

Policy and Education Committee

Public Meeting

Tue 10 June 2025, 10:00 - 13:05

Osteopathy House, 176 Tower Bridge Road, SE1 3LU

Members are kindly reminded to declare any conflicts of interest against agenda items.

Agenda

10:00 - 10:05

1. Welcome and apologies

5 min

Information Patricia McClure

Public Agenda - June 2025 - FINAL.pdf (2 pages)

10:05 - 10:10

2. Minutes and matters arising from the meeting on 6 March 2025

5 min

Decision Patricia McClure

For approval

Public Item 2 - Policy and Education March 2025 Public Minutes - Unconfirmed - FINAL.pdf (17 pages)

10:10 - 10:30

3. CPD consultation analysis

20 min

Decision Steven Bettles

For decision

Public Item 3 - CPD Consultation - FINAL.pdf (21 pages)

Public Item 3 - Annex A - CPD Consultation Report - DRAFT.pdf (47 pages)

Public Item 3 - Annex B - Table of responses to the consultation - DRAFT.pdf (9 pages)

10:30 - 10:50

4. Standards Queries and OPS review call for feedback

20 min

Decision Steven Bettles

For decision

Public item 4 - OPS queries and OPS review call for feedback - FINAL.pdf (8 pages)

10:50 - 11:10

5. Quality Assurance

20 min

Decision Steven Bettles

For decision

Public Item 5 - Quality Assurance - annual report (reserved) - FINAL.pdf (3 pages)

Public Item 5 - Annex A - Updated GOsC Annual Report Submission 2023-24 - blank template - FINAL.pdf (18 pages)

Public Item 5 - Annex B - Draft Annual Report Analysis - blank template 2024-25 - FINAL.pdf (8 pages)

11:10 - 11:25

6. Apprenticeship Standard

15 min

Decision Fiona Browne

For decision

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- Public Item 6 - Apprenticeships - FINAL.pdf (5 pages)
- Public Item 6 - Annex A - ST1462 Osteopath - Draft Standard as at 20250523 - FINAL.pdf (5 pages)
- Public Item 6 - Annex B - Mapping to the Graduate Outcomes of the Osteopath Duties KSBs Behaviours - FINAL.pdf (20 pages)

11:25 - 11:35 **Break**
10 min

11:35 - 11:50 **7. BCNO Group - Initial Recognition of new RG (reserved)**
15 min

Decision Steven Bettles

For decision

- Public Item 7 - BCNO Group Recognised Qualification.pdf (15 pages)
- Public item 7 - Annex B - BCNO Group_RQ_Report_Final.pdf (64 pages)

11:50 - 12:05 **8. Swansea University - Renewal or continued recognition of RQ (reserved)**
15 min

Decision Steven Bettles

for decision

- Public Item 8 - Swansea University - Recognised Qualification - FINAL.pdf (9 pages)
- Public item 8 - Annex B - Swansea_RQ_Final Report_For_Issue - FINAL.pdf (74 pages)
- Public item 8 - Annex C - Swansea General Conditions action plan - FINAL.pdf (5 pages)

12:05 - 12:20 **9. Marjon - Renewal of Marjon RQ**
15 min

Decision Steven Bettles

For decision

- Public Item 9 - Marjon - Recognised Qualification.pdf (16 pages)
- Public item 9- Annex B - Plymouth Marjon_RQ_Final_Report.pdf (68 pages)
- Public item 9 - Annex C Marjon action plan example.pdf (12 pages)

12:20 - 12:35 **10. Exploring recognition pathways between UK and New Zealand**
15 min

Discussion Matthew Redford

For discussion

- Public Item 10 - Exploring recognition pathways between the UK and New Zealand - FINAL.pdf (11 pages)

12:35 - 12:45 **11. Policy and Education Committee Annual Report**
10 min

Decision Fiona Browne

For decision

- Public Item 11 - PEC Annual Report 2024-25 - FINAL.pdf (11 pages)

12:45 - 13:05 **12. Updates from Observers**
20 min

Information Patricia McClure

For noting

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13:05 - 13:05
0 min

13. Any Other Business

*Discussion**Patricia McClure*

13:05 - 13:05
0 min

14. Date of next meeting 22 October 2025

*Information**Patricia McClure*

For the stakeholder observers to provide updates



The 30th meeting¹ of the Policy and Education Committee to be held in public on Tuesday 10 June 2025 commencing at 10:00. Lunch will be available at the end of the meeting. The meeting will be hosted by the General Osteopathic Council in the Council Chamber, Osteopathy House, 176 Tower Bridge Road, London, SE1 3LU.

Agenda

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|-----|--|----------------|----------------|
| 1. | Welcome and apologies | | 10:00 to 10:05 |
| 2. | Minutes and matters arising from the meeting on 6 March 2025 | For approval | 10:05 to 10:10 |
| 3. | CPD consultation analysis | For decision | 10:10 to 10:30 |
| 4. | Standards Queries and OPS review call for feedback | For decision | 10:30 to 10:50 |
| 5. | Quality Assurance | For decision | 10:50 to 11:10 |
| 6. | Apprenticeship Standard | For decision | 11:10 to 11:25 |
| | BREAK | | 11:25 to 11:35 |
| 7. | BCNO Group – Initial Recognition of new RQ (reserved) | For decision | 11:35 to 11:50 |
| 8. | Swansea University – Renewal or continued recognition of RQ (reserved) | For decision | 11:50 to 12:05 |
| 9. | Marjon – Renewal of Marjon RQ | For decision | 12:05 to 12:20 |
| 10. | Exploring recognition pathways between the UK and New Zealand | For discussion | 12:20 to 12:35 |
| 11. | Policy and Education Committee Annual Report | For decision | 12:35 to 12:45 |
| 12. | Updates from Observers | For noting | 12:45 to 13:05 |
| | <ul style="list-style-type: none">• COEI• iO• OA | | |

¹ This is also the 110th meeting of the Education Committee

- NCOR

13. Any other business

14. Date of next meeting 22 October 2025

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Policy and Education Committee

Minutes of the Policy and Education Committee held in public on Thursday 6 March 2025, at Osteopathy House, 176 Tower Bridge Road SE1 3LU and Go-to-Meeting online video conference.

Unconfirmed

Chair: Professor Patricia McClure (Council, Lay)

Present: Gabrielle Anderson (Council Associate) [Online]
Dr Daniel Bailey (Council, Registrant)
Dr Marvelle Brown (Independent, Lay)
Bob Davies (Independent, Registrant) [online]
Gill Edelman (Council, Lay)
Simeon London (Council, Registrant)
Professor Raymond Playford (Independent, Lay) [online]
Laura Turner (Council Associate)
Nick Woodhead (Independent, Registrant)

Observer: Debra Towse (Council, Lay Wales from 01 April 2025)

Observers with Speaking Rights:

Fiona Hamilton (alternate for Sharon Potter), Council of
Osteopathic Educational Institutions
Santosh Jassal, Secretary to the Osteopathic Alliance, [online]
Dr Jerry Draper-Rodi, National Council for Osteopathic
Research [online]
Maurice Cheng, Chief executive of Institute of Osteopathy.
[online]
Sally Gosling, Institute of Osteopathy (item 8) **[joined online
1524]**

In attendance: Steven Bettles, Head of Education and Policy
Fiona Browne, Director, Education, Standards and Development
Rachel Heatley, Senior Research and Policy Officer [online]
Jo Clift, Chair of Council (Chair of Council, Observer) [online]
Nerissa Allen, Executive Assistant to the Chief
Executive and Registrar
Lorna Coe, Governance Manager
Will Shilton, Mott MacDonald (QA provider)
Hannah Warwick, Mott MacDonald (QA provider)
Liz Niman, Head of Communications, Engagement and Insight

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Banye Kanon, Senior Quality Assurance Officer
 Darren Pullinger, Head of Resources and Assurance
 Matthew Redford, Chief Executive and Registrar [online]
 Paul Stern, Senior Research and Policy Officer
 Jess Davies, Senior Engagement Officer: Content and Diversity
 Lead (item 6)

Observers with No Speaking Rights:

Dr Gill Jones, Chair, Institute of Osteopathy Policy and Standards
 Committee [online]
 Jane Easty, Representative of the Sutherland Cranial College
 [online]

Item 1: Welcome and apologies

1. The Chair welcomed all to the meeting. Special welcomes were extended to:
 - Dr Gill Jones, Lay Chair, Institute of Osteopathy Policy and Standards committee.
 - Jane Easty, Representative of the Sutherland Cranial College.
2. Apologies were received from:
 - Dr Stacey Clift, Head of Research and Data Insight.

Item 2: Minutes and Matters arising.

3. The minutes of the meeting of October 2024 were agreed as an accurate record of the meeting.
4. The following decisions made electronically since the last committee meeting were to be formally recorded at the meeting of 6 March 2025:
 - a. UCO School of Osteopathy, Health Sciences University Visitor decision:

To note the update about the merger.

To agree the draft updated review specification at the annex.

To agree the appointment of Ana Molares Bargiela, Dr Brian McKenna and Sandra Stephenson as Visitors for the review of changes to delivery to UCO's following programmes:

- *Bachelor of Osteopathy (BOst)*
- *Integrated Masters of Osteopathy (MOst)*
- *MSc Osteopathy (Pre-Registration) (MScPR)*

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b. BCNO Group Visit decisions:

To agree that the visit on 18-20 February will go ahead, focused solely on the proposed new three-year programme to be delivered at BCNO's Maidstone campus. The visitors will not need to visit the London campus at this visit.

To note that we will put into place plans to review the existing BCNO programmes later this year and will report to the Committee with an RQ specification and visitors for approval in due course.

Item 3: Artificial Intelligence and implications for osteopathic regulation:

5. Paul Stern, Senior Research and Policy Officer introduced the item which was a continuation and update on the work being conducted in AI. The key messages were:
 - a. Developments in AI were continuing at a rapid pace and GOsC had been engaging with education providers, osteopaths and other stakeholders to gather information about how AI was being used in osteopathic practice and education.
 - b. GOsC had also met with other regulators to consider their work in this area and to understand the potential for joint approaches e.g. a joint statement.
 - c. Both osteopaths and osteopathic education providers were clear that they did not want GOsC to create any new regulatory requirements and to focus any statement on osteopathic practice first.
 - d. Therefore, the proposal was for a statement centred around osteopaths' responsibilities when using AI, aligned with what was set out in the Osteopathic Practice Standards.
 - e. Committee members' views and thoughts were invited on the proposal and draft statement as set out at Annex C.
 - f. Inter regulatory work has been undertaken to share insights to understand what they were doing and have been considering a possible joint approach given many issues will be the same. GOSC had chaired an inter-regulatory group on AI in healthcare education and profession.
 - g. Findings from the discussions showed:
 - Students have been using AI in studies and educators had taken different approaches to it. Generally, educators were worried about the

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creation of policies that might stifle innovation or create tensions with existing policies they have regarding academic integrity.

- The small group of osteopaths GOsC had spoken to have been using AI in administrative tasks not clinical decisions. They viewed AI positively for note taking and it helped with patient communication, sharing notes with patients to reduce potential misunderstandings. Some were less positive and concerned about the impact on a patient centred approach to consultation.
 - AI cannot replace hands on osteopathy and there was a risk of deskilling. Key thinking skills remained important. The practitioners must remain responsible for clinical decisions taken when using AI.
- h. The suggested statement linked with the osteopathic standards of practice as wanted to make it clear AI did not replace key osteopathic skills and strikes balance in championing innovation and public protection.
- i. The proposed next steps were:
- to consider and further develop a proposal to explore current and future use of AI in osteopathic practice to inform the approach to ensuring patient safety and public confidence.
 - to agree to consult on the Draft Artificial Intelligence in Osteopathic Practice Statement.
 - to continue to work with educators and other stakeholders to further explore a statement on AI in osteopathic education.
 - to continue to engage with other regulators and the Professional Standards Authority to ensure an aligned approach on AI in health profession regulation.
6. In discussion the following points were raised and discussed:
- a. The Committee commented that the approach was well informed and was a balanced, rather than prescriptive, response to the development of AI.
- b. Committee felt that, from a governance perspective, the main risks had been identified i.e. accountability, confidentiality and being sensitive to inequalities of the adoption of AI.
- c. It was suggested that in the draft specifically paragraph 2, Line 3 there might be a missing word.
- d. It was suggested in paragraph 4 the phrase 'hold the ring' may be replaced with a more universally interpreted word.

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- e. Committee noted that as the statement was advising osteopaths they must have appropriate insurance coverage if using AI, it would be prudent that GOsC were certain the insurers were across this before issuing.

It was advised that GOsC had met with the insurers around AI and will continue to engage with them to ensure understanding.

It was advised that the Insurers had told them that few people were raising AI as an issue and generally insurers were quite relaxed as osteopaths were using it to inform their thinking similar to how they used Google, therefore the same principles applied in terms of using professional knowledge.

- f. The National Council for Osteopathic Research representative wondered whether there were expectations that osteopaths register with the ICO and if that should be included in the statement. Even if a registrant had handwritten notes but used AI to write a letter to a GP, for example, they should be registered.

It was confirmed that there were requirements in the standards about the maintenance of records and compliance with legislation but would consider further how the use of AI might change requirements of the data controller.

- g. It was suggested that the statement be made clearer what was meant by regulators to ensure no confusion.

The executive explained that there were some clinical diagnostic tools that were regulated by MHRA. Osteopaths were not using them at present but if they started to then they were signposted to MHRA.

- h. The Council of Osteopathic Educational Institutions representative commented that it was good to see the statement did not add requirements rather it provided an explanation but suggested a flowchart may be a helpful addition for the neurodiverse.

The executive agreed to look at other ways to present the information.

- i. The Committee asked what the general sense of interest was across the profession and if osteopaths were willing to embrace AI or feared it.

It was advised there was a mixture. Those who used Heidi AI (transcription software) said it saved lots of time and that they had looked at what it does with information and how it stores patient information.

- j. It was pointed out that the executive was not advocating for any particular AI tool.

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- k. Moreover, the statement was not saying osteopaths had to use AI – it was providing guidance on what to think about if they were considering it and making it clear that it did not replace accountability or human touch.
- l. There were risks around hallucinations (where AI could make up responses where it did not know the answer) so professional knowledge and critical thinking skills were still needed.
- m. Moving forward different stakeholders would be engaged to consider and finesse the statement with a view to reporting back to PEC in June.
- n. Committee asked what other research had been done– around broader understanding of how AI was being used in practice and understanding osteopaths' confidence and thinking about how they might use it.

It was confirmed that research was being done at GMC.

- o. Committee pointed out that there was a risk for osteopaths who used AI for advertising on social media, for example, whose understanding could be outpaced by the speed at which things were progressing and noted the importance of accountability, suggesting that training courses on how to use AI for practitioners could be helpful.

The executive suggested that case studies in the statement could support that.

- p. The Council of Osteopathic Educational Institutions representative commented that there were some osteopaths using AI who did not realise they were and noted the gap between those interested and knew about AI and others who only tinkled around the edges which a survey might not tease out.
- q. A recent NCOR survey of just over 10% of the osteopathic profession suggested there was a significant number still using paper notes for patients so not sure if there would be sufficient numbers of those already using AI to survey.
- r. The Osteopathic Alliance representative suggested there could be osteopaths who were using AI tools without fully understanding the risks and suggested a quick survey of those who had already been spoken to, to ask what could make the draft statement more meaningful.

There were also assumptions that those using the tool were more aware of the risks and liabilities and suggested GOSC check that this was the case and to ensure the statement captured those points also.

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The executive advised that the focus group were asked if they had considered things such as patient confidentiality, how they included that in their privacy notice, where the data was stored, how AI was used etc.

In terms of publication Q&As were also being considered.

- s. Committee suggested that June was potentially too far away given the speed AI was moving. For example, Google AI came up before anything else so osteopaths needed to be aware of where they were getting the information. Even a statement of where information came from and who regulated that information would be useful.

The executive agreed that interim guidance could be issued to osteopaths noting that GOsC continued to consult on and update it, similar to the interim guidance issued during the pandemic.

Considered: Committee considered the feedback received to date from stakeholders.

Feedback: Committee provided feedback on the Draft Artificial Intelligence in osteopathic practice statement and requested that some interim guidance be issued as soon as possible in the meantime.

Agreed: Committee agreed the approach to next steps:

- **To consider and further develop a proposal to explore current and future use of AI in osteopathic practice to inform the approach to ensuring patient safety and public confidence.**
- **To agree to publish the interim Draft Artificial Intelligence in Osteopathic Practice Statement and to continue to obtain feedback on the statement.**
- **To continue to work with educators and other stakeholders to further explore a statement on AI in osteopathic education.**
- **To continue to engage with other regulators and the Professional Standards Authority to ensure an aligned approach on AI in health professional regulation.**

Item 4: Transition into Practice and next steps

The Senior Research and Policy Officer introduced the item which covered the next phase of research that had been conducted looking at enablers and barriers for successful transition to practice and explored further some of the issues that had arisen.

- a. Rachel Heatley, Senior Research and Policy Officer, Matthew Rogers and Sally Gosling of the iO presented at the Osteopathic Development Group on the research findings and it was clear that there was a need to explore the appetite for collaboration as well as enable individual stakeholders to air their concerns.
 - b. GOsC and the iO have been meeting stakeholders since January who initially shared their concerns but the continued conversations were productive for two reasons:
 - i. there were some pockets of good practice happening across all aspects of the sector and there was a desire to know where it existed.
 - ii. Many had not spoken to GOsC before so there was a real diversity of thought that emerged and colleagues were very kind in sharing thoughts on what should be on the agenda, structure and aim of it.
 - c. Common themes were some first-time graduates may need additional support with business skills and perhaps mentorship from alumni could be a helpful route.
8. The key messages and following points were highlighted:
- a. Transition into practice was important for osteopaths and patients in terms of quality of care and also recruitment and retention. A successful transition into the workplace with good support networks and communities were more likely to be conducive to high quality osteopathic care, resilience and good health and wellbeing, reducing professional isolation.
 - b. GOsC research showed that there were enablers that were predictive of a positive transition into practice and barriers predictive of a less successful transition into practice and ongoing professional development. In addition, previously commissioned GOsC research on preparedness to practise by Professor Della Freeth and the work undertaken by the Institute of Osteopathy on preceptorship had informed the further development of this work.
 - c. The paper updated on the collaborative actions as GOsC worked with stakeholders to identify next steps. In particular, in order to bring stakeholders together to collaborate on the next steps, GOsC had developed principles for collaboration and undertaken significant additional engagement to co-produce an agenda for next steps.
 - d. The paper was coming to the Policy and Education Committee to enable members to reflect on the work undertaken to date and to reflect on any gaps.
9. In discussion, the following points were made and responded to:
- a. The Chair commended Rachel Heatley on the work done in this area.

- b. Committee noted that it was a very thorough approach and commended the level of work completed. It was suggested there may be a potential synergy with this and the trends in registrants coming off the register which could provide some insight to questions or unknown issues.

Considered: Committee considered and provided feedback on the progress of the transition into practice project.

Agreed: Committee agreed the approach to next steps which were further one to one meetings with stakeholders and to hold a joint workshop with the Institute of Osteopathy for stakeholders.

Item 5: Health and Disability Guidance

10. The Head of Education and Policy introduced the item which was an update to the current guidance for students and educational institutions. It was reported to the PEC a year ago but the executive has been responding to feedback from students who wanted an easy read overview.
11. The key messages and following points were highlighted:
 - a. The paper reported on the results of the consultation on the updated guidance (Annex A):
 - Studying osteopathy with a disability or health conditions: guidance for applicants and students
 - Students with a disability or health condition: Guidance for Osteopathic Educational Providers
 - Easy Read versions of each.
 - b. Post consultation changes were shown in red in the annexes B and C.
 - c. Agreement was sought from the Committee to recommend the updated guidance to Council for publication.
12. In discussion, the following points were made and responded to:
 - a. The executive had been thinking how to publish, implement and develop the resources around the guidance and use that as an opportunity to attract more case studies. Committee suggested adding in the video clips would be helpful to draw attention to it.
 - b. Committee commented that the approach was good but considered the easy read version was geared more to an individual with a learning or communication disability and some individuals could find it patronising.

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It was suggested that explaining why the document had been produced could be helpful and noted that all GOsC documents should have an easy read version.

The executive agreed that would be taken on board.

- c. Committee questioned whether it was clear that individuals were supported to share with others the fact they had a disability noting that the support could only be put in place if it were known an individual had a disability.

The executive agreed to make it more explicit but without suggesting it was mandatory.

- d. In relation to the easy read document, the Committee discussed the section 'what osteopathy is' and wondered if in making the explanation accessible, it did not sound distinctive from other health professions and whether it risked irritating osteopaths who were keen that people understood their expertise that differentiated them from other healthcare professions.
- e. It was also agreed that there needed to be consistency in how the profession was described in the easy read documentation.
- f. The Secretary to the Osteopathic Alliance commented that the language and the imagery in the easy ready guidance where either the institution, the student or both opt for the student not being suitable for their training was overly negative, with one saying 'we have done everything we can' and asked for more positive text and images to be considered to offer a more supportive approach.

The executive agreed they would review the easy reads and revert.

Considered: Committee considered the outcome of the consultation on updated guidance:

- **Studying osteopathy with a disability or health conditions: guidance for applicants and students**
- **Students with a disability or health condition: Guidance for Osteopathic Educational Providers**
- **Easy Read versions of each**

Noted: Committee noted the publication and implementation plans and the updated Equality Impact Assessment.

Committee requested that the updated guidance documents be amended before recommending publication to Council.

BREAK 1449 - 1654

Item 6: Student Pilot Forum

13. The Senior Engagement Officer: Content and Diversity Lead, introduced the item which was to consider the purpose and approach to piloting the GOsC's first student forum. The key points were:

- a. Following discussion with students and others the proposal was for a student forum (similar to the Patient Forum model) to gather student views on the work of the GOsC to inform thinking and decision making, and to ensure the student voice was captured throughout GOsC's work as regulator and as part of the evidence base. Proposed topics that students would be engaging on have been proposed.
- b. The forum would be evaluated initially after a year (4 meetings in one year) and assuming it continued once it was established a more robust evaluation would be done in a few years' time using a similar method to the patient forum.
- c. It would be a small group of students and GOsC would use their feedback as a broader strategic approach to student engagement over the next 2 years.
- d. This would support the DJS work by increasing knowledge of the role and showing them that GOsC was approachable and not to be feared.

14. Questions were suggested for the Committee to consider:

- Engagement with students in GOsC work was low. Does the proposed purpose and approach outlined in the paper seem appropriate to increase engagement with students?
- What gaps are present in our thinking?
- Does the proposed approach align with GOsC values of being collaborative, influential, respectful and evidence informed?
- Any other comments?
- Is the Committee content for the pilot to be launched?

15. The following points were made and responded to in the discussion:

- a. The Chair of the Committee commented that this was an excellent forum to initiate as students were key to the future of the profession and it was useful for developing student leadership skills.

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- b. The question was raised in terms of ensuring all institutions were engaged and whether there would be one representative from each institution or if it were left open for the pilot.

The Senior Engagement Officer advised that ideally there would be however it had been decided to leave it open for the pilot, so that no barriers were put in the way.

- c. The question was asked why GOsC decided not to 'piggy back' on the iO student forum which had a ready-made audience and therefore give the organisation extra work to find new students.

The Senior Engagement Officer advised that the two forums had different purposes. That of the iO was part of their governance structure that allowed students to bring their own topics, concerns and queries to the meetings to help the iO in its duties to promote the profession.

GOsC's aim was to build direct relations with students and have a forum to focus on GOsC's work, demonstrate the desire to engage with students and give more control to the forum on what to discuss.

- d. The Head of Comms added that from the Perceptions Research, it was clear that GOsC had work to do on building relationships with students, so opening that direct dialogue was important to the response.
- e. It was noted that to ensure the most was gained from this forum, it was important that students had trust in the confidentiality of it and therefore keeping a distinction between GOsC and iO was key to them being open. Once established, the two forums could consider doing some joint work.
- f. In response the Senior Engagement Officer agreed and noted that GOsC intended to have a charter, similar to that of the patient forum, which set expectations and made it clear that the meetings were confidential.

Moreover, the primary focus of the student forum was topic specific to gain student views on those and not a forum to raise concerns about their experience.

- g. It was noted that the key point was that the Forum was purposeful and a student would want to know that their contribution would add value to the profession by providing Council and PEC with a better understanding of a key stakeholder. It was suggested that this be brought out more as well as the benefits to them in terms of helping shape their careers and broaden horizons.

The Senior Engagement Officer advised that those points would be emphasised to students when encouraging them to join and the forum will

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close the feedback link so they know when their views have informed decisions at Council.

- h. NCOR opined that the forum had two functions, the first being a consultation with students where a small group would be useful. The other purpose, to improve students' understanding of what GOsC did and increasing their trust in GOsC, would be more challenging with small numbers relying on the trickle-down effect with them informing their peers and asked how GOsC would assess and test those.

The Head of Comms agreed these were good points but GOsC needed to start somewhere and those points could be discussed with the forum and form part of the evaluation.

- i. The Council of Osteopathic Educational Institutions asked how far in advance topics would be advised to help institutions to match up interested parties and whether substitutions would be acceptable.

The intention of the pilot was that whoever wanted to join could do so and then membership would adjust from there rather than only one student per institution. Students would be more than welcome to attend if there was a specific topic in which they were interested.

Considered: Committee considered and discussed the approach to establishing a Student Forum pilot.

Agreed: Committee agreed to launch the student forum pilot.

Item 7: London School of Osteopath – Recognition of RQ (reserved)

Fiona Hamilton, the COEI representative was asked to leave the room and not take part in this discussion.

The Director of Education, Policy and Standards declared that she had discussed the LSO response and supported LSO to make that response to the Visitors and offered to leave the room as needed.

Committee decided it was not necessary as they would not be taking part in the decision.

- 16. The Head of Policy and Education advised that the visit took place in October and a summary of the visit was in the paper and development of the report followed usual timelines. There were a number of recommendations and more than was typical albeit some were factual inaccuracies. GOsC supported the institution to respond to the recommendations which was no more than GOsC would do for any other institution.

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17. Two key conditions were recommended by visitors and have subsequently been supplied by the institution and GOsC has seen them and recommended that the committee considered whether they had been met:
 - a. A fully agreed and signed academic agreement (validation agreement).
 - b. College must make available the updated strategic plan to last until 2026 as dated in the risk register to provide assurance of sustainability of the college.
18. Mott MacDonald added that the visitors were able to speak to a range of people and observed very loyal staff and students. The number of recommendations was more than was typical but they did feel it was a fair reflection of what they had seen and covered where the institution could build on existing strengths or improve on areas that were identified for development.
19. In discussion, the following points were made and responded to:
 - a. Committee clarified that if it agreed these conditions had been met only the general conditions would appear in the published action plan.
 - b. Committee asked, if having not been privy to the strategic plan, whether the executive could assure the Committee that it did provide the assurance of ongoing sustainability of the college.
 - c. The executive advised that it was a plan up to June 2024 that had forward looking updates and as far as was possible with a strategic plan, it was confirmed that it showed ongoing sustainability.

Agreed: Committee agreed to publish the LSO RQ Visitor report which provided evidence to continue the recognition of the Masters in Osteopathic Medicine (M.Ost) and the Bachelor of Osteopathic Medicine (BOst) awarded by The London School of Osteopathy with no conditions and no expiry date.

Agreed: Committee agreed that the published action plan should be updated as outlined in paragraph 23 with the relevant requirements.

Agreed: Committee agreed to request an update from the London School of Osteopathy on its negotiations to renew its academic agreement with Anglia Ruskin University, to be reported to the Committee's June 2025 meeting.

Agreed: Committee agreed to request an update on the developments in relation to LSO's strategy beyond 2026, including updates related to sustainability, within LSO's next annual report submission due in December 2025.

Item 8: Updates from Observers

Sally Gosling joined 1524.

20. Maurice Cheng, Chief Executive of the iO advised that the organisation had been working on a pre-registration apprenticeship concept for some time and it was now becoming a reality. Sally Gosling of the iO explained more about that piece of work.

- a. The iO have been working with the profession to look at progressing an osteopathic degree apprenticeship standard, fully linking into and seeking to meet the government's requirements in England for a degree apprenticeship standard for osteopathy to be progressed.
- b. Having formed a trail blazer group, which by definition had to be employer led, the iO have been progressing the formal proposal to develop an osteopathic apprenticeship standard with the hope that the finalised proposal received approval from the Apprenticeships Health Route Panel in April.
- c. The knowledge, skills and behaviours defined in the standard will have to fully align with GOsC's graduate outcomes. This was a fundamental part of the process and one the Institute of Apprenticeships was familiar with.
- d. The intention was to submit the full draft standard for approval in late summer however the iO was aware that, as the regulator, GOsC would have to be satisfied the draft met regulatory requirements and ideally that would be done at the June meeting of PEC but if that were not possible an extension to the timeline would be needed.
- e. There were other factors that could affect the timeline such as The Institute for Apprenticeships moving into Skills England, a new body created by the Government in April.
- f. Sally Gosling reiterated that the Director of Education, Standards and Development and the Head of Education and Policy had been involved in the developmental stages so there would be no surprises for the Committee.
- g. This was part of the process of developing an apprenticeship standard – once that has been approved for delivery any provider would have to meet GOsC educational standards and go through the RQ process.

21. The Council of Osteopathic Educational Institutions had nothing in particular to report and extended thanks to the osteopaths who had supported PEC (Nick Woodhead, Simeon London and Bob Davies) over a number of years as well as the departing lay members.

22. Santosh Jassal, Secretary to the Osteopathic Alliance provided an update:

- a. The OA had received more applicants for membership and were looking at how it could extend this to include individuals who wanted to support the work of the OA.
- b. The OA had been strengthening mentorship programmes at student and new graduate level.
- c. OA had been collecting data, the OCC in particular had been driving that forward to feed into the profession to strengthen the osteopathicness of the profession.
- d. The OA had received some feedback from students and faculty that would be fed back to GOsC.
- e. The OA thanked GOsC for the PEC Development Day noting some actions for undergraduate colleges had come out of that.
- f. The OA extended sincere thanks to all members of the committee who had offered their expertise for so long.

23. The National Council for Osteopathic Research provided an update:

- a. A project had been completed that assessed the trustworthiness of clinical trials in osteopathy and the manuscript was under revision with the intention to run a webinar to explain the findings once complete.
- b. Jerry Draper-Rodi chairs the Research Standing Committee of Osteopathy Europe and they had been working on another webinar and Q&A on how to write a paper to engage more in academic writing.
- c. Another Osteopathy Europe project was an international survey to understand the practice of osteopaths regarding the management of infants under 2 years. This came about following the publication from the Physiotherapy profession in June last year where they claimed that osteopaths were unsafe by using HVT techniques on infants. It was felt this did not represent what was being done but needed data to support. This was being collected from educators and clinicians.
- d. Started OA funded work around adverse events in osteopathy and have appointed Liz McGill to the role with regular bi-weekly meetings in place.
- e. NCOR research network – practice-based research network was going well with lots of activity and led by Dr Daniel Bailey. A lot of the work was

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around workforce planning and some funded by GOsC looking at the choice for training as an osteopath to support OAI recruitment.

- f. There was also a piece of GOsC funded research underway looking at reasons osteopaths left the register.
 - g. Other work not funded by GOsC was around the analysis of difference in osteopaths with more or less than 10 years in practice because that was one of the indicators, that those in practice longer, were at risk of concerns and complaints against them.
 - h. NCOR were undertaking a survey, based on existing and validated tools, on the career choices osteopaths were planning for the next 5-10 years.
 - i. Jerry Draper-Rodi will attend the Osteopathy Europe AGM meeting in 2 weeks' time.
24. The Chair asked Jane Easty, Representative SCCO and Dr Gill Jones iO Policy and Standards committee if they had any questions, comments or updates to provide:
- a. Jane Easty, Representative SCCO, stated that they were looking forward to working together and noted it was good to be taking their own part in discussion and hopefully having speaking rights at relevant meetings. Jane Easty also commented how she had really enjoyed the PEC development day.
 - b. Dr Gill Jones, iO Policy and Standards committee, thanked GOsC for inviting her to attend and commented that the discussion on AI had been really important and understanding GOsC's role in any misuse.

Item 9: Any other business

25. There was no other business.
26. The Chair thanked Simeon London, Marvelle Brown, Ray Playford, Nick Woodhead, Bob Davies and Laura Turner for all their work whilst on the committee which had been a huge commitment. The Chair noted that their expertise and experience would be missed and Committee members were sad to see them go but wished them all the best in their new endeavours. The Chair hoped that they would keep in touch.
27. The Chair thanked everyone for their engagement at what was a busy meeting.

Item 10: Date of the next meeting:

- **Policy and Education Committee Tuesday 10 June 2025**



Policy and Education Committee
10 June 2025
CPD Consultation

Classification Public

Purpose For decision

Issue The findings and implications of the CPD analysis and implications for the approach to further development.

Recommendations

1. To consider the CPD consultation analysis findings and the implications for next steps (There are specific questions for the committee to consider in paragraphs 16, 17, 22, 35 and 39).
2. To agree the approach to further development of the CPD Guidance and resources based on the options outlined at paragraph 25.
3. To agree the approach to the further development of the PDR template as outlined in paragraphs 36 to 39.

