in place for the monitoring and review of the three-year programme, so we are confident that this standard is met.

##### Strengths and good practice

None reported.

##### Areas for development and recommendations

The BCNO Group should consider ways of incentivising stakeholders, including students, to regularly attend meetings so that their voice is consistently heard and is representative of the stakeholder views. This will be particularly important in order for stakeholders to give their views and suggestions to the new three-year programme as their involvement is not currently mentioned in the project schedule plan submitted.

##### Conditions

None reported.



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 enhancement processes and their quality review is used in the annual monitoring of courses. The three-year programme has been through the UoP validation process and a new EE is being appointed prior to the course starting. The validation of these programmes follows the UoP processes, which incorporate external experts from the profession to ensure thorough course reviews.

The UoP confirmed that the BCNO Group are 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 earlier courses for example: increasing teaching observations, reviewing the use of rubrics for written feedback, and providing more informal feedback opportunities and feedforward comments.

The use of external expertise in evaluating the quality of osteopathic pre-registration programmes at the BCNO Group also includes Board level involvement and then moves through the formal process of validating programmes with the university. The Board becomes the critical reader overseeing the business model and the plan for the new three-year programme.

The project schedule plan combined with discussions held with SMT, the Board, and the UoP assure us that external expertise has been used with regard to the three-year programme, 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.

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

Management flow chart diagrams provided an outline of the line management structure from experience groups and committees through to Board level. These operate at both strategic and operational levels. Although the management structure aims to ensure transparency by including members with expert knowledge plus input from staff, patients and the student voice, the new programme development only seemed to include senior staff members. The opportunity for most stakeholders to give their input into the new three-year programme was not taken at the development stage and should be addressed at the earliest opportunity. Additionally, attendance at a variety of meetings seemed to include a high number of apologies so there is a danger that true representation, for instance from the student body, may mean the staff and 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. The current project schedule plan for the three-year programme is a beginning towards this approach but the absence of a strategic plan in all other areas may inevitably lead to difficulties in accountability and financial planning.

The BCNO Group is in the process of ensuring all policies are reviewed in a timely manner and checking they align with HE regulations in accordance with the validating university and GOsC requirements. Students and staff have access to the BCNO Group policies and procedures plus those developed by the validating university through the VLE.

Some staff and students told us the policies are quite difficult to access. It is recommended that access to all policies is more clearly organised for the course the student is undertaking and as a matter of priority all out of date policies are updated. A number of the submitted policies had passed their 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 the structure works but in order for a clear vision of where the BCNO Group is heading a clear strategic plan with timings, responsibilities, and costings is needed.

### Strengths and good practice

None reported.

### Areas for development and recommendations

The BCNO Group should review its policies to ensure alignment with recent structural and strategic changes within the organisation and to ensure all out of date policies are updated. Furthermore, efforts should be made to centralise policy access through a single repository, wherever feasible. (1i, 1iii, 1iv, 2ii, 4iii, 9v)

### Conditions

To allow staff and stakeholders to understand the changes that are taking place and to ensure there is a clear direction and milestones to increase accountability and the effectiveness of the management structure, the BCNO Group must produce a strategic plan document which gives an overview of their plans for development over the next three to five years showing clear timeframes, costings, and areas of responsibility. (2i, 4iii)

**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. Good practice and innovation is identified in lesson observations and research activities shared within the department. There are strong links with the London site and considerable possibilities to develop more innovative opportunities in terms of education and practice which would benefit the new three-year course.

From the Maidstone site students will also have opportunities to be involved in specialist provision including paediatrics, sports, headaches, MSK ultrasound clinics and with NHS links to observation in orthopaedic surgery.



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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**

Students really appreciate the opportunity to become involved in the specialist clinics at the Maidstone site.

### **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 has centralised the delivery of the new three-year programme to a single location at Tonbridge Road in Maidstone. The clinic area spans two floors and includes disabled access at the rear of the building and patient hoists for those with mobility issues. The clinic rooms are well-equipped and there are designated breakout areas that provide suitable spaces for interactions between students and tutors.

There are three teaching areas, which are designed as versatile spaces that can facilitate both practical and academic instruction. These areas are equipped with screens capable of projecting information from the VLE and other media sources.

The premises include good catering services, and designated areas are available for students to socialise. Following the recent closure of the Boxley House site, the Tonbridge Road site has undergone significant refurbishment, including the consolidation of library services. The library provides comprehensive access to textbooks, journals, interactive media, and support services, such as literature searches. Additionally, students can access resources and facilities at the UoP.

The BCNO Group has leased additional space at the UCM. This site, located 5 minutes from the Maidstone campus, is designated for accommodating staff and conducting future teaching or student assessments. Based on our observation during the visit, we are assured that this standard is met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

- 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

The BCNO Group adheres to an educator-to-student ratio of 1:10 for practical classes and between 1:4 and 1:8 in clinical environments. This is consistent with relevant guidance documents, including the GOPRE and SET. Academic tutors are typically assisted by teaching assistants in the classroom.



During the visit, it was observed that both academic lessons and clinic sessions consistently followed these ratios, and discussions with student representatives indicated that they received sufficient support during their lectures and clinic sessions.

In meetings with the SMT we were assured that the BCNO Group would maintain similar staff to student ratios for the new three-year programme. However, at the time of the visit, roles within the restructured organisation were not fully agreed.

Based on these observations, and information provided to us during the visit, we are assured that this standard is met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

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

☒ MET  
☐ NOT MET

### Findings and evidence to support this

The BCNO Group has a RA policy which states that students who declare a disability, either at the point of offer or as soon as they become aware of it, will receive support from the Student Welfare Officer to find appropriate solutions. During discussions with student representatives, it was noted that when such disabilities were declared, the BCNO Group has historically been very responsive in addressing their needs.

The BCNO Group uses hydraulic couches in their clinical and teaching area but none of these are electronically operated. In our discussions with support services staff, we were informed that adjustments for visually impaired students, such as the use of tablets for recording notes, could be accommodated. However, it was reported that there were no immediate plans to move from manual records to EPR.

The BCNO Group provides disabled access to the clinic, and classrooms are located on the ground floor. The administration has indicated that it will accommodate student requests for preferred seating arrangements in class, and room allocations in the clinic, where reasonable. During our meeting with support service staff, the Student Engagement and Welfare Officer reported that they had initiated training on neurodiversity to offer an additional level of support to both students and staff.



Whilst the BCNO Group might consider making some adjustments, such as the adoption EPR, overall, we are assured that this standard is met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

The BCNO Group should consider implementing electronic patient records to adequately equip students for future roles in contemporary clinical practice.

### 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 observed that students had access to quiet study areas, private meeting rooms, and social spaces. It was evident that students were able to utilise the space and equipment to form study groups to practice techniques and discuss their studies.

The BCNO Group can provide quiet, contemplative, spaces for prayer if necessary. Returning new mothers are supported in their studies with accommodations such as access to refrigerators for breastmilk storage if needed.

Based on our observations during the visit, we are assured that this standard is met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

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

☒ MET

☐ NOT MET

### Findings and evidence to support this



The Maidstone campus offers disabled access to ground floor areas for wheelchair users and individuals with disabilities. Whilst treatment rooms are based over two floors, there are several that can be found on the ground floor, which offers ease of access for patients, students, and staff.

There are three classrooms that can also be found on the ground floor but other areas of the campus, such as the library, can only be accessed via a staircase, which could prove challenging for people with mobility issues. However, there are well established processes for managing RA, which have proven effective in the management of these types of issues, and students have extensive access to library resources online.

The BCNO Group conducts thorough risk assessments, in accordance with insurance requirements, to ensure that the premises are safe for patients, students, and staff. This process is overseen by the health and safety committee which meets on a quarterly basis.