Financial and resourcing implications None at this stage

Equality and diversity implications An Equality Impact Assessment (EIA) was developed at the outset of the consultation and presented to PEC in October 2024 as part of our consultation plans and processes. EDI data was also collected from those that responded to the consultation. This paper and accompanying consultation analysis report (Annex A) are attempting to use both infographics and descriptives of 'Data Patterns' as a more inclusive approach to presenting research and data insight information

Communications implications A consultation strategy and document were developed alongside the updated CPD Guidance and PDR Form which were consulted on. The possible next steps outlined in this paper will have significant impact on communications in terms of production of resources, and tone of voice work

Annex A. CPD Consultation analysis report



B. Draft table of GOsC responses to the consultation feedback

Authors

Dr Stacey Clift, Steven Bettles and Fiona Browne

Key Messages

- Most osteopaths understood the changes being proposed to the CPD guidance and PDR Template and could not identify any gaps.
- It was considered that both the consultation version of the CPD Guidance and the PDR documents could be improved
- This paper considers the findings of the consultation around fundamental elements of any CPD scheme: mandatory elements, reflective practice, sufficient evidence base for change and accessibility or inclusion considerations and some potential options for progressing in terms of an inclusive approach.
- It asks the committee to consider a set of reflective questions (see paragraphs 16, 17, 22, 35 and 39) around implementation of next steps concerning:
 - Strengthening trust among the contrasting views within the profession on this area
 - Mandatory, encouraged, building an evidence base for change or Right Touch elements (or a combination of these) for effective CPD and practice
 - Right touch reflective practice, which encompasses the individual Learner, inclusivity and innovative changes.
- The Committee are asked to:
 - To consider the CPD consultation analysis findings and the implications for next steps (There are specific questions for the committee to consider in paragraphs 16, 17, 22, 35 and 39).
 - To agree the approach to further development of the CPD Guidance and resources based on the options outlined at paragraph 25.
 - To agree the approach to the further development of the PDR template as outlined in paragraphs 36 to 39.

Background

1. The CPD evaluation¹ reported to Committee in June 2024 showed that some osteopaths found the administrative elements of the CPD scheme, in particular the peer discussion review, burdensome. Whilst they benefitted from undertaking the CPD activities, the PDR process was felt to be onerous. Consequently, for the consultation, we modified the PDR template to make this easier to engage with for both osteopath and peer and modified the CPD Guidance to make it shorter and clearer. We sought initial feedback from osteopaths and key stakeholders on our approach during September 2024, which was generally very positive. We then sought further feedback from the Committee, and a recommendation to Council to proceed to a wider consultation on the suggested changes was agreed at Policy and Education Committee, October 2024 and then Council, November 2024.

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2. The purpose of the CPD consultation was to gather osteopaths feedback on our proposed changes to two main documents:
 - Draft CPD Guidance
 - Draft Peer Discussion Review (PDR) template.
3. These changes were proposed in response to osteopaths' feedback on their experiences completing their CPD under our enhanced CPD scheme, which was introduced in 2018.²
4. We proposed three broad changes as part of this consultation:
 - a. Revision of the Peer Discussion Review Template so that it was more accessible, easier to use, clearer and simpler to understand and quicker to complete
 - b. Strengthened the CPD guidance in the following key areas:
 - Strengthened the CPD requirement on [Boundaries](#) and equity, diversity, inclusion and belonging ([EDIB](#)), as well as the communication and consent requirement – making this mandatory for those starting a CPD cycle in 2025 or after.
 - Strengthened guidance on 'range of practice' to make clear that osteopaths must be up to date and competent when using adjunctive therapies.
 - Made more explicit expectations about how AI could and should not be used in the CPD process.
 - Edited the CPD Guidance to make it more accessible.
 - Strengthened the focus on the aims of the CPD scheme including promoting community and encouraging opportunities to actively engage with colleagues.
 - c. Explored with osteopaths and osteopathic stakeholders whether these changes may have any effects on osteopaths who have the opportunity to use the Welsh language.
5. The consultation used four mechanisms to gain feedback:
 - a. Website consultation submission which was open for 12 weeks
 - b. Webinars with interactive mentimeter platform to enable 'voting' on key aspects of the consultation (two in total)
 - c. Series of focus groups with a range of osteopathic and patient stakeholder groups (three in total)

² CPD Evaluation was reported to committee in June 2024 – see [CPD evaluation report](#)

- d. Email responses received via Standards mailbox or individual GOsC staff mailboxes.
6. Further details on the consultation feedback mechanisms used and their reach within the profession are detailed in Table 1.

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Table 1: Consultation feedback mechanisms used and their reach with the profession

Date	Type of Event	Number of attendees (Profession reached)	Number of responses
6 December to 3 March 2024	Online Consultation via website	N/A	Maximum 19 ³
27 January 2025	Focus group with patients	9	9
30 January 2025	Interactive Webinar 1 with osteopaths	27	Maximum 11 ⁴
3 February 2025	Focus group with educators, assessors and CPD providers	3	3
13 February 2025	Interactive Webinar 2 with osteopaths	29	Maximum 12 ⁵
24 February 2025	Focus group with osteopaths with an interest in EDIB	4	4
6 December to 3 March 2024	Email responses received via Standards mailbox or individual GOsC staff mailboxes	8	8
Total		80	66

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³ Not all respondents answered all questions

⁴ Not all participants in attendance answered the questions

⁵ Not all participants in attendance answered the questions

Discussion

7. The results from the consultation are divided into six key areas. The full report can be found in **Annex A**.
 - 1) CPD guidance (Annex A, pp3-13)⁶
 - 2) EDIB & Boundaries as mandatory elements (Annex A, pp14-21)
 - 3) PDR Template (Annex A, pp15-30)⁷
 - 4) Supporting GOsC priorities of public protection (Annex A, pp31-32)
 - 5) Welsh Language (Annex A, pp33-34)
 - 6) Additional comments from osteopaths (Annex A, pp35)
8. This paper will focus on findings from sections 1) to 4) of the consultation report, as these sections are the most noteworthy and received more responses. Under each of the findings from the analysis there will be a set of questions for the committee to consider in terms of implications for next steps.
9. We have also prepared a table at **Annex B** which reflects on our initial response to the feedback from the consultation and which informs our proposed principles for moving forward.

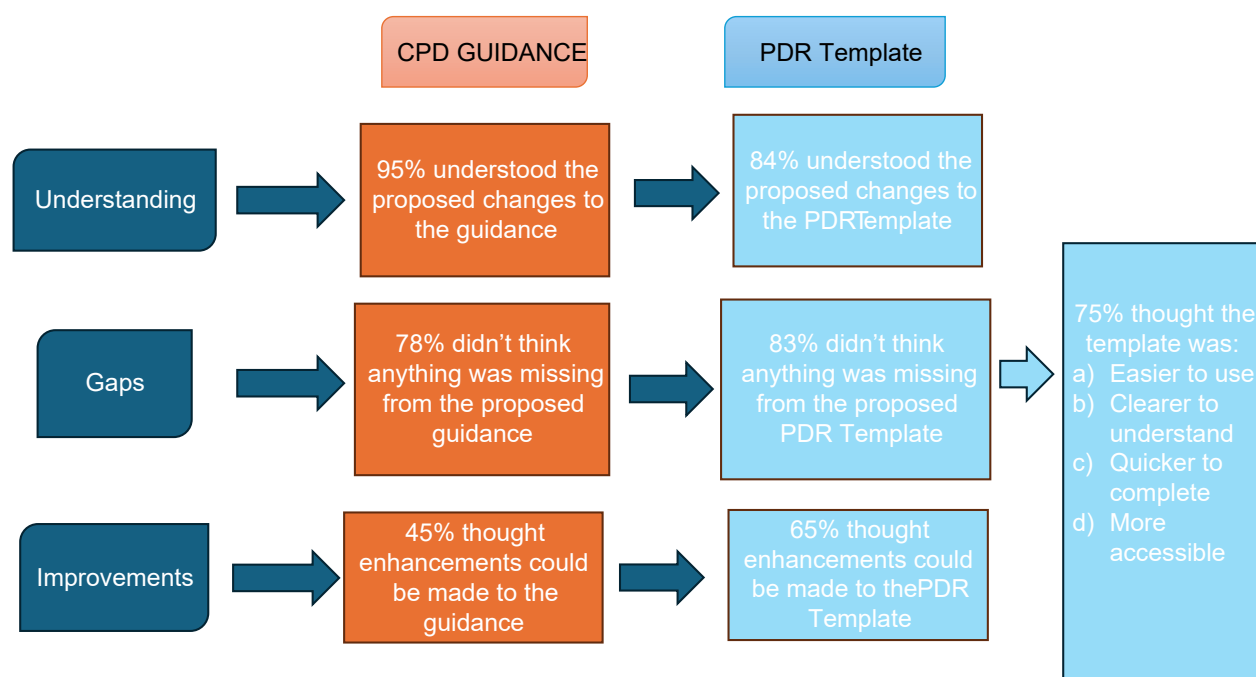
Overview findings of consultation and relationship with the GOsC priorities

10. Most osteopaths and patients understood the changes being proposed to the guidance and PDR Template and did not think that anything was missing. The PDR Template was also considered quicker, easier to use and more accessible than the previous by the majority that responded to the consultation. However, it was thought both documents could be improved with further enhancements. (see Figure 1).

⁶ Understanding of proposed changes, gaps identified, and improvements needed

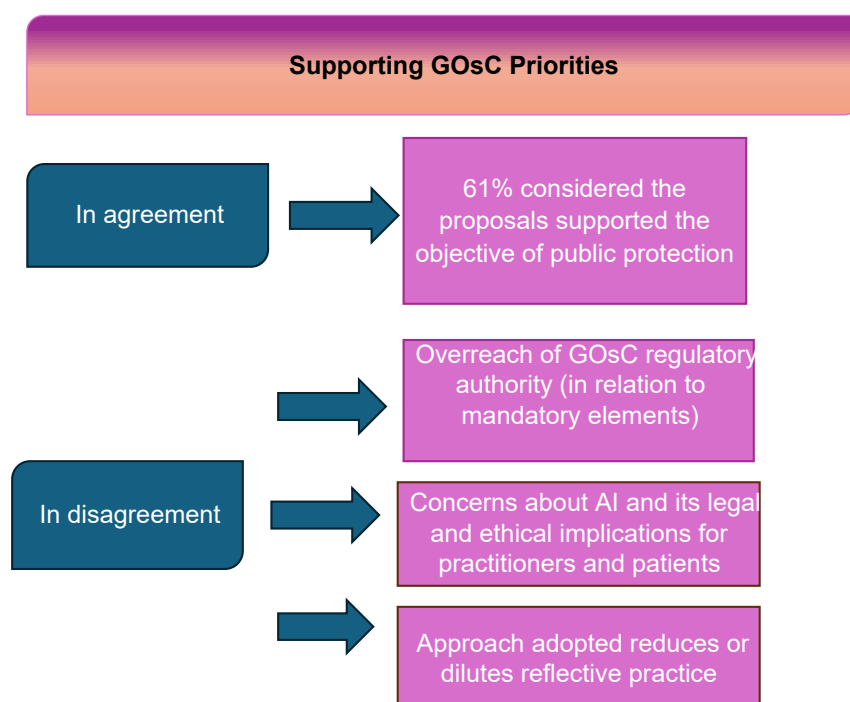
⁷ Understanding of proposed changes, gaps identified, and improvements needed

Figure 1: Overview of consultation findings concerning guidance and template



11. Osteopaths' perceptions about whether the CPD consultation supported the GOsC priorities of protecting the public were positive (see Figure 2), with a few exceptions (39% or 7 osteopaths). These exceptions tended to focus on three core areas (regulatory authority, AI and reflection), all of which we see mentioned again, in more detail when improvements or enhancements to the guidance and template are explored further in the paper.

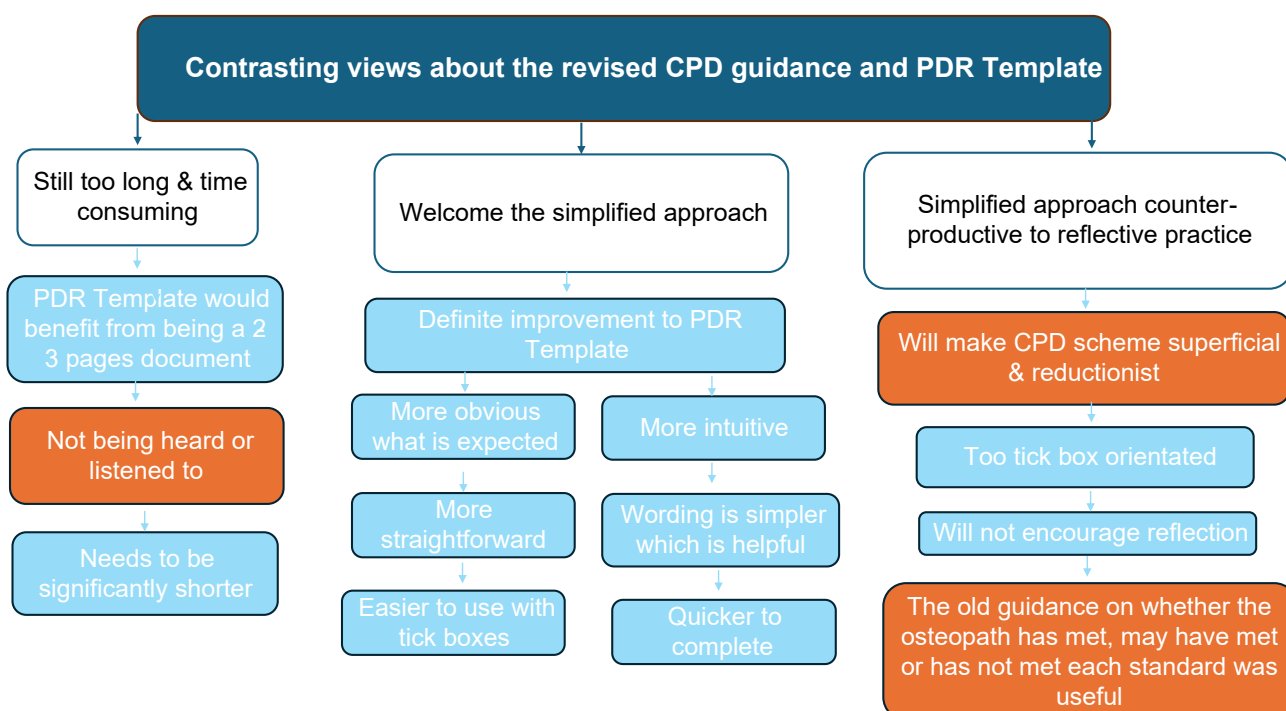
Figure 2: Supporting GOsC Priorities through consultation



12. Despite the general support from osteopaths for these revisions to the CPD guidance and PDR Template (as the quantitative data shows from the consultation which are summarised in Figure 1 and 2), the qualitative comments tend to illustrate a more nuanced view (see Figure 3).
13. We have three broad groups that osteopaths tend to fall into over these changes. Firstly, the numbers show that the majority of respondents welcome the proposed changes and see the benefits of a more simplified approach. However, the other groups' views are important too and we want to be able to implement the proposals in a way which also addresses their concerns.
14. The second smaller group still see the changes as being too long and time consuming – the perception is that there are even more things to do as part of the CPD scheme and that it will take longer – even though the intention is that the whole CPD scheme including the peer discussion review should still take no longer than 90 hours of the three-year CPD period. In relation to this group, we want to think further about how we can show that the scheme still enables them the time to complete their own selected clinical CPD whilst enabling the completion of the mandatory elements to take no longer than as now through good communication.
15. The third group sees that the simplification of the scheme appears to have removed its most important component of reflection and turned into a tick box and indeed the draft CPD guidance consulted on does not use the word

reflection. We agree that reflection needs to be integrated back into the scheme but in a way that meets all osteopaths' learning needs.

Figure 3: Contrasting views on the proposals in the consultation



Questions for the committee to consider regarding next steps:

16. What are the committees thoughts on how we could address the needs of all three groups, particularly in line with the GOsC strategic objectives of trust, and inclusivity, so that we can take as many osteopaths on this journey with us, enhancing trust and being mindful of the fact that 'one size fits all' might not be inclusive?
17. What are the Committee's views on our initial responses and suggestions outlined at Annex B?

Enhancements to the CPD Guidance

18. Osteopaths commented on a range of areas where the revised CPD guidance could be improved or enhanced, Figure 4 summarises these, which consist of these four broad areas:

- a. *Explanations and expectations of requirements* – These areas of possible improvement related to generally 'keeping it simple', improving the flow of the document in a more practical 'conversational' style and reducing areas of repetition, alongside explanations on how much needs to be filled in on the template and the expectation that this is a brief template to guide conversations between osteopath and peer. It also included the need for

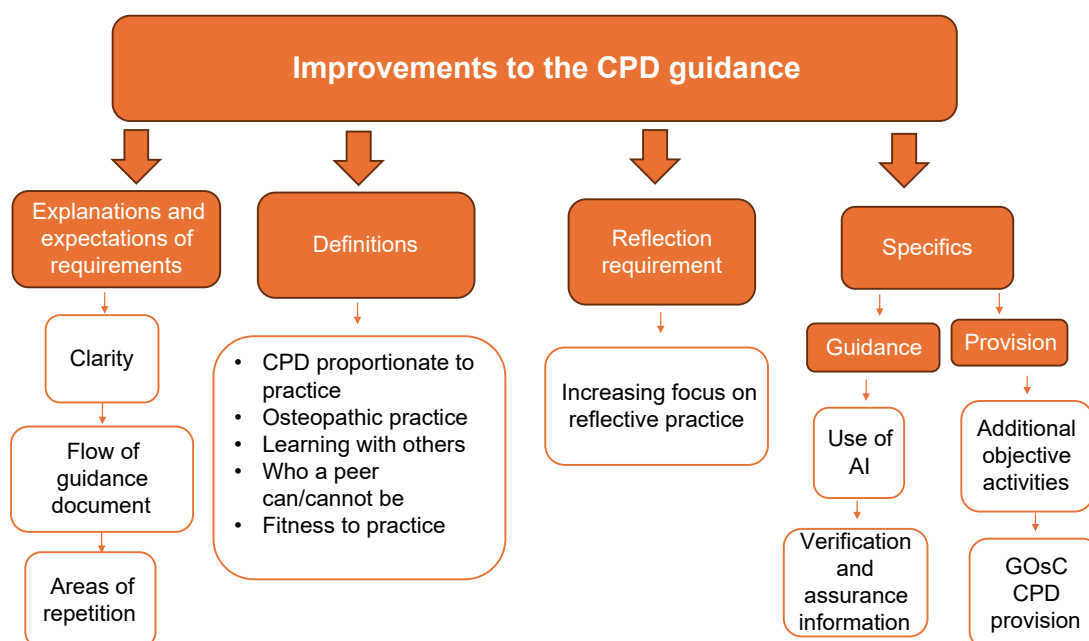
more clarity around activities that benefit patients, as well as what is meant by a practitioners' behaviours/ emotions impacting on others. As outlined in Annex B, we think that we can develop the guidance to make this clearer. Using a layered approach to guidance – where there is a detailed version for those who need it with progressively less detail – particularly if we can support this with videos, infographics and other media which are co-designed to support accessibility might provide a way forward to address this feedback.

- b. *Definitions* - These improvements relate to being clearer about the description of osteopathic practice or osteopathic roles and the necessity of these, clarity around what is 'learning with others', explaining more about what we mean by CPD that is proportionate to practice, more information about who can and can't be a peer and one comment on the peer declaration which wondered about whether we should be asking peers to affirm that an osteopath is fit to continue to practise. Again, we think these points can be addressed in layered guidance as outlined in **Annex B**.
- c. *Reflective requirement* - This relates to the draft guidance needing to strengthen the focus on and emphasise the importance of reflective practice, so that it is more consistent throughout the guidance document. Therefore, making it explicit in the requirements that osteopaths must reflect on their learning needs, CPD activities and consider how these activities inform their osteopathic practice. We think this is important and that we should consider how we better reincorporate this into the guidance but in a way that reflects the diverse responses to the understanding of reflection.
- d. *Specifics (guidance)* - This concerns the need for increased clarity in the following areas:
 - i. clarifying the ambiguity about the percentage of osteopaths that are audited, and the verification and assurance process undertaken to achieve that. This can be explained more clearly as outlined in Annex B.
 - ii. the use of AI. It was thought that these paragraphs were confusing, were not best placed at the point where they have been positioned in the document, and there needed to be some explanation on the ethical and legal considerations of using AI, both in terms of highlighting data protection issues if osteopaths share patient data with AI and the importance of evidence fact- checking what AI generates for an osteopath. It was thought separate guidance was needed on AI in the various contexts it might be used by an osteopath and the potential risks that need to be considered with its use. In fact, since then we have published guidance on AI which could be referenced in any future version of the CPD guidance.
- e. *Specifics (CPD provision)* - This feedback concerns articulating objective activities for those osteopaths in non-clinical roles. It also includes the

expectations from osteopaths that the GOsC should provide more 'free CPD' for them as part of their registration fee. We do provide a lot of resources to support osteopaths' CPD and these could be further developed and better promoted. We agree that we should provide more resources for osteopaths in non-clinical roles.

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Figure 4: Suggested improvements to the CPD guidance from consultation



19. Figure 4 demonstrates many suggested enhancements made by osteopaths are straightforward and some easier than others to implement. However, the points about reflection and the level of detail will need further work including potentially a more layered approach to guidance with detail and progressively less detail so that people can do a deeper dive as needed. Also, we need to use more diverse mechanisms for explaining the scheme alongside developing and publishing new guidance.

20. At present our thinking is to invite osteopaths to work with us as part of an informal and conversational working group to user test collaboratively, the following:

- a) Production of 'conversational' guidance and other resources that is simple in its instruction and messaging, paying particular attention to the tone of voice, and utilising quick reads, use of infographics, short summaries and embedded videos.
- b) Use of key terminology/ definitions to accomplish the right tone of voice and understanding
- c) Reintegrate the 'reflective element' within the guidance
- d) Review and rework the messaging about the verification and assurance process and numbers audited, when and how.
- e) Production of separate AI guidance, which can be referenced in the CPD guidance, and which draws on our recent AI statement.
- f) Myth bust about what the GOsC offer⁸ is in terms of CPD provision, so as to assist with osteopaths' expectations about this provision and how it does/doesn't relate to their registration fees.

⁸ In terms of CPD events made free and more objective activities being provided by the GOsC

21. The aspect identified that is more challenging to achieve, from this list is that around the 'reflective element' and the need to strengthen that component within the guidance. Somewhere along the line we appear (to some osteopaths), to have lost the reflective element to some degree within the guidance, which was not the intention.

22. Questions for the committee to consider regarding next steps:

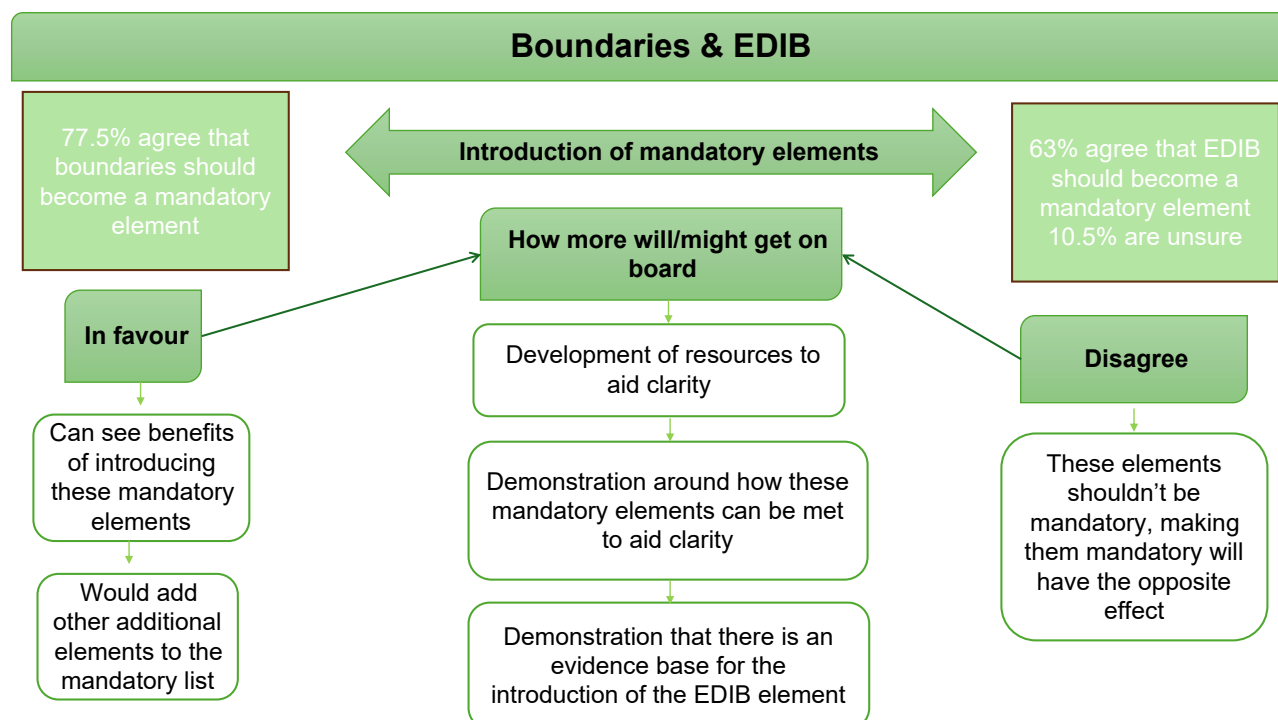
- Does the committee agree with the approach above as the most appropriate way forward to address the CPD analysis findings relating to the CPD guidance?
- Can or should guidance truly be 'conversational' in style? Or are we actually conflating the CPD guidance and the resources to support its implementation? For example, would a more layered approach to the guidance with clear accessible summaries (not necessarily in writing), supported by more detailed guidance for those who need it be a way forward that could meet all needs.

Introduction of EDIB and Boundaries mandatory elements

23. Most osteopaths agreed that boundaries and EDIB should become mandatory elements to the CPD scheme (77.5% and 63% respectively). Although, this was higher for boundaries than for EDIB. There were some concerns about the evidence base for needing mandatory EDIB CPD as at the time of the consultation, there was no evidence of concerns in this area as part of the NCOR Concerns and complaints. Although the report published in April 2025 does include a concern related to racism. There was also some evidence cited that mandating EDI training although intended to create inclusivity can have the opposite effect.
24. The introduction of these two mandatory elements can be categorised into three broad groups of views among osteopaths (see Figure 5):
- a. Those that were in favour of their introduction and would go even further to add other mandatory elements such as safeguarding, First Aid, adjunctive therapies, GPDR and concerns and complaints
 - b. Those that we will be able to mobilise further and get on board more, if we undertake certain actions around resources, the evidence base for their introduction and demonstration of how these elements can be met.
 - c. Those that disagree that these elements should be made 'mandatory,' but not necessarily the introduction of the elements themselves, the fear for this group is making them mandatory might have the opposite effect to that which is desired.

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Figure 5: Thoughts on the introduction of mandatory elements on boundaries and EDIB



25. Based on this evidence, there are 4 potential options to consider here:

Option 1: Introduce these elements as mandatory elements in principle based on the statistical data collected as part of the consultation and use that as our evidence informed approach to their becoming mandatory elements of the CPD scheme under the theme of 'Benefiting patients'

Option 2: Introduce them as 'Encouraged elements only, in light of the unintended consequences which are highlighted by those that disagree with their mandatory introduction (educational evidence is cited by this group)

Option 3: Introduce the Boundaries as mandatory and the EDIB as encouraged elements, given there is greater acceptance of the evidence base for the introduction of the boundaries element. Although we consider that the evidence base is strong for EDIB – we do think that there were some valid points made about process and outcome. We think that possibly framing a requirement about inclusive practice may be a way forward to better focus on successful outcomes. See Annex B for further detail.

Option 4: Introduce both elements as 'Encouraged elements' while we work on developing resources and the narrative for EDIB evidence base beyond education and into practice, given some respondents cannot see the correlation between the UrG⁹Ent project and wider practice as an osteopath with the view to introducing these elements as mandatory on a set date in the future.

⁹ <https://www.hsu.ac.uk/urgent-project/>

26. The advantages and disadvantages for each of these options are set out in Table 2.

Table 2: Advantages and Disadvantages to the proposed options on introducing boundaries and EDIB elements

Option	Advantages	Disadvantages
1: Introduce both elements as mandatory now	<ul style="list-style-type: none"> Helps to address problems identified around concerns and complaints Helps to ensure osteopaths are thinking about inclusive practice issues, which are endemic in society today This is what the quantitative data tells us we should be doing Sets out what we had hoped to achieve with consultation on these elements 	<ul style="list-style-type: none"> Not all osteopaths' voices are being heard, doesn't take account of some of the qualitative data Risk that mandating these elements may have the opposite effect than intended Risk of this CPD being seen as a box that needs to be ticked, rather than being meaningful CPD to the osteopath
2: Introduce both elements as encouraged elements permanently	<ul style="list-style-type: none"> Provides osteopaths with greater flexibility about the CPD they do and when based on their own learning needs CPD undertaken may be more meaningful to the individual osteopath because it hasn't been enforced Still signifies CPD in these areas are important to consider doing as part of an osteopaths CPD 	<ul style="list-style-type: none"> Risk of osteopaths not doing CPD in either of these areas as they are not mandatory and only encouraged, so osteopaths don't think they need or have to do these elements
3: Introduce boundaries as mandatory and EDIB as encouraged	<ul style="list-style-type: none"> Will assist in reducing concerns and complaints around boundaries, and osteopaths can see and accept the evidence base for this element 	<ul style="list-style-type: none"> Risk of osteopaths not doing CPD in the area of EDIB

Option	Advantages	Disadvantages
	<ul style="list-style-type: none"> Addresses the concerns that some osteopaths hold that there isn't sufficient evidence for the EDIB element 	
4. Introduce both as encouraged elements now while work on developing resources and narrative for them both to become mandatory at a set date in the future	<ul style="list-style-type: none"> Helps to address problems identified around concerns and complaints and to ensure osteopaths are thinking about inclusive practice issues, but in a fair and planned way with a date set in the future for them to become mandatory elements so that osteopaths can plan for these changes, and we can prepare them better for those changes We will potentially take more osteopath voices with us this way, as we will have developed resources, and the evidence-based narrative for EDIB and how osteopaths can meet these mandatory elements, osteopaths will also know in advance that these activities will become mandatory 	<ul style="list-style-type: none"> Setting a date for when these elements become mandatory potentially delays their introduction to osteopaths CPD, It is likely in the encouraged phase osteopaths will wait to undertake these elements until they are mandatory

Developing resources and evidence based for Option 4

26. In relation to **Option 4** we have already begun some work developing resources and considering the evidence base for EDIB:

27. In terms of resources¹⁰, we have begun work on developing a series of case studies each one with a different EDIB focus that osteopaths could use to do a case-based discussion with a fellow osteopath and reflect. For example, we have case studies on treating a transgender patient, a patient with a specific disability and treating a patient from a particular religious background and others on considerations when treating a pregnant woman and an elderly patient.

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¹⁰ We have used Claude/AI to help us generate some of these resources based on our idea and then asked Claude to make various revisions, then we've done some further editing in places

28. We currently have 14 case studies in total, each with reflection questions for two or more osteopaths to discuss and a standardised reflection template for osteopaths to record their reflections on this CPD activity.
29. The intention is to put these case studies into a workbook that osteopaths can work through as part of the CPD scheme, similar to the objective activity workbook on case-based discussion¹¹, so that osteopaths have an accessible and familiar format for them to meet the requirement of CPD in the area of EDIB.
30. The GOsC EDIB cites the microaggressions resource by [Imperial College](#). Using this source as a basis we have developed a reflective template exercise that osteopaths could undertake with a peer and also a quiz for osteopaths to test their understanding of what they have learnt from this resource.
31. Once these drafts have been finalised/completed, we aim to pilot these by setting up a series of groups with osteopaths with an interest in EDIB issues to help test these resources and develop them further.
32. We intend to review the objective activity workbooks in patient feedback and peer observation, so that these include:
- An EDIB monitoring form so that osteopaths could monitor the diversity of their patient profile
 - A section on the current peer observation reflective template that explores any EDIB related considerations made during the observation.
33. We have also begun initial discussions with NCOR about ways in which we might be able to progress the EDIB evidence base for the profession. With the idea here being that we could possibly commission NCOR to conduct a cultural humility survey with the profession (as the UrGent study did with the osteopathic students) at three key points in time –
1. Before this element has been introduced into the CPD scheme.
 2. Again, at a midway point through a CPD cycle once this element has been introduced
 3. Again, in 3 years' time once every osteopath has completed a single CPD cycle with this element in place.

This would give us the opportunity to also have comparative data regarding osteopathic students and practising osteopaths.

34. Consequently, rather than increasing the mandatory elements, we replace or decrease them so that they become replaced with something similar to that presented in Table 2.

¹¹ <https://cpd.osteopathy.org.uk/resources/case-based-discussion-workbook-2/>

35. Questions for the committee to consider regarding next steps:

- Which option do you think would be most appropriate based on the CPD analysis presented on the introduction of mandatory boundaries and EDIB elements?
- Are there any other options we have not considered for the implementation of these elements?