Based on our observations during the visit, we are assured that this standard is met.

#### **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

Prospective students can obtain detailed information about the course on the BCNO Group website. The website provides an overview of the course, including an outline of the modules over the three years of study. Additionally, it offers a breakdown of the study hours, thereby providing prospective students with an understanding of the expected levels of study commitment.

The UoP partner student information handbook provides students with a basic overview of the organisation, including key personnel, facilities, and resources. The new three-year programme specification provides students with a more detailed breakdown of the modules to be studied, and includes information on module content, module assessment, module aims and learning outcome. However, at the time of the visit, this document was in draft form and will need to be signed off prior to the September 2025 start date for the new three-year programme.

The new three-year programme is primarily based on a condensed version of existing programmes, so much of the content for the module handbooks already exists. However, some modules need to be developed specifically for the new three-year programme. Additionally, programme documentation, including the programme handbook, must be approved before the modules can be officially implemented.

All enrolled students have access to the VLE, which serves as a repository for course information, processes, and policies related to their studies. However, considering the recent strategic changes to the BCNO Group, it is recommended that this content is reviewed to ensure its completeness, consistency, and relevance.

Based on the evidence seen at the visit we are of the opinion that this standard is not met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

None reported.

### Conditions

The BCNO Group must ensure that all relevant course materials have been reviewed, approved, and are in place before the commencement of the new three-year programme.

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 offers pastoral care and assistance to students, addressing both academic and welfare needs. Students receive detailed information about support services and are assigned a personal tutor as their first contact for academic and pastoral issues during the initial weeks of their studies. The personal tutor role is coordinated through the Student Engagement and Welfare Officer and the role is detailed in the personal tutor handbook.

The personal tutor handbook is intended to clarify the responsibilities of the role and states that personal tutors should meet with first year students at least five times through the year and at least once per semester with students in their second, third, and fourth year. It also stipulates that meetings should be recorded, with agreed actions forwarded to the Student Engagement and Welfare Officer at the end of each term.

Discussions with student representatives highlighted differences in their experiences with the personal tutoring system. Some students reported meeting their tutor only once or twice over four years. This finding contrasts with the intended design of the personal tutor policy and warrants examination to understand why it is not functioning as planned. Student representatives also spoke about the workload during the four-year course. They stated that the holidays were vital to their physical and mental health. They also shared their concerns about the new three-year course and the impact on student welfare.

During our meeting with support services staff, it was noted that they had not been consulted on the design of the new three-year programme. As student welfare is likely to present a particular stress point for a condensed three-year programme, it should be thoroughly considered in the programme's design and delivery.

During meetings with the SMT and support services, we learned that students have access to a 24-hour helpline offering legal support and up to six free counselling sessions, if needed. Attendance policies are established to identify students who may be "at risk" and to implement early intervention strategies. However, student representatives report that some "at risk" students are being missed, so the BCNO Group may need to reassess the efficacy of their policies/processes in this regard.

Based on the evidence presented at the visit, and our meetings with Students and support services, we feel that without additional welfare monitoring in place for the new course this standard is not met.

### **Strengths and good practice**

None reported.

### **Areas for development and recommendations**

The BCNO Group should gather feedback from staff and students on, and examine the effectiveness of, the personal tutor process, particularly with regard to engagement and frequency of meetings, to understand what is and is not working and to ensure that students have a suitable primary contact for their academic support and pastoral care. (3v, 6ii)

### **Conditions**

The BCNO Group must increase student welfare monitoring in order to provide assurance that students are coping with the new course, able to engage in their clinical studies and ensure the BCNO Group can deal with any issues which may arise due to workload issues. (6ii, 7ii)

A monitoring visit must be conducted during the second year of the new programme to review its delivery, with particular emphasis on meeting students' academic and welfare needs. This visit should include direct



contact with students and staff to provide assurance beyond the requirements of the annual reporting process.

**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 disclose disabilities either on their applications or when they first become aware of them. The Student Engagement and Welfare Officer will assess their needs and make suitable adjustments where possible. Students can discuss their needs throughout their studies, and systematic checks allow for declaring changes in health or learning needs. Meetings with student representatives indicated that the BCNO Group effectively responds to requests for reasonable adjustments.

During the meeting with the support services team, it was noted that they had initiated neurodiversity training for staff. Furthermore, there is a SIWAC that monitors student performance to identify potential issues early and provide appropriate support. Based on our meetings with Support Services, and documentation presented as evidence for the visit, we are assured that this standard is met.

#### Strengths and good practice

None reported.

#### Areas for development and recommendations

None reported.

#### Conditions

None reported.

**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

Feedback is given for both formative and summative assessments, enabling students to utilise this information to reflect on strengths and weaknesses, and to direct their future learning. An EE report identified that the feedback provided lacked feedforward opportunities and student representatives stated that they sometimes had difficulty in correlating feedback comments with the marks they received. This view was also expressed in our meetings with alumni. Whilst the BCNO Group have attempted to address the subject of feedback through staff development days, it may be necessary to re-explore this area to ensure the efficacy of training.



Whilst there are areas that the BCNO Group should consider in order to improve the consistency and relevance of constructive feedback, based on the evidence presented for the visit we were assured that this standard is met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

The BCNO Group should consider how they ensure that changes, made in response to identified problems, are monitored to ensure that they are effective.

### 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

Several formal channels exist for student feedback. The student body is represented on the SEG, which convenes once a term, separately under both UoP and BNU cohorts. However, the BCNO Group acknowledges challenges in engaging with the student body and recognises the necessity to evaluate the effectiveness of student representatives. In meetings with student representatives, there was scepticism as to the efficacy of current communication channels, with most of those present at the meetings seemingly unaware of the process for reporting in to, and receiving information out of, their student representatives on these committees. As such, the BCNO Group might consider exploring other channels for formal feedback, such as leveraging off the positive relationships between students and academic/clinic tutors.

More generally, students reported that feedback was effectively implemented in the clinic, however, they noted delays in addressing concerns related to the academic components of the course. These delays resulted in changes being made in subsequent years rather than promptly.

Students indicated that they had a clear understanding of the processes available to them for raising concerns. They expressed confidence in their ability to report issues related to breaches in the OPS without facing prejudice and believed that such concerns would be handled appropriately.

Whilst there are areas that the BCNO Group should consider in order to improve their engagement with the student body, based on the evidence presented for the visit we are assured that this standard is met.

### 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. (1vi, 2i, 2iii, 3ii, 6v)

### Conditions

None reported.

**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 concerted efforts to engage with the student voice through membership in various committees. However, this engagement had seen limited success. In meetings with both students and alumni, the issue of effective engagement with the BCNO Group as an area concern and students reported using informal lines of communication through, for example classroom tutors, to raise issues.

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, periodic structured interviews conducted in the classroom could be used to gather student opinions.

Whilst there are areas that the BCNO Group should consider in order to improve their engagement with the student body, based on the evidence presented for the visit we are assured that this standard is being met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

The BCNO Group should evaluate their current methods of engaging with the student voice and 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. (1x, 6vi)

### Conditions

None reported.



## 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 Guidance on Pre-registration Osteopathic Education.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

The clinical provision for the new three-year course will solely be based at the redeveloped Maidstone campus which incorporates teaching and clinic provision. There are a number of specialist on-site clinics which students get the opportunity to attend, observe, and gain hands on experience with discreet groups. These include clinics in paediatrics and maternity, sports, headache, MSK ultrasound clinics, as well as balance classes.

The tutor induction handbook currently quotes the student to teacher ratios in clinic as being ten students per tutor and an aim for a maximum of three patients at a time for year 3 and four patients at a time for year 4.

Management stated that the ratios of students to tutors on the new three-year programme will remain broadly the same at eight students per tutor and a maximum of three patients per student in year 2 and four in year 3. For specialist clinics the ratios are one tutor to three students.

Both the student and staff groups spoken to confirmed that the ratios in clinic are maintained, and lower ratios were observed in clinic.

The Head of Clinic informed us that though telehealth consultations are now very rare students do receive tuition on how they should be conducted. The team also witnessed clinically orientated classes using patient scenarios where they get the opportunity to discuss these as a group and with their tutor.

The professional practice handbook states that pre and post clinic sessions happen each day in clinic, students are encouraged to discuss their cases for the day before and after and seek tutor feedback. This was not observed but confirmed by both students and tutors.

Students are rotated every six weeks so that they work with different tutor groups each time. This is to ensure they gain exposure to different ways of practicing.

Students currently undertake other clinically relevant activities such as taking a dummy case history and discussing signs and symptoms with student practitioner and tutors. They also have to fill out their clinic portfolio and reflective log which acts as a learning tool and record of the types of cases and patients seen by the student. This must be signed by the tutor at the end of the day and submitted to the Head of Clinical Education or module leader when their clinical observation is completed. Management informed us that this is expected to remain the same for the new three-year course.

Current students have one week of lectures in the summer of year 2 in what is called clinic induction. This is undertaken before they enter clinic in year 3. During this week they have a number of lessons that include taking a case history, clinic administration, and treatment. For the new three-year course this will be extended to five weeks and is aimed to accelerate students' learning to the point where they can effectively start to interact with patients in a more meaningful way.

In line with the BCNO Group's other courses and guidelines set out in GOPRE, students on the three-year course will be required to undertake 1000 clinical hours in order to graduate. These hours are more



condensed due to the reduction in length of the course. Due to this it will impact reading weeks and holidays at Christmas, Easter, and in the summer.

A professional practice handbook sets out the expectations of students whilst studying at the BCNO Group and in whilst in clinic. It states that the clinical component is split into three broad areas. These are:

- Observation clinic, which commences in year 1 and 2 when students observe clinical students whilst the clinical students manage patients under supervision.
- Teaching clinic, which commences in year 3 when students start to manage patients under close supervision from tutors.
- Experiential clinic, which commences in year 4 when students, under supervision, start to take on increasing responsibility whilst managing patients.

Management stated that for the new three-year programme, students would still observe in year 1 and the first semester of year 2. In the second semester of year 2 the students will undertake a clinical assessment (summative or formative) based on the results of this assessment some students will be allowed to manage patients under close supervision. Once students have undertaken the five-week clinical preparation course in the summer, they will start to take increasing responsibility whilst managing patients.

The professional practice handbook has not been updated for the new three-year programme as of yet. Management stated that this would be done in the summer of 2025 in preparation for the planned course start date in September 2025.

BCNO Group has a well-documented approach to clinical learning which clearly sets out what is required of students from each year and provides students with the structure necessary for them to effectively learn. There is the opportunity to observe other students and interact with a wide variety of tutors, which provides fertile ground for students to develop their professional identity as an osteopath.

The clinical provision provided at the Maidstone campus is of very high quality. What is expected of students is well documented, the Clinic is well managed, staff are knowledgeable and experienced. Both the current student and past student groups consistently praised the levels of knowledge and engagement of staff and the support they received. What was witnessed during the visit supported that view.

We believe that this will be translated to the new condensed three-year course and so have no hesitation in stating that this standard is met.

### **Strengths and good practice**

The clinical provision at the BCNO Group is of a very high standard. The levels of support offered by staff and attendance at specialist clinics affords students a host of opportunities to hone and develop their skills in all areas.

### **Areas for development and recommendations**

None reported.

### **Conditions**

None reported.



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

The staff, management, and professional practice handbook state that students are expected to undertake 1000 hours of clinical practice and see 50 new patients in order to graduate. This will not change for the new three-year programme and meets the expectations set out by the GOsC in the GOPRE and SET and norms for the sector.

The clinical hours for the new three-year course will be divided up in the following way:

- Year 1: 96 hours
- Reading week year 1: 6 hours
- Year 2 semester 1: 64 hours
- Year 2 semester 2: 128 hours
- Year 2 Easter holidays: 32 hours
- Year 2 summer holidays: 140 hours
- Year 2 reading weeks: 8 hours
- Year 3 semester 1: 224 hours
- Year 3 Christmas holidays: 16
- Year 3 semester 2: 224
- Year 3 Easter holidays: 32
- Year 3 reading weeks: 30

As stated, the sole means of gaining clinical experience for the new three-year course is at the onsite clinic in Maidstone. The professional practice handbook states that for observation sessions in years 1 and 2 students are responsible for booking their own clinic time. This is done through the Clinic administration team. In years 3 and 4 when students start to take responsibility for patients, clinic hours are allocated to them by clinic management. When students attend clinic, they are required to sign the Clinic register to ensure their clinical hours are recorded. These are kept on reception, collated and sent to the Head of Clinic. Clinic absence forms help keep track of absences and time that needs to be made up.

Students who are falling behind in their clinical hours are met with and a plan of how they will make this up is agreed with them and monitored.

Ensuring students see the required number of new patients and see a wide variety of patients and presentations is done in the following way. Reception staff book patients into the computerised booking system; this is usually done in person or on the telephone. When they do this, they ask the patient which body area they are consulting about and note this. They then assign the patient to a student. If this is a new patient, they will allocate them to a student who either has seen less new patients than their colleagues or who has seen less of the particular area the patient is consulting about. This ensures that students see a wide variety of patients and presentation.

The team had the opportunity to see the register and the number of new patients seen by each year group, this was well above expectations for each student.



There are a number of specialist clinics which are staffed by clinic tutors with expertise in those areas. Students undertake observation and practical placements in those clinics which affords them an opportunity to gain specialist experience.

The opportunities and processes described will not change for the new three-year programme and so the visiting team believe that there are currently sufficient means of ensuring students gain access to a clinical experience that will develop and integrate their knowledge and skills, meet the programme outcomes, deliver the OPS, and thus meet this standard. However, whilst speaking with the past and present student groups, they consistently spoke about the academic and clinical load that they had to bear during the four-year course. They stated that the holidays provided them with an opportunity to decompress and spoke about how important they felt this was to their health. They shared their concerns about the new three-year course and the impact on student welfare. They also reported that they formed close bonds with their clinic tutors, often closer than their personal tutors, and relied on them for support and guidance.

Speaking with staff regarding this they felt differently. They felt that the shorter breaks in the new course would keep students focussed and felt they would have to spend less time getting students up to speed when they returned from breaks.

Whilst the visiting team can understand both positions, we have concerns that compressing the course to three years will increase this load and provide fewer opportunities to decompress and focus on something other than their studies. We feel it is vitally important that the BCNO Group increase student welfare monitoring for the new three-year programme in order to provide assurance that students are coping with the new course, are able to access and engage in clinic, and deal with any issues which may arise due to workload issues. Due to the bond spoken about with clinic tutors, this may be a good area to gain formal and informal feedback on student welfare, especially as the course runs through its first student cohort.

Overall, without the additional monitoring in place we believe this standard is not met.

### **Strengths and good practice**

None reported.

### **Areas for development and recommendations**

None reported.

### **Conditions**

The BCNO Group must increase student welfare monitoring in order to provide assurance that students are coping with the new course, able to engage in their clinical studies, and ensure the BCNO Group can deal with any issues which may arise due to workload issues. (6ii, 7ii)



## 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 provided the visiting team with their recruitment policy. The policy includes some core principles which include reference to EDI. The process for recruitment is set out as follows. The first stage is the preparation stage. This includes an evaluation of need, followed by the development of the job and person specification. The documents states that care should be taken when developing the person specification to ensure it does not indirectly discriminate against certain groups of applicants. It does not provide any guidance on how this would be achieved.