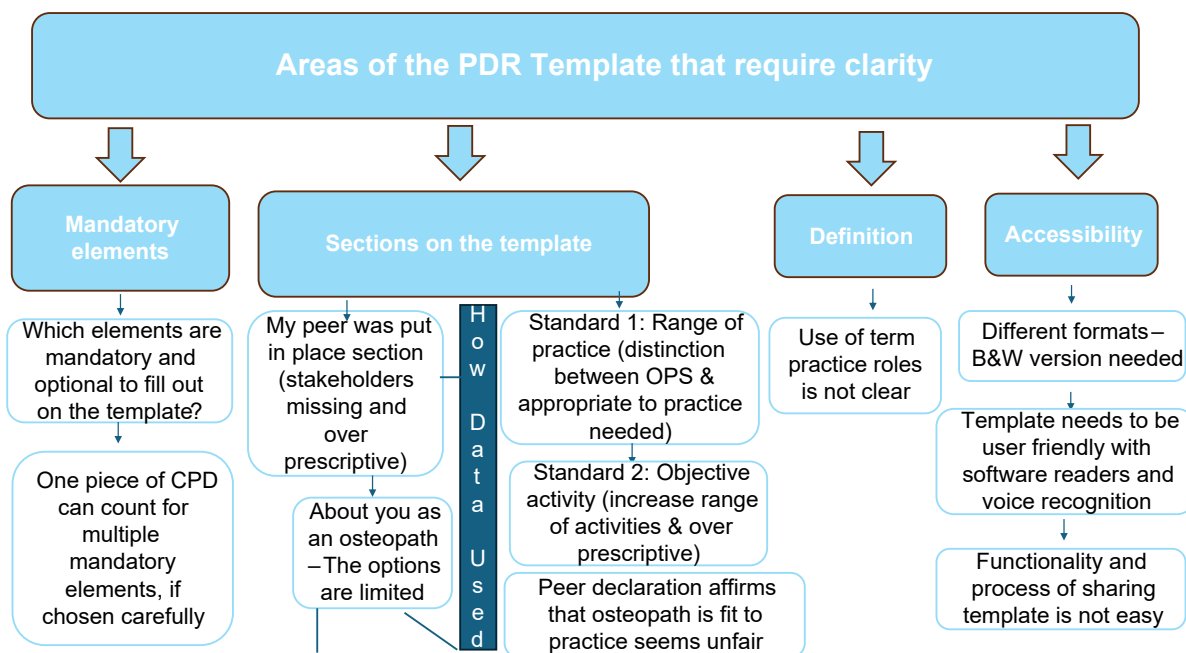
PDR Template

36. Osteopaths' thoughts on how the PDR template could be improved or enhanced tended to focus on four main themes: (see Figure 6).

- i. Clarity on mandatory elements – what is optional and what is a 'must' to complete on the template itself and how one CPD activity might meet multiple mandatory components of the scheme
- ii. Specific sections of the template that were either limiting in some way or over prescriptive and some of which raised questions of what this data might go on to be used for.
- iii. Definitions used, specifically what is meant by practice roles
- iv. Accessibility issues about the template in terms of formats, useability with other software and its functionality to share the template with a peer

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Figure 6: Suggested improvements to the PDR Template from consultation



37. Again, the next steps for implementation of the PDR Template pose some challenges, whilst the suggestions and tweaks highlighted in Figure 6 can all be worked on and revisions made and then collaboratively re-piloted with osteopaths, alongside the work indicated in paragraph 12 on the guidance. The more difficult and challenging aspect is effectively retaining the 'reflective element,' within the template itself (rather than perhaps assuming the reflection of activities has been done elsewhere by the osteopath using other CPD tools such as reflective templates, online diary, portfolio etc that can be found on the GOsC CPD website), but at the same time making it more accessible and less time consuming for osteopaths. It is quite possible that for some osteopaths who struggle with reflection the tick box approach to the revised template provides them with a clearer structure to formulate their reflections, whereas for osteopaths that excel at reflections more readily, the tick box approach is perhaps too prescriptive, because their reflections are more unstructured and perhaps more organic in nature, really coming down to the type of learner an osteopath is and as one respondent succinctly put it:

'Things to think about - How we learn, how we reflect and how we become aware of things we don't know...' Annex A, p10

38. Consequently, our thinking here is to develop the PDR template in layers which would provide different levels of depth for individuals to review. So that the layers might consist of the following depending on the learner type, so as to support accessibility

Table 3: Layered approach to PDR Template and Model of Reflection¹²

Osteopath type	PDR Template depth scale
Simplified approach counterproductive to reflective practice	Tier 3: High level detail Free flowing qualitative template with supported guidance included together for critical reflection
Welcomed simplified approach	Tier 2: Intermediate detail Structured template to help formulate reflection in a succinct and logical way
Still too long and time consuming	Tier 1: Low level detail Reduced template (even further than proposed so far), which aims for understanding of CPD activities undertaken for CPD and why

39. Questions for the committee to consider:

- Do you think this layered approach successfully meets the needs of the three types of osteopaths identified in the consultation?
- Do you think this approach supports accessibility?
- Will this mean three different types of PDR templates in circulation or a single template that can be zoomed in or out of for depth?

Recommendations:

1. To consider the CPD consultation analysis findings and the implications for next steps (There are specific questions for the committee to consider in paragraphs 16, 17, 22, 35 and 39).
2. To agree the approach to further development of the CPD Guidance and resources based on the options outlined at paragraph 25.
3. To agree the approach to the further development of the PDR template as outlined in paragraphs 36 to 39.

¹² The model of reflection consists of a hierarchy of a) non-reflection or habitual action, b) understanding, c) reflection and d) critical reflection – see Kember, D (2001) Reflective Teaching and Learning in the Health Professions

CPD Consultation Report

Rationale behind the consultation

The CPD consultation was to gather osteopaths feedback on our proposed changes to two main documents.

- Draft CPD Guidance
- Draft Peer Discussion Review (PDR) template.

These changes were proposed in response to osteopaths' feedback on their experiences completing their CPD under our enhanced CPD scheme, which was introduced in 2018.

Aims & Objectives

We proposed three broad changes as part of this consultation:

- a) Revised the Peer Discussion Review Template so that it was more accessible, easier to use, clearer and simpler to understand and quicker to complete
- b) Strengthened the CPD guidance in the following key areas:
 - Strengthened the CPD requirement on [Boundaries](#) and equity, diversity, inclusion and belonging ([EDIB](#)), as well as the communication and consent requirement – making this mandatory for those starting a CPD cycle in 2025 or after.
 - Strengthened guidance on 'range of practice' to make clear that osteopaths must be up to date and competent when using adjunctive therapies.
 - Made more explicit expectations about how AI could and should not be used in the CPD process.
 - Edited the CPD Guidance to make it more accessible.
 - Strengthened the focus on the aims of the CPD scheme including promoting community and encouraging opportunities to actively engage with colleagues.
- c) Exploration of any possible effects these changes may have on osteopaths who have the opportunity to use the Welsh language

Method

The consultation used four mechanisms to gain feedback:

1. Website formal electronic consultation submission which was open for 12 weeks
2. Webinars with interactive mentimeter voting on key aspects of the consultation (two in total)
3. Series of focus groups with a range of osteopathic and patient stakeholder groups (three in total)
4. Email responses received via Standards mailbox or individual GOsC staff mailboxes

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Further details on the consultation feedback mechanisms used and their reach within the profession are detailed in Table 1

Table 1: Consultation feedback mechanisms used and their reach with the profession¹

Date	Type of Event	Number of attendees (Profession reached)	Number of responses
6 December to 3 March 2024	Online Consultation via website	N/A	Maximum 19 ²
27 January 2025	Focus group with patients	9	9
30 January 2025	Interactive Webinar 1 with osteopaths	27	Maximum 11 ³
3 February 2025	Focus group with educators, assessors and CPD providers	3	3
13 February 2025	Interactive Webinar 2 with osteopaths	29	Maximum 12 ⁴
24 February 2025	Focus group with osteopaths with an interest in EDIB	4	4
6 December to 3 March 2024	Email responses received via Standards mailbox or individual GOsC staff mailboxes	8	8
Total		80	66

¹ Focus groups were cancelled on the following dates due to no attendees signed up for evening sessions on 3 February (intended for additional educators/assessors), 18 February (intended for Regional Leads), and 25 February 2025 (intended for further EDIB interested groups)

² Not all respondents answered all questions

³ Not all participants in attendance answered the questions

⁴ Not all participants in attendance answered the questions

Results

Section 1: CPD Guidance - Osteopaths and patients understanding of the proposed changes, gaps identified, and improvements needed

Most osteopaths understood the proposed changes to the CPD guidance and didn't think there was anything missing from the revised guidance. However, 45% still thought improvements could be made to the guidance and a further 27.5% were unsure (see Table 2)

Table 2: CPD Guidance

CPD Guidance			
	Yes	No	Data Pattern
Do you understand the updated CPD guidance, and how it relates to you?			
Website Consultation	18	1	95% understood the proposed changes to the CPD guidance
Webinar 1	Not asked	Not asked	
Webinar 2	Not asked	Not asked	
Total	18	1	
Do you think there is anything missing from the draft CPD guidance?			
Website Consultation	4	14	Majority (78%) thought there wasn't anything missing from the CPD guidance
Webinar 1	Qualitative	Qualitative	
Webinar 2	Qualitative	Qualitative	
Total	4	14	
Do you think that the CPD guidance could be improved/ enhanced in any way?			
Website consultation	10	8	45% think the CPD guidance could be improved. 27.5% are unsure
Webinar 1 ⁵	6	1	
Webinar 2 ⁶	2	2	
Total	18	11	

When osteopaths commented on their understanding of the updated CPD guidance they centred around two contrasting views that simplification of the process were welcome verses the requirements were increasing rather than decreasing (see Box 1). Osteopaths' further suggestions focussed on the introduction of further resources and keeping explanations simple and more accessible (see Box 2)

Box 1: Opposing views on the understanding of the proposed changes⁷

'Any changes that simplify this laborious process is very welcome.'

'I think the guidance is pitched about right, not too long etc.'

'Seems to be covered in the existing standards.'

⁵ 4 osteopaths reported not being sure, making the total 40

⁶ 7 osteopaths reported not being sure, making the total 40

⁷ Views drawn from online website consultation, webinars and email responses

'The changes are very positive and being done for the right reasons not just for the sake of it. I look forward to it being integrated soon.'

'We recognise that, in seeking to simplify the format of the guidance and the template for the Peer Discussion Review, GOsC is seeking to respond to registrant feedback that demonstrating compliance with the scheme's requirement should be less demanding. We welcome the GOsC's sensitivity to these issues.'

'Too much and increasing and not decreasing as was hoped for. We are not being heard.'

'They are overly complicated and not self-explanatory.'

Box 2: Suggestions based on understanding of the proposed changes⁸

'I would suggest doing some You-tube videos of ideas on how to complete the CPD and the PDR template, some examples of what others are doing and how the results have impacted their clinics.'

'What precisely is meant by CPD relating to practice roles? Do you mean-as an associate or a principle? Or do you mean your role as a healthcare professional in general? This was very vague and unclear.'

'Instructions should be simple. If you cannot define a problem and the expectation on how to address it in a few words, it indicates that as an institution you have not fully grasped the essence of the problem and are over complicating things due to lack of understanding.'

'I can predict there will be some groaning and moaning in the profession about reading these documents. Some osteopaths would probably like the changed text highlighted in some way to make for quicker reading.'

'This document is too long. ..., long wordy documents like this are inaccessible. The judicious use of infographics, short summaries and alternative formats (i.e. videos) would be desirable. There is a lot of content that makes the document look longer and more intimidating (contents page, back cover, separate page for the introduction and resources etc.) Could AI be used to reword the document for clarity and brevity?... The language and tone are quite academic and distant. A friendlier, more conversational tone would make it easier to read, i.e. "Your CPD needs to include at least one objective activity. An objective activity is where you seek external objective feedback about your practice..." is ambiguous and could be worded "Your CPD should include at least one activity where you get feedback from another person about your practice. This helps you get an outside perspective on how you're doing." ..., AI could help with this.'

⁸ Views drawn from online website consultation, webinars and email responses

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Those osteopaths that commented on whether anything was missing from the draft CPD guidance, considered that the main themes (see Table 3) were as follows:

1. Explanations and expectations about requirements
2. Definitions of a) CPD proportionate to practice, b) Osteopathic practice, c) Learning with others and d) Who a peer can and cannot be and e) fitness to practice
3. Additional objective activities
4. Use of AI
5. Reflection requirements
6. Verification and assurance information
7. The GOsC CPD provision
8. Flow of guidance document (specifically pages 5, 6 and 10)
9. Areas of repetition and duplication within the guidance

Table 3: Gaps in the CPD guidance⁹

Theme	Comments
Explanations and expectations	<p><i>'Really simple explanation of how much needs to be filled in, i.e. make it clear from the beginning, it's a brief template to guide the conversation.'</i></p> <p><i>'When we assess our own CPD, the tendency is to relate it to multiple sections of the guidance. It would be useful to have a more specific correlation between different themes and what learning to cover.'</i></p> <p><i>'I think this sentence is a bit confusing 'CPD activities under benefiting patients' – perhaps 'under the heading' might be better?'</i></p> <p><i>'On page 5 under 'our CPD scheme aims to' I am unsure about the wording 'understand the impact on others of the practitioner's emotions and behaviours' What is meant by this?'</i></p> <p><i>'On Page 9 – will the start and end of the osteopath's CPD cycle still be set out on the Ozone once the GOsC CPD diary is decommissioned? Hope so.'</i></p> <p><i>'We are concerned that the planned changes risk creating the unintended effect of further reducing the scheme's value for all parties and increasing some registrant's frustration with the requirements with which they have to comply to maintain their registration, rather than doing the opposite. In turn this could risk accelerating current deregistration trends.'</i></p>

⁹ Views drawn from online website consultation, webinars focus groups and email responses

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Definitions a-d	
<p>a) CPD Proportionate to Practice</p>	<p><i>'Be clearer on proportional amount of CPD and if you are an educator for 4 days a week then most of your CPD should be in education.'</i></p> <p><i>'I feel that although page 8 says that CPD should be proportionate across your whole practice that this does need to be made more explicit as I have been in the situation where I feel that the guidance all points towards clinical practice and have felt duty bound therefore to focus on this even though the greatest proportion of my time was in education. I feel there needs to be a much greater emphasis on CPD that you can do that is not clinically based.'</i></p> <p><i>'What you do as an osteopath needs to be reflected in the guidance. It is there, but it needs to be clearer.'</i></p> <p><i>'Both the guidance and the template appear to lack due emphasis on the CPD activities that registrants choose to engage in, needing to be relevant to their individual scope of practice, role and learning needs at a particular point in time and this relevance being articulated.'</i></p>
<p>b) Osteopathic Practice</p>	<p><i>'Definitions are needed on osteopathic practice to include non-clinical roles and make it relevant to osteopaths within the NHS.'</i></p> <p><i>'Define osteopathic practice to include non-clinical roles.'</i></p> <p><i>'I believe it would be helpful to define osteopathic practice so that it is explicit that does include education, research and leadership as well as clinical practice – this does not come across clearly enough in the guidance (p3).'</i></p> <p><i>'Range of practice is a very confusing term. As used it is key competencies reflecting range of practice.'</i></p> <p><i>'What can be inferred about how GOsC defines clinical osteopathic practice, given some phrasing seems to imply components of practice sit within or outside osteopathic practice... 'The reference to adjunctive therapies (p6) seems to imply that there are aspects of registrants clinical practice that sit outside their scope of practice of an osteopath, this highlights the value of ensuring clarity about the scheme's focus being on engagement in CPD relevant to individual osteopaths' scope of practice, development plans, and related learning needs... It is positive that the guidance acknowledges and highlights that nonclinical activities form part of osteopathy practice. It would be useful to ensure that</i></p>

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	<p><i>the scheme requirements and the related resources, are fully inclusive of registrants practising osteopathy through a range of different occupational roles. This includes registrants who perform a range of roles within the profession concurrently (e.g. as both a clinician and educator)'</i></p>
<p>c) Learning with others</p>	<p><i>'Be clearer on interactive elements of CPD and what happens if not done.'</i></p> <p><i>'Define how the element of interaction with learning with others should be evidenced.'</i></p> <p><i>'On page 6 about the aim of the scheme – Inspire and influence others – Who are others in this context?'</i></p> <p><i>'On Page 4-The change to learning with others having to involve interaction ... is a large change and needs unpacking further. How will this interactive element be evidenced other than through reflection? This therefore needs to figure much higher in the guidance as an important part of the CPD cycle. If someone attends an online or in person lecture and does not ask any questions, does that mean now that this CPD will be learning by yourself? This needs to be made clear to osteopaths if this is the case as most will not have realised this. CPD providers need to be made aware of this change as although there is often space for Q and A, a truly interactive session discussing what you have learnt from the session and offering your own opinion would take more time and need to be specifically timetabled in. I would also challenge this need for interaction as often listening and reflecting is enough and listening to others' opinions without giving your own is also enough to be developmental. Would this not still be learning with others as you have been listening to others' opinions without necessarily giving your own?'</i></p> <p><i>'By definition (p4), several of the listed activities provide the opportunity to interact and learn with and from others. The distinction implied in the explanation therefore seems at risk of creating confusion... It will be helpful for the GOsC to provide greater clarity on how it defines learning with others this could usefully clarify GOsC's particular expectations about how registrants engaging interactive CPD activities (regardless of specific type) and how an appropriate distinction is made between actively learning with others and independent learning.'</i></p>

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<p>d) Who a peer can and cannot be</p>	<p><i>‘Selecting a peer – Query whether this needs to specify a regulated health professional.’</i></p> <p><i>‘In the guidance document, page 8, you do not promote .. the peer matching platform, which seems like quite an oversight.’</i></p> <p><i>‘On page 8, you suggest that the peer must be an osteopath or other healthcare professional – This seems unnecessarily prescriptive. Why could it not be another professional (including a teacher, lawyer or HR specialist, who would probably be much better placed to support the osteopath than another osteopath)?’</i></p> <p><i>‘Guidance is needed on who a peer should not be.’</i></p> <p><i>‘There should be guidance on who a peer cannot be, including spouse, relative, practice partner, associate or principal. I raise this as who would ever not sign off the people in these positions? As feedback on the PDR process, I have never felt able to say no to any osteopath I have done a review with. I now do not do them for anyone due to previous experiences with this and have refused doing them with colleagues as I do not want to be in the position of questioning someone, I have a previous relationship with. We are a small profession and relationships are important. I would like to ask if you ever get any peer saying 'no' on the PDR forms and not signing the osteopath off? I feel this process should not be done with a spouse or close relative as I think the tendency for it to turn into a tick box and signing process lasting 15 minutes is too strong. I realise this is not positive towards my profession, but I have come across too many comments that make me feel this is a possibility.’</i></p>
<p>e) Fitness to practice</p>	<p><i>‘It is not clear how the scheme can provide assurance of continuing fitness to practice... It does not seem appropriate to infer that registrant’s engagement in CPD necessarily equates to their remaining fit to practice’</i></p>
<p>Objective activities</p>	<p><i>‘Adding more objective activities that could be conducted in non-clinical roles and NHS roles such as line manager appraisals, review of research papers or lecture prep, teaching observations’</i></p> <p><i>‘On page 10 Table Year 1 – mentions objective activity analysis and reflection – is this if you have already done a cycle? Not sure this is helpful for new registrants.’</i></p>

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Use of AI	<p>'The AI elements are useful for everyone to know.'</p> <p><i>'I think the section on AI could also usefully be moved to the end. It seems rather unusual to break up the flow of the document by placing this in the middle.'</i></p> <p><i>'AI needs clearly explained ethical and legal considerations to enable registrants to make informed choices in patient care and use of AI. Recent conversations with practitioners using AI in educational practice has highlighted that they trust AI is accurate, when actually it needs to be fact checked, which is changing their perspective.'</i></p> <p>'The use of AI paragraph is confusing, two separate ideas. First paragraph lives better with what counts as CPD.'</p> <p><i>'I wonder if the short section on artificial intelligence (bottom of p.8 of the draft guidance) might benefit from reference to any possible data protection issues (for example, if patient information were put into an AI tool to assist in better presenting reflections on practice).'</i></p> <p><i>'In relation to ethical and legal implications of AI. Having reviewed this addition and given there is no evidence base to understanding AI's current role in osteopathic education and practice or CPD, ... this addition is highly premature and therefore we should associate it with significant risk to both patient care and practitioner safety. The ... cannot support statements which suggest there is opportunity in AI use, when significant ethical and legal considerations have not been made transparent for patient and practitioner. We also cannot support the idea that AI can support the reflective, self-appraisal skills which underpin the osteopathic journey including CPD, regardless of transparency or not... The ... cannot see any value in this addition outside of AHP requirements for education and CPD in digital technologies for NHS job roles. AI learning would automatically count as CPD for those pursuing this specific career path as an education'</i></p> <p><i>'Separate, comprehensive guidance on ethical and legal considerations of AI use should be in place so that students and registrants can make informed choices. 13a-c are confusing and needed their own separate yes/no.'</i></p> <p><i>'The AI statement in the guidance needs strengthening in terms of ethical and legal implications. There are data protection issues relating to sharing patient data with AI. Evidence of fact checking is also required, when using AI,</i></p>
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	<p><i>as it can get things wrong. Patients need to be aware of these issues if either they are using it to self-diagnose or their osteopath is using AI in their practice.'</i></p> <p><i>'The focus on AI seems appropriate. The clarity of the guidance could usefully be clearer in making distinctions between registrants' engagement with AI in different contexts and for different purposes. For example, AI as a topic, AI as a means of engaging in CPD and AI to produce CPD records.'</i></p>
Reflection	<p><i>'Adding an explicit requirement for osteopaths to reflect on their learning needs, reflect on CPD activities and how activities inform their practice. Add reflection on learning needs into year one of the cycle and a requirement to reflect on learning needs under overview and planning of CPD section.'</i></p> <p><i>'Page 10 example of mandatory elements across the 3 years, in Year 1 there needs to be a reflection point to identify learning needs relevant to practice and how these can be met. To emphasise the need for this.'</i></p> <p><i>'Increase focus on reflection on clinical practice and on learning needs.'</i></p> <p><i>'In the guidance you need to increase the focus on reflective practice.'</i></p> <p><i>'Adding the idea of self-reflective practice or self-appraisal with a Lifelong Learning principle.'</i></p> <p><i>'Things to think about – How we learn, how we reflect and how we become aware of things we don't know...'</i></p> <p><i>'Page 5 Under 'creating a supportive culture' I believe you need to add in that it 'relies on osteopaths.... being reflective about their CPD needs and how the CPD they undertake informs their practice development whether this is within the clinical field, educational, research or leadership roles'.</i></p> <p><i>'Reference is made to registrants needing to demonstrate how they have reflected on their CPD. However, this requirement does not appear to come across consistently in the guidance or template. It will be useful to strengthen the focus on registrants needing to reflect on and distil learning from their CPD, regardless of the nature of the activity that they have undertaken... On page 5 the text could be enhanced by highlighting the importance of osteopaths, as regulated health care professionals, engaging in critical</i></p>

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	<p><i>reflection on their CPD needs, the outcomes of their CPD and applying their new learning in their practice and the impact of this for their delivery of safe, effective high quality patient care (whether direct or indirect).'</i></p>
Verification and assurance	<p><i>'Can you clarify if random selection mentioned on p12, is this after the full year cycle or during it.'</i></p> <p><i>'The old and new guidelines state that at the end of each year, the GOsC will aim to confirm the osteopath is on track to complete the requirements. Is that something that is actively done for all?'</i></p> <p><i>'Page 12 it states that 5-10% of the profession are monitored every month so does this mean you look at 60-120% of all osteopaths CPD over the course of the year? So, some are looked at twice? Do you look for evidence of reflection? Do you give advice if this is lacking?'</i></p> <p><i>'There is some ambiguity on page 12 about the % of CPD that is audited. "5 to 10% per month" suggests that you audit up to 120% of registrants per year, which would be everyone. Is this level of detail needed? There are a number of bullet points that outline why the GOsC audits CPD. Most osteopaths won't be interested in this, they will just want to know what it will entail for them. Do we need all the additional text?'</i></p> <p><i>'The indication that GOsC selects 5-10% of registrants each month to look at evidence of their CPD seems high and excessive. It appears to mean that up to 120% of the register could be selected across the calendar year, meaning that potentially some registrants would be audited more than once per year across the monthly auditing process. However, we understand that the explanation is compressed and does not reflect the actual percentage of registrants audited on a monthly basis.'</i></p>
GOsC Provision of CPD related to fees	<p><i>'Why not have more free resources available in CPD areas'</i></p> <p><i>'Why can't GOsC provide more CPD resources for free... Videos... Interviews.'</i></p> <p><i>I found that the Academy of Physical Medicine has a great CPD system. Wide range of CPD subjects, great interviews... Fantastic resource that GOsC could replicate. I feel the money I spent on GOsC should provide this.'</i></p> <p><i>'More open access to some of the specific events.'</i></p>

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	<p><i>'Part-time osteopaths have a limited budget for CPD and GOsC could help with this by providing more free CPD.'</i></p> <p><i>'More talks could be recorded and shared.'</i></p> <p><i>'Overseas osteopaths could have more online CPD from the GOsC.'</i></p> <p><i>'I would feel happier paying my registration fees if I felt that I got more CPD from the GOsC.'</i></p> <p><i>'If consent of boundaries is an issue for osteopaths... Why can't the GOsC give live or recorded CPD on the subject.'</i></p> <p><i>'Mini quizzes along the way, could be an easy form of CPD.'</i></p>
Flow of guidance	<p><i>'I found it difficult to follow p6 of the document 'features of the scheme.' The opening paragraph is a very long sentence, and I found it difficult to understand. I am not sure the jigsaw illustration captures the features of the CPD scheme. I haven't done a full cycle yet, but if new elements are now mandatory, I think this needs explaining further.'</i></p> <p><i>'The structure of the document could be improved for the osteopathic audience. Page 5 includes information on creating a supportive environment and the aims of the CPD scheme, but most osteopaths won't be interested in this and will be looking for the section that tells them what they will need to do. I would put this section at the end and start with the bit that the most relevant audience will be looking for. Could the example on page 10 also be moved to the end as an annex?'</i></p>
Areas of repetition or duplication	<p><i>'There is a little undesirable repetition – the fact that the "Peers can either be osteopaths or other health professionals" is repeated on pages 8 and 11.'</i></p> <p><i>'Some of the guidance could be better explained. The PDR is repetitive towards the end.'</i></p> <p><i>'Should the comment "If it becomes apparent that exceptional circumstances will prevent an osteopath complying, the GOsC should be notified by the osteopath as soon as possible during the CPD cycle" on page 9 be added to the section "Difficulty meeting the requirements" on page 13? Otherwise this seems to duplicate.'</i></p>

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Osteopaths that commented on what could be improved in the CPD guidance, the focus was on the EDIB and boundaries activities specifically (see Section 2 for further details) and broader issues around mandatory activities (see Box 3)

Box 3: Broader points about mandatory element within the guidance¹⁰

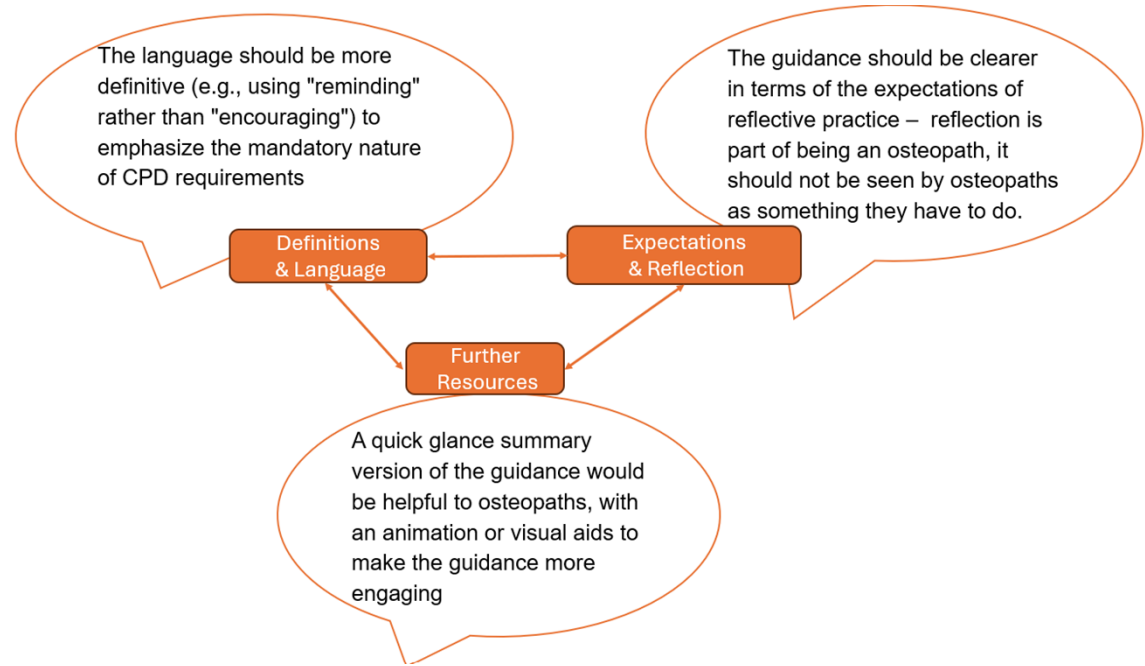
‘Mandatory CPD activities are listed but only communication and consent, EDI and boundaries, but the objective activity is mandatory too, so I’m unclear why they are not listed together in one section for clarity and consistency-see page 6 of the guidance document’

‘In the guidance document, there is a duplicated sentence (these topics can be covered together or separately in one or more CPD activities), it should only appear once.’

Patient Perspective

Patients identified three areas relating to gaps in the CPD guidance, that osteopaths themselves had identified in Table 2. These were largely around explanations and expectations, definitions and language and reflection. The patients also suggested further resources that might be useful to osteopaths (see Figure 1).

Figure 1: Patient views on the CPD guidance¹¹



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¹⁰ Views drawn from online website consultation
¹¹ Taken from patient focus group held on 27 January 2025

Section 2: EDIB and Boundaries as mandatory elements

Most osteopaths agreed that boundaries and EDIB should become mandatory elements to the CPD scheme. Although, this was higher for boundaries than for EDIB, which we see later in the qualitative comments that this is likely to be because osteopaths can see the evidence base for the introduction of boundaries more readily than for EDIB (See Table 4). Also, even if osteopaths answer yes to either or both mandatory elements being introduced, the qualitative comments from osteopaths can still indicate further resources are required for greater clarity and/or although some may agree with the introduction of these elements, they have concerns about making them mandatory (for example, see text in blue font in Box 4-10, these quotes are associated with respondents that answered yes to introducing either or both mandatory elements in the online website consultation only).

Table 4: EDIB and boundaries elements

Do you agree with the addition of CPD in relation to boundaries as a mandatory element of the CPD requirement?			
	Yes	No	
Website consultation	13	5	Majority (77.5%) agree that boundaries should become a mandatory element. 2.5% are unsure
Webinar 1	7	3	
Webinar 2 ¹²	11	0	
Total	31	8	
Do you agree that the addition of CPD in relation to Equality Diversity and Inclusion and Belonging (EDIB) as a mandatory element of the CPD requirement?			
Website consultation	10	8	Majority (63%) agree that EDIB should become a mandatory element. 10.5% are unsure
Webinar 1 ¹³	6	2	
Webinar 2 ¹⁴	8	0	
Total	24	10	

Osteopaths that made comments on the introduction of compulsory elements on EDIB and boundaries fall under seven broad categories

1. Those that are in favour of the mandatory elements, seeing the benefits these additions could bring (Box 4)
2. Those that would add other additional mandatory topics to this list alongside boundaries and EDIB (see Box 5)
3. Those that require further resources for greater clarity on this change (Box 6)
4. Those that require further clarity around how these mandatory elements can be met (Box 7)
5. Those that are concerned about the evidence base for the introduction of the EDIB element being introduced (Box 8)
6. Those that are against these elements becoming mandatory, but not necessarily the principles behind the elements (Box 9)

¹² 1 osteopath reported not being sure, making the total 40

¹³ 2 osteopaths reported not being sure, making the total 38

¹⁴ 2 osteopaths reported not being sure, making the total 38

7. Other concerns made about the introduction of boundaries and EDIB (see Box 10)

Box 4: In favour of mandatory elements¹⁵

'EDIB is at the heart of what we as osteopaths do.'

'Some osteopaths may need this'

'I feel I manage this relatively well in my practice, but further education around language that specific groups are indicating they prefer will always be useful. It seems to change so quickly that we could all do with staying regularly up-to-date on this. As a mother of older teenagers, I am very aware of how differently my words are sometimes interpreted by them.'

'These are important topics which may help to decrease the number of complaints and concerns against osteopaths.'

'The available evidence base drawn from thematic analysis of the fitness to practice data supports the transgression of boundaries remains a problem within the osteopathic profession and as such a mandatory training component is a proportionate response.'

'With respect to the OPS and including EDIB and boundaries I think we should be encouraged to read and reread the OPS once a year or so. I find the little quizzes at the end quite useful'

'For boundaries, this is a key and consistent issue in concerns raised.'

'Essential and vital component for working in society today and having an understanding in this area, it's unavoidable, I think.'

'Part of patient care- Embedded in everyday interactions in a meaningful way.'

'I thought EDIB was already mandatory'

'Your six articles on boundaries are very useful'

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¹⁵ Views drawn from online website consultation, webinars and focus groups

Box 5: Adding additional mandatory elements to the scheme¹⁶

‘Perhaps add safeguarding as a mandatory topic also.’

‘Safeguarding is a valid topic to be mandatory also.’

‘Surely, it’s an oversight not to have safeguarding as a mandatory requirement’

‘You could say the same thing about a first aid and resuscitation course being compulsory as well as safeguarding.’

‘It’s the same as keeping up to date with first aid. It’s a great opportunity to show that we are up to date with EDIB related issues and policies in our practices.’

‘I also believe that safeguarding should be mandatory once every three years.’

‘Look at the list of skills for health, which preps students for the NHS, this has EDI and safeguarding etc..’

‘Would be useful to consider other elements – for example GDPR, concerns and complaints adjunctive therapies etc..’

‘Now we are AHPs, do we need to look at stats for health types – safeguarding for adults and children. Also, infection control. Things that most other AHP professionals have to do within NHS settings.’