The role is then advertised. This is initially done internally with external advertising done if no applicants are forthcoming. Applicants are asked to provide equal opportunities details when making their application.

The selection process involves a member of the HR team and the line manager for the position reviewing the applicant CVs, which are matched against the role and person specifications. Candidates who meet the criteria are asked to attend an interview. There is no mention of blinding during the selection process.

Interviews are undertaken by at least two people, one of whom should be a member of the HR team. Interviewers are reminded that questions should be applied consistently to all interviewees. It is suggested that the format of the interview and interview questions should be discussed with HR prior to it being agreed. This process is quite robust. However, ensuring the reviewers are blinded during this process would be more robust.

The BCNO Group have a new starter induction checklist which is designed to ensure that new staff receive a comprehensive induction. This includes mandatory reading of their policies and procedures on EDI, data protection, anti-corruption and bribery, the employee handbook, safeguarding, email, health and safety, and osteopathic treatment. This is available to staff through the VLE. A form is signed by the new employee once it has been completed.

Additionally, e-learning on health and safety, display screen equipment, GDPR, fire safety, and manual handling through their e-learning portal PeopleHR. As with the necessary reading, employees are required to sign to say this has been completed and they are asked to note any additional training that they may require.

Junior lecturer and clinic tutor positions are available for those with less experience. More senior members of staff lead the lecture or are on hand in clinic to provide advice and support when necessary.

Staff are managed in their roles by their head of department. Staff reported that they are not aware of a personal development review process and whilst they did meet with their line manager it was inconsistent with some departments meeting yearly and others not. Staff did report, however, that they feel supported by their manager and by the organisation.

Staff reported that they were not aware of any documented process for development or progression with some very experienced staff being on the same pay grade and level as much more junior staff.

When explored with senior management and HR they confirmed that no personal development review process or documented process for progression existed. They reported that a PDR process was followed



prior to 2020 but since the pandemic it has not been reinstated. They reported that rather than staff putting themselves forward for promotion senior staff brought people to the attention of HR who they believed to be talented and had the desire to progress. They stated that this was done as in most instances staff worked very part time and did not wish to progress, so it was difficult to find people with the rights sets of skills and desire to progress. Some of this was borne out by the staff group that was spoken to by the visiting team who also reassured us that if they did want to progress, they felt happy to speak with their line manager.

The processes in place do fairly recruit, induct and train staff. Staff are provided with opportunities to develop, and they are managed in their roles. To this extent, we are assured that this standard is met. However, we recommend that the formal staff yearly review process is reinstated, and that staff are provided with a formal process by which they can develop if they wish to.

### Strengths and good practice

None reported.

### Areas for development and recommendations

The BCNO Group should reinstate their formal yearly staff review process and provide staff with a process by which they can develop if they wish to. (1ix, 8i)

### Conditions

None reported.

**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

The visiting team met with a group of teaching staff during the visit who taught on both the academic and clinical components of the course. They reported that they did feel supported in their roles. They felt they were able to ask for support and that they received what they needed to carry out their duties.

Whilst there is currently no formal process for meeting with their line managers, some departments do schedule regular catch ups to ensure staff have everything they need to carry out their duties. Staff and managers both stated that due to the size of the BCNO Group and the close working relationships, they did not feel incumbered in any way to ask for help when necessary.

Teaching rooms were well resourced with models, plinths, and screens. PPE and other infection control measures were available such as hand sanitiser and sprays for treatment couches. The VLE was well populated and contained all the information you would expect and need as an educator. This was well used in observed classes.

Seeing the resources on offer to staff, listening to staff and managers regarding support and resources means we feel confident that staff are well supported and have the resources necessary to carry out their roles. We therefore feel this standard is met.

### Strengths and good practice



None reported.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

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

The BCNO Group provided documentation detailing the qualifications of all faculty members currently employed at the organisation.

Senior management stated that it is the BCNO Group policy that all those who are involved in clinical or technique teaching roles must be registered with the GOsC or with another healthcare professional body. A sample from the faculty list that was provided to the visiting team was checked against the GOsC database and all were registered.

A number of mechanisms exist to ensure staff embody and model the OPS.

There is a peer review process in operation for all members of the teaching staff. We were provided with redacted examples of the peer review documentation that had been filled out by those involved. The process is designed to provide external feedback to faculty members which includes information on professionalism. This process currently happens once per semester and is carried out by a more senior member of staff such as a line manager. Feedback is provided in a timely manner in written and verbal formats.

Students have a number of ways they can feed back about staff members. Student feedback is sought in module evaluations at the end of each module and feedback is sought from students on clinical tutors at the end of each six-week rotation. This is then fed back to staff by the Head of Clinic or department with the aim of ensuring standards are maintained. Students can also feedback through the student voice panels and through their student representatives.

The staff who we met with in meetings and during observations in class and clinic demonstrated all the qualities you would hope and expect to be modelled to students. This along with necessity to be registered, the broad experience of the faculty and the feedback provided to staff by peers and students assures us that this standard is met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

None reported.



## Conditions

None reported.

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

There are currently approximately 134 members of faculty working across both sites. They have a broad range of experience, 28 of whom have a teaching in higher education qualification. There is a range of specialist knowledge and expertise in a number of areas that ensure students receive a diverse education.

Currently there are enough members of faculty with the right qualifications and experience to ensure the delivery of a RQ course.

Management informed us that those who do not have a teaching qualification or teaching experience are initially employed as assistant tutors and if they wish after they have done a minimum of six months as an assistant tutor/lecturer they can start to take responsibility for student learning, eventually becoming a lecturer / tutor and teaching their own classes.

All staff who work in a clinical supervision role or in practical classes are registered with the GOsC or with another healthcare regulator, such is the case with the ultrasound imaging demonstration clinic.

We sought reassurance from management and trustees that they have appropriate plans and monitoring in place to effectively reduce the risk of maintaining enough adequately qualified staff to ensure that students receive the necessary support and education in order to meet the graduate outcomes and OPS.

Management stated that there are consultations currently ongoing with 44 members of staff who will be impacted by the recent decision to close the London site to undergraduate education and teach out the existing provision on both sites. Management stated that staff usually undertake a number of roles in the organisation and so the majority of the 44 will be retained in some way in the organisation.

When asked, the Head of HR stated that there would be an inevitable reduction in overall staff numbers as they teach out courses on both sites. They stated that this should not affect the expertise within the organisation and would work if necessary to retain it when they move to solely to the Maidstone site by offering vacant positions in Maidstone in the first instance to staff from London.

It was fed back to the team that osteopathic members of staff do not currently undergo a DBS check when they are employed as they will have done this through the GOsC when they registered, after which time any legal events that would affect their teaching status would be flagged to the GOsC and appropriate action taken. However, for a number of years after the register was opened it was not a requirement for osteopaths to undergo any form of check such as the DBS. This means a significant number of osteopaths from that time may not have had a DBS or equivalent. We therefore recommend that the organisation re-visit this policy to manage this risk and any impacts it may have on patients, students, and other staff.

## Strengths and good practice



None reported.

### Areas for development and recommendations

The BCNO Group should re-visit the policy of not requiring a DBS for osteopaths when they join the organisation in order to manage this risk associated with this and any impacts it may have on patients, students, and other staff.

### 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

The faculty qualifications document supplied by the BCNO Group showed that 28 of the 134 members of faculty have a teaching in higher education qualification. Staff can apply for funding to undertake external courses. However, the funding available is limited and is not specific to teaching qualifications but to support wider staff development. Two members of staff who met with the visiting team said they had been supported to undertake further degrees. Other members of staff showed a good range of qualifications and experience.

We feel assured that educators have the relevant teaching experience and qualifications to ensure that students receive the necessary education to meet the graduate outcomes and OPS, and thus, feel this standard is met.

### 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

A number of documents that relate to patient safety within the clinic were provided during the visit. These include the BCNO Group's safeguarding policy, student fitness to practice policy, and their professional practice handbook. The professional practice handbook covers a number of issues that are related to patient safety such as confidentiality, health and safety, and managing the patient encounter. Together these comprehensively cover patient safety. When speaking with clinic staff and students they were aware of these policies and received training on them.

Within the Clinic there are a number of physical patient safety measures in place. There is a defibrillator and first aid box. There are information posters on how to provide feedback and how to raise safeguarding concerns. These are in both student/tutor facing areas and patient facing areas.

Students in the Clinic are supervised by experienced osteopaths. Students gradually gain more autonomy as they move through the course. Observing in years 1 and 2 and gaining hands-on experience in years 3 and 4. Tutors are present for each element of the consultation but to different degrees based on the students experience and the presentation of the patient. For instance, tutors stated they would usually observe more of the patient student interaction and be more involved in specialist clinics where the student's specialist knowledge and skill may not be as developed.

Student to teacher ratios are currently six students to one tutor. However, the handbook and Clinic Manager stated that they can go to a maximum of ten students to one tutor with a maximum of three patients in year 3 and 4 patients in year 4. We were assured by management and staff that this will be the same for the new programme where the ratios will be ten in year 1 and specialist clinic with a maximum of three patients per tutor to four patients per tutor in year 3.

The professional practice handbook sets out how consent and shared decision making should be handled within the clinic. This was observed in clinic and was of a level that would be expected within this environment. The patient group who the visiting team met with confirmed that they felt valued, listened to, and included in their care.

Considering the documentation provided and interactions with staff and students. this provides assurance that this standard is met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

None reported.

### Conditions



None reported.

**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**

We were provided with the BCNO Group's safeguarding policy, safeguarding audits for 22-23 and 23-24, a safeguarding presentation which is delivered to students, and safeguarding posters which are displayed around campus prior to attending.

The safeguarding policy meets sector norms for its scope and content. The new starter induction checklist was supplied which confirmed that new staff are required to read the policy as part of their induction. The staff group who we met with during the visit stated they were aware of the policy and its contents and received training on it.

Students also receive training on safeguarding which is timetabled and delivered by the Student Engagement and Welfare Officer. This is done before students attend clinic. The presentation provided to the team covers the content of the policy and students confirmed that they received training on it when asked.

Safeguarding issues are reported to the SMT through a yearly safeguarding audit which was supplied to the visiting team for 2022 – 2024.

We were assured that the same policies, processes, and training will continue into the new three-year course. Overall, we feel that safeguarding is embedded into the organisation with policies, training and feedback loops to ensure patients are protected and thus we are confident that this standard is met.

#### **Strengths and good practice**

None reported.

#### **Areas for development and recommendations**

None reported.

#### **Conditions**

None reported.

**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**



Student to teacher ratios in practical teaching classes are currently 10:1 which is in line with expectations and sector norms. Teaching observations during the visit confirmed that these ratios are observed with two tutors being present in each practical class where there were a maximum of thirteen students.

In clinic we observed six students to one tutor. However, the handbook and clinic manager stated that they can go to a maximum of ten students to one tutor with a maximum of three patients in year 3 and four patients in year 4. The visiting team were assured by management and staff that this will be the same for the new programme where the ratios will be a maximum of ten students per tutor and in year 1 and specialist clinic with a maximum of three patients per tutor to four patients per tutor when students are more autonomous in year 3.

Given the levels observed and the professionalism of the teaching staff, the visiting team feel assured that this standard is, and will continue to be, met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

**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 staff and student groups who we met with were all aware of the need to report issues and concerns regarding the fitness to practice of a student or tutor. They knew of the policies and knew where to find them if necessary. All commented that they would report it to a trusted tutor or their line manager and if it was about their line manager to a member of the SMT. They all commented that the lines of communication are quite short and that they could find someone trusted to go to if they needed to.

A safeguarding audit is undertaken each year and includes issues regarding fitness to practice as well as safeguarding issues. The audit lists the incident that occurs and the event that triggered the raising of the issue. It reports the action taken as well as the outcome and date that it was completed. It then rates the issues on a scale on one to five with one being not related to the operation of the school, two being no safeguarding controls in operation, three safeguarding concerns/weakness to be addresses, four identified safeguarding concerns/weakness, and five being concerns fully addressed.

The safeguarding audit that was shared raised some concerns with the visiting team that some issues listed on the audit should have triggered the FtP processes. This was queried with the BCNO Group prior to the visit, and we were provided with a response that satisfied the team that the matters had been dealt with appropriately.



One issue raised was to do with a member of staff and the other issue in relation to a student. It appeared from the audit and response that these issues were dealt with in accordance with their documented procedures. No referral to the GOsC was necessary in either case. However, staff were aware of the need to include the regulator if necessary or appropriate.

The same mechanisms and policies will be in place for the new three-year programme. We feel that the policies in place are followed appropriately with feedback mechanisms in place to learn from the issues and so are confident this standard is met.

### 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

The BNU fitness to practise policy, the UoP support for study policy and BNU fitness to study policies were shared with the visiting team prior to attending. All meet current expected standards for the sector. For the three-year course policies will need to be aligned to the UoP, who will be validating the three-year programme, rather than BNU. A safeguarding audit is undertaken each year and reported to the SMT this includes issues that affect fitness to practise and study. The audit demonstrated that proper procedures are undertaken, and issues investigated in line with their policies.

Overall, we are assured that this standard is met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

The BCNO Group should review its policies to ensure alignment with recent structural and strategic changes within the organisation and to ensure all out of date policies are updated. Furthermore, efforts should be made to centralise policy access through a single repository, wherever feasible. (1i, 1iii, 1iv, 2ii, 4iii, 9v)

### Conditions

None reported.




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**vi. the needs of patients outweigh all aspects of teaching and research.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

Communication and consent are themes that run through the clinic documentation including the professional practice handbook and clinic case history sheets. Students receive training on it in their pre-clinic course and what was witnessed in the Clinic would support this. The patient group who we met with stated that they felt very included in their care, informed at all stages and felt able to ask questions without fear. This would indicate that shared decision-making is embedded and as such patients needs outweigh the learning environment.

The Head of Research confirmed that undergraduate research does not happen in the Clinic or with patients and this would remain the same for the new three-year course. Some data is collected from patients in the form of post treatment questionnaires which can be filled out on the premises, but most patients opt to receive it electronically and as such do not feel pressured to participate or to provide information that they feel uncomfortable with. This was confirmed by the patient group met with as part of the visit.

Overall, we feel assured 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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**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**

The Clinic documentation such as the Clinic case notes, and the professional practice handbook detail the information necessary to take a thorough case history. This includes information on the patient's lifestyle and how to provide aftercare advice.

The time allotted to patients allows them to do this in an unhurried and relaxed manner and to explore areas of the patient's life that may not seem directly related to the reason they have attended. The patient group we met with as part of the visit echoed this and valued it as an opportunity to try to get to the bottom of things rather than just treating symptoms. They appreciated the time, levels of communication, they felt heard,

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listened to and that their opinions mattered. They appreciated the aftercare advice as they wanted to be included in their treatment and ultimately help themselves.

The visiting team witnessed students discussing aftercare advice with tutors and then providing it to patients. The student group who we met with felt well prepared to provide this advice and stated that they had access to exercise prescription software which aided them in this. Some had signposted patients to their GP or other healthcare professionals for help with things like imaging and psychological support.