‘Would be useful to consider safeguarding as well, as we see vulnerable people.’

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¹⁶ Views drawn from online website consultation, webinars and focus groups

Box 6: Further resources¹⁷ are required for greater clarity¹⁸

'There needs to be resources provided as this is a new area and also guidance on the number of hours expected, along with more explicit guidance, that there is the need to cover all 3 areas in 3 years.'

'Need to give examples of the EDIB components and resources'

'Professional boundaries should be taught within OEIs, therefore education on this area is not the problem. Greater guidance on risk factors to breach of boundaries would be useful. Both boundaries and EDI need signposting to resources to support engagement and not create challenge.'

'Resources are needed for both professional boundaries and EDI to ensure sustainability, rather than challenge-worked examples to support transition into new CPD requirements on these.'

'I think it would be useful if the GOsC collaborate with CPD providers on the scope and detail on boundaries and EDIB and how they relate to osteopathic practice.'

'Resources for osteopaths in these areas are quite sparse and limited at the moment, so I hope the GOsC will add resources in these areas for us. Videos would be useful and some completed examples'

'I think more time should be allowed before this is made compulsory as there are not many resources for this type of CPD.'

'Some of this training could be addressed through student education and over time would become commonplace practice, but for those registered for some time I can see the challenge, especially for sole practitioners.'

'CPD resources on EDI and boundaries need to be added to the CPD website as I could not find any and again CPD providers need guidance on this and how to add this into their offerings.'

¹⁷ Several participants commented on various ways in which training could be provided, for example, Skills for Health <https://www.skillsforhealth.org.uk/>, Free Courses in England <https://freecoursesinengland.co.uk/equality-and-diversity/> and High Speed training <https://www.highspeedtraining.co.uk/courses/business-essentials/equality-and-diversity-training-course/>

¹⁸ Views drawn from online website consultation, webinars focus groups and email responses

Box 7: Clarity around how these mandatory elements may be met¹⁹

'It should be clear if these are separate elements or can be incorporated as a total with communication and consent.'

'I hope that the EDIB element will be proportional. I would not be worried if it did not become a compulsory element of the updated scheme. It is already noted in the OPS.'

'The new reference to boundaries and EDIB is a little confusing, but I see you've provided links to follow-up. The question is, how do we prove that we understand and are applying these provisions?'

'Further clarity is needed on whether all three mandatory elements should be completed within a cycle and how many hours is expected to be spent on these elements.'

'What do you mean about boundaries consent-this needs to be clarified further. EDIB-is this meant to be a separate course that is mandatory for us to attend? How does this impact our role as healthcare therapists? We don't discriminate on who we treat.'

'Under mandatory elements on Page 7 - I believe there should be clarity on the need to cover all 3 elements every 3 years-I am still unsure on this myself. Also, previously there was guidance on covering about 3 hours on communication and consent and this guidance should be repeated as I know it will be asked as osteopaths will want to know how much a course covers and whether it does the whole job or only part of the requirement as I get this already with communication and consent. People will not attend a consent CPD if it does not cover the allotted hours, they need to cover currently, so they will ask how many hours they need to spend on these requirements in order to cover all three.'

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¹⁹ Views drawn from online website consultation, webinars, focus groups and email responses

Box 8: Concerns about the evidence base for EDIB mandatory element²⁰

'The available evidence base does not support making EDI training a mandatory component. The guidance document refers to the UrGEnT study done by the UCO. This study examined only the experiences of student osteopaths, not patients of the osteopathic profession - The vast majority of osteopaths are not involved in undergraduate education; therefore, the evidence does not support this being a mandatory requirement. No evidence is presented that patients are being treated in a manner that mandatory EDI training would improve. The PSA expect regulators to show how they support and encourage registrants to improve their EDI skills and knowledge, including through CPD/revalidation where relevant-the wording of this is clear: support and encourage are the words chosen by the PSA not compel and require. This statement by the PSA does not impose a requirement for the GOsC to insist upon its registrants undertaking mandatory EDIB training, but suggest to registrants that it could benefit their patient experience and provide or signpost to resources for this.'

'What was the evidence for the inclusion of EDIB content?'

'Are you saying that EDIB has been noted as missing in our profession? What is the drive to include it?'

'The UrGEnT research was related to students and not patients. There is minimal relevance for the EDIB to be included in our CPD'

'I'm struggling to understand the relevance of having equality, diversity, inclusion or belonging CPD stated there. The UrGEnT research from UCO was related to students and not patients. There is no evidence or justification to include EDIB in our CPD.'

'The intended meaning of the explanatory paragraph about how the mandatory thematic [activities] relate to patient benefit could be clearer, while the intended meaning can be inferred, this seems ambiguous. This is particularly the case with developing patient awareness in communication and consent.'

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²⁰ Views drawn from online website consultation, webinars and focus groups

Box 9: Concerns about making EDIB and boundaries elements mandatory²¹

‘I think that this is a very grey area-we were taught at college about boundaries, inclusivity and communication and consent. I’m happy to do all these themes, but worry about a mandatory element being introduced into the profession as a blanket answer.’

‘These are all valuable areas to require osteopaths to be educated in, however I believe that making these compulsory along with the objective activity communication and consent in each CPD cycle is just adding to the limited nature of the scheme and so making it harder for us to respond to our own weaknesses and/or interests’

‘EDIB being mandatory will actually have the opposite effect. What are you trying to resolve by implementing this? Where does it come from? Evidence suggests you need to bring people on a journey, not make this mandatory. There is little value in ticking a box. It will have a detrimental effect in the long run, making this mandatory. Better to do it well, and take people on a journey than force activities they may resent’

‘There is evidence for example within education that mandating has a negative effect. People can do courses and tick boxes, but not necessarily implement anything in their practice. Very little value in ticking a box, better to use practical cases, for example use of language ‘Do you really say that to your patients. There are times where making it mandatory is useful e.g. in technique/hands-on training and this comes out in the training – You say that to your patients? Reflecting with colleagues may be better. The danger is people think it’s done once they have ticked a box, you need to think about what impact this will have?’

‘ We suggest that both professional boundaries and EDI within CPD should be piloted, as opposed to immediately made compulsory. Our reasons: support transition and engagement, provide evidence base to effectiveness of inclusion - provide evidence of practicality of compliance (are there enough resources, unseen challenges for some sectors of the profession e.g. geographic in relation to EDI or deeper issues for professional boundaries-expectation of GOsC to seek innovative solutions (part of GOsC strategy too), as opposed to tick box exercises which cannot demonstrate development (reading a document is not enough), following how other regulators have approached the issues-better understanding and development of patient care in relation to the above, supporting ideas of piloting, so that other pioneering research can be done in this area.’

‘I believe that adding another compulsory element achieves the opposite. My suggestion is that in any given CPD cycle 2 of the 3 compulsory components should be required. In the following cycle the same 2 choices cannot be selected.’

²¹ Views drawn from online website consultation, webinars and focus groups

Box 10: Other concerns relating to EDIB or boundaries²²

'We all read/hear the news, and we tend to be intelligent humans. Please concentrate your energy on communication and consent, and if necessary, add paragraphs/sentence or two on EDIB.'

'This is increasing the requirements not decreasing, as was promised, we're not being listened to again and again.'

'The new inclusion of boundaries and EDIB need to be doable for those living far from London. Most CPD online is for employers on this subject.'

'It feels like we're being treated as if we can't understand basic boundaries and principles of equity, diversity and inclusion. These are concepts that should be straightforward for us to grasp.'

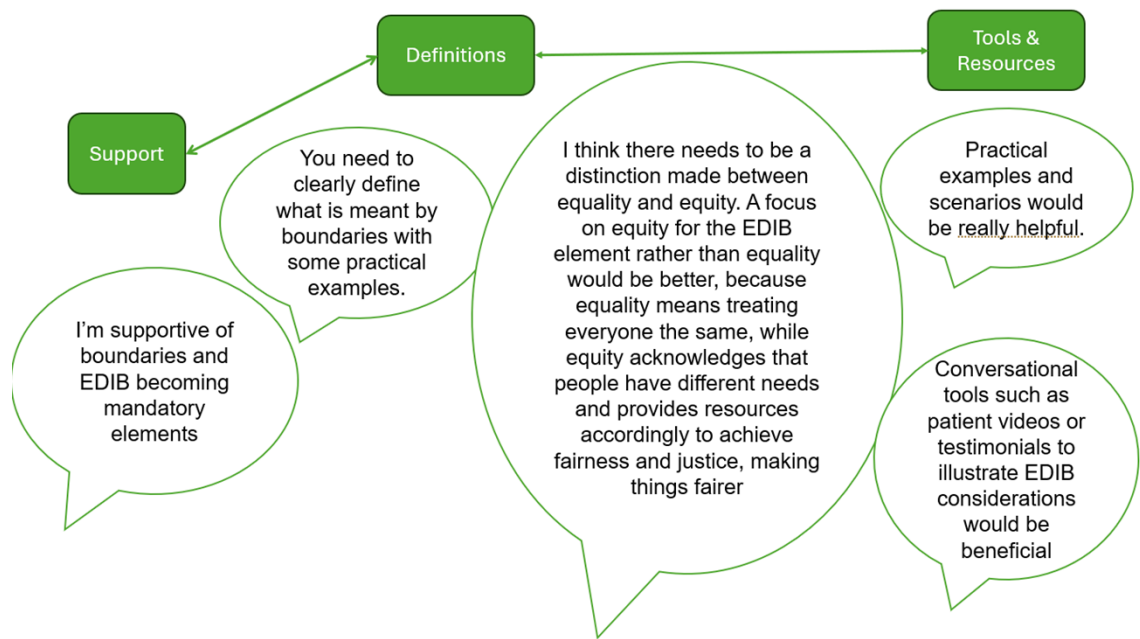
'Constantly forcing us into wasting time, doing more unnecessary work. Every practice is different, especially those in town/city to a village/community which you and your family are well known by your patients. In this instance, if you maintain the instructed boundaries, you are seen to be very standoffish and not professional. It would be the quickest way to destroy your practice.'

'The CPD scheme is not the best place for these elements. If we think about boundaries, we are aware of it in the OPS, as osteopaths we talk about boundaries issues that have arose more generally. They then don't arise for you individually in your practice and the answer is then to upskill on it'

Patient Perspective

Patients shared similar views to those of the majority of osteopaths, they were in favour of boundaries and EDIB becoming mandatory elements of the scheme, but felt further resources for clarity would be needed for osteopaths (see Figure 2), demonstrating similar views seen in Box 4 and 6.

Figure 2: Patient views on boundaries and EDIB Mandatory elements²³



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²³ Taken from patient focus group held on 27 January 2025

Section 3: PDR Template - Osteopaths and patients understanding of the proposed changes, gaps identified, and improvements needed

Osteopaths' perspective

Most osteopaths understood the proposed changes that had been made to the PDR Template and could not see anything was missing from this revised template (see Table 5). Most thought the template was better to use in terms of ease of use, clearer to understand, quicker to complete and more accessible (see Table 6). However, most osteopaths still thought further enhancements could be made to the PDR template (see Table 5)

Table 5: PDR Template

PDR Template			
Do you understand the updated PDR template and how it relates to you?			
	Yes	No	
Website Consultation	16	3	84% understand the proposed changes to the PDR template
Webinar 1	Not asked	Not asked	
Webinar 2	Not asked	Not asked	
Total	16	3	
Do you think there is anything missing from the draft PDR template?			
Website consultation	3	15	83% don't think that there is anything missing from the proposed PDR template
Webinar 1	Qualitative	Qualitative	
Webinar 2	Qualitative	Qualitative	
Total	3	15	
Do you think that PDR template could be improved/ enhanced in any way?			
Website consultation	11	6	65% think further enhancements could be made to the PDR template
Webinar 1	Qualitative	Qualitative	
Webinar 2	Qualitative	Qualitative	
Total	11	6	

Table 6: PDR Template – Accessibility and ease of use

		Easier of Use	Clearer to understand	More accessible	Quicker to complete	Data Pattern
Website consultation	Yes	12 (75%)	12 (75%)	12 (75%)	12 (75%)	Majority thought the PDR template was better in terms of usage
	No	4 (25%)	4 (25%)	4 (25%)	4 (25%)	
Rating scale						
Webinar 1	1-5 used (Ave score)	4.6	4.4	4.0	4.4	The PDR template is considered in this order to be: 1. Easier to use
Webinar 2	1-5 used (Ave score)	3.9	4.0	3.4	3.9	

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						<div>2. Clearer to understand</div> <div>3. Quicker to complete</div> <div>4. More accessible</div>
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Osteopaths who made further comments on their understanding of the updated PDR template, tended to fall into three broad groups (see Table 7)

1. For some osteopaths the template was still too long and time consuming.
2. For others they welcomed the simplified approach (see also Table 5)
3. Some feared the simplified approach could reduce the PDR process and opportunities for reflection

We generally saw these same three themes emerge in the comments made around anything that was missing in the PDR template e.g. reduce the template further as it's still too long verses adding guidance back in as it was considered helpful (see Table 7).

Table 7: Understanding of the updated PDR template²⁴

Theme	Comments/Quotes on osteopaths understanding	Comments/quotes on gaps identified
Still too long and time consuming	<div><i>'The template is long and very onerous in relation to how much needs to be filled in. The bulk for the osteopath is 4 boxes for approximately a hundred words of text for each. It feels daunting when looking at it, as it contains all the guidance along with what needs completing, having this separated out into maybe two documents would give the explanation of each part separately to the part to complete.'</i></div> <div><i>'Too much and increasing, it's not decreasing as was hopeful. We are not being heard!'</i></div>	<div><i>'It takes too much time. Reduce - it's very, very excessive'</i></div> <div><i>'The template is much too long and cumbersome and would benefit from being a simple 2–3-page document with the guidance in a separate accompanying document.'</i></div> <div><i>'Making it significantly shorter'</i></div>
Welcomed simplified approach	<div><i>'Any changes that simplify this laborious process is very welcome.'</i></div> <div><i>'Much better'</i></div>	<div><i>'Better, but could probably still be tweaked'</i></div>

²⁴ Views drawn from online website consultation, webinars, focus groups and email responses

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	<p><i>'Seems pretty straight forward.'</i></p> <p><i>'A definite improvement and more obvious what is now expected'</i></p> <p><i>'Seems simple enough and easier to answer using tick boxes. It feels like it will be less time consuming.'</i></p> <p><i>'Areas for development and strengths and planning are simpler and easier to use'</i></p> <p><i>'Seems much more intuitive-has it been tested with EDI in mind in terms of accessibility and ease of completion?'</i></p> <p><i>'Content seems the same, but having simplified, hopefully it should make it easier to complete.'</i></p> <p><i>'Like the use of colour'</i></p> <p><i>'Looks much clearer and easier to use'</i></p> <p><i>'More straightforward'</i></p> <p><i>'Can't add anything. Looks good to me.'</i></p> <p><i>'Wording is simpler. Anything you do to reduce the terminology, reduces the scare factor and helps to de-stress osteopaths.'</i></p> <p><i>'I appreciate you trying to make things easier.'</i></p>	<p><i>'Better, but let's see how long the peer review takes to fill out.'</i></p> <p><i>'Keep it simple to fill in the boxes on the PDR template. New grads are often okay with it, but it's the older osteopaths who struggle.'</i></p>
Fear simplified approach reduces PDR process and reflection	<p><i>'I believe the PDR template to be too simplistic and fear this could encourage some to reduce the PDR process to a tick box exercise. The guidance used before on the form was useful, regarding whether the osteopath had met, or not met the standards.'</i></p>	<p><i>'Add guidance back in regarding, may have met and not met standards.'</i></p> <p><i>'I believe the previous guidance of met, may have met and not met was useful.'</i></p>

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	<p><i>'I believe it is too tick boxy and will not encourage more reflection.'</i></p> <p><i>'I believe the PDR template has been over simplified and could encourage some to create a tick box exercise.'</i></p> <p><i>'We see the changes, while well-intentioned, as increasing the sense of a tick box approach to how registrants need to account to GOsC for their CPD activity. This appears to risk the scheme becoming more superficial and reductionist and decreasing stakeholder confidence (including that of registrants and potentially public and patients) in the scheme's value... We understand that the updated draft shared as part of the consultation is a simplified version of the existing template and deliberately takes a more tick box approach to make its completion easier for both registrant and peer. While, this might be the case, it appears to risk the sense of the exercise being reductionist and superficial... The template appears at risk of obscuring the value of registrants engaging in the review discussion with the peer. It is therefore difficult to infer the value of its completion and submission. While the planned changes may make the template easier to complete and check (for all parties), they could risk reducing the process' meaning, purpose and value and eroding registrants' positive engagement with GOsC requirements. They could therefore have the opposite effect from those that GOsC is intending to achieve.'</i></p>	<p><i>'The old guidance on whether the osteopath has met, may have met or has not met each standard is useful and encourages more discussion and reflection.'</i></p> <p><i>'Under Overview and Planning I would suggest adding in under areas for development 'base these on reflections of your current practice and what your learning needs currently are or are likely to be over the next 3 years'. I suggest this to again offer more hints at reflection and that this is required.'</i></p> <p><i>'The template could usefully be adapted to bring to the fore the more usual components of a peer review discussion. These include an emphasis on and structured support for-critical reflection on professional learning and development, the value and impact of applying new learning in/on practice and the benefits of this for patient care (whether directly or indirectly)'</i></p>
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There were also areas where osteopaths wanted further clarity in terms of certain phrases/definitions used (e.g. practice roles) within the template, mandatory and optional elements and about you as an osteopath and you as the peer sections of the template in particular. Comments were also made about specific CPD elements on the PDR template (namely OPS and objective activity). General accessibility

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issues were expressed regarding the current template. Some questions were also raised about the data collected on the PDR template and what this data will be used for. Other questions asked by osteopaths were around the timing and process of implementing the new template and ideas around additional CPD support for osteopaths to complete the template successfully (see Table 8).

Table 8: Areas of clarity identified on the PDR Template²⁵

Theme	Comments
Mandatory and optional elements	<p><i>'Areas which are mandatory should be highlighted and additional explanation given for non-mandatory elements.'</i></p> <p><i>'State which parts of the template are mandatory'</i></p> <p><i>'If about you as an osteopath is optional then perhaps say so at the top. Again, if overview and planning is an optional section maybe say so, otherwise people will think it is mandatory.'</i></p> <p><i>'If the sections on planning and details about you as an osteopath can be optional, it would be good to say that.'</i></p>
One piece of CPD can count for multiple mandatory elements	<p><i>'Clarity that one piece of CPD can cover several of the mandatory components.'</i></p> <p><i>'Needs a blurb to make it clear that one piece of CPD could cover all three elements (communication and consent, EDIB and boundaries). Similarly, the messaging could be clearer that a CPD activity may address more than one OPS theme and that an objective activity could address this mandatory element and multiple OPS themes or communication and consent.'</i></p>
Use of term practice roles	<p><i>'Please be clearer about what you mean by practice roles.'</i></p> <p><i>'Clarify the phrase 'specific CPD relating to practice roles' e.g. CPD activities specific to your various professional roles e.g. clinical practice, education, research, practice management or other relevant roles you undertake (p3).'</i></p>

²⁵ Views drawn from online website consultation, webinars, focus groups and email responses

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<p>About you as an osteopath section on the PDR Template</p>	<p><i>'There wasn't a tick box for practising as an osteopath in the multiple osteopath private practice.'</i></p> <p><i>'Why are there so many age divisions for children in type of patients you treat?'</i></p> <p><i>'I don't think a peer should be your spouse, practice partner, principal or associate.'</i></p> <p><i>'The list of 'Other roles that you may have' is very limited and excludes committee work for iO, GOsC, other leadership roles and other employed non-clinical roles. Perhaps this should be less limited or an open text box?'</i></p>
<p>About your peer section on the PDR Template (My peer was put in place by)</p>	<p><i>'Why do you need to know which regional group is used, but not which educational institution or clinical group?'</i></p> <p><i>'The list of possible peers needs expanding to include such organisations as SCCO'</i></p> <p><i>'You have not included the peer matching platform in the options'</i></p> <p><i>'Breadth of postgraduate providers needs expanding for where osteopaths might find a peer from. It currently, lists some, but not all which is not fair.'</i></p> <p><i>'I think the word 'with' needs to be removed on the list. And if it is to be a regulated health professional, the word regulated needs to be included.'</i></p> <p><i>'There are a number of instances that seem irrelevant and unnecessarily prescriptive in the section about the peer. For example, where an osteopath has to specify if the peer was ..., how the peer was put in place by and location of meeting. Is there any value in asking these questions, what will this data be used for? Perhaps they could just confirm that the person is a professional of good standing, similar to witnessing a passport signature or Will?'</i></p> <p><i>Similarly, why do you ask if a fee was paid? What will this data be used for?'</i></p> <p><i>'Is there guidance on what a peer cannot be?'</i></p>

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Accessibility of PDR Template	<p><i>'Please check for accessibility design issues with PDR template. Make sure it is user friendly with software readers and voice recognition software. The template can be difficult to engage with when using these, in the MS Word version.'</i></p> <p><i>'A black and white text version of the PDR template is needed.'</i></p>
CPD Standard 1: OPS	<p><i>'Has the osteopath undertaken CPD activities in relation to each of the four themes of the Osteopathic Practice Standards and also CPD appropriate to their osteopathic practice? Perhaps either a separate question or 4 tick boxes, so that these two elements can be clarified.'</i></p>
Standard 2: Objective activity	<p><i>'Increased range of objective activities to cover educational, research and leadership roles'</i></p> <p><i>'You ask, 'Has the osteopath detailed the following according to their chosen activity, e.g. Patient feedback analysis template?' and give the following as examples: Aims & Objectives, Method used, Outcome, Conclusion and Action Plan. This seems unnecessarily prescriptive. An osteopath can equally perform an objective activity without any of these topics being formally reported. What will this data be used for?'</i></p>
Peer Declaration section	<p><i>'The peer declaration statement appears to require the peer to affirm that a registrant engages in good quality and safe patient care based on a discussion of the latter's CPD activity. Even with the included caveats, it seems questionable whether the declaration is a reasonable or fair one for a peer to make, particularly if they do not know a registrant and are not familiar with their wider approach to practice... It would seem more appropriate and helpful for the template to seek affirmation from the peer and registrant on the nature of the conversation that they have had and in turn on how this has evidenced the registrant's engagement in planning and undertaking CPD that meets their defined learning needs and is relevant to their practice, critical reflection on how they have used their learning to maintain or</i></p>

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	<i>enhance their practice as an osteopath and the benefits of their learning and development for their service users (including patients, whether directly or indirectly)</i>
What will the data be used for?	<p><i>‘After the section on boundaries and EDIB, you ask what type of course this was – why is that important? Surely, the important question is what they learnt and how they will change their practice as a result. Adding questions that elicit data that will clearly not inform any activity makes the form feel like a tick-box exercise and may reduce its perceived value.’</i></p> <p><i>‘Under Section 4, you ask ‘Which of the following have you used to record and reflect on your CPD activities?’ One of the options is the ‘GOsC CPD diary’, which will soon be decommissioned and should be removed. However, what is the value of this question? What will you do with this data? If it will not be used, it shouldn’t be asked.’</i></p>
Inclusion of additional CPD activities	<p><i>‘The planning process should include reflection on learning needs based on your current practice.’</i></p> <p><i>‘Introduce live sessions on how to fill out the PDR Template, introduce co-working drop-in sessions where osteopaths can come to an online session with the GOsC at a regular time (every few weeks) and osteopaths can ask questions, write up parts of their template while together. This will build osteopaths confidence as well in doing these activities collaboratively.’</i></p>
Timing and process	<p><i>‘Is this template for next CPD cycle?’</i></p> <p><i>‘The process still isn’t easy – in terms of the tech way of filling it out – you have to fill it out, save it and send it to the peer. Why not have a login onto a template for both osteopath and peer to fill out.’</i></p> <p><i>‘Functionality of the PDR template needs looking at.’</i></p> <p><i>‘Information is difficult to negotiate on the GOsC website, and the PDR template was altered while I was filling it in. Boxes to fill in</i></p>

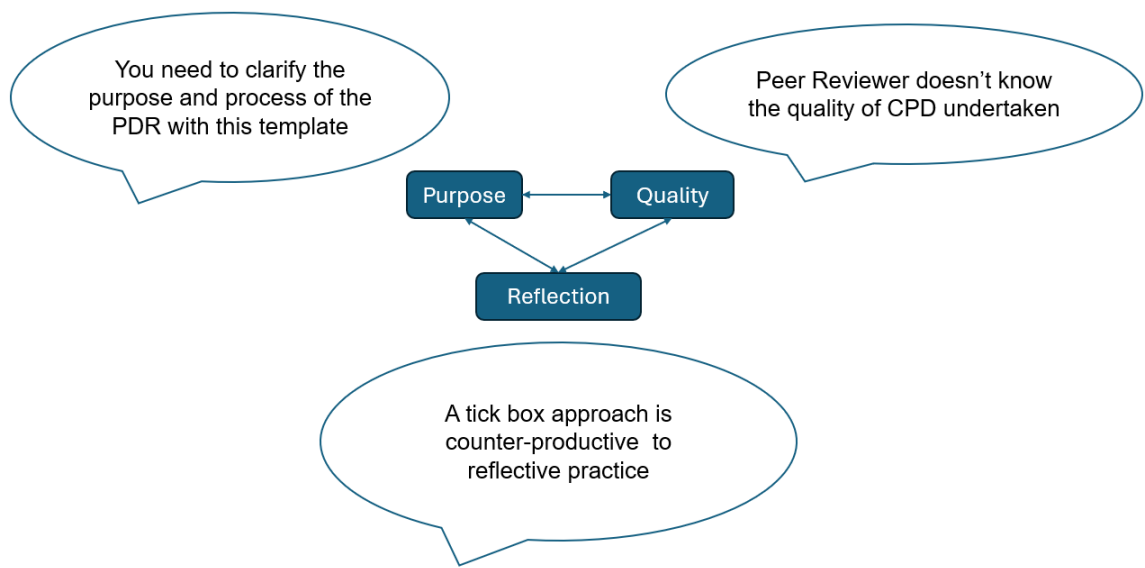
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	<i>disappeared, and text re-arranged itself. I know other osteopaths have also encountered these difficulties and like me have found what should be a relatively straightforward process, time wasting and unnecessarily stressful.'</i>
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Patient Perspective

For patients the revised PDR template needed some further clarity and for some it raises issues around the dilution of reflective practice (see Figure 3) which we see some osteopaths raise in Tables 7 and 10.

Figure 3: Patients views on the revised PDR Template²⁶



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²⁶ Taken from patient focus group held on 27 January 2025

Section 4: Supporting GOsC Priorities of public protection

Most osteopaths considered the approach proposed supported the GOsC overarching objective of public protection. (see Table 9). For the few osteopaths that did not feel this way (see Table 10) the proposals were considered as:

1. An overreach in the GOsC's regulatory authority
2. AI potentially posing a threat to public protection (this view has also been inserted into Table 3, so that all AI related comments were situated together when considering the guidance)
3. Losing or diluting of reflective practice affecting quality of care (this is possibly what patients also alluded to in Figure 3 as well)

Table 9: Supporting the GOsC overarching objective

Do consider that the approach proposed in this consultation supports the GOsC's overarching objective of public protection? ²⁷			
	Yes	No	
Website consultation	11	7	Majority (61%) considers the proposals support the objective of public protection

Table 10: Osteopaths that disagree that the proposed consultation supports the overarching objective of public protection²⁸

Theme	Comments
An overreach in the GOsC regulatory authority	<p><i>'In respect of mandatory EDIB training, this is the overreach of regulatory authority that is not supported by the available evidence base.'</i></p> <p><i>'GOsC is constantly undermining the osteopathic community, bringing unnecessary rules and regulations that seem to only be applicable to osteopaths. Other professional bodies don't appear to apply as much stress and pressure to these members.'</i></p> <p><i>'As is often stated the public does have trust in the profession. There has not been an increase of mistrust meaning what had been in place had been sufficient. Themes mentioned should be included in the academic teaching, and once taught do not need to be repeated in each CPD cycle. Same as we are not repeating our anatomy or physiology knowledge each cycle. We should have the opportunity to develop our clinical knowledge in</i></p>

²⁷ This includes: a) protecting, promoting and maintaining the health, safety and well-being of the public b) promoting and maintaining public confidence in the profession of osteopathy c) promoting and maintaining proper professional standards and conduct for osteopaths

²⁸ Views taken from online website consultation

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	<p><i>the fields that interest us and develop a specialty. It is that knowledge that our patients will gain from.'</i></p> <p><i>'This needs to be done differently you are now asking for more. You are not lightening the load!'</i></p>
AI poses threat	<p><i>'In relation to ethical and legal implications of AI. Having reviewed this addition and given there is no evidence base to understanding AI's current role in osteopathic education and practice or CPD, ... this addition is highly premature and therefore associated with significant risk to both patient care and practitioner safety. The ... cannot support statements which suggest there is opportunity in AI use, when significant ethical and legal considerations have not been made transparent for patient and practitioner. We also cannot support the idea that AI can support the reflective, self-appraisal skills which underpin the osteopathic journey including CPD, regardless of transparency or not. The ... cannot see any value in this addition outside of AHP requirements for education and CPD in digital technologies for NHS job roles. AI learning would automatically count as CPD for those pursuing this specific career path as an educational requirement. Separate, comprehensive guidance on ethical and legal considerations of AI use should be in place, so that students and registrants can make informed choices. 13a-c are confusing and needed their own separate yes/no.'</i></p>
Losing/diluting reflective practice	<p><i>'I fear that some of the proposed changes will make the CPD cycle too simplistic and therefore will reduce reflection, development and maturity of the profession. The scheme does not seem to focus on the professional development of the osteopath, but on how many hours they have managed to accrue. I am pessimistic about the percentage of the profession that are truly reflective on their learning needs. I feel more courses on reflective practice needs to be provided as many in the profession were not expected to be reflective at undergraduate level.'</i></p>

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Section 5: Welsh Language

Most osteopaths agreed with our assessment for osteopaths in Wales to have the opportunity to use the Welsh language through these changes (see Table 11). There were two objections to this, one of which commented seeing this provision contravening with record keeping requirements:

‘Anyone who is trained as a health professional will not have done their training in Welsh, and hence they can speak English. Our records have to be recorded in such a way that anyone can read and understand your notes, but if a section of the profession (3%), is allowed to fill these forms out in Welsh, that then contravenes an important requirement of record-keeping.’²⁹

Table 11: Proposed changes and use of Welsh language

Welsh Language			
	Yes	No	
On pages 4 to 5 we explain how we have considered the possible effects of this guidance and template on opportunities for osteopaths in Wales to use the Welsh language. Do you agree with our assessment?			
Website consultation	13	2	87% agree with our assessment on opportunities for osteopaths in Wales to use the Welsh language through these changes.

There were a few additional comments on what changes, if any we could make to the guidance and template to improve the opportunities available to osteopaths to use the Welsh language, all of which were varied responses, illustrating the spectrum of views osteopaths hold on this topic (see Box 8).

Box 8: Varied views on Welsh Language provision³⁰

1	2	3	4
If this is done, how many other nationalities will have the right to demand something similar, and how much will that then add to our registration fee?	Be really clear about what the actual problem is... Truly understand how big a problem and whether it is big enough to deserve the attention you are giving it. Look at the data objectively	I don't speak the language I have no comment N/A	Opportunities for all. With Swansea University providing more osteopaths in Wales, the service is a necessary part of health in the communities

²⁹ The GOsC assessment was to provide the PDR template in Welsh, which would be seen by the osteopath, their peer and potentially the GOsC as part of the verification and assurance process. This view is within a broader context of recording patient notes more generally.

³⁰ Views taken from online website consultation

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	<p>rather than find data to support your agenda, be completely transparent. Involve the large osteopathic body in decision-making and have clearly communicated the reasons for your decision and have open conversations when you're called out and need to justify choices and to be open to changing your decision if osteopaths give evidence-based feedback as to why your thinking might be flawed.</p>		
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Section 6: Additional Comments from osteopaths

Osteopaths closing comments to the online consultation tended to be slightly more positive (see Box 11) rather than negative (see Box 12).

Box 11: Positive closing comments

'This seems like a useful update. Minor comment, I would suggest redoing the figure with the different elements included in the CPD scheme, as the EDIB and boundary additions are not very neat.'

'The simplification of the process is most welcome.'

'Overall, this updated template is far easier and better to understand and complete.'

'I think you're on target in making CPD requirements more accessible to osteopaths. I believe you are genuinely trying to support us in doing a good job-such a difference from the early days!'

'The aim of improving and evolving the scheme is a good one.'

Box 12 Negative closing comments

'The result has been to add more compulsory elements. The scheme is then in danger of becoming a tick box exercise as opposed to a framework for osteopaths to reflect upon and respond to areas of weakness and build on areas of interest.'

This is all overly too much .. 90 hours plus in three years ... Write up peer-review all of this is literally hours and the peer review with a colleague can easily be 1-2 hours per colleague. I have attended GOsC talk and been told you only have to write a few words or sentences to summarise the CPD, but actually often more is required. This all takes hours, so again its extra hours and hours. It's too much and you are not listening to the profession. I often hear GOsC at talks quote carrot versus stick. Sadly, for the osteopaths, the GOsC is definitely not the carrot, far from it, as far as I can see there is no change: stick, stick, stick!'