Based on the evidence seen, we feel that this standard is met and will continue to be met with the new three-year programme.

### **Strengths and good practice**

None reported.

### **Areas for development and recommendations**

None reported.

### **Conditions**

None reported.

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## A. Evidence

### A.1 Evidence seen as part of the review

|                                                                          |
|--------------------------------------------------------------------------|
| 1.Student numbers teach out Kent and London 3 plus 1 launch 2025-26.xlsx |
| 2.Summary of Phased Plan costs 24-27.xlsx                                |
| 2022 BCNO Strategic Planning workshop.pptx                               |
| 24-25 CashModellingPreBudgetApproval.xlsx                                |
| 3.TestingBCNO Kent Teach out CommercialStrength.xlsx                     |
| 4.Financial planning 2028-29 notes.docx                                  |
| 5.London Infrastructure Costing review 2024.xlsx                         |
| 6.BSc - London Only SMT final costings.xlsx                              |
| 7.Modified - London Only SMT update costings.xlsx                        |
| 8.BSc - SMT final costings Kent only.xlsx                                |
| 9.Kent Infrastructure Costing review 2024.xlsx                           |
| AR23-10a EEID-04630_BussStephenReport23.docx                             |
| AR23-10b MariaHayesUoPAnnualSubjectReport_22-23.docx                     |
| AR23-10c WildmanAnnualUoPAwardReport_22-23.docx                          |
| AR23-10d MeadowsS_IntegratedMaster'sDegreeInOsteopathy(ESO)22-23.pdf     |
| AR23-10e BNU_EE School Response 2023_ESO Final.pdf                       |
| AR23-11 UKPartnersJBSAgenda.docx                                         |
| AR23-12 EXTRACTfromModuleHandbook.docx                                   |
| AR23-13a ClinicAuditCourseworkGuidelines.doc                             |
| AR23-13b ClinicalAuditReportTemplate.docx                                |
| AR23-14 Assessment - ChecklistForWrittenPapers.pdf                       |
| AR23-15a UoPStudentComplaintsPolicy.pdf                                  |
| AR23-15b BNUStudentComplaintsPolicy.pdf                                  |
| AR23-16a Minutes_ SEGwithUoPstudents07June23.docx                        |
| AR23-16b Minutes_ SEGwithBNUstudents13June23.docx                        |
| AR23-17 SafeguardingPolicy.pdf                                           |
| AR23-18 PosterA4SafeguardingBCOM_ESO.pdf                                 |
| AR23-19 StudentInclusionWelfare&Attendance_ToR2023.docx                  |
| AR23-1a BNU mapping.xlsx                                                 |
| AR23-1b Copy of MOST UoP modules mapped to graduate standards (002).xlsx |
| AR23-1c Copy of BCNO modules mapped to graduate standards (002).xlsx     |
| AR23-2 AdmissionsPolicyAndProcedure.pdf                                  |
| AR23-20 BCNOPersonalTutorPolicy.pdf                                      |
| AR23-21 BCNOPersonalTutorTraining.pdf                                    |
| AR23-22 PersonalTutorHandbook23-24.docx                                  |




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|-----------------------------------------------------------------|
| AR23-23 PersonalTutorSessionTemplate.docx                       |
| AR23-24 StudentFeedbackTemplate_CEx_Clinical.pdf                |
| AR23-25 IT StrategyListAcademicYear23-24.docx                   |
| AR23-26a PhysiologyIn-classTestFormativeQ+A.pdf                 |
| AR23-26b AnatomyFormativeQuiz.pdf                               |
| AR23-26c OSCE QuizAndReadingWeekRevision.pdf                    |
| AR23-27a BCOMRepThankYouLtr2023.docx                            |
| AR23-27b ESOREpThankYouLtr2023.docx                             |
| AR23-28 NSSDataOEIComparison 2023.pdf                           |
| AR23-29 SafeguardingAudit22-23.docx                             |
| AR23-3 AdmissionsTermsAndConditions.pdf                         |
| AR23-4 InterviewFormTemplate23-24.docx                          |
| AR23-5 ReasonableAdjustmentProcedure.pdf                        |
| AR23-6 StudentWelfareLeaflet.pdf                                |
| AR23-7a BCNO StudentSafeguardingAndPreventPresentation.pptx     |
| AR23-7b BCNO StressManagementWorkshop.pdf                       |
| AR23-7c BCNO MentalHealthWorkshop.pdf                           |
| AR23-7d BCNO ExamRevisionWorkshop.pdf                           |
| AR23-7e BCNO StudentInductionWelfareWorkshop.pdf                |
| AR23-8a Patient Complaints Procedure_London.pdf                 |
| AR23-8b Patient Complaints Procedure_Kent.pdf                   |
| AR23-9 FacultyDevelopmentDayFeb 2023.pdf                        |
| BCNO BSc & MSc Osteopathic Medicine Module Records.pdf          |
| BCNO BSc Osteopathic Medicine Programme Specification.pdf       |
| BCNO Budget Work 24-25.xlsx                                     |
| BCNO Ltd Strategic Planning 2024 - Company Secretary copy.pptm  |
| BCNO student welfare leaflet.pdf                                |
| BNCO - approved minutes of Board meeting 11.06.2024.pdf         |
| BNCO - approved minutes of Board meeting 11.09.2024.pdf         |
| BNCO - draft minutes of Board meeting 11.12.2024_Redacted.pdf   |
| Board Strategy_DavidTasker.pdf                                  |
| Copy of indicative timetable BSc three year (003).xlsx          |
| Dates for Courses_BCNO.docx                                     |
| Draft12+0 Cash Modelling.xlsx                                   |
| ESO Clinic extra activities.docx                                |
| Financial Modelling Summary.docx                                |
| FOC Commentary 12+0.docx                                        |
| Forecast Budget Revenue Commentary 2024-25.docx                 |
| Headcount Budget 24-25.xlsx                                     |
| ICO Ltd Strategic Decisions and Implementation Update 3.21.pptx |

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| ICO note.docx                                                                       |
| Jan2025 Slimline Operation consideration IF.pdf                                     |
| MACs 12+0.xlsx                                                                      |
| mapping BSc 3 year to graduate outcomes (004).xlsx                                  |
| new course.pptx                                                                     |
| Plymouth Approach January 2025.pdf                                                  |
| ProjectSchedulePlan_BScHonsOsteopathicMedicine.xlsx                                 |
| RQ25-001 BCNO_Programme Spec_BScHonsOsteopathy.pdf                                  |
| RQ25-002 BCNO_Programme Spec_MOst.pdf                                               |
| RQ25-003 BCNO_Programme Spec_BSc(Hons) Osteopathic Medicine_Draft.pdf               |
| RQ25-004 BCNO Applicant Report.pdf                                                  |
| RQ25-005 Offer Holder Email Invite.pdf                                              |
| RQ25-006 Equity Diversity And Inclusion_Policy.pdf                                  |
| RQ25-007 Recognition_of_Prior_Learning_Policy.pdf                                   |
| RQ25-008 Recognition of Prior Learning Mapping Form.docx                            |
| RQ25-009 Recognition Prior Learning Meeting Email_Redacted.pdf                      |
| RQ25-010 Academic Policy Update for Staff - Autumn Term 2024.pdf                    |
| RQ25-011 BCNO Staff Newsletter_Issue6.pdf                                           |
| RQ25-012 Staff Newsletter MS Teams Alert.pdf                                        |
| RQ25-013a Policy Audit.xlsx                                                         |
| RQ25-013b UoP Policies Page.docx                                                    |
| RQ25-013c BNU Policies Page.docx                                                    |
| RQ25-014 Policy Audit Process.docx                                                  |
| RQ25-015 Quality Mapping Document.xlsx                                              |
| RQ25-016 BSc (Hons) Osteopathic Medicine Approval Report.docx                       |
| RQ25-017 Information for New course.pdf                                             |
| RQ25-018 Programme Quality Handbook M.Ost teach out.pdf                             |
| RQ25-019 Programme Quality Handbook_BSc(Hons)Osteopathy.pdf                         |
| RQ25-020 Programme Quality Handbook MOst.pdf                                        |
| RQ25-021 Programme Quality Handbook BSc Osteopathic Medicine draft.pdf              |
| RQ25-022 OfS Sector-recognised-standards.pdf                                        |
| RQ25-023 Assessment Approval Record (2).docx                                        |
| RQ25-024 Assessment brief eg Functional Nutrition BCNO 5001.pdf                     |
| RQ25-025 Assessment Brief eg MOST7007 gynae 2024-25.pdf                             |
| RQ25-026 UoP Joint Board of Studies Agenda.docx                                     |
| RQ25-027 PatientExperienceCommittee_subreport (1).pdf                               |
| RQ25-028 UoP Teach out Mapping document for Graduate outcomes.xlsx                  |
| RQ25-029 BNU -teach out Mapping Doc Graduate Outcomes.xlsx                          |
| RQ25-030 iO Screenshot iO news _3-12-2024_111427_www.iosteopathy.org.jpeg           |
| RQ25-031 Potential Physiotherapy Placement and Interdisciplinary clinic at BCOM.pdf |