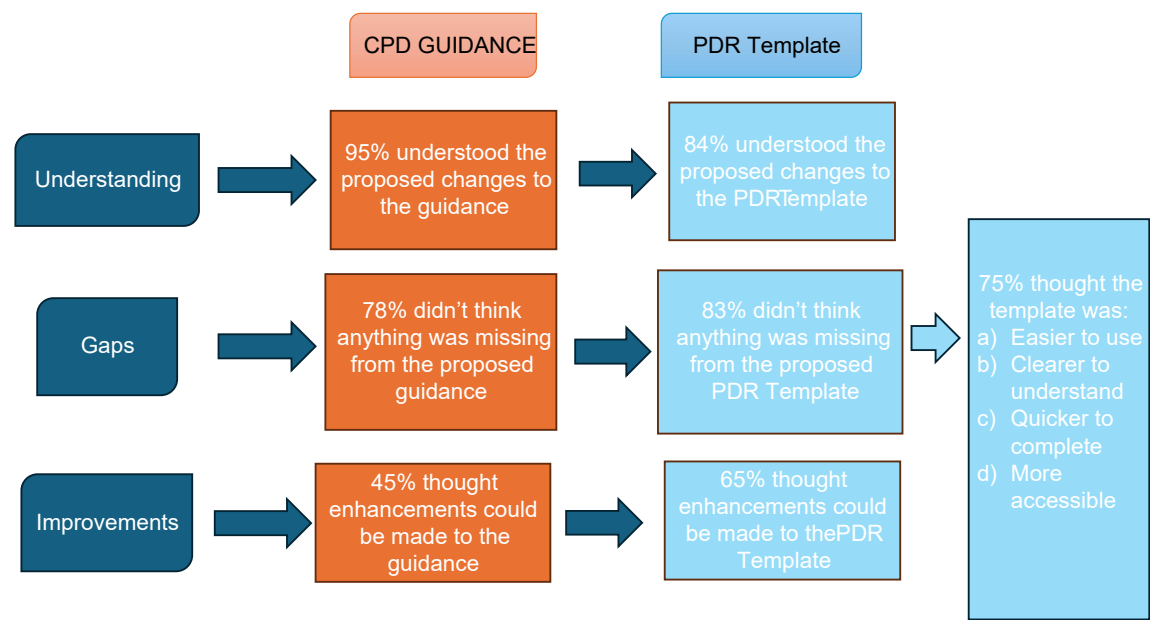
'As CPD providers, .. we suggest that CPD changes should be more considered, moderate and user friendly, with visible resources and other support (as well as the ethical and legal implications for AI to support patient care, practitioner safety and engagement). We therefore suggest removal of AI as it stands, with instead guidance to inform on its use. We also suggest piloting Professional Boundaries and EDI inclusion (one year?) to generate feedback on effectiveness on inclusion.'

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Conclusions

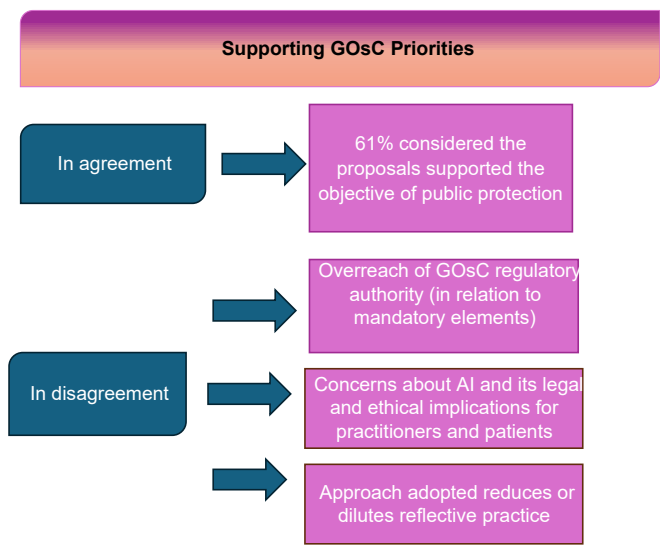
- Most osteopaths tended to be positive towards what the consultation was trying to achieve and understood the changes being proposed to the CPD guidance and PDR Template and could not identify any gaps (as shown in Figure 1).

Figure 1: Overview of consultation findings concerning guidance and template



- Most osteopaths considered the approach proposed supported the GOsC overarching objective of public protection (see Figure 2), with just a few exceptions (39% or 7 osteopaths). These exceptions tended to focus on three core areas (regulatory authority, AI and reflection), all of which we see mentioned again, in more detail when improvements or enhancements to the guidance and template are explored further in Figures 3 and 4.

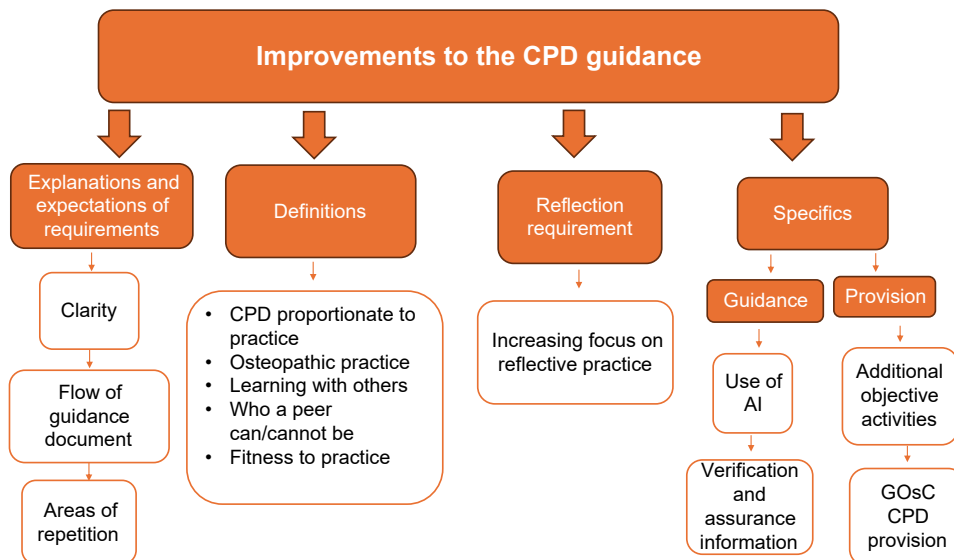
Figure 2: Supporting objectives of public protection



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- It was considered that both consulted documents, the CPD guidance and PDR Template could be improved further, and Figures 3 and 4 illustrate those enhancements that could be made, which were identified by osteopaths and patients.

Figure 3: Suggested improvements to the CPD guidance from consultation



- Figure 3 summaries how the CPD guidance could be improved, which consist of these four broad areas:
 - Explanations and expectations of requirements* – These relate to generally ‘keeping it simple’, improving the flow of the document in a more practical ‘conversational’ style and reducing areas of repetition, alongside explanations on how much needs to be filled in on the template and the expectation that this is a brief template to guide conversations between osteopath and peer. It also included clarity around activities that benefit patients, as well as what is meant by a practitioners’ behaviours/ emotions impacting on others.
 - Definitions* - These relate to osteopathic practice or osteopathic roles, learning with others, CPD that is proportionate to practice, who can and can’t be a peer and the peer declaration which appears to require the peer to affirm that an osteopath is fit to continue to practice.
 - Reflective requirement* -This relates to strengthening the focus on reflective practice, so that it is more consistent throughout the guidance document. Therefore, making it explicit in the requirements that osteopaths must reflect on their learning needs, CPD activities and consider how these activities inform their osteopathic practice.
 - Specifics (guidance)* - This concerns clarifying the ambiguity about the percentage of osteopaths that are audited, and the verification and assurance process undertaken to achieve that. It also includes the two paragraphs on the use of AI. It was thought here that these paragraphs

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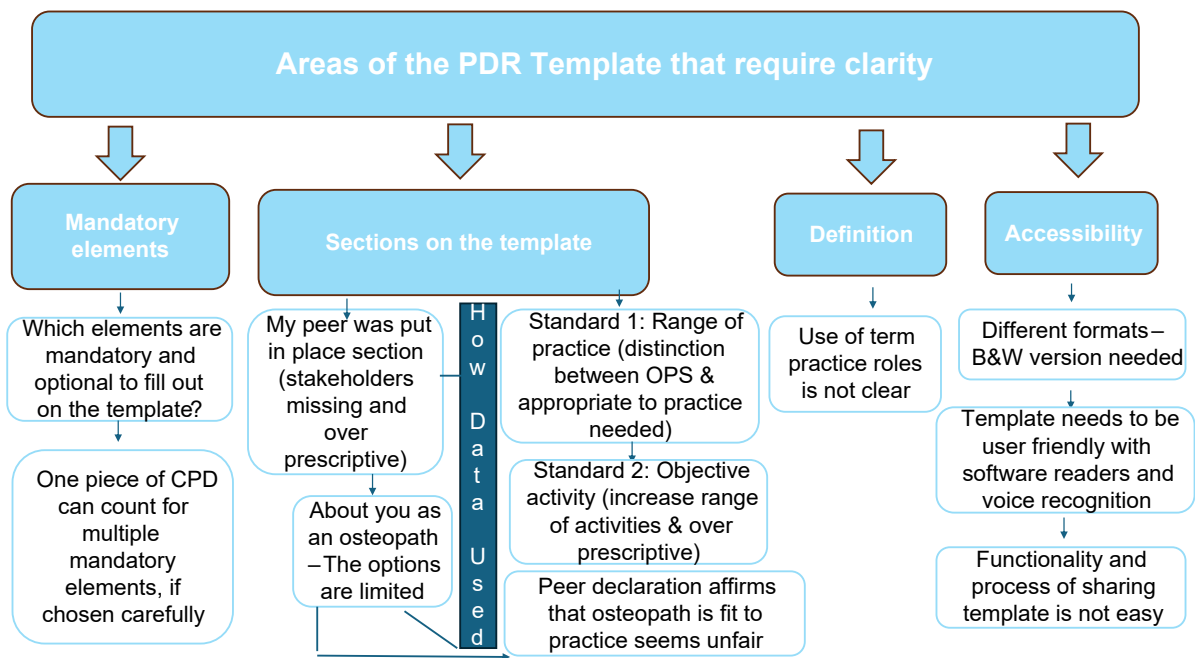
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were confusing, were not best placed at the point where they have been positioned in the document, and there needed to be some explanation on the ethical and legal considerations of using AI, both in terms of highlighting data protection issues if osteopaths share patient data with AI and the importance of evidence fact- checking what AI generates for an osteopath. It was thought separate guidance was needed on AI in the various contexts it might be used by an osteopath and the potential risks that need to be considered with its use.

- v. *Specifics (CPD provision)* - This concerns thinking about objective activities and how additional activities could be developed for those osteopaths in non-clinical roles. It also includes the expectations from osteopaths that the GOsC should provide more 'free CPD' for them as part of their registration fee.
- Figure 4 outlines how the PDR template could be improved or enhanced, which tended to focus on four main themes:
 - i. Clarity on mandatory elements – what is optional and what is a 'must' to complete on the template itself and how one CPD activity might meet multiple mandatory components of the scheme
 - ii. Specific sections of the template that were either limiting in some way or over prescriptive and some of which raised questions of what this data might go on to be used for.
 - iii. Definitions used, specifically what is meant by practice roles
 - iv. Accessibility or inclusion considerations about the template in terms of formats, useability with other software and its functionality to share the template with a peer

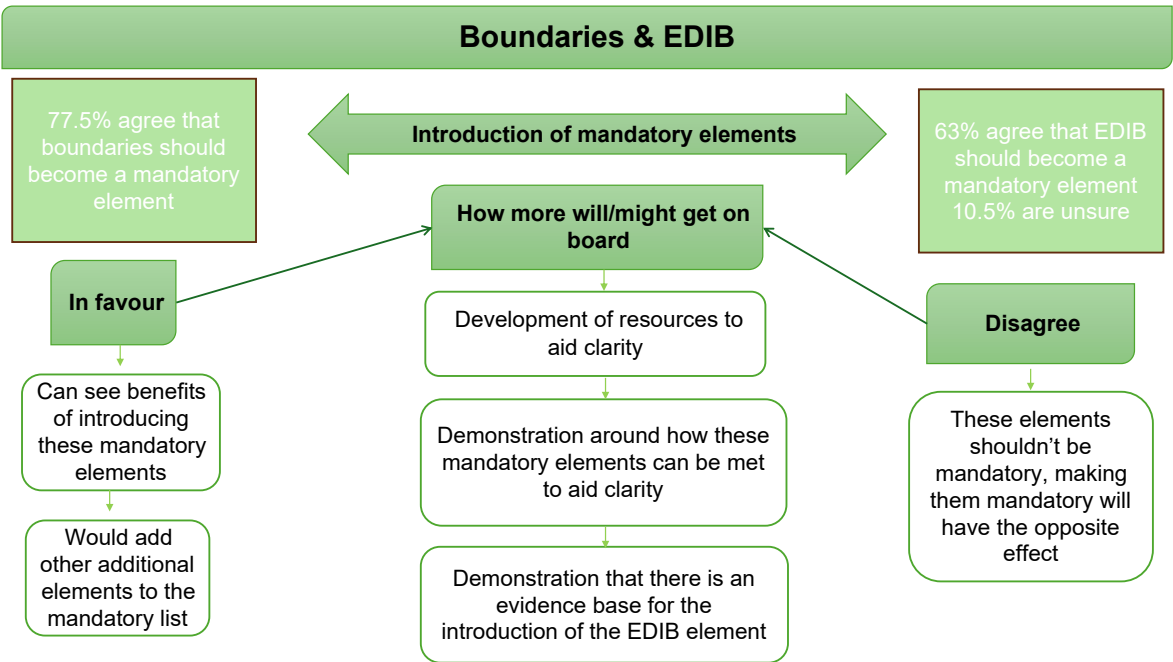
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Figure 4: Suggested improvements to the PDR Template from consultation



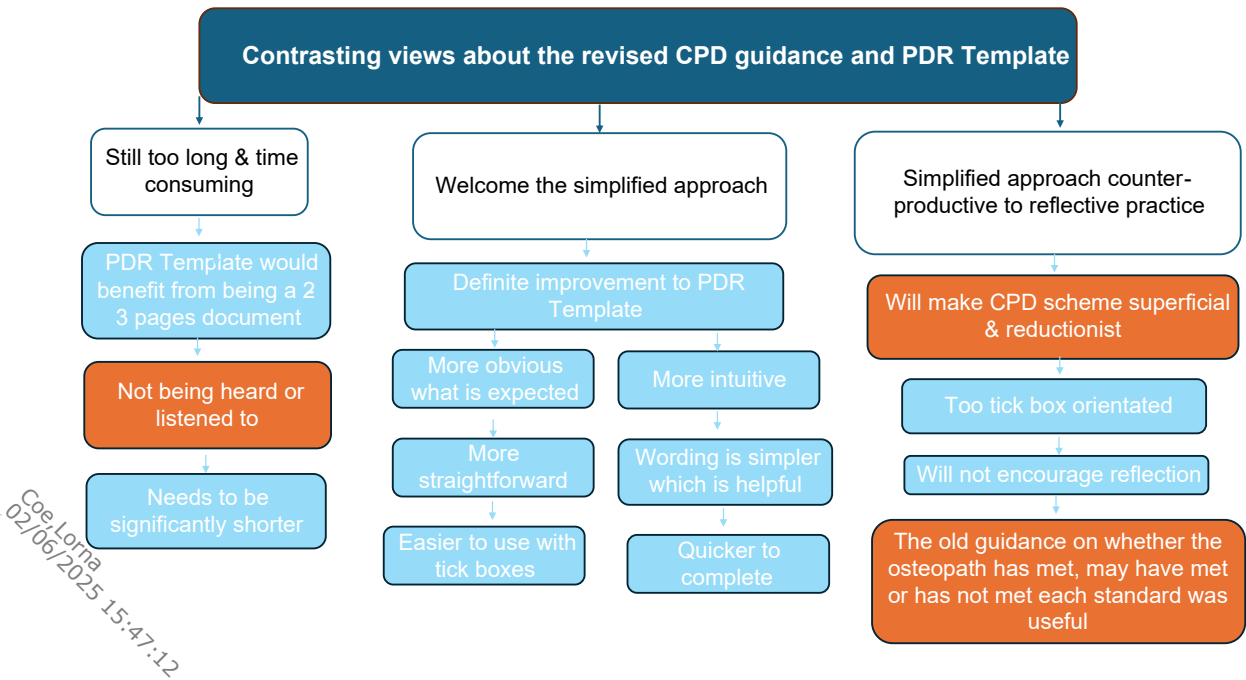
- The GOsC has some significant challenges to consider with the findings of this consultation around fundamental elements of any CPD scheme: mandatory elements, and sufficient evidence base for change, particularly when considering the proposed introduction of boundaries and EDIB elements, particularly given that the introduction of these two mandatory elements can be categorised into three broad groups of views among osteopaths (see Figure 5):
 - i. Those that were in favour of their introduction and would go even further to add other mandatory elements such as safeguarding, First Aid, adjunctive therapies, GPDR and concerns and complaints
 - ii. Those that we will be able to mobilise further and get on board more, if we undertake certain actions around resources, the evidence base for their introduction and demonstration of how these elements can be met.
 - iii. Those that disagree that these elements should be made 'mandatory,' but not necessarily the introduction of the elements themselves, the fear for this group is making them mandatory might have the opposite effect to that which is desired.

Figure 5 Thoughts on the introduction of mandatory elements on boundaries and EDIB



- The GOsC also has some significant challenges to consider with the findings of this consultation around another significant aspect of any CPD scheme, that of reflective practice and what constitutes as effective and meaningful reflection, for all osteopaths (see Figure 6)

Figure 6: Reflective practice views and the proposed changes



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- The GOsC now must carefully consider the implementation of next steps, particularly with regard to:
 - Strengthening trust among the contrasting views within the profession on this area that we see in Figure 6.
 - Considering whether mandatory, encouraged, building an evidence base for change or Right Touch elements (or a combination of these) will be the most effective for CPD and practice going forward
 - Considering right touch reflective practice, which encompasses the individual Learner, inclusivity and innovative changes in a balanced and accessible way.

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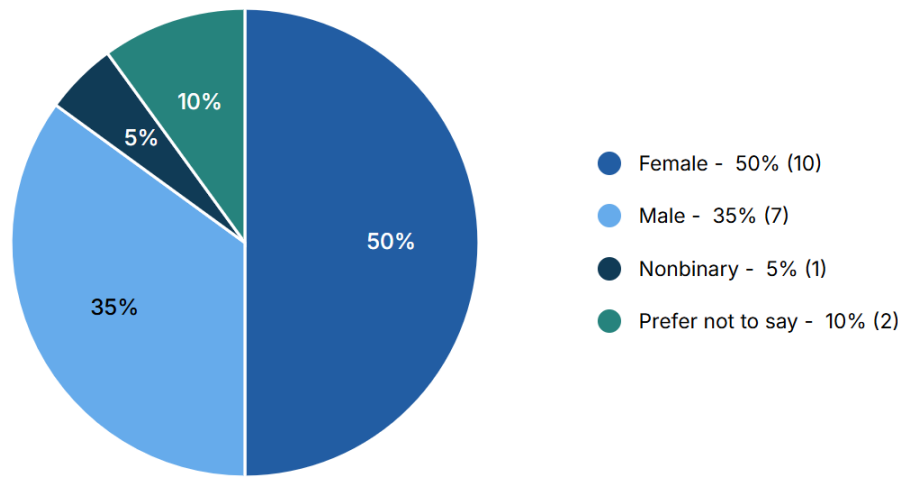
Annex- Summary of Diversity Questionnaire for CPD Consultation

1. Sex

3. How do you currently identify yourself?

Responses: 20

Average: 1.85

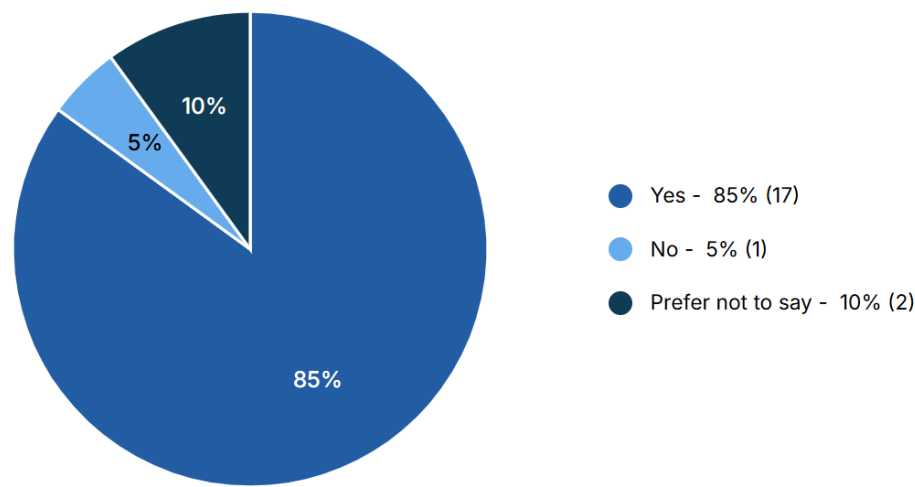


2. Gender

5. Is your gender identity the same as the sex you were assigned at birth?

Responses: 20

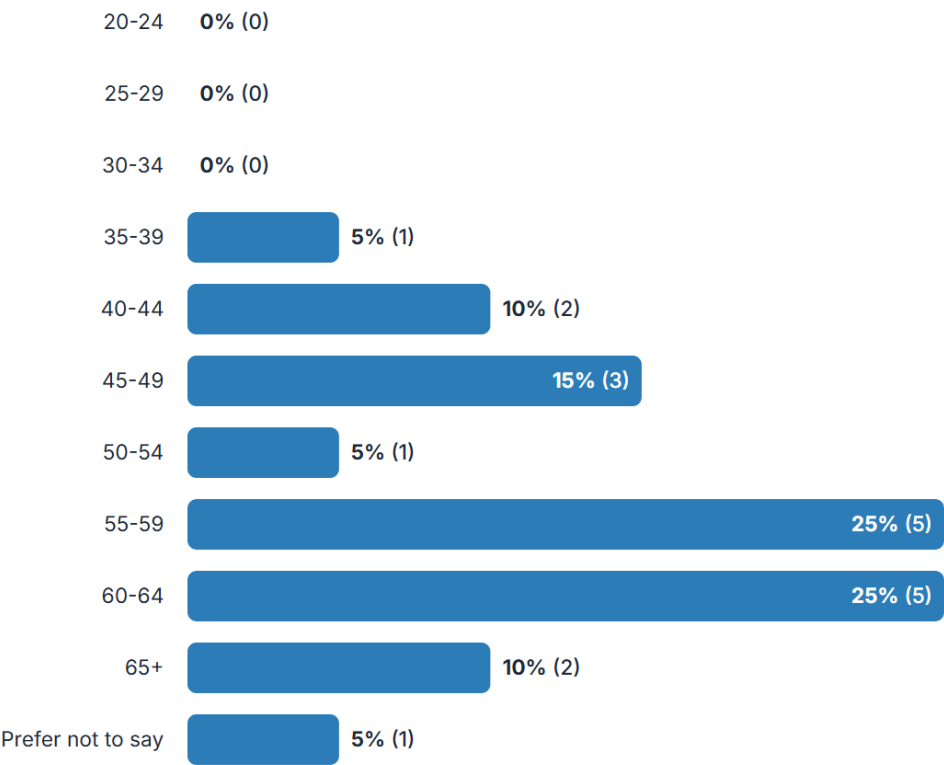
Average: 1.25



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3. Age

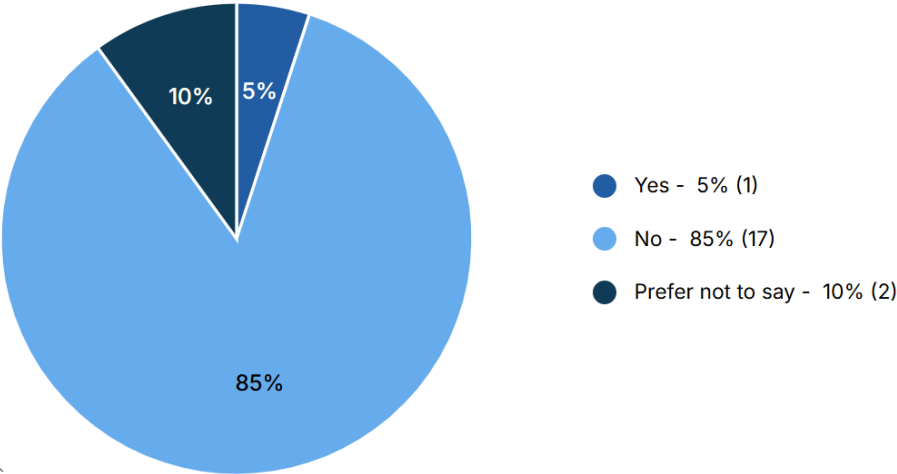
Responses: 20
Average: 8.75



4. Disability

7. Disability discrimination legislation defines disability as a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out day-to-day activities. This means it has lasted or is expected to last at least 12 months. Taking this into account, do you consider yourself to be a person with a disability?

Responses: 20
Average: 2.05



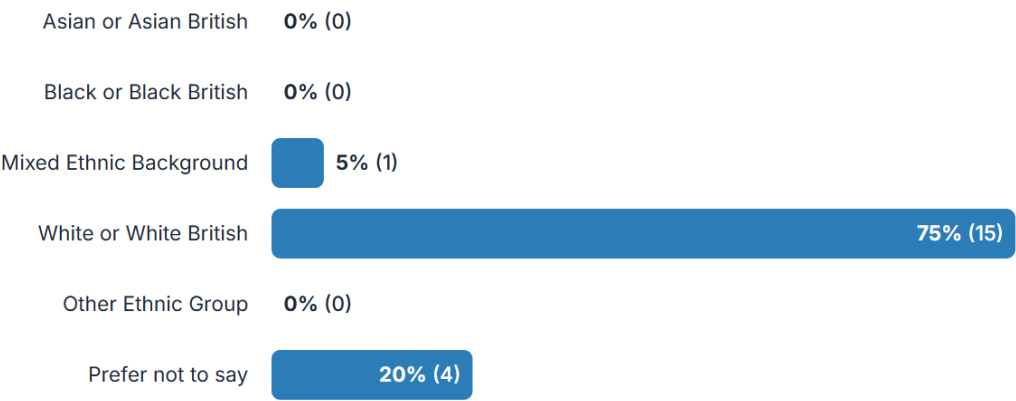
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5. Ethnicity

10. Ethnic origin

Responses: 20

Average: 4.35

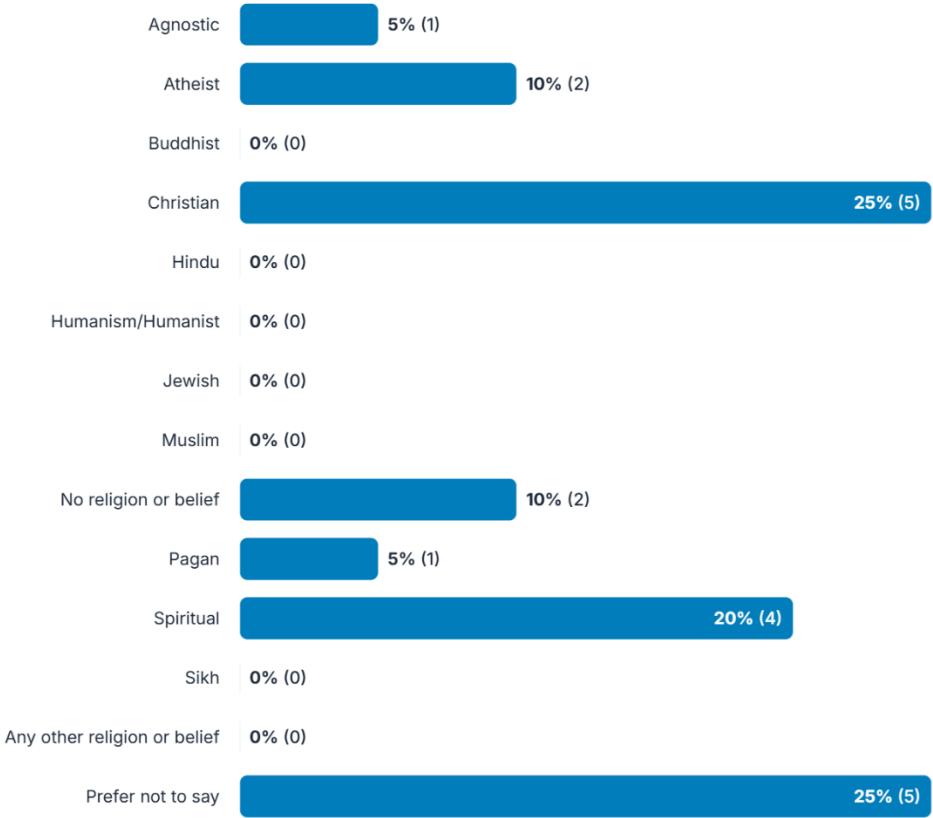


6. Religion

21. Which religion or group do you identify with? Please tick one box.

Responses: 20

Average: 8.35



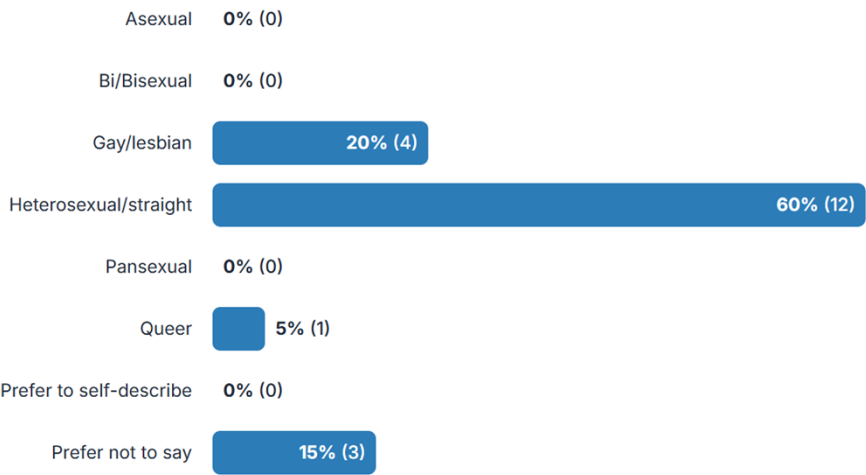
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7. Sexual orientation

23. Which group do you identify with? Please tick one box.

Responses: 20

Average: 4.5

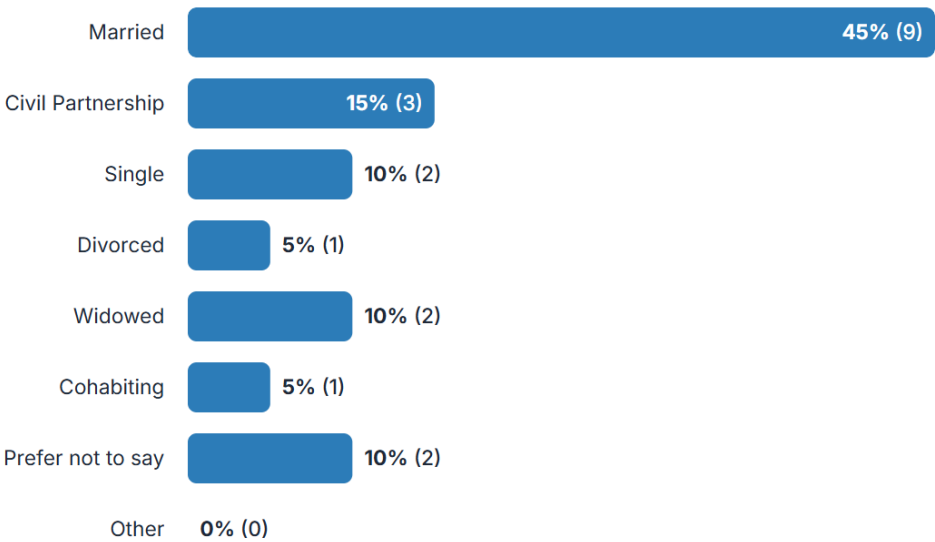


8. Marital status

25. Marriage and civil partnership, which group do you identify with?

Responses: 20

Average: 2.75



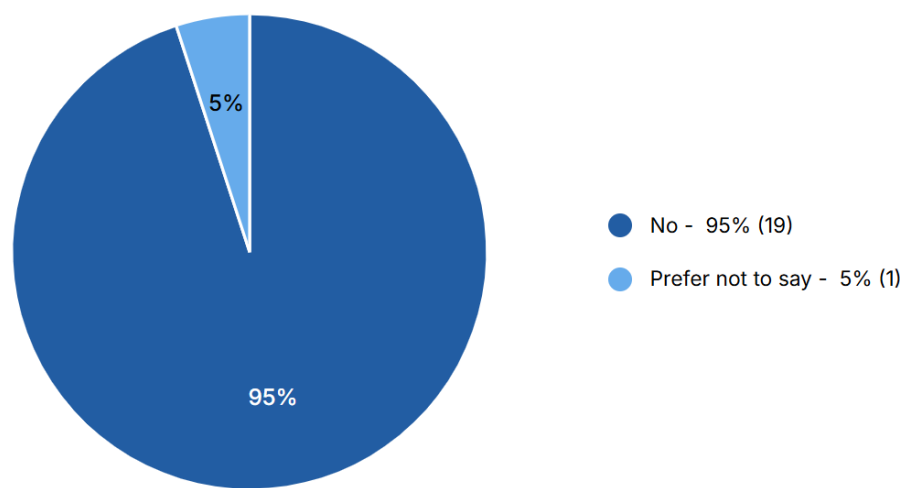
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9. Pregnancy and maternity

27. Do you consider yourself to fall under the protected characteristic of 'pregnancy' and 'maternity'? 'Pregnancy' refers to the condition of being pregnant or expecting a baby, and 'maternity' refers to maternity leave (and includes leave after a miscarriage).

Responses: 20

Average: 1.1

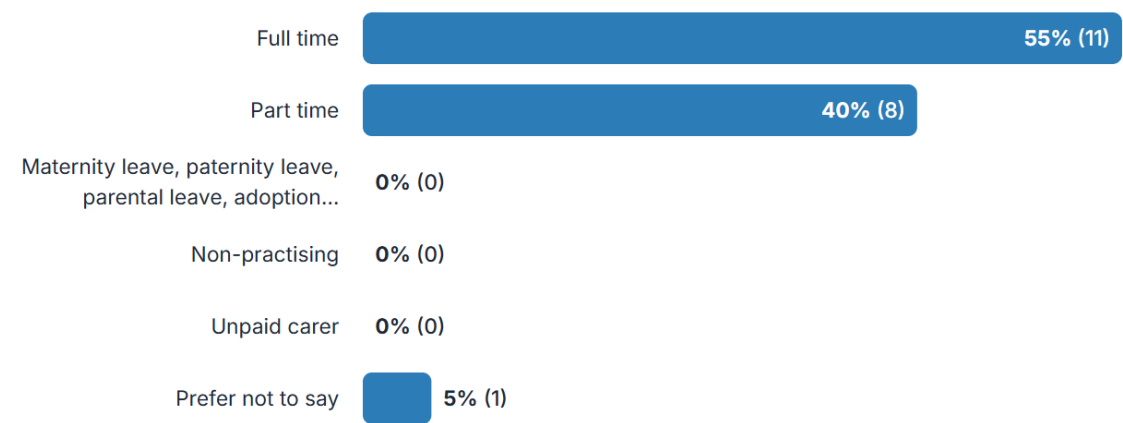


10. Working pattern

28. What best describes your current working pattern?

Responses: 20

Average: 1.65



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Draft table of GOsC response to consultation feedback

Issue	Consultation feedback	GOsC Response	Proposed next steps
CPD Guidance – were the proposed changes understood	95% understood the proposed changes to the guidance.	See below	N/A
PDR template – were the proposed changes understood	84% understood the proposed changes	See below	N/A
CPD Guidance – were there gaps?	78% thought there were no gaps	See below	See below
PDR template – were there gaps?	83% thought that there were no gaps.	See below	See below
CPD Guidance – could improvements be made?	45% thought that enhancements could be made.	See below	See below
PDR template – could	63% thought that enhancements could be made	See below	See below

Annex B to 3

Issue	Consultation feedback	GOsC Response	Proposed next steps
improvements be made?			
Do the proposals support public protection	<p>61% agreed</p> <p>Of those who disagreed there were concerns around:</p> <ul style="list-style-type: none"> - Ethical use of AI for patients and practitioners and evidence base for this at this stage - Dilution of reflective practice because of the simplification of the document. - Overreach of GOsC authority in relation to mandatory elements – this related specifically to EDIB, 	<p>See below</p> <p>Since the publication we have produced interim guidance on AI which supports the concerns raised in the consultation and this could be cross-referenced as part of the further development of the CPD guidance.</p> <p>We agree that the simplified guidance and templates has unintentionally reduced the importance of reflective practice We will give further thought about how to bring this back in without overcomplicating the CPD Guidance.</p> <p>EDIB – the purpose of EDIB CPD is to ensure inclusive practice for patients and inclusive interactions, work spaces and an inclusive profession and to support compliance with equality law. In osteopathy, we know that the most recent NCOR report, published after the CPD</p>	<p>See below</p> <p>The CPD Guidance should refer to the use of AI by signposting our current interim guidance.</p> <p>Reflection should be strengthened in the updated CPD guidance and PDR template.</p> <p>EDIB element to be introduced, decision to be made on options 1-4</p>

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Issue	Consultation feedback	GOsC Response	Proposed next steps
	<ul style="list-style-type: none"> - questions about the need to reteach content from the undergraduate curriculum 	<p>consultation, referred to an EDI concern. We know that Urgent study demonstrated challenges in inclusive practice. We know that the limited data on the profession also does not representant society in some characteristics suggesting inclusivity is not fully embedded. There is also a lot of literature in the wider society and the health professions about inequalities and prevalence of discrimination.</p> <p>We disagree with the suggestion that content taught in education does not need to be revisited as part of a health professional's practice.</p>	N/A
	<ul style="list-style-type: none"> - Concerns that increasing the 'non-clinical requirements or ethical requirements for CPD will crowd out important clinical content. 	<p>We can deal with this by providing some indicative time limits on the mandatory elements of CPD. For example, we previously indicated that CPD in consent and communication could take around 3 hours and it may be that we could explore saying this in relation to the content for boundaries and EDI so that the overall time spent on this element of CPD was not increased.</p> <p>We could also potentially emphasise the amount of time available for self-directed CPD to address this concern.</p>	Produce resources in this area, then pilot and test their usefulness for osteopaths as well as the meaningful time commitment to address this point.

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Issue	Consultation feedback	GOsC Response	Proposed next steps
The length of time to do the non-mandatory elements	A large number of mandatory elements (Range of practice - covering the four themes of the OPS); Objective activity; consent and communication – boundaries and EDIB; Keeping a record and completing a Peer Discussion Review).	<p>See above – this is about how to make the scheme requirements simpler and how to illustrate that the time commitment for the mandatory elements is both small but also can be undertaken clinically. We know that prior to the introduction of the mandatory elements of the CPD scheme most CPD was undertaken in learning new techniques and there were challenges reported in terms of professional isolation, but most complaints related to communication, ethics and professionalism. To take away these mandatory elements at this stage, we think would be premature.</p> <p>We could think further about how to better align the elements of communication and consent, boundaries and EDIB so that we demonstrate it is not more work and that it can be related to clinical work.</p>	The proposed new requirements should be better streamlined under the communication and consent requirement and should be aligned to inclusive and safe patient care. This could be framed in terms of CPD benefitting patients should include CPD on establishing and maintaining safe professional boundaries with patients and ensuring inclusive patient care for diverse patients' and that this should be explained clearly with dedicated resources.
Length of time for the CPD Scheme requirements	- Still too long and time consuming	See above – the message that the CPD scheme is no longer than that previously required needs to be better messaged.	Reiterate that the CPD scheme remains at 90 hours over a 3 year cycle. This includes the mandatory requirements and any clinical CPD that the osteopath considers is relevant to

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Issue	Consultation feedback	GOsC Response	Proposed next steps
	<ul style="list-style-type: none"> - Not being heard or listened to 	We need to be clearer about the message that this is not adding more time to the CPD scheme and that there is still sufficient time for self-directed CPD perhaps by providing more indicative time scales for those who may benefit from it.	<p>their practice and preparing for and doing the peer discussion review.</p> <p>Perhaps consider indicative time slots for the mandatory elements to support osteopaths who need this.</p>
	<p>PDR template needs to be shorter</p> <p>Needs to be significantly shorter.</p>	We could develop the PDR template in layers which can provide different levels of depth for individuals to review.	<p>Further work to adapt the PDR Guidance with a summary PDR template with further detail for those who want it.</p> <p>The new website may enable a better layered approach.</p>
Reflection has been lost	<p>Will make the CPD scheme superficial and reductionist</p> <p>Too tick box orientated</p> <p>Will not encourage reflection</p> <p>The old guidance on whether the osteopath</p>		<p>See above – we could reintroduce the reflective aspect in the CPD guidance and template but in a layered way to support accessibility.</p> <p>We could adapt specific PDR guidance as part of a layered approach for those who need this.</p>

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Issue	Consultation feedback	GOsC Response	Proposed next steps
	has met, may have met or has not met each standard was useful		
Enhancements to the CPD Guidance	Tone of the document – flow more practical and conversational	We agree that the tone and content of our guidance should reflect the tone of voice that we are moving too.	Again, this could be incorporated as part of a layered approach. More detailed guidance which would form the basis of the scheme for those who need it with layers with less and less detail. We propose to collaborate with osteopaths to explore this approach.
Definitions	<p>Clarity about the descriptions of osteopathic practice roles, learning with others and CPD being proportionate to practice roles</p> <p>Explaining who can and can't be a peer</p> <p>Peer declaration – should include a statement about fitness to practice – should only include that</p>	<p>We agree that we can make these aspects clearer, explaining why they are in the PDR form and CPD guidance or removing them.</p> <p>The peer discussion review guidance made clear that osteopaths did have a duty to take action if the discussions or the CPD demonstrated any concerns, and we think this is important in a profession that</p>	<p>Some of these aspects were outlined more clearly in the PDR guidance document. It may be that following the layered approach proposed above that we update the more detailed peer discussion review guidance alongside a shorter and more succinct form which incorporates reflection alongside a pack of resources – not just the written guidance to bring this to life and be more accessible.</p> <p>The peer discussion review guidance made clear that osteopaths did have a duty to take action if the discussions or the CPD demonstrated any concerns, and we think this is</p>

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Issue	Consultation feedback	GOsC Response	Proposed next steps
	an osteopath has completed their CPD.	practices significantly outside employers and teams.	important. We can amend the declaration to reflect this point.
Reflective requirement	Strengthen reflection	As above we agree that this should be reintegrated.	See above.
Specifics	Clarity around the verification and assurance process	This is about explaining that we audit about 10% of the register each year. Osteopaths have a rolling registration date and CPD cycle end date and so each month we audit up to 10% of those completing their cycle in that month thus equating to 10% per year.	Updating the detailed CPD guidance with clearer information about the audit process.
	Use of AI	See above – we have now published new AI guidance which addresses the points made.	Signpost the AI guidance.
	Objective activities for osteopaths in non-clinical roles	We agree that CPD resources for those in non-clinical roles need to be highlighted further.	CPD resources for those in non-clinical roles need to be developed as part of the resources packs.
Mandatory elements	EDIB 63% agreed that we should introduce EDIB as a mandatory element but there were concerns about the evidence base	63% agreed that we should introduce EDIB as a mandatory element but there were concerns about the evidence base	EDIB element to be introduced, decision to be made on options 1-4

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Issue	Consultation feedback	GOsC Response	Proposed next steps
	<p>either a. there is no evidence to suggest that EDIB is a challenge in osteopathic practice or b. the Urgent study is not evidence of concerns in practice and so there is no evidence base for inclusion.</p> <p>Requiring mandatory EDIB training may not be impactful in terms of supporting inclusive practice</p>	<p>We believe that there is an evidence base from the Urgent report which illustrates evidence of training needs in EDIB in practicing osteopaths. The most recent NCOR report (published after the consultation) outlines a concern in relation racism. There is a lot of evidence about the need for more inclusive practice in healthcare in general. As a regulator with a focus on inclusivity, it would seem disingenuous to suggest that there is no need for a focus on inclusivity in osteopathic practice.</p> <p>This point is a good one about focusing on the outcome of EDIB rather than the process. We could reflect further on this in terms of framing the requirement about inclusive practice with supporting resources under the heading CPD benefits patients.</p>	<p>We have begun initial discussions with NCOR about ways in which we might be able to progress the EDIB evidence base for the profession even further. With the idea here being that we could possibly commission NCOR to conduct a cultural humility survey with the profession (similar to that of the Urgent study with students, so that comparisons can be made between students and the profession at large)</p>
	<p>Boundaries</p> <p>77% supported the inclusion of this as a mandatory element.</p> <p>Some concerns about how to do this to aid clarity.</p>	<p>It will be important to reflect on the resources required to support the</p>	<p>To incorporate a mandatory element in relation to Boundaries – but to be</p>

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Issue	Consultation feedback	GOsC Response	Proposed next steps
		requirement for doing specific CPD on establishing and maintaining professional boundaries and to collaborate with osteopaths to develop these.	clearer about the desired outcome and the production of resources to achieve that in collaboration with osteopaths.
	Other elements should also be mandatory, for example, first aid, safeguarding, GDPR, review of concerns and complaints	These are interesting points. The standards require osteopaths to comply with the health and safety laws and this would require updates on all of these areas in accordance with the osteopaths' own risk assessment. We could reflect further on the guidance that we put on our website in relation to this to strengthen how the standards apply in this area without making this mandatory CPD as osteopaths should be doing this already.	Strengthen our guidance pages in relation to health and safety, safeguarding, first aid etc to make clearer how the OPS apply in these areas in relation to the osteopaths' own health and safety risk assessment or data protection policies. We already flag that review of concerns and complaints can be useful CPD

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Policy and Education Committee

10 June 2025

Standards queries and Osteopathic Practice Standards review call for feedback

Classification	Public
Purpose	For decision
Issue	To provide an analysis of the queries received in respect to the osteopathic practice standards over the past 13.5 months and to set out our plans to start the review process on the Osteopathic Practice Standards (OPS).
Recommendations	<ol style="list-style-type: none">1. To note the findings from the analysis of the queries received from osteopaths between March 2024 and May 2025.2. To agree that we launch a call for feedback in late Summer/Autumn 2025.
Financial and resourcing implications	The project will be managed internally; however, our operational budget for 2025/26 includes support for engagement and development activities.
Diversity implications	There will be a variety of ways for stakeholders to feed in their views in the call for feedback. We are in the process of completing an equality impact assessment.
Communications implications	Communications resource will be required to support the launch of the call for feedback as well as for any engagement activities we run. A full communications strategy will be developed to support the gaining of insight and feedback.
Annex(es)	None
Author	Paul Stern and Steven Bettles

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Key messages from this paper

- The purpose of this paper is to provide an analysis of the issues raised with us by osteopaths and other stakeholders and their application to the OPS over the past 13.5 months, as well as setting out our plan to start the review of the OPS through a call for feedback in late Summer/Autumn.
- The OPS was last reviewed and updated in 2018. Good practice suggests that standards should be reviewed at approximately 5 year intervals. Given the current standards are just over 5 years old, we think now is the right time to start the review process which is why we are bringing this paper to committee.
- As part of our preparatory work, we have analysed the 91 ethical and standards queries we received from osteopaths and members of the public between 23 March 2024 and 14 May 2025.
- The main issues raised with us were in relation to osteopaths' management of records, osteopaths' undertaking activities sitting outside the typical scope of practice and how to manage difficult situations with patients and colleagues.
- We should consider whether there is anything further needed in these areas, whilst also considering issues such as, the rise of artificial intelligence (AI) and its impact on practice; boundaries issues between osteopaths, patients and their colleagues; and osteopaths use of social media.
- In order to ensure that we are able to get a wide range of views and to hear from all stakeholders with an interest in osteopathy, our next step is to launch a call for feedback later this year.

Background

1. As the regulator for osteopaths, one of our core functions is to set the standards of conduct, ethics and performance for osteopaths. These standards help to ensure high quality care for patients and to protect them from harm.
2. Standards should always reflect patient, profession and societal expectations of osteopaths, which is why they are periodically updated to reflect changes in osteopathic practice, and societal and patient expectations.
3. Key changes over the past thirty years include: approaches to dignity and modesty of patients; approaches to communicating treatment options through shared decision making; requirements about equality, diversity and inclusion and the development of more explicit professional and ethical requirements.
4. The current set of standards were last reviewed and updated in 2018 and implemented from 1 September 2019. Good practice suggests that standards should be reviewed at approximately 5 year intervals and in our Business Plan, we have committed to launching our review of the OPS during this business year.

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5. Much has changed since 2018. For example, the Covid 19 pandemic brought about an increase in the use of telehealth and since the end of the pandemic, we have seen a significant increase in the use of artificial intelligence in healthcare settings. Given these and other changes, we think that now is the time to start the review process.
6. As part of our role as a collaborative, influential and respectful regulator, we also support osteopaths and others in thinking about how the OPS apply to the everyday situations they faced in osteopathic practice. We receive and respond to osteopaths on a regular basis and over the past 13.5 months we have recorded the number and types of queries that we received.
7. As part of the review process and to take an evidence informed approach, it is important for us to consider the types of queries that osteopaths are raising with us and whether the standards are sufficient in helping osteopaths in approaching the complex situations that appear in practice settings. Therefore, this paper provides an analysis, setting out the main standards the queries relate to and a general overview of the issues we receive.
8. When last reviewing the standards, we undertook a call for evidence where stakeholders could provide feedback on each of the standards and underpinning guidance, and their application in practice. This exercise attracted a broad range of comments from stakeholders, with views gathered on standards that worked well, and were felt to support good practice, and those which were felt to be more challenging for a variety of reasons.
9. In order to ensure that all stakeholders are able to give their views on the current OPS, we also intend to launch a similar call for feedback in late Summer/Autumn.
10. In considering this paper, committee members should consider:
 - a. What does the analysis say about the current OPS and how these are applied in practice and infer about any potential gaps that may exist?
 - b. Are committee members surprised about any of the issues that osteopaths have been raising?
 - c. What other issues arise in practice that have not formed a part of our analysis which we may need to reflect on further as we begin the process of updating the OPS?
 - d. Are there any other pre-consultation engagement activities that committee members think we should be undertaking in addition to our call for feedback?
 - e. Do you agree with our next steps?

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Discussion

11. It is important for us to consider the types of queries that we are receiving from osteopaths on a weekly basis in relation to the application of the standards and their everyday practice. This is why we record queries that have been raised with the Professional Standards Team.
12. Most queries have been related to the application of specific standards in the OPS, but we also receive queries outside of the OPS, particularly in relation to use of the osteopathic title or around osteopathic education.
13. When receiving a response, we carefully consider the issue and provide a response, outlining the relevant standards, using these as a prompt to guide osteopaths thinking about how they could respond and support them to exercise their own professional judgement.
14. In total, we received 91 queries for the period 23 March 2024 to 14 May 2025. We think the following analysis provides a good snapshot for committee members of the types of queries we receive. Queries related to a variety of different standards in the OPS; however, we have decided to set out the standards that we most cited in our responses in the tables below. Underneath each of the standards we set out the typical issues raised that related to that standard.
15. It should be noted that many of the queries we received often related to multiple standards; however, the standards set out below were the ones that we referred to most often in our responses. In addition, this is the first time that we have undertaken this type of structured analysis and therefore, we are not able to compare the number and types of queries we have received with previous years data.

Standard	Number of queries received that related to this standard
D5. You must respect your patients' rights to privacy and confidentiality, and maintain and protect patient information effectively.	22
<p>Most of issues raised related to questions around osteopaths' responsibilities for storage of patient records upon retirement, leaving the profession, death or when a business is being sold.</p> <p>We also received queries from patients about accessing their historical patient records once an osteopath had closed their practice or retired.</p> <p>Issues around patient confidentiality also came up in queries related to the use of AI transcription software, remote consultations and use of messaging applications.</p>	

Standard	Number of queries received that related to this standard
B1. You must have and be able to apply sufficient and appropriate knowledge and skills to support your work as an osteopath.	11
B2. You must recognise and work within the limits of your training and competence.	20
B3. You must keep your professional knowledge and skills up to date.	11
<p>Many of the questions we received related to the three standards B1, B2 and B3. These related to osteopaths scope of practice and activities that are typically outside of this, eg. adjunctive therapies. Some queries raised were (but not limited to):</p> <ul style="list-style-type: none"> • Osteopaths' administration of injections as part of their practice • Administration of Botox and other non-surgical cosmetic treatments • Infant feeding advice and frenulotomy • Helping osteopaths to determine how they describe the services they provide • The ability for osteopaths to carry out x-rays and ultrasounds • The appropriate content for a referral 	

Standard	Number of queries received that related to this standard
C5. You must ensure that your practice is safe, clean and hygienic, and complies with health and safety legislation.	13
<p>Many of the queries raised related to the following issues:</p> <ul style="list-style-type: none"> • Setting up your practice in your home • Unprofessional conduct from a colleague and responsibility for patient safety • Safety and clean environment in relation to providing injections • Responsibility to be suitably trained in first aid • Provision of additional services and factoring this into ensuring that their clinic is safe and effective 	

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Standard	Number of queries received that related to this standard
D7. You must uphold the reputation of the profession at all times through your conduct, in and out of the workplace.	10
<p>The queries received generally covered the following issues:</p> <ul style="list-style-type: none"> • How to deal with a colleague/s behaving unprofessionally and supporting registrants to raise their concerns • Helping osteopaths to respond when concerns are raised in relation to disputes or grievances about them • Consideration of how actions they take in their private life might affect their standing as a registered healthcare professional. • Consideration of how to respond in a dispute. • The importance of maintaining trust in the profession when using AI tools as part of an osteopath's practise. 	

16. In addition to issues raised in relation to the above standards, some of the more common queries or other feedback related to:

- Osteopathic title issues, that is how to refer to oneself or the services you provide if leaving the register but continuing to run a practice, running CPD programmes or retiring.
- How to end a relationship with a patient when the osteopath is unable to meet their needs or when a patient is behaving inappropriately.
- The assumption in the OPS that a patient consultation will always involve treatment when this is not necessarily so
- That safety netting may need to be made more explicit
- Whether the content on infection control is sufficiently detailed

17. Overall, the queries we have received indicate that a review will be helpful for further clarity, either in the standards or in separate guidance. In considering this, it is always a careful balance between providing a sufficient level of detail, whilst also providing the space for osteopaths to use their professional judgement and allowing sufficient space for innovation.

Specifically we should assess whether:

- further detail is needed regarding patient records management and osteopaths ending their practice.

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- further detail is needed around managing patient confidentiality and using AI or undertaking remote consultations.
- the standards are sufficient to address the growing number of osteopaths that provide adjunctive therapies or activities that fall outside osteopaths' typical scope of practice.
- we need to consider boundaries issues in the workplace between colleagues and responsibilities for osteopaths to speak up about this;
- we need anything further to support osteopaths in dealing with challenging or abusive patients; and
- use of social media is sufficiently covered.

Does committee have any reflections on the issues that have been raised in the analysis or on issues that have not been raised to us in queries from osteopaths but which represent gaps in the standards?

A call for feedback

18. In addition to this analysis, we think it is important to hear from all stakeholders with an interest in osteopathy. This is why we aim to launch a call for feedback in late Summer/Autumn. The call for feedback will gather views from stakeholders on the current standards and help us understand how they can be improved.

19. We will ask stakeholders questions around:

- How the standards are used in practice;
- The effectiveness of the current standards and any issues with their application;
- What is missing;
- What changes they would like to make to the standards; and
- What further supporting guidance would be helpful.

20. Launching a call for feedback will ensure that we are able to gather as wide a range of views as possible, clarify the big issues that osteopaths are grappling with in their practice at the moment and consider what changes we may need to make to the standards to better support osteopaths and ensure that they are able to meet patient expectations around safe and effective treatment. This will also help to ensure that our standards reflect the current context in which osteopaths practice.

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21. This will be part of our pre-consultation engagement and we will review and analyse the feedback we receive. This will inform consideration of any revisions we make to the standards before going out to formal consultation in 2026. We will report back to the committee in October with further details of our plans for reviewing of the OPS.
22. It is important to acknowledge that the review of the OPS will include feedback from other sectors. The review itself will take account of the information that we hold as part of our NCOR Complaints and Concerns reports, our fitness to practise cases, the standards of other regulators and key issues in health that may impact on standards.

Recommendations:

1. To note the findings from the analysis of the queries received from osteopaths between March 2024 and May 2025.
2. To agree that we launch a call for feedback in late Summer/Autumn 2025.

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Policy and Education Committee

10 June 2025

Quality Assurance: Annual Report approach to 2024-25 academic year

Classification	Public
Purpose	For decision
Issue	To agree the approach to annual reporting and mechanisms for taking forward key issues this year.
Recommendation	To agree the annual report template for the 2024-2025 academic year, including the updated educator data collection proposals.
Financial and resourcing implications	Costs of activities undertaken and planned will be from planned budgets.
Equality and diversity implications	Equality and diversity issues are explored as part of the RQ renewal process and are explicitly referenced as part of the Graduate Outcomes and Standards for Education and Training (2022) and in the review criteria set out in the GOsC QA Handbook.
Communications implications	None specifically. Proposals will be communicated largely through osteopathic educational institutions (OEIs).
Annexes	A. Draft Annual report OEI submission template 2024-25 B. Draft analysis report template
Author	Steven Bettles and Banye Kanon

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Key messages

- The Committee are asked to agree an updated version of the annual report template for 2024-2025.
- The Committee should prescribe the format of the annual report requirement in good time in accordance with the 'general conditions' attached the recognised qualification approvals or the agreed action plans (for OEIs without an expiry date) and in accordance with s18 of the Osteopaths Act 1993.
- The report will be sent out in August/September and returned in late November/early December for analysis. The analysis reports will be presented to the Committee in March 2026.
- The template is similar to previous years with a focus on delivery of the Standards for Education. Further detail is requested this year around student protection plans, and around the qualification and training/development approaches of education providers for teaching staff. In the data sheets, we also ask about the ratio of clinical educators to patients, as well as students.
- The analysis will be carried out in-house for the first time.

Discussion

Annual report for 2024-25 academic year

1. This will be the first annual report process since taking the Quality Assurance function in-house after the expiry of the contract with Mott MacDonald. We propose keeping the process largely consistent with last year's template with OEIs being asked to demonstrate how they meet the Standards for Education and Training with a reflective narrative and supporting evidence.
2. As with last year, templates will be pre-completed with the previous year's submission, which they can then amend as appropriate. Any changes to the report should be shown in a different coloured font to facilitate the analysis process and aid clarity. Only changed evidence will need to be submitted we will hold the evidence submitted for each OEI last year as part of the transition process of the handover from Mott.
3. Last year we specified the requirement for a summary of previous recommendations to be provided as a result of Committee feedback. Recommendations are a key part of continuous improvement. They highlight areas where an institution may enhance their performance and mitigate any potential risks potentially contributing to assuring standards and quality enhancement. This element is retained in the current draft for 2024-25.

4. We have added a question to review each OEI's student protection plan to address queries raised by Committee at its March 2025 meeting. Additionally, we

have made specific reference to curricula mapping to the GOsC graduate outcomes, requesting evidence of this mapping to help enhance our understanding of the detail of curricula delivery of each programme.

5. Also, we have asked for clarification in relation to staff development and support of the provider's approach to ensuring that staff have, or are supported in gaining education qualifications, including their approach to informal training and staff development. This was in response to data from last year's reports which indicated that only some 54% of educators had a teaching qualification. Discussions with OEIs indicated more context in this respect which is better captured in narrative.
6. This will be the first annual report process to be carried out after we take the quality assurance function in-house. The analysis will be carried out in-house by the QA team, and the format of the analysis report will be along the same lines as recent years since the standards for education were introduced – see Annex B. The analysis reports will, as usual, be reported to the March 2026 Committee meeting.

RELM (GOsC/OEI) meeting

7. We have a meeting planned with OEI leads on 5 June, at which we will discuss the additional elements in this year's annual report template. Any feedback will be taken into account, and reported verbally at the Committee meeting if further changes are proposed.

Data capture

8. In relation to the capture of data, we will similarly keep the data the same as last year, but will add a further column to educator data to clarify the ratio of clinical educators to patients at any one time, which was an issue raised in discussion by Committee in response to the previous year's annual reports. In discussions with OEIs, we are told that, as we thought, clinical educators will generally oversee no more than 3-4 patient sessions at a time, even when overseeing more students than this. In other words, not all students in clinic are treating patients at the same time, and this will provide the detail around this.

Next steps:

9. To finalise the format of the annual report and prepare for submission to the OEIs during August 2025.

Recommendations: To agree the annual report template for the 2024-2025 academic year, including the updated educator data collection proposals.

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Annex A to 5

Part 1- Template based on the draft Standards for Education and Training

Name of institution

Awarding body

Recognised qualification course name(s)

Reporting matters identified for reporting
Below are the recommendations set out in the 2023-2024 annual report
Please provide a brief narrative update on how the recommendations made have been integrated into existing quality management processes, what progress has been made and what the impact of this has been. If a recommendation has not been progressed or was felt to not be appropriate/applicable, please provide a rationale, including any alternative mitigation or activities that have been implemented, where applicable.
Please provide a narrative update on how risks and challenges identified in the previous year's analysis report, are being managed and monitored, and the impact of steps taken to mitigate risks or address challenges.

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Annex A to 5

Student protection plans
This year, we are seeking information on student protection plans, and what would happen should an education institution need to close a course, campus or location or to shut down completely. This will include measures for ensuring that existing students can complete their course and continue to access student finance, or transfer to other providers. Please outline your institution's approach below.

1. Programme design, delivery and assessment
<p>Education providers must ensure and be able to demonstrate that:</p> <ul style="list-style-type: none"> a. 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. b. there are equality and diversity policies in relation to applicants, and that these are effectively implemented and monitored. c. they implement a fair and appropriate process for assessing applicants' prior learning and experience. d. 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. e. curricula and assessments are developed and evaluated by appropriately experienced and qualified educators and practitioners. f. 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. g. 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). h. assessment methods are reliable and valid, and provide a fair measure of students' achievement and progression for the relevant part of the programme. i. 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). j. there is an effective process in place for receiving, responding to and learning from student complaints. k. there is an effective process in place for students to make academic appeals. <p>In this section below, describe how your institution currently meets the standards within this theme.</p>

<p>In your narrative, we ask that you evaluate how this may be met, identify any strengths, and review where you feel there might be gaps or risks around this area and provide evidence to support the narrative. If you identify gaps or risks, please articulate how you have identified them and how they will be addressed or mitigated and monitored.</p> <p>Evidence that is uploaded should be cited in the narrative so that there is a clear link between these. Evidence without narrative will not be able to demonstrate the critical evaluation required as part of the annual monitoring report.</p> <p>In relation to standard 1.g, we are looking this year at curriculum mapping, and how your curricula maps to the graduate outcomes. Please include any latest mapping document with your narrative.</p>
<p>In the section below, describe good practice, challenges, and risk and risk mitigation against the standards. These may not apply for each individual standard, but the purpose of this part of the annual report is to allow for self-evaluation against the themes of the standards. We ask that to support the narrative, evidence is provided; this evidence should be specific to the academic year being reported on. For example, student feedback, meeting minutes, etc.</p> <p>Evidence that is uploaded should be cited in the narrative so that there is a clear link between these. Evidence without narrative will not be able to demonstrate the critical evaluation required as part of the annual monitoring report.</p>
Good practice
Challenges
Risks and risk mitigation

Evidence

2. Programme governance, leadership and management

Education providers must ensure and be able to demonstrate that:

- a. 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.
- b. 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.
- c. there are accessible and effective channels in place to enable concerns and complaints to be raised and acted upon.
- d. 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](#).
- e. 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.
- f. systems are in place to provide assurance, with supporting evidence, that students have fully demonstrated learning outcomes.

In this section below, describe how your institution currently meets the standards within this theme.

In your narrative, we ask that you evaluate how this may be met, identify any strengths, and review where you feel there might be gaps or risks around this area and provide evidence to support the narrative. If you identify gaps or risks, please articulate how you have identified them and how they will be addressed or mitigated and monitored.

Evidence that is uploaded should be cited in the narrative so that there is a clear link between these. Evidence without narrative will not be able to demonstrate the critical evaluation required as part of the annual monitoring report.

<p>In the section below, describe good practice, challenges, and risk and risk mitigation against the standards. These may not apply for each individual standard, but the purpose of this part of the annual report is to allow for self-evaluation against the themes of the standards. We ask that to support the narrative, evidence is provided; this evidence should be specific to the academic year being reported on. For example, student feedback, meeting minutes, etc. Evidence that is uploaded should be cited in the narrative so that there is a clear link between these. Evidence without narrative will not be able to demonstrate the critical evaluation required as part of the annual monitoring report.</p>
Good practice
Challenges
Risks and risk mitigation
Evidence

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3. Learning culture

Education providers must ensure and be able to demonstrate that:

- a. 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.
- b. they cultivate and maintain a culture of openness, candour, inclusion and mutual respect between staff, students and patients.
- c. the learning culture is fair, impartial, inclusive and transparent, and is based upon the principles of equality and diversity (including universal awareness of inclusion, reasonable adjustments and anticipating the needs of diverse individuals). It must meet the requirements of all relevant legislation and must be supportive and welcoming.
- d. 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.
- e. students are supported to develop as learners and as professionals during their education.
- f. 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.

In this section below, describe how your institution currently meets the standards within this theme.

In your narrative, we ask that you evaluate how this may be met, identify any strengths, and review where you feel there might be gaps or risks around this area and provide evidence to support the narrative. If you identify gaps or risks, please articulate how you have identified them and how they will be addressed or mitigated and monitored.

Evidence that is uploaded should be cited in the narrative so that there is a clear link between these. Evidence without narrative will not be able to demonstrate the critical evaluation required as part of the annual monitoring report.

In the section below, describe good practice, challenges, and risk and risk mitigation against the standards. These may not apply for each individual standard, but the purpose of this part of the annual report is to allow for self-evaluation against the themes of the standards. We ask that to support the narrative, evidence is provided; this evidence should be specific to the academic year being reported on. For example, student feedback, meeting minutes, etc.

Evidence that is uploaded should be cited in the narrative so that there is a clear link between these. Evidence without narrative will not be able to demonstrate the critical evaluation required as part of the annual monitoring report.

Annex A to 5

Good practice
Challenges
Risks and risk mitigation
Evidence

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4. Quality evaluation, review and assurance

Education providers must ensure and be able to demonstrate that:

- 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.
- external expertise is used within the quality review of osteopathic pre-registration programmes.
- 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.
- they demonstrate an ability to embrace and implement innovation in osteopathic practice and education, where appropriate.

In this section below, describe how your institution currently meets the standards within this theme.

In your narrative, we ask that you evaluate how this may be met, identify any strengths, and review where you feel there might be gaps or risks around this area and provide evidence to support the narrative. If you identify gaps or risks, please articulate how you have identified them and how they will be addressed or mitigated and monitored.

Evidence that is uploaded should be cited in the narrative so that there is a clear link between these. Evidence without narrative will not be able to demonstrate the critical evaluation required as part of the annual monitoring report.