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RQ25-032 Moderation Form (003).docx

RQ25-033 UoP Assessment Setting Marking\_and\_Moderation\_Policy\_2023-24 (1) (002).pdf

RQ25-034 BNU Assessment and Feedback Policy v1.1 Sep-23\_with\_AI.pdf

RQ25-035 Module Outcome Report.pdf

RQ25-036 FCCA Email 2024.pdf

RQ25-037 Student Characteristics and Outcomes Report 2023-24.pdf

RQ25-038 UoP-Student-Complaints-Policy.pdf

RQ25-039 BNU-ESO Students Complaints Policy.pdf

RQ25-040 Email from BNU re policy.pdf

RQ25-041 AGC Agenda.docx

RQ25-042 Faculty Development Day 23-24.PNG

RQ25-043 Committee Survey\_July 2024.pdf

RQ25-044 BCNO Staff Newsletter\_Issue5.pdf

RQ25-045 CommitteeSurvey\_CoverEmail&TeamsMessage.pdf

RQ25-046 GovernanceAndManagementStructure170924UpdatesProposedforAB.pdf

RQ25-047 GovernanceAndManagementStructure\_2024-25ApprovedVersionAB.pdf

RQ25-048 Staff Survey Committee Outcome.pdf

RQ25-049 Effective Management of Committee Meetings.pdf

RQ25-050 UoP Referral Board Minutes 2024 \_Redacted.pdf

RQ25-051 BNU Exit Strategy.docx

RQ25-052 Retention Scheme Email.pdf

RQ25-053 Safeguarding Audit 23-24.docx

RQ25-054 Student Newsletter November2024.pdf

RQ25-055 Safeguarding Posters BCOM ESO (003) (1).pdf

RQ25-056 UCM survey.pdf

RQ25-057 ESO-BNU FitnessToPractisePolicy\_.pdf

RQ25-058 Mins Academic Board Committee Nov24 Redacted.pdf

RQ25-059 BCNO4002 MOst Module Guide 2024-25 (2).pdf

RQ25-060 Professional Practise Handbook.pdf

RQ25-061 Dignity at Work Policy.pdf

RQ25-062 Anti-bullying-policy.pdf

**RQ25-063 StudentCodeOfConductAndDisciplinaryProcedure-1.pdf**

**RQ25-064 Student-sexual-violence-misconduct.pdf**

**RQ25-065 Whistle-blowing-Policy.pdf**

**RQ25-066a Student-Tutor Feedback London.pdf**

**RQ25-066b Student- Tutor Feedback Kent.pdf**

**RQ25-067 Clinic Peer Teaching Observation 24 (003).pdf**

**RQ25-068 Clinic Tutor Induction.pdf**

**RQ25-069 Clinic Team Meeting Agenda.docx**

**RQ25-070 Personal Tutor Policy.pdf**

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| RQ25-071 BCNO Student Welfare Leaflet.pdf                                              |
| RQ25-072 Student Newsletter.pdf                                                        |
| RQ25-073 External Examiner Report and Response S Buss 2023-24.docx                     |
| RQ25-074 External Examiner Report & Response M Hayes 2023-24.docx                      |
| RQ25-075a BNU External examiner Report 2023-24.pdf                                     |
| RQ25-076 BCNO Safeguarding Presentation.pdf                                            |
| RQ25-077 Attendance Registers- redacted.xlsx                                           |
| RQ25-078 PEG Chair Email.pdf                                                           |
| RQ25-079 BCNO Prevent Risk Register and Action Plan.pdf                                |
| RQ25-080 BCNO Prevent Return 2024.xlsx                                                 |
| RQ25-081a HA_Assistance Programme leaflet.pdf                                          |
| RQ25-081b HA_Wellbeing Poster.pdf                                                      |
| RQ25-082 Stress Management Policy_BMG&HS Draft.pdf                                     |
| RQ25-083 Faculty Engagement Agenda for meeting on 24 September 2024.docx               |
| RQ25-084 S Student Engagement ENDA FOR MEETING ON 19 FEBRUARY 2024 - BNU STUDENTS.docx |
| RQ25-084 Student Engagement agenda for meeting on 10 October 2024.docx                 |
| RQ25-085 20240919PEGFinalAgenda.docx                                                   |
| RQ25-086 SIWAC Extract from Minutes.pdf                                                |
| RQ25-087 Reasonable Adjustment Policy.pdf                                              |
| RQ25-088 BNU Exam Board 2022-23.pdf                                                    |
| RQ25-089a Personal Tutor report redacted example 1.pdf                                 |
| RQ25-089b Personal Tutor report redacted example 2.pdf                                 |
| RQ25-090 Personal Tutor handbook 2024-25.pdf                                           |
| RQ25-091 Study skills presentation 2024.pptx                                           |
| RQ25-092 Anatomy Workbook The regions of the spine.pdf                                 |
| RQ25-093 Anatomy Workbook The thorax.pdf                                               |
| RQ25-094 Anatomy Workbook Introduction to the spine.pdf                                |
| RQ25-095 Anatomy Workbook The abdomen and pelvis.pdf                                   |
| RQ25-096 Anatomy Workbook The thoracic contents.pdf                                    |
| RQ25-097 Updated Study Skills Handbook.pdf                                             |
| RQ25-098 Pre-Clinic Course Time-Table 2024.docx                                        |
| RQ25-099 Clinic tutorials BCOM 24-25.doc                                               |
| RQ25-100 CLINIC TUORIALS.doc                                                           |
| RQ25-101 Year 1 BCNO4002 Portfolio Notebook.docx                                       |
| RQ25-102 Year 2 Portfolio and Reflective Log.docx                                      |
| RQ25-103 Year 3 Portfolio and Reflective Log.docx                                      |
| RQ25-104 Year 4 Portfolio and Reflective Log.docx                                      |
| RQ25-105 MOST7004 Audit Example.pdf                                                    |
| RQ25-106 UoP ADPC form.docx                                                            |
| RQ25-107 UoP Approval process.doc                                                      |