In the section below, describe good practice, challenges, and risk and risk mitigation against the standards. These may not apply for each individual standard, but the purpose of this part of the annual report is to allow for self-evaluation against the themes of the standards. We ask that to support the narrative, evidence is provided; this evidence should be specific to the academic year being reported on. For example, student feedback, meeting minutes, etc.

Evidence that is uploaded should be cited in the narrative so that there is a clear link between these. Evidence without narrative will not be able to demonstrate the critical evaluation required as part of the annual monitoring report.

Good practice

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Challenges
Risks and risk mitigation
Evidence

5. Resources
<p>Education providers must ensure and be able to demonstrate that:</p> <ul style="list-style-type: none">a. 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.b. 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.c. 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.d. 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.e. that buildings are accessible for patients, students and osteopaths.
<p>In this section below, describe how your institution currently meets the standards within this theme.</p>

Annex A to 5

<p>In your narrative, we ask that you evaluate how this may be met, identify any strengths, and review where you feel there might be gaps or risks around this area and provide evidence to support the narrative. If you identify gaps or risks, please articulate how you have identified them and how they will be addressed or mitigated and monitored.</p> <p>Evidence that is uploaded should be cited in the narrative so that there is a clear link between these. Evidence without narrative will not be able to demonstrate the critical evaluation required as part of the annual monitoring report.</p>
<p>In the section below, describe good practice, challenges, and risk and risk mitigation against the standards. These may not apply for each individual standard, but the purpose of this part of the annual report is to allow for self-evaluation against the themes of the standards. We ask that to support the narrative, evidence is provided; this evidence should be specific to the academic year being reported on. For example, student feedback, meeting minutes, etc.</p> <p>Evidence that is uploaded should be cited in the narrative so that there is a clear link between these. Evidence without narrative will not be able to demonstrate the critical evaluation required as part of the annual monitoring report.</p>
Good practice
Challenges
Risks and risk mitigation
Evidence

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6. Students
<p>Education providers must ensure and be able to demonstrate that students:</p> <ol style="list-style-type: none"> 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. have access to effective support for their academic and welfare needs to support their development as autonomous reflective and caring Allied Health Professionals. 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). receive regular and constructive feedback to support their progression through the programme, and to facilitate and encourage reflective practice. have the opportunity to provide regular feedback on all aspects of their programme, and to respond effectively to this feedback. are supported and encouraged in having an active voice within the education provider.
<p>In this section below, describe how your institution currently meets the standards within this theme.</p> <p>In your narrative, we ask that you evaluate how this may be met, identify any strengths, and review where you feel there might be gaps or risks around this area and provide evidence to support the narrative. If you identify gaps or risks, please articulate how you have identified them and how they will be addressed or mitigated and monitored.</p> <p>Evidence that is uploaded should be cited in the narrative so that there is a clear link between these. Evidence without narrative will not be able to demonstrate the critical evaluation required as part of the annual monitoring report.</p>
<p>In the section below, describe good practice, challenges, and risk and risk mitigation against the standards. These may not apply for each individual standard, but the purpose of this part of the annual report is to allow for self-evaluation against the themes of the standards. We ask that to support the narrative, evidence is provided; this evidence should be specific to the academic year being reported on. For example, student feedback, meeting minutes, etc.</p> <p>Evidence that is uploaded should be cited in the narrative so that there is a clear link between these. Evidence without narrative will not be able to demonstrate the critical evaluation required as part of the annual monitoring report.</p>

Annex A to 5

Good practice
Challenges
Risks and risk mitigation
Evidence

7. Clinical experience
<p>Education providers must ensure and be able to demonstrate that:</p> <ul style="list-style-type: none">a. 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.b. 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.
<p>In this section below, describe how your institution currently meets the standards within this theme.</p> <p>In your narrative, we ask that you evaluate how this may be met, identify any strengths, and review where you feel there might be gaps or risks around this area and provide evidence to support the narrative. If you identify gaps or risks, please articulate how you have identified them and how they will be addressed or mitigated and monitored.</p> <p>Evidence that is uploaded should be cited in the narrative so that there is a clear link between these. Evidence without narrative will not be able to demonstrate the critical evaluation required as part of the annual monitoring report.</p>
<p>In the section below, describe good practice, challenges, and risk and risk mitigation against the standards. These may not apply for each individual standard, but the purpose of this part of the annual report is to allow for self-evaluation against the themes of the standards. We ask that to support the narrative, evidence is provided; this evidence should be specific to the academic year being reported on. For example, student feedback, meeting minutes, etc.</p> <p>Evidence that is uploaded should be cited in the narrative so that there is a clear link between these. Evidence without narrative will not be able to demonstrate the critical evaluation required as part of the annual monitoring report.</p>
<p>Good practice</p>

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Annex A to 5

Challenges
Risks and risk mitigation
Evidence

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8. Staff support and development

Education providers must ensure and be able to demonstrate that:

- a. 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.
- b. 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.
- c. educators comply with and meet all relevant standards and requirements, and act as appropriate professional role models.
- d. 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.
- e. educators either have a teaching qualification, or are working towards this, or have relevant and recent teaching experience.

In this section below, describe how your institution currently meets the standards within this theme.

In your narrative, we ask that you evaluate how this may be met, identify any strengths, and review where you feel there might be gaps or risks around this area and provide evidence to support the narrative. If you identify gaps or risks, please articulate how you have identified them and how they will be addressed or mitigated and monitored.

Evidence that is uploaded should be cited in the narrative so that there is a clear link between these. Evidence without narrative will not be able to demonstrate the critical evaluation required as part of the annual monitoring report.

We are particularly interested this year in how you ensure that teaching staff are sufficiently qualified and supported to develop as educators (standard 8.e). This might include formal training (eg, PG Certs), but also less formal staff training sessions and development activities.

In the section below, describe good practice, challenges, and risk and risk mitigation against the standards. These may not apply for each individual standard, but the purpose of this part of the annual report is to allow for self-evaluation against the themes of the standards. We ask that to support the narrative, evidence is provided; this evidence should be specific to the academic year being reported on. For example, student feedback, meeting minutes, etc.

Annex A to 5

Evidence that is uploaded should be cited in the narrative so that there is a clear link between these. Evidence without narrative will not be able to demonstrate the critical evaluation required as part of the annual monitoring report.
Good practice
Challenges
Risks and risk mitigation
Evidence

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9. Patients
<p>Education providers must ensure and be able to demonstrate that:</p> <ul style="list-style-type: none"> a. 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. b. 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. c. the staff student ratio is sufficient to provide safe and accessible education of an appropriate quality. d. 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. e. 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. f. the needs of patients outweigh all aspects of teaching and research. g. 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.
<p>In this section below, describe how your institution currently meets the standards within this theme.</p> <p>In your narrative, we ask that you evaluate how this may be met, identify any strengths, and review where you feel there might be gaps or risks around this area and provide evidence to support the narrative. If you identify gaps or risks, please articulate how you have identified them and how they will be addressed or mitigated and monitored.</p> <p>Evidence that is uploaded should be cited in the narrative so that there is a clear link between these. Evidence without narrative will not be able to demonstrate the critical evaluation required as part of the annual monitoring report.</p>
<p>In the section below, describe good practice, challenges, and risk and risk mitigation against the standards. These may not apply for each individual standard, but the purpose of this part of the annual report is to allow for self-evaluation against the themes of the standards. We ask that to support the narrative, evidence is provided; this evidence should be specific to the academic year being reported on. For example, student feedback, meeting minutes, etc.</p>

Annex A to 5

Evidence that is uploaded should be cited in the narrative so that there is a clear link between these. Evidence without narrative will not be able to demonstrate the critical evaluation required as part of the annual monitoring report.
Good practice
Challenges
Risks and risk mitigation
Evidence

Thank you for completing the template. The form and all relevant evidence should be submitted to education@osteopathy.org.uk by **Day Month 2025**. If you have any queries, require support completing the form or there is any reason why you cannot meet this deadline, please contact us.

Please make sure you complete all the required sections, and provide the relevant evidence.

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Annex B to 5

Osteopathic Education Institution Annual Report

This report provides an analysis of the 2024/25 Annual Report submitted by the OEI.

OEI

Recognised qualification(s)

Awarding body

Date of last RQ visit

Date of next review

RQ period

Outstanding Conditions

Summary of progress from previous recommendations and actions

Key achievements

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Key risks and issues, and areas for focus

Student protection plan

General review of information presented

Recommendations

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Analysis of each question

1. Programme design, delivery and assessment

Education providers must ensure and be able to demonstrate that:

- a. 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;
- b. there are equality and diversity policies in relation to applicants, and that these are effectively implemented and monitored;
- c. they implement a fair and appropriate process for assessing applicants' prior learning and experience;
- d. 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;
- e. curricula and assessments are developed and evaluated by appropriately experienced and qualified educators and practitioners;
- f. 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;
- g. 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);
- h. assessment methods are reliable and valid, and provide a fair measure of students' achievement and progression for the relevant part of the programme;
- i. 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);
- j. there is an effective process in place for receiving, responding to and learning from student complaints;
- k. there is an effective process in place for students to make academic appeals.

2. Programme governance, leadership and management

Education providers must ensure and be able to demonstrate that:

- a. 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;
 - b. 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;
 - c. there are accessible and effective channels in place to enable concerns and complaints to be raised and acted upon;
 - d. 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;
 - e. 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;
 - f. systems are in place to provide assurance, with supporting evidence, that students have fully demonstrated learning outcomes.
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3. Learning Culture

Education providers must ensure and be able to demonstrate that:

- a. 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;
 - b. they cultivate and maintain a culture of openness, candour, inclusion and mutual respect between staff, students and patients;
 - c. the learning culture is fair, impartial, inclusive and transparent, and is based upon the principles of equality and diversity (including universal awareness of inclusion, reasonable adjustments and anticipating the needs of diverse individuals). It must meet the requirements of all relevant legislation and must be supportive and welcoming;
 - d. 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;
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- e. students are supported to develop as learners and as professionals during their education;
- f. 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.

4. Quality Assurance and Governance processes

Education providers must ensure and be able to demonstrate that:

- a. 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;
- b. external expertise is used within the quality review of osteopathic pre-registration programmes;
- c. 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;
- d. they demonstrate an ability to embrace and implement innovation in osteopathic practice and education, where appropriate.

5. Resources

Education providers must ensure and be able to demonstrate that:

- a. 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;
- b. 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;
- c. 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

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students, published opportunities to adapt the timings of clinical sessions to take account of students' needs;

- d. 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;
- e. that buildings are accessible for patients, students and osteopaths.

6. Students

Education providers must ensure and be able to demonstrate that students:

- a. 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;
- b. have access to effective support for their academic and welfare needs to support their development as autonomous reflective and caring Allied Health Professionals;
- c. 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);
- d. receive regular and constructive feedback to support their progression through the programme, and to facilitate and encourage reflective practice;
- e. have the opportunity to provide regular feedback on all aspects of their programme, and to respond effectively to this feedback;
- f. are supported and encouraged in having an active voice within the education provider;

7. Clinical experience

- a. Education providers must ensure and be able to demonstrate that:
- b. 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;

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- c. 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.

8. Staff support and development

Education providers must ensure and be able to demonstrate that:

- a. 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;
- b. 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;
- c. 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;
- d. 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;
- e. educators either have a teaching qualification, or are working towards this, or have relevant and recent teaching experience.

9. Patients

Education providers must ensure and be able to demonstrate that:

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- a. 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;
 - b. 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;
 - c. the staff student ratio is sufficient to provide safe and accessible education of an appropriate quality;
 - d. 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;
 - e. 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;
 - f. the needs of patients outweigh all aspects of teaching and research;
 - g. 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.
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Policy and Education Committee

10 June 2025

Osteopathic Apprenticeship

Classification	Public
Purpose	For decision
Issue	The alignment of the draft osteopath apprenticeship standard with the Graduate Outcomes and Standards for Education and Training (2022).
Recommendations	<ol style="list-style-type: none">1. To agree that the draft osteopath apprenticeship standard aligns with and is capable of delivering the Graduate Outcomes.2. To note that any qualifications developed to deliver the apprenticeship standard will be subject to usual quality assurance arrangements to inform recommendations about recognition to Council in accordance with the Osteopaths Act 1993.
Financial and resourcing implications	<p>There are no costs at this stage with the development of the apprenticeship standard other than staff time. If and when apprenticeship qualifications are developed, these will need to be subject to our quality assurance processes in order to enable the Committee to make recommendations for recognition to Council in accordance with the Osteopaths Act 1993.</p> <p>There are not currently any provisions for charging for quality assurance and so the costs of quality assurance fall to the GOsC. We currently allow up to £17k per visit and we have costed in a contingency for additional visits in our current in house QA budget – so additional costs would be incorporated into our original projected 5 year budget at this stage.</p>
Diversity implications	Osteopath apprenticeships, would be funded for educational delivery and so provide an opportunity for apprentices to undertake osteopathic training without the cost of the university degree and whilst being paid by an employer. The employer is also able to access funding for the apprenticeship. They are a very attractive option for people who feel excluded from the current costs of a

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university education but who want to obtain a university degree level and a professional qualification. This osteopath apprenticeship standard is for England only at the moment and so there are no opportunities for enhancing the use of the Welsh language at this stage as Welsh apprenticeships are covered by a different body.

Communications implications

We have flagged our role in this work in the May ebulletin. Our role is not to develop the standard but to ensure that any prospective qualifications developed from the standard meet the Graduate Outcomes and Standards for Education and Training.

Further Information about the development of the standard is available on the website of the [Institute of Apprenticeships and Technical Education \(Ifate\)](#). The Institute of Osteopathy have discussed the apprenticeship at a range of multi – stakeholder events including the Osteopathic Development Group and their roadshows.

Annexes

- A. Draft apprenticeship standard
- B. Mapping document produced by Ifate demonstrating that the draft Osteopath Standard incorporates the Graduate Outcomes.

Author

Fiona Browne and Steven Bettles

Key messages

- This paper asks the Committee to make the following decisions:
 - To agree that the draft osteopath apprenticeship standard attached at Annex A is aligned with and capable of delivering the Graduate Outcomes as demonstrated by the mapping and the overarching requirements statement.
 - To note that any qualifications developed to deliver the osteopath apprenticeship standard will be subject to usual quality assurance arrangements to inform the Education Committee's statutory recommendations about recognition to Council in accordance with the Osteopaths Act 1993.
- The paper explains that the development of the employer owned apprenticeship with the Institute for Apprenticeships and Technical Education is aligned with the GOsC strategy previously agreed by Council.
- The paper explains that the decisions the Committee is being asked to make are in line with its statutory duties and roles as outlined in the Osteopaths Act 1993 and the General Osteopathic Council (Recognition of Qualifications) Rules 2000.

Background

1. The development of an osteopath apprenticeship standard is led by the osteopathic profession itself supported by IfaTE. However, all qualifications (including those developed from the apprenticeship standard in the future) must meet our [Graduate Outcomes and Standards for Education and Training](#) (2022) in order to enable graduates to meet the Osteopathic Practice Standards and register with us to call themselves an osteopath in accordance with the Osteopaths Act 1993. It is therefore important that the Committee is able to indicate that the osteopath apprenticeship standard is aligned with and capable of meeting the Graduate Outcomes because if the apprenticeship standard is not capable of meeting the Graduate Outcomes, this could impact on the suitability of subsequent qualifications developed from it and the ability of those graduates to register and practise as osteopaths.
2. The Graduate Outcomes and Standards for Education and Training set out the specific outcomes that graduates must achieve, and the standards for delivery that providers must meet in order for graduates to meet the Osteopathic Practice Standards.
3. The Graduate Outcome and Standards for Education and Training are the designated statement of the Committee under Rule 3 of the General Osteopathic Council (Recognition of Qualifications) Rules 2000 setting out the matters on which the Committee will wish to be satisfied before advising the General Council to recognise a qualification under subsection (2) of section 14 of the Act.

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4. [Our Strategy 2024 to 2030](#) has three aims of strengthening trust, championing inclusivity and embracing innovation. We have a key area of 'Supporting the osteopathic education sector to explore different and innovative ways it can meet the graduate outcomes and the delivery of standards for education.' The development of an apprenticeship standard in osteopathy can also break down barriers for accessing osteopathic education and training thus contributing to a more diverse profession and all the benefits diversity can bring for applicants, osteopaths and patients.
5. The development of the osteopath apprenticeship standard is aligned with our strategy. Our role in the development of the apprenticeship standard is to be supportive enabling the standard to be capable of meeting our Graduate Outcomes and in accordance with our values of being collaborative, influential, respectful and evidence informed. The role of the Committee is to make the decisions set out on the front sheet and at the end of the paper.
6. At its meeting in October 2024, the Committee were advised that the Institute of Osteopathy had been waiting to begin a trailblazer group, tasked with developing an apprenticeship standard to be approved by IfaTE and PEC would be asked to look at this in 2026.
7. In February 2025, it became clear that the intention was to submit the standard to IFATE in July 2025 which was a swifter timetable than expected. GOsC intended to work collaboratively with the Institute of Osteopathy (iO) to map a pathway to enable this to be achieved which would include participating in the trailblazer group to provide advice and support to the standard to enable it to be capable of meeting the Graduate Outcomes in line with our strategy and values.
8. In March 2025, the Committee heard that the trailblazer group is chaired by two osteopaths, James Gill, an osteopath with a private practice and Daniel McCarthy, an osteopath who works predominantly within the NHS. The group has membership from two osteopathic educational institutions, the Institute of Osteopathy and the Institute for Apprenticeships and Technical Education. IfaTE would provide the technical drafting expertise and advice to the group. It noted that the GOsC had been invited to attend the next trailblazer meeting in March. The role of the Committee was to be assured that, whilst the development of the standard was employer owned, that it would incorporate GOsC Graduate Outcomes and Standards for Education and Training when it came to the Committee in June to agree that it did include our requirements. It was planned that the Committee would be asked to consider this decision in June.
9. The Committee also noted that once the standard was agreed by IfaTE, the actual delivery of the standard through a training programme and experience would require a separate RQ which would be quality assured by GOsC just as other RQs were quality assured. Only qualifications meeting our Graduate Outcomes and Standards for Education and Training could be awarded 'recognised qualification' status following a recommendation from the Committee

to Council, a decision by Council and a subsequent Privy Council approval enabling holders to apply for registration with GOsC.

Discussion

10. The draft apprenticeship standard and the mapping document are attached at Annexes A and B. The Committee is asked to agree that the mapping document demonstrates that the Graduate Outcomes are covered in the draft apprenticeship standard and that therefore it is capable of delivering the Graduate Outcomes. (Please note we are just looking at the content of the standard of the moment, not delivery mechanisms. The Standards of Education and Training are the standards that the providers need to meet to deliver any subsequent qualification and so we are not looking at these at the moment).
11. The Committee is asked to note that once approved, any osteopath apprenticeship qualification awarding body will need to apply to the GOsC for recognition. This is part of our usual quality assurance processes and would include ensuring that the curricula developed by the awarding body meets our standards and ensuring that the delivery of the apprenticeship meets our Standards of Education and Training through the provision of evidence, analysis and a visit report.

Recommendations:

1. To agree that the draft osteopath apprenticeship standard aligns with and is capable of delivering the Graduate Outcomes.
2. To note that any qualifications developed to deliver the apprenticeship standard will be subject to usual quality assurance arrangements to inform recommendations about recognition to Council in accordance with the Osteopaths Act 1993.

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Duties

Duty 1: Practise safely and effectively within the limits of personal competence and the legal, ethical and regulatory requirements of the profession's practice.

Duty 2: Draw on and apply professional knowledge, skills and values in personal practice, including the clinical sciences underpinning osteopathy, osteopathic principles and concepts, and osteopathic assessment and treatment approaches.

Duty 3: Deliver individualised, person-centred care that is founded on valid consent and confidentiality; shared goal-setting, decision-making and ongoing review; and establishing and maintaining clear professional boundaries.

Duty 4: Provide osteopathic care including through manual therapy, therapeutic exercise and or rehabilitation and clinical advice.

Duty 5: Manage a patient caseload, including through effective administration and record-keeping.

Duty 6: Communicate effectively with patients and colleagues including in approaches to advertising and promoting services.

Duty 7: Practise as an autonomous practitioner by exercising professional judgement and being accountable for professional decisions and actions.

Duty 8: Act as a first point of contact for individuals' care by working with others and making referrals to meet individuals' needs and taking action to ensure patient safety including safeguarding.

Duty 9: Contribute to public health, health promotion, individual wellbeing, and illness prevention.

Duty 10: Practise in ways that promote inclusivity, equality and diversity and that challenge discrimination.

Duty 11: Reflect on and address on-going personal learning needs to maintain currency and quality in practice.

Duty 12: Engage with developments in and relevant to the profession's practice and models of service delivery, including through professional networking.

Duty 13: Establish and maintain a safe environment for professional practice, service delivery and patient care, including by supporting colleagues and managing and mitigating risks.

Duty 14: Engage in service evaluation, development and improvement to uphold the quality, value and impact of patient care.

Duty 15: Manage personal health and wellbeing and its impact on personal practice, seeking appropriate support when necessary.

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Knowledge statements	Skills statements
The apprentice must understand/know ...	The apprentice must demonstrate the ability to ...
Osteopaths' regulatory, ethical and professional responsibilities.	Engage with and adhere to the regulatory, ethical and professional responsibilities of being an osteopath.
The principles and standards set out in the Osteopathic Practice Standards and associated regulatory guidance.	Uphold and adhere to the principles and standards set out in the Osteopathic Practice Standards and associated regulatory guidance.
The importance of understanding personal scope of practice and operating within the limits of personal competence.	Demonstrate self-awareness of personal scope of practice and competence and to work within this.
The clinical sciences, psychosocial model and osteopathic concepts, principles and guidelines that underpin and are applied in osteopathic practice.	Apply the underpinning knowledge base and philosophy of osteopathy to deliver safe, effective, person-centred osteopathic care.
Osteopathy's contribution to delivering patient care and its position within wider healthcare systems and models of care.	Deliver osteopathy services within broader healthcare systems and models of care and service delivery.
Approaches to delivering osteopathic care to meet individuals' health needs, beliefs and preferences.	Deliver person-centred care in response to individuals' health needs, beliefs, preferences and goals.
Critical thinking and problem-solving within clinical assessment and decision-making.	Apply critical thinking and problem-solving approaches within clinical assessments and decision-making.
How to deal with unfamiliar, complex and unpredictable situations within professional contexts.	Manage unfamiliar, complex and unpredictable situations by exercising professional judgement, assessing and managing risk, acting within personal scope of practice, and seeking guidance from others.
How to gain valid consent from individuals before assessing them and delivering care to do them, and what to do if do not give their consent or withdraw their consent.	Gain individuals' consent before assessing them and delivering episodes of care and manage situations in which a patient either does not give their consent or withdraws their consent.
How to apply clinical knowledge and assessment skills to identify normal and abnormal clinical findings and manage specific conditions and clinical scenarios within personal scope of practice.	Exercise professional judgement in applying osteopathic principles and approaches, including touch and palpation, to assess and diagnose individuals' needs.
How to identify and assess symptoms and conditions presented by patients, with a focus on those relating to the musculoskeletal system, pain and biomechanical function.	Assess patients' presenting symptoms and condition and appraise and discuss the appropriateness of delivering osteopathy to meet their individual needs.
How to undertake a full osteopathic assessment of individual patients' needs through history-taking, clinical examination and obtaining relevant clinical data.	Assess individual patients' needs through history-taking, clinical examination and obtaining and drawing on clinical data to understand their needs, preferences and goals.
How to undertake a full patient case history to inform clinical assessment and decision-making.	Use subjective questioning and objective examination to formulate a working diagnosis and inform decision-making on appropriate treatment approaches to meet individual patients' needs.

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How to devise and implement osteopathic treatment plans in line with clinical assessment and diagnosis and through shared decision-making and keep plans' effectiveness under review.	Develop, implement and evaluate care plans in partnership with patients to meet their individual needs, preferences and goals.
How to recognise relative and absolute contra-indications of osteopathic treatment approaches to uphold individual patient safety.	Select and modify osteopathic treatment approaches to meet individuals' needs, acting on relative and absolute contra-indications to uphold patient safety.
How to recognise, act and advise on patients' adverse reaction to their osteopathic treatment.	Identify individual patients' adverse reaction to their osteopathic treatment and take appropriate action to uphold their safety and manage clinical risk, including through providing safety-netting advice.
How to use different communication styles and strategies, including active listening, with patients and colleagues.	Use different communication approaches to receive and share clear, accurate information in line with different audiences' needs.
How to support individuals to manage their own health and wellbeing, including through health promotion and illness prevention advice.	Advise patients on approaches to improving, managing and maintaining their health and wellbeing, including through behaviour change and physical activity.
The role and value of social networks and communities for supporting individuals' health and wellbeing.	Encourage individuals to use of social networks and communities to support their health and wellbeing, including through appropriate signposting to relevant resources and initiatives.
How to fulfil professional responsibilities relating to safeguarding and how to act on concerns about individuals' safety.	Uphold individuals' safety, including through adhering to safeguarding procedures and raising concerns.
The importance of maintaining professional boundaries with patients and colleagues, including for upholding trust in therapeutic relationships and in the osteopathic profession	Maintain appropriate professional boundaries with patients and colleagues.
How and when to refer patients to other healthcare professionals when in individuals' best interests.	Engage with local referral processes, including by sharing and receiving referral information across services and care pathways, to support individual patients' receipt of care to meet their needs.
How to undertake risk assessments and to report and act on these in line with organisational policies and procedures.	Undertake risk assessments and manage and report on their outcome to uphold others' and own safety.
The importance of upholding patient confidentiality in professional activity in compliance with legislation, policies and local processes and procedures.	Uphold patient confidentiality in all aspects of professional practice.
The importance of effective record-keeping in line with legislative, regulatory and professional requirements and to demonstrate accountability for decisions and actions.	Create and store patient care records in line with legal, regulatory and professional requirements and local protocols and procedures.
First-aid principles and procedures.	Provide first aid to uphold individuals' safety within urgent and emergency scenarios.
Health and safety legislation, policies and procedures to uphold the safety of patients, colleagues, the public and self.	Adhere to health and safety legislation, policies and procedures to uphold all parties' safety and maintain a safe practice environment.

How to manage a patient caseload and waiting lists.	Manage a clinical caseload, prioritising individual patients in line with need and adhering to local procedures and protocols.
Processes for collecting and using data and for engaging with research findings within osteopathic practice, including as part of clinical audit, service evaluation and quality improvement initiatives.	Collect and use outcomes data and research findings in osteopathic practice, being aware of the limitations of information and its relevance and application.
The professional responsibilities attached to acting as a first point of contact for patients.	Act as a first point of contact for patients within personal scope of practice and recognising the limitations of this.
The professional responsibilities attached to duty of candour within healthcare.	Engage with the professional responsibilities attached to duty of candour, including when things go wrong.
Legislation, policies and guidance relating to equity, diversity and inclusion.	Actively engage with equity, diversity and inclusion legislation, policies and good practice and their implications for patient care, service delivery and working with others.
The professional responsibility to engage in career-long learning to maintain professional knowledge and skills and respond to changing population health, service delivery and practice needs.	Engage in ongoing professional learning and development through critical reflection, gaining others' feedback, and learning with others.
The importance of engaging with osteopathy's evolving evidence base and demonstrating the profession's value and impact.	Engage in data collection, clinical audit, service evaluation and with developments in osteopathic research.
The impact of organisational culture on personal and team wellbeing, service delivery and patient care.	Work with others to support personal and team wellbeing, contribute to effective service delivery and uphold safe, high-quality patient care.
Leadership theories and styles and the impact of their implementation on teams, service delivery and patient care.	Contribute to shared models of leadership in line with role, level of practice, practice context, and professional experience.
The importance of upholding ethical business practices for upholding safe, effective, high-quality care and the reputation of osteopathy.	Engage in ethical business activity within personal scope of practice, including in describing, advertising, promoting and developing services.
How to manage patient concerns and complaints.	Manage patient concerns and complaints when their expectations have not been met and to learn from service user feedback.
Attending to personal wellbeing and resilience to fulfil professional responsibilities and deliver safe and effective care.	Develop, apply and reflect on personal strategies for managing own wellbeing and resilience.
Digital tools and technologies relevant to osteopathy and exercising cyber-security vigilance.	Apply relevant digital tools and technologies safely and appropriately within osteopathic care, including to enhance patient access and service delivery.
Sustainability principles and practices and their relevance to healthcare service delivery.	Apply sustainability principles and practices within personal scope of practice and contribution to service delivery, review and development.

Behaviour Statements

1. Demonstrate kindness, empathy and compassion in delivering person-centred care.
2. Promote and protect the interests of service users, treating all people with respect and dignity.
3. Exercise self-awareness and self-management in practice, including in interactions with others and making independent decisions.
4. Act with integrity, honesty and openness, including when things go wrong.
5. Demonstrate engagement, curiosity and reflection within ongoing professional learning and development.
6. Demonstrate adaptability, resilience and responsiveness to changing needs.
7. Engage with and uphold the regulatory requirements of being an osteopath.

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Duties
Duty 1: Practise safely and effectively within the limits of personal competence and the legal, ethical and regulatory requirements of the
Duty 2: Draw on and apply professional knowledge, skills and values in personal practice, including the clinical sciences underpinning osteopathy, osteopathic principles and concepts, and osteopathic assessment and treatment approaches.
Duty 3: Deliver individualised, person-centred care that is founded on valid consent and confidentiality; shared goal-setting, decision-making and ongoing review; and establishing and
Duty 4: Provide osteopathic care including through manual therapy, therapeutic exercise and or rehabilitation and clinical advice.
Duty 5: Manage a patient caseload, including through effective administration and record-keeping.
Duty 6: Communicate effectively with patients and colleagues including in approaches to advertising
Duty 7: Practise as an autonomous practitioner by exercising professional judgement and being accountable for professional decisions and actions.
Duty 8: Act as a first point of contact for individuals' care by working with others and making referrals to meet individuals' needs and taking
Duty 9: Contribute to public health, health promotion, individual wellbeing, and illness prevention.
Duty 10: Practise in ways that promote inclusivity, equality and diversity and that challenge discrimination.
Duty 11: Reflect on and address on-going personal learning needs to maintain currency and quality in practice.
Duty 12: Engage with developments in and relevant to the profession's practice and models of service delivery including through professional

Duty 13: Establish and maintain a safe environment for professional practice, service delivery and patient care, including by supporting colleagues and managing and mitigating risks.

Duty 14: Engage in service evaluation, development and improvement to uphold the quality, value and impact of patient care.

Duty 15: Manage personal health and wellbeing and its impact on personal practice, seeking appropriate support when necessary.

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Knowledge statements	Duty Mapping	GO Mapping
<i>The apprentice must understand/know...</i>		
Osteopaths' regulatory, ethical and professional responsibilities.	D1	G058, G062
The principles and standards set out in the Osteopathic Practice Standards and associated regulatory guidance.	D1	G059
The importance of understanding personal scope of practice and operating within the limits of personal competence.	D1, D2	G011, G058
The clinical sciences, psychosocial model and osteopathic concepts, principles and guidelines that underpin and are applied in osteopathic practice.	D1, D2	G042, G073
Osteopathy's contribution to delivering patient care and its position within wider healthcare systems and models of care.	D1, D2	G03, G051, G066, G067, G068
Approaches to delivering osteopathic care to meet individuals' health needs, beliefs and preferences.	D3, D10	G08
Critical thinking and problem-solving within clinical assessment and decision-making.	D4	G030, G031
How to deal with unfamiliar, complex and unpredictable situations within professional contexts.	D7	G022
How to gain valid consent from individuals before assessing them and delivering care to do them, and what to do if do not give their consent or withdraw their consent.	D6	G04, G034, G081
How to apply clinical knowledge and assessment skills to identify normal and abnormal clinical findings and manage specific conditions and clinical scenarios within personal scope of practice.	D2	G038, G085
How to identify and assess symptoms and conditions presented by patients, with a focus on those relating to the musculoskeletal system, pain and biomechanical function.	D2	G044, G073, G079
How to undertake a full osteopathic assessment of individual patients' needs through history-taking, clinical examination and obtaining relevant clinical data.	D2	G075, G076

How to undertake a full patient case history to inform clinical assessment and decision-making.	D5	G036, G037, G038
How to devise and implement osteopathic treatment plans in line with clinical assessment and diagnosis and through shared decision-making and keep plans' effectiveness under review.	D4	G046, G054
How to recognise relative and absolute contra-indications of osteopathic treatment approaches to uphold individual patient safety.	D8	G047
How to recognise, act and advise on patients' adverse reaction to their osteopathic treatment.	D7, D13	G052
How to use different communication styles and strategies, including active listening, with patients and colleagues.	D4, D6	G01, G02, G03, G07, G036, G083
How to support individuals to manage their own health and wellbeing, including through health promotion and illness prevention advice.	D9, D15	G08, G015, G087
The role and value of social networks and communities for supporting individuals' health and wellbeing.	D9, D11, D12	G045
How to fulfil professional responsibilities relating to safeguarding and how to act on concerns about individuals' safety.	D8, D13	G056
The importance of maintaining professional boundaries with patients and colleagues, including for upholding trust in therapeutic relationships and in the osteopathic profession	D7, D13	G061
How and when to refer patients to other healthcare professionals when in individuals' best interests.	D8	G079, G084, G085
How to undertake risk assessments and to report and act on these in line with organisational policies and procedures.	D8	G056
The importance of upholding patient confidentiality in professional activity in compliance with legislation, policies and local processes and	D5, D8	G032, G065
The importance of effective record-keeping in line with legislative, regulatory and professional requirements and to demonstrate	D5	G037, G081
First-aid principles and procedures.	D7	G039
Health and safety legislation, policies and procedures to uphold the safety of patients, colleagues, the public and self.	D1, D13,	G055, G058
How to manage a patient caseload and waiting lists.	D5	G073

Processes for collecting and using data and for engaging with research findings within osteopathic practice, including as part of clinical audit, service evaluation and quality improvement initiatives.	D14	G024 – G032
The professional responsibilities attached to acting as a first point of contact for patients.	D8, D14	G063, G064
The professional responsibilities attached to duty of candour within healthcare.	D9, D11	G063, G064
Legislation, policies and guidance relating to equity, diversity and inclusion.	D1, D10	G08, G058
The professional responsibility to engage in career-long learning to maintain professional knowledge and skills and respond to changing population health, service delivery and practice needs.	D14, D15	G062, G064, G067
The importance of engaging with osteopathy's evolving evidence base and demonstrating the profession's value and impact	D14	G024 – G028
The impact of organisational culture on personal and team wellbeing, service delivery and patient care.	D15	G015
Leadership theories and styles and the impact of their implementation on teams, service delivery and patient care.	D13, D14	G017, G018, G022, G067
The importance of upholding ethical business practices for upholding safe, effective, high-quality care and the reputation of osteopathy.	D10, D13	G034, G058
How to manage patient concerns and complaints.	D3, D11,	G064
Attending to personal wellbeing and resilience to fulfil professional responsibilities and deliver safe and effective care.	D15	G022, G054, G087
Digital tools and technologies relevant to osteopathy and exercising cyber-security vigilance.	D3, D4, D13	G058
Sustainability principles and practices and their relevance to healthcare service delivery.	(ALL?)	Aligned to G0sC AI Guidance

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Skills statements	Duty Mapping	GO Mapping
<i>The apprentice must demonstrate/manage/develop/etc...</i>		
Engage with and adhere to the regulatory, ethical and professional responsibilities of being an osteopath.	D1	G058, G062
Uphold and adhere to the principles and standards set out in the Osteopathic Practice Standards and associated regulatory guidance.	D1	G059
Demonstrate self-awareness of personal scope of practice and competence and to work within this.	D1, D2	G011, G058
Apply the underpinning knowledge base and philosophy of osteopathy to deliver safe, effective, person-centred osteopathic care.	D1, D2	G042, G073
Deliver osteopathy services within broader healthcare systems and models of care and service delivery.	D1, D2	G03, G051, G066, G067, G068
Deliver person-centred care in response to individuals' health needs, beliefs, preferences and goals.	D3, D10	G08
Apply critical thinking and problem-solving approaches within clinical assessments and decision-making.	D4	G030, G031
Manage unfamiliar, complex and unpredictable situations by exercising professional judgement, assessing and managing risk, acting within personal scope of practice, and seeking guidance from others.	D7	G022
Gain individuals' consent before assessing them and delivering episodes of care and manage situations in which a patient either does not give their consent or withdraws their consent.	D6	G04, G034, G081
Exercise professional judgement in applying osteopathic principles and approaches, including touch and palpation, to assess and diagnose individuals' needs.	D2	G038, G085
Assess patients' presenting symptoms and condition and appraise and discuss the appropriateness of delivering osteopathy to meet their individual needs.	D2	G044, G073, G079
Assess individual patients' needs through history-taking, clinical examination and obtaining and drawing on clinical data to understand their needs, preferences and goals.	D2	G075, G076

Use subjective questioning and objective examination to formulate a working diagnosis and inform decision-making on appropriate treatment approaches to meet individual patients' needs.	D5	G036, G037, G038
Develop, implement and evaluate care plans in partnership with patients to meet their individual needs, preferences and goals.	D4	G046, G054
Select and modify osteopathic treatment approaches to meet individuals' needs, acting on relative and absolute contra-indications to uphold patient safety	D8	G047
Identify individual patients' adverse reaction to their osteopathic treatment and take appropriate action to uphold their safety and manage clinical risk including through providing safety-netting advice	D7, D13	G052
Use different communication approaches to receive and share clear, accurate information in line with different audiences' needs.	D4, D6	G01, G02, G03, G07, G036, G083
Advise patients on approaches to improving, managing and maintaining their health and wellbeing, including through behaviour change and physical activity.	D9, D15	G08, G015, G087
Encourage individuals to use of social networks and communities to support their health and wellbeing, including through appropriate signposting to relevant resources and initiatives.	D9, D11, D12	G045
Uphold individuals' safety, including through adhering to safeguarding procedures and raising concerns	D8, D13	G056
Maintain appropriate professional boundaries with patients and colleagues.	D7, D13	G061
Engage with local referral processes, including by sharing and receiving referral information across services and care pathways, to support individual patients' receipt of care to meet their needs.	D8	G079, G084, G085
Undertake risk assessments and manage and report on their outcome to uphold others' and own safety.	D8	G056
Uphold patient confidentiality in all aspects of professional practice.	D5, D8	G032, G065
Create and store patient care records in line with legal, regulatory and professional requirements and local protocols and procedures.	D5	G037, G081
Provide first aid to uphold individuals' safety within urgent and	D7	G039
Adhere to health and safety legislation, policies and procedures to uphold all parties' safety and maintain a safe practice environment.	D1, D13, D15	G055, G058
Manage a clinical caseload, prioritising individual patients in line with need and adhering to local procedures and protocols.	D5	G073

Collect and use outcomes data and research findings in osteopathic practice, being aware of the limitations of information and its relevance and application.	D14	G024 – G032
Act as a first point of contact for patients within personal scope of practice and recognising the limitations of this.	D8, D14	G063, G064
Engage with the professional responsibilities attached to duty of candour, including when things go wrong.	D9, D11	G063, G064
Actively engage with equity, diversity and inclusion legislation, policies and good practice and their implications for patient care,	D1, D10	G08, G058
Engage in ongoing professional learning and development through critical reflection, gaining others' feedback, and learning with others.	D14, D15	G062, G064, G067
Engage in data collection, clinical audit, service evaluation and with developments in osteopathic research.	D14	G024 – G028
Work with others to support personal and team wellbeing, contribute to effective service delivery and uphold safe, high-quality patient care.	D15	G015
Contribute to shared models of leadership in line with role, level of practice, practice context, and professional experience.	D13, D14	G017, G018, G022, G067
Engage in ethical business activity within personal scope of practice, including in describing, advertising, promoting and developing services.	D10, D13	G034, G058
Manage patient concerns and complaints when their expectations have not been met and to learn from service user feedback.	D3, D11, D12	G064
Develop, apply and reflect on personal strategies for managing own wellbeing and resilience.	D15	G022, G054, G087
Apply relevant digital tools and technologies safely and appropriately within osteopathic care, including to enhance patient access and service	D3, D4, D13	G058
Apply sustainability principles and practices within personal scope of practice and contribution to service delivery, review and development.	(ALL?)	Aligned to G0sC AI Guidance

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Behaviour Statements	GO Mapping
1. Demonstrate kindness, empathy and compassion in delivering person-centred care	G086, G087
2. Promote and protect the interests of service users, treating all people with respect and dignity.	G043, G044
3. Exercise self-awareness and self-management in practice, including in interactions with others and making independent decisions.	G01
4. Act with integrity, honesty and openness, including when things go wrong	G060
5. Demonstrate engagement, curiosity and reflection within ongoing professional learning and development.	G09, G010, G020, G021
6. Demonstrate adaptability, resilience and responsiveness to	G023
7. Engage with and uphold the regulatory requirements of being an osteopath	G013, G014, G062

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No. (G0)	Communication and patient partnership
G01	Work in partnership with patients in an open and transparent manner, respect their individuality, concerns, preferences, dignity and modesty, and support patients in expressing what is important to them (including by active listening and responding to feedback). People may have particular needs or preferences related to disability or religion or other protected characteristics, for example, but take care not to make assumptions as a result of these. Treat each person as an individual, being curious to
G02	Understand and apply the principles of remote and face-to-face consultations
G03	Communicate information effectively. This should be demonstrated by, for example: i. providing support for patients to express what is important to them. ii. demonstrating effective interpersonal skills, being polite and considerate with patients and colleagues and treating them with dignity and courtesy. iii. demonstrating clear and effective communication skills including written, verbal and alternative formats, to enhance patient care. iv. communicating sensitive information to patients, carers or relatives effectively and compassionately and being sensitive to the needs of patients. v. providing the information to patients that they want or need to know, clearly.
G04	Obtain consent for all aspects of examination and treatment as appropriate in accordance with GOSc guidance, this includes: i. being able to explain the nature and implications of treatment, in the context of potential prognosis, and what patients can expect from you as an osteopath. ii. ensuring that the patient has understood the nature, anticipated benefits and any material or significant risks of the proposed examination, treatment or other action and the care options. iii. ensuring that the patient is providing consent voluntarily – and that the patient understands they are able to accept or refuse the proposed examination or treatment options.
G05	Support patients in caring for themselves to improve and maintain their own health and wellbeing.
G06	Ensure that their own values and beliefs do not prejudice their patients' care.
G07	Set expectations about how patients can get in touch (for example, by telephone or email) if they have any concerns (ensure that patients are able to access the communication methods available)
	Knowledge, skills and performance

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G08	<p>Know and understand the key concepts and bodies of knowledge in order to be able to practise osteopathy, underpinned by osteopathic principles and appropriate guidelines, and be able to apply these, critically, in the care of patients. These key concepts include:</p> <ul style="list-style-type: none"> i. osteopathic philosophy, principles and concepts of health, illness, disease and behaviours, and related psychological and sociological perspectives. ii. normal and disordered human structure and function, anatomy, physiology, pathophysiology and pain mechanisms. iii. relevant knowledge from contemporary clinical, biomedical and behavioural sciences to inform patient management. iv. principles of a healthy lifestyle, and the effects of patients' life choices and lifestyles on their health and wellbeing. v. an understanding of common medications and their clinical impacts and implications for osteopathic care. vi. the context of osteopathy within the wider healthcare environment. vii. the importance of diversity and individual values and an understanding of equality and anti-discrimination legislation within osteopathic care and how to apply this to practice. viii. the impact of discrimination and health inequalities and how to explore context
G09	<p>Demonstrate a critical and reflective approach to practice, this should include:</p> <ul style="list-style-type: none"> i. a commitment to gaining and reflecting on feedback from others; ii. reflection based on literature, guidelines and experience in the development of clinical and professional skills; iii. lifelong learning; iv. the enhancement of the quality of care throughout their practice life; v. participation in peer learning activities, and the provision of feedback to others.
G010	Seek to continually reflect on and enhance their practice.
G011	Recognise and work within the limits of their training and competence, requesting appropriate guidance or referring where appropriate to ensure patient safety and effective care.
G012	Be able to analyse and reflect upon information related to their practice in order to
	Education
G013	Assess and evaluate their own learning needs and develop a plan to address these, being mindful of the four themes of the Osteopathic Practice Standards.
G014	Engage in self-directed learning, critically reflecting to maximise clinical
G015	Engage with, appraise and respond to individuals' motivation, development stage and capacity working collaboratively to support health literacy and empower
G016	Take opportunities to learn with others, recognising the benefits of a collaborative

G017	Recognising the role that they can play in supporting colleagues, as a role model, mentor, and in giving peer feedback to develop themselves and others and enhance patient care.
	Leadership and management
G018	Role model the values of their education provider, demonstrating a person-centred approach to the delivery of patient care and development.
G019	Evaluate and audit own practice, and if appropriate, participate in broader multi-disciplinary service and team evaluation to enhance patient care (for example,
G020	Actively engage in peer review to inform own and other's practice, formulating and
G021	Receive feedback from a range of sources (including patients and colleagues), analyse
G022	Demonstrate leadership, resilience and commitment, managing situations that are unfamiliar, complex or unpredictable and seeking to build confidence in others.
G023	Demonstrate receptiveness to challenge and preparedness to constructively challenge others, and speak up when the behaviour of others may affect the safety, health and wellbeing of patients, colleagues and the public.
	Research
G024	Critically appraise evidence and evaluate its quality and appropriateness to apply to
G025	Understand a range of concepts and methodologies in relation to clinical research.
G026	Be able to differentiate between research, clinical audit and service evaluation.
G027	Understand and be able to use technical research language.
G028	Be able to select appropriate research methods to answer research questions.
G029	Understand outcome measurement in the context of clinical practice and research projects.
G030	Formulate a treatment and management plan based on: i. the working diagnosis ii. a clear hypothesis about the aetiology and any predisposing or maintaining factors iii. an understanding of the patient which is based on listening to the patient
G031	Understand and be able to interpret quantitative and qualitative research.
G032	Understand confidentiality regarding data and patient identifiable information including
G033	Demonstrate an understanding of ethics and governance approval procedures in relation to starting and delivering research.
G034	Demonstrate an understanding of consent and participant recruitment in an ethical manner consistent with a research protocol, and implement as appropriate in
G035	Understand and undertake good clinical practice in relation to direct patient/participant care.
	Safety and quality in practice
G036	Take an accurate patient case history, adapting their communication style to take account of the patient's individual needs (for example, easy read formats to support people with learning disabilities) and sensitivities in order to build an

G037	Record the patient's history and findings succinctly and accurately in accordance with GOS guidelines.
G038	Select and undertake an accurate and appropriate clinical assessment and evaluation for an individual patient (where appropriate taking account of, for example, underlying health conditions, different skin tones or different assessments which may be necessary related to sex or gender). This will include relevant clinical testing, observation, palpation and motion analysis, to elicit all relevant physical, mental and emotional signs to form the basis of a treatment and management plan in
G039	Demonstrate an understanding of the principles and application of first-aid and take
G040	Critically evaluate information collected from different investigations and sources, to formulate an appropriate working diagnosis or rationale for care, in the context of
G041	Develop and be able to apply an appropriate plan of care in partnership with the patient which will take into account their particular values, preferences and characteristics, based on the working diagnosis, the best available evidence and the practitioner's skills, experience and competence. This may include patient education, mobilisation, manipulation and exercise prescription or other initiatives to
G042	Have knowledge of a range of healthcare models and be able to apply these in different situations and with different patients based on the patient's health beliefs, preferences and needs, using a biopsychosocial model to inform assessment and
G043	Understand the impact of the practitioner's behaviour, language and beliefs and unconscious bias on patient outcomes
G044	The practitioner should not bring their own beliefs into the professional conversation or treatment, and should avoid any tendencies towards diagnostic overshadowing, where a patient's symptoms may be assumed to be a result of pre-existing
G045	Recognise and promote the importance of social networks and communities for individuals and their carers in managing health and wellbeing.
G046	Promote the importance of physical activity for health, and work in partnership with
G047	Be able to select or modify approaches to meet the needs of an individual. This includes knowledge of the relative and absolute contra-indications of osteopathic treatment modalities and other adjunct approaches.
G048	Review the initial diagnosis and the effects of osteopathic care on a regular basis, in
G049	Recognise when referral is necessary and refer the patient to another healthcare professional, following appropriate referral procedures.

G050	Participate in the process of referral from primary to secondary and/or tertiary care and vice-versa, and demonstrate an ability to make referrals across boundaries and
G051	Be able to produce reports and referrals and present information in an appropriate format to support patient care and effective practice management.
G052	Recognise when adverse reactions to treatment have taken place and take appropriate action.
G053	Discharge a patient from care appropriately.
G054	Be aware of their wider role as a healthcare professional to contribute to enhancing the health and wellbeing of patients by being aware of public health issues and concerns, discussing these in a balanced way and guiding patients to resources to support decision making and healthy lifestyle choices. Practitioners should be aware of the impact of health inequalities and the socio-economic circumstances of
G055	Have an understanding of health and safety requirements, including risk assessments, and infection control measures relating to safe practice, and be able to implement these in practice, following public health, regulatory and professional guidance to avoid the transmission of communicable disease (see G0sC Guidance
G056	Recognise when patients (including children and vulnerable adults) may be at risk (including in situations involving domestic violence), and be able to take appropriate action to keep patients from harm, including the following of relevant
G057	Understand their duty as a health care professional to take appropriate action if they believe that the health, conduct or professional performance of a colleague poses
G058	Demonstrate ways of establishing a viable, safe and effective practice, including: <ul style="list-style-type: none"> i. knowledge of and ability to comply with relevant legislation and associated guidance, including in the areas of health and safety, data protection, equality, diversity and inclusion,² and financial and accounting requirements. ii. ability to employ appropriate and legal methods of marketing and advertising. iii. an understanding of the issues in relation to the use of social media appropriately, legally, safely and ethically, in relation to professional practice. iv. knowledge and understanding of the regulatory requirements in their intended locality, including the roles of the relevant local authority, the Care Quality Commission (England), Healthcare Improvement Scotland, the Regulation and Quality Improvement Authority (Northern Ireland) and Healthcare Inspectorate Wales. v. ability to develop appropriate, clear, inclusive and accessible patient information in a variety of formats and approaches to provide patient information that individual
	Professionalism

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G059	Practise in accordance with the principles and standards set out in the Osteopathic Practice Standards and associated guidance published from time to time, and understand how to work within a context of uncertainty, using the standards and other sources of information to inform professional judgement and decision making
G060	Demonstrate honesty and integrity in professional practice.
G061	Establish and maintain clear professional boundaries with patients and colleagues, recognising the importance of trust within therapeutic relationships.
G062	Demonstrate an understanding of the role of organisations and bodies involved in osteopathic and wider health professional education and regulation and the contribution of osteopathy within the wider healthcare environment.
G063	Understand the importance within healthcare of the duty of candour, and act on this, disclosing and apologising for things that have gone wrong, and taking steps in
G064	Recognise situations that might lead to complaint or dissatisfaction, manage situations where patients' expectations are not being met and be able to manage patient
G065	Understand and respect patients' rights to privacy and confidentiality, and the measures needed to effectively protect patient information, complying with all legal
G066	Understand the contributions of other health and care professionals, and when required, be able to work collaboratively with others to optimise patient care.
G067	Support colleagues to enhance patient care and guide their professional learning and
G068	Recognise that fatigue and health issues in healthcare workers (including themselves) can compromise patient care, and take action – including seeking guidance from
G069	Understand the need to take steps to integrate into the professional community, and the professional support available from a variety of sources to help with the transition into practice life, including: <ul style="list-style-type: none"> • Institute of Osteopathy (the professional body for osteopaths) • Regional groups and communities • Special Interest Groups and associations • Resources provided by the G0sC to support professional development and
	Common presentations with which graduates should be familiar
G070	Graduates must have seen a sufficient depth (numbers) and breadth (diversity) of patients to enable them to deliver these Graduate Outcomes for Osteopathic Pre-Registration Education and to demonstrate that they practise in accordance with the Osteopathic

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G071	<p>Graduates must have the opportunity to consolidate their clinical skills before graduation.</p> <p>In order to support this, pre-registration osteopathic education should include a minimum of 1,000 hours of clinical practice, though what is important is the meeting of outcomes rather than just accumulating hours. The gaining of sufficient depth and breadth of experience may be achieved in a variety of ways, for example, through simulations involving actors, virtual and remote clinics, through observation and direct clinical interaction, placements with other osteopaths, health professionals or the NHS, as</p>
G072	Some of the presentations below may also be demonstrated in other ways, for example,
	Common components of consultations
G073	<p>Take an appropriate case history, including:</p> <ul style="list-style-type: none"> i. an appropriate and relevant patient profile ii. presenting symptoms iii. full medical history (for example, psychosocial factors, trauma, medical, social and family history) iv. response to previous treatment v. an understanding of the patient's values, preferences and goals and what's
G074	Make an appropriate assessment of the patient's general health from the case history
G075	<p>Make an appropriate examination and osteopathic assessment of the patient's biomechanics and musculoskeletal system. This should involve:</p> <ul style="list-style-type: none"> i. observation of gait and posture; ii. osteopathic examination of static and dynamic, active and passive findings by observation and palpation in standing and/or sitting and recumbent positions.
G076	Undertake appropriate clinical examination of the patient (including active and passive examination and clinical examination of systems), taking into account the nature
G077	Assess and explain the possible contribution of any factors relevant to the presenting complaint (for example, anatomical, physiological, psychological, cultural, ethnic
G078	Explain clinical findings, including potential prognosis, to patients, and colleagues
G079	<p>Draw on well-developed and critical clinical reasoning and explain:</p> <ul style="list-style-type: none"> i. the significance of presenting signs and symptoms ii. the differential diagnosis and working diagnosis iii. the osteopathic evaluation, including the aetiology and any suspected predisposing or maintaining factors iv. uncertainty and complexity that may exist v. how they concluded that the case was suitable for them to treat, and/or required referral to another healthcare professional

G080	<p>Formulate a treatment and management plan based on:</p> <ul style="list-style-type: none"> i. the working diagnosis ii. a clear hypothesis about the aetiology and any predisposing or maintaining factors iii. an understanding of the patient which is based on listening to the patient and discussing their expectations, values and preferences iv. the best available evidence v. specific treatment aims vi. proposed approaches to achieve the treatment aims (including an explanation of
G081	<p>Demonstrate how they worked with the patient to enable the patient to provide informed consent including how they addressed:</p> <ul style="list-style-type: none"> i. the patient's expectations. ii. how material or significant risks associated with their proposed treatment or management plan were explained to the patient. iii. how the benefits of the various options offered were explained to the patient and responses given to patient questions. iv. how the patient was able to make a decision, and give consent to examination
G082	<p>Undertake an evaluation of the effectiveness of treatment during and at the end of the</p>
G083	<p>Be able to manage cases where patient expectations as to the effectiveness of osteopathic management were not met, and demonstrate effective communication with patients and others as appropriate in such scenarios, including referral where</p>
G084	<p>In the case of a referral, demonstrate:</p> <ul style="list-style-type: none"> i. an understanding of their personal limits of competence and the ability to refer to a more experienced osteopath or other healthcare professional when necessary. ii. how the patient was involved in concluding that they should be referred to a more experienced osteopath or other healthcare professional. iii. the course of action taken to support the patient in finding a more appropriate osteopath or other healthcare professional. iv. the mechanism of the referral undertaken (for example, the proposed referral letter).
Common range of clinical presentations	

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G085	<p>The graduate should be able to demonstrate a sound understanding of a range of presentations, either through practice experience with real patients or in simulated scenarios, which should include:</p> <ul style="list-style-type: none"> a. Neuromusculoskeletal case presentation. b. Non-neuromusculoskeletal case presentation. c. Case presenting particular communication needs (for example, language or disability related needs). d. Patients displaying a range of characteristics which might include age, disability, gender reassignment, gender identity, pregnancy and maternity, religion or belief, sex or sexual orientation. e. A patient receiving a full course of treatment – the graduate should continue to see the patient from taking the initial case history through treatment to discharge, and should also deal with follow-up. f. A patient requiring referral to another healthcare professional. g. A patient who is under the care of another healthcare professional for a condition where osteopathy may not be a suitable approach to treating the underlying issue, but where osteopathic treatment may help to alleviate symptoms. h. A patient for whom the use of certain techniques were concluded to be unsuitable (contra-indicated). i. Cases where patients do not respond according to the expected prognosis. j. Cases where patients have chronic conditions that may require regular treatment
	Common range of approaches to treatments
G086	<p>The graduate should have a critical understanding of a range of approaches to patient care sufficient to inform the safe and effective osteopathic management of patients,</p>
G087	<p>Osteopathic approaches to treatment and patient management should include:</p> <ul style="list-style-type: none"> a. Working in partnership with the patient including listening to and understanding what matters to the patient. b. A range of direct and indirect manual techniques aimed at improving mobility and physiological function in tissues to enhance health and wellbeing and reduce pain. c. Rehabilitation advice and guidance to facilitate self-management and enhance recovery. d. Provision of health information, guidance and signposting to resources to
	Totals

AI framework – include link

Not covered as general outcomes

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Not covered as general outcomes

Not covered as general outcomes

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Policy and Education Committee

10 June 2025

BCNO Group – Renewal of Recognition of Qualification (RQ)

Classification	Public
Purpose	For decision
Issue	<p>Consideration of the Recognised Qualification (RQ) review at the BCNO Group in relation to:</p> <ul style="list-style-type: none">• BSc (Hons) Osteopathic Medicine (full-time three-year course)
Recommendations	<ol style="list-style-type: none">1. To agree to recommend that Council recognise the BSc (Hons) Osteopathic Medicine awarded by The BCNO Group subject to the conditions set out in paragraph 19, from 1 September 2025 to 1 January 2029 subject to the approval of the Privy Council.2. To request an update in relation to the action plan to be reported to the October 2025 Committee meeting.
Financial and resourcing implications	The RQ Visit was included in the 2024-25 financial schedule, with a budget of c£20,000.
Equality and diversity implications	Equality and diversity issues are reviewed as part of the RQ renewal process.
Communications implications	We are required to maintain and publish a list of the qualifications which are for the time being recognised in order to ensure sufficient information is available to students and patients about osteopathic educational institutions awarding 'Recognised Qualifications' quality assured by us.
Annexes	<ol style="list-style-type: none">A. The review specificationB. The RQ Visit ReportC. Action Plan
Authors	Steven Bettles and Banye Kanon

Key Messages

- The visitor report contains recommendation for initial recognition of the BSc (Hons) Osteopathic Medicine (full-time three-year course) with five conditions.

Background

1. A draft RQ specification was approved by the Committee at its June 2024 meeting and in October 2024, the Committee agreed a team of three Education Visitors under s12 of the Osteopaths Act 1993 to undertake the review.
2. Following the BCNO Group's decision to cease recruitment to its London campus, the Committee agreed in January 2025 (via email) to proceed with the review, limited just to the proposed new three-year programme. The updated RQ specification as a result of this late change is attached as Annex A. A review of the remaining, existing provision will take place towards the end of 2025.
3. The visit took place in from 18-20 February 2025.

Discussion

4. The visit report was drafted and sent to BCNO on 28 March for a period of no less than one month in accordance with the Osteopaths Act 1993. The report deadline was 28 April 2025.
5. BCNO responded with what they considered to be factual inaccuracies on 23 April 2025. All comments were taken into account in the production of the final report.
6. The final report was sent to BCNO on 14 May 2025. OEIs are required to send an action plan within two weeks of receiving the final report for the Visitor's to review the proposed action plan ahead of Committee consideration.
7. The final visitors' report is attached at Annex B. The recommendation of the Visitor for the programmes is approval with five specific conditions. When we recognise an RQ, we also recognise in accordance with the general conditions which are also specified below.

Strengths and good practices

8. The visitors identified several specific areas of strength and good practices in the final report, including:
 - 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. The BCNO Group has developed a strong, positive relationship with UoP where feedback is valued and acted upon.

- 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.
- 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.

Recommendations

9. Recommendations may be made by visitors when they consider that *'there is an opportunity for improvement, but a condition is not necessary. These areas should be monitored by the provider and the recommendations implemented, if appropriate.'*
10. The visitors in this case made a number of recommendations within the report.
11. These areas should be monitored by the provider and implemented if appropriate with updates reported in the next annual report process. A request will be made for BCNO to provide a progress update with regard to these specific areas as part of their 2024-25 Annual Report submission.

Conditions recommended by the Visitors

12. Five specific conditions have been identified in the report by the Visitors. These are:
 - 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

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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)
13. The conditions reflect the particular nature of this new course, albeit from a very experienced provider. Compressing a programme in this way into a three-year delivery format is a new innovation within the sector, and it is hoped will be attractive for students enhancing accessibility and affordability. The conditions address some of the likely challenges, however, and provide a context within which monitoring can take place, with the specific requirement of a monitoring visit during Year 2/3 of the programme. This would be during the academic year 2026-27 or 27/28 with regular updates to the Committee in the meantime.
 14. The format of visit has flexibility. It would not necessarily have to be a full RQ type review, but could be targeted on the issues outlined, notably the impact on students' academic and welfare needs and how these are managed, ensuring that there is direct contact with students and staff. The specification for this would be informed by annual reporting and monitoring of the conditions in the meantime and would be agreed by Committee nearer the time.
 15. A draft action plan to outline how the conditions will be addressed and monitored has been submitted by the institution and this is currently with the Visitors for comment. It is available on request from Banye Kanon (bkanon@osteopathy.org.uk).

Approval

16. As the Osteopaths Act 1993 refers to qualifications, we have in this section simply referred to the named qualifications rather than the descriptions of the different courses.
17. The Committee is asked to consider the recommendations of the Mott MacDonald Report and this paper for the initial recognition for the new qualification: BSc (Hons) Osteopathic Medicine (full-time three-year course)
18. The visitor's report recommends recognition of qualification status subject to conditions being met. This means that the visitors have determined that the course will deliver graduate who meet the [Osteopathic Practice Standards](#).
19. If the Committee did agree that specific conditions be imposed and recognition be agreed with an expiry date, then the conditions to apply would be as follows (including the general conditions that apply to all recognised programmes with an expiry date):

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CONDITIONS	
1	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.
2	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.
3	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.
4	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.
5	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)
6	BCNO Group must submit an Annual Report, within a three month period of the date the request was first made, to the Education Committee of the General Council.
7	BCNO Group must inform the Education Committee of the General Council as soon as practicable, of any change or proposed substantial change likely to influence the quality of the course leading to the qualification and its delivery, including but not limited to:

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	<ul style="list-style-type: none"> i. substantial changes in finance ii. substantial changes in management iii. changes to the title of the qualification iv. changes to the level of the qualification v. changes to franchise agreements vi. changes to validation agreements vii. changes to the length of the course and the mode of its delivery viii. substantial changes in clinical provision ix. changes in teaching personnel x. changes in assessment xi. changes in student entry requirements xii. changes in student numbers (an increase or decline of 20 per cent or more in the number of students admitted to the course relative to the previous academic year should be reported) xiii. changes in patient numbers passing through the student clinic (an increase or decline of 20 per cent in the number of patients passing through the clinic relative to the previous academic year should be reported) xiv. changes in teaching accommodation xv. changes in IT, library, and other learning resource provision xvi. any event that might cause adverse reputational damage xvii. any event that may impact educational standards and patient safety
8	<p>BCNO Group must comply with the General Council's requirements for the assessment of the osteopathic clinical performance of students and its requirements for monitoring the quality and ensuring the standards of this assessment. These are outlined in the <i>Graduate Outcomes for Osteopathic Pre-registration Education and Standards for Education and Training, 2022</i>, General Osteopathic Council. The participation of real patients in a real clinical setting must be included in this assessment. Any changes in these requirements will be communicated in writing to BCNO Group giving not less than 9 months notice.</p>

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Recognition period

20. The interim Quality Assurance handbook¹ sets out the current criteria regarding the period of RQ approvals stating:

“The maintenance of the RQ status currently follows a cyclical process. Where required, PEC may apply an expiry date to the RQ. This decision will be made based on anticipated level of risk that the RQ presents.”

GOsC will usually recognise qualifications for a fixed period of time in the following circumstances:

- A new provider or qualification
- An existing provider with a risk profile requiring considerable ongoing monitoring.

For existing providers, GOsC will usually recognise qualifications without an expiry date in the following circumstances:

- an existing provider without conditions or
- an existing provider with fulfilled conditions and without any other monitoring requirements or
- an existing provider who is meeting all QA requirements (providing required information on time) or an existing provider with outstanding conditions, an agreed action plan and which is complying proactively with the action plan and
- an existing provider engaging with GOsC.

This will be subject to satisfactory review of the providers annual report.”

21. BCNO Group programmes are currently recognised with an expiry date of 31 August 2026.
22. Given the context of the new programme, and the conditions recommended by the visitors, it is suggested that the Committee is likely to wish to recognise with a fixed expiry date for this new programme. We would suggest the expiry date of 1 January 2029, which would cover the initial cohort commencing in 2025 (with a focussed monitoring visit in Year 2/3 as discussed above) alongside regular monitoring and updates with the GOsC team and the Committee.
23. The Committee is asked to consider the Visitors’ Report and recommendations within the context of this paper.

¹ [Mott MacDonald GOsC Interim Quality Assurance Handbook - General Osteopathic Council \(osteopathy.org.uk\)](https://osteopathy.org.uk/mott-macdonald-gosc-interim-quality-assurance-handbook)

Recommendations:

1. To agree to recommend that Council recognise the BSc (Hons) Osteopathic Medicine awarded by The BCNO Group subject to the conditions set out in paragraph 19, from 1 September 2025 to 1 January 2029 subject to the approval of the Privy Council.
2. To request an update in relation to the action plan to be reported to the October 2025 Committee meeting.

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Draft Review Specification for BCNO Group - Renewal of Recognised Qualification Review. (As at 28 January 2025)

Background

1. The BCNO Group currently provides the following qualifications which are due to expire on 31 August 2026:
 - Masters in Osteopathy (M.Ost)
 - BSc (Hons) Osteopathy (modified attendance)
 - BSc (Hons) Osteopathic Medicine
 - Master of Osteopathy and BSc (Hons) Osteopathy, (validated by Buckinghamshire New University (BNU) awarded by the ESO)
 - Masters in Osteopathy (M.Ost) and Bachelors in Osteopathic Medicine (B.OstMed), (validated by University of Plymouth (UoP) awarded by BCOM)
2. A review of these programmes will be arranged later in 2025.
3. BCNO has further submitted a new Recognised Qualification application for the following course:
 - BSc (Hons) Osteopathic Medicine (three-year full time)
2. This programme underwent validation by the University of Plymouth in 2024. It is intended that students will commencing this course from September 2025 with the first cohort graduating in 2028. It is proposed that the new course will be delivered only at the BCNO's Maidstone campus.
3. The target first year cohort is 35 students, though the delivery would proceed even if the student numbers were lower than this. A copy of the Recognised Qualification (RQ) Initial Recognition Declaration of Intent and RQ Initial Recognition Application Questionnaire is attached for information along with supporting documentation outlined.

Review Specification

4. The GOsC requests that Mott MacDonald schedules