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| RQ25-108 UoP External Advisor Nomination Form_Approvals_24-25.docx                       |
| RQ25-109 UoP External Examiner nomination form.docx                                      |
| RQ25-110 ACTION PLAN 24-25 EE response.pdf                                               |
| RQ25-111 Main Poster - Silver Sunday (1).pdf                                             |
| RQ25-112 Site Visit Report - BCNO (1).docx                                               |
| RQ25-113 VLE Audit.xlsx                                                                  |
| RQ25-114 Health Questionnaire (Preview) 2024.pdf                                         |
| RQ25-115 Example Student Risk Assessment Redacted.pdf                                    |
| RQ25-116 Re-enrolment Form 2024 v2.pdf                                                   |
| RQ25-117 BCNO5007 M0st Module Handbook 24-25.docx                                        |
| RQ25-118 MOST7007 Module Handbook 2024-25.pdf                                            |
| RQ25-119 BNUESOHandbook24-25_VLECopy(2).pdf                                              |
| RQ25-120 UoP Partner Student Institution Handbook BCNO 2024-25_ - BCOM teach out (2).pdf |
| RQ25-121 UoP PartnerStudentInstitutionHandbookBCNO 2024-25_BCOMESO(2).pdf                |
| RQ25-122 BSc Communication Weekly.pdf                                                    |
| RQ25-123 BNU Year 4 Drop in for writing support.pdf                                      |
| RQ25-124 Year 1 Workshops.pdf                                                            |
| RQ25-125 Mini Cex Level 6_CEx_Clinical (1).pdf                                           |
| RQ25-126 Attendance & Engagement Policy.pdf                                              |
| RQ25-127 Email Attendance Redacted.pdf                                                   |
| RQ25-128 SIWAC Agenda for 1st October 2024 meeting.docx                                  |
| RQ25-129 Faculty development day lecture-Practical assessments.pptx                      |
| RQ25-130 MOST7004 Audit-Form.docx                                                        |
| RQ25-131 OS746 Assessment Brief.pdf                                                      |
| RQ25-132 Student Rep Training_2024-25.pdf                                                |
| RQ25-133 Student Rep ThankYouLtr_Redacted.pdf                                            |
| RQ25-134 NSS comparisons (003).docx                                                      |
| RQ25-135 Module Feedback Report.docx                                                     |
| RQ25-136 Students perception questionnaire.docx                                          |
| RQ25-137 ACTION PLAN 24-25.pdf                                                           |
| RQ25-138 Joint Board of Studies Minutes 2024_Redacted.pdf                                |
| RQ25-139 Portfolio Focus Group Questions 24.docx                                         |
| RQ25-140 Portfolio Focus group Summary July 2024.docx                                    |
| RQ25-141 Patient Case History Sheets.pdf                                                 |
| RQ25-142 Clinical Integration Presentation.pdf                                           |
| RQ25-143 CCA Presentation.pptx                                                           |
| RQ25-144 Patient Mapping Kent Redacted.xlsx                                              |
| RQ25-145 Patient Mapping London Redacted.xlsx                                            |
| RQ25-146 Poster_BCOM_Sports Clinic_.pdf                                                  |
| RQ25-147 Flyer Mock Exams_2024 (2).pdf                                                   |

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| RQ25-148 Applied Clinical Medicine Template.doc                          |
| RQ25-149 Applied Clinical Medicine Example.pdf                           |
| RQ25-150 Learning & Development Policy.pdf                               |
| RQ25-151 Learning & Development Funding Contract.docx                    |
| RQ25-152 HR Code of Conduct Policy.pdf                                   |
| RQ25-153 BCNO Organisational Chart.pptx                                  |
| RQ25-154 BCOM Patient Feedback Poster.pdf                                |
| RQ25-155 ESO Patient Feedback Poster.pdf                                 |
| RQ25-156 UoP Support_for_Study_Policy_.pdf                               |
| RQ25-157 BNU Support to Study Procedure_ Jul_2023.pdf                    |
| RQ25-158 NHS Advice 0523-shoulder-pain.pdf                               |
| RQ25-159 Student Progress- Results- Feedback redacted.xlsx               |
| RQ25-160 Tutor feedback from student eg 1 - redacted.pdf                 |
| RQ25-161 Tutor feedback from student eg 2- redacted.pdf                  |
| RQ25-162 Tutor feedback from student eg 3- redacted.pdf                  |
| RQ25-163 Tutor feedback from student eg 4- redacted.pdf                  |
| RQ25-164 SEG MEETING UoP Redacted.pdf                                    |
| RQ25-165 SEG MEETING BNU Redacted.pdf                                    |
| RQ25-166 Peer observation of teaching example 1 -redacted.pdf            |
| RQ25-167 Peer observation of teaching example 2 redacted.pdf             |
| RQ25-168 Peer observation of teaching example 3 redacted_v1_Redacted.pdf |
| RQ25-169 Peer observation teaching example 4 redacted.pdf                |
| RQ25-170 BNU Annual report 2022-23.pdf                                   |
| RQ25-171 BNU Annual Report 2023-24.pdf                                   |
| RQ25-172 UoP Annual Report 2022-23.docx                                  |
| RQ25-173 UoP Annual Report 2023-24.docx                                  |
| RQ25-174 HoD Action Plan example.pdf                                     |
| RQ25-175 Student response rate.pdf                                       |
| RQ25-176 WiP_BCNO Policy Register (2).xlsx                               |
| RQ25-177 Complaints Themes 2023-24.pdf                                   |
| RQ25-178 BSc(Hons) Osteopathic medicine presentation.pdf                 |
| RQ25-179 BSc(Hons) Osteopathic medicine financial modelling.xlsx         |
| RQ25-180 SPP.pdf                                                         |
| RQ25-181 SIWAG minutes May 2024.pdf                                      |
| RQ25-182 SIWAG minutes Oct 2024.pdf                                      |
| RQ25-183 Example of email to student re attendance -redacted.pdf         |
| RQ25-184 Student numbers 5.01.25.pdf                                     |
| RQ25-185 Proposed Student feedback 2024-25 Semester 1 Year 1.pdf         |
| RQ25-186 -Proposed Student feedback 2024-25 Semester 1 M.Ost Year 2.pdf  |
| RQ25-187 -Proposed Student feedback 2024-25 Semester 1 BSc Year 2.pdf    |

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RQ25-188a Example of Guest lectures LGBTQ+ and Healthcare.pdf

RQ25-188b Example of Guest lectures Skills & CV.pdf

RQ25-188c Example of Guest lectures- Telehealth.pdf

RQ25-188d Example of Guest lectures - NHS careers.pdf

RQ25-188e Example of Guest lectures-Osteopathic Communities.pdf

RQ25-188f Example of Guest lectures-Pain management.pdf

RQ25-189 Career Day 2024-25.png

RQ25-190 Example of Completed clinic Portfolio year 1- Redacted.pdf

RQ25-191 Example of Completed clinic Portfolio year 2- Redacted.pdf

RQ25-192 Example of Completed clinic Portfolio year 3- Redacted.pdf

RQ25-193 Joint Board of Studies Minutes 2022-23 - Redacted.pdf

RQ25-194 BNU periodic review.pdf

RQ25-195 Disability leaflet.pdf

RQ25-196 Institutional Risk Register October 2024.xlsx

RQ25-197 indicative timetable for BSc Hons Ost Med.xlsx

RQ25-198 Recruitment policy.pdf

RQ25-199 New starter induction checklist.docx

RQ25-200 Induction Clinic Tutors.docx

RQ25-201 Induction H&S.docx

RQ25-202 Faculty Qualifications.xlsx

RQ25-203 FTP response.pdf

RQ25-204 Research Ethics Policy.pdf

RQ25-205 REC Application Template.docx

RQ25-206 REC Membership.docx

RQ25-75b BNU External Examiner ESO Response 2024.pdf

Sale of Boxley House report to FSC Aug 2024.docx

Strictly Confidential HR Board update.pptx

StudentFees-Undergrad 2024-25.xlsx

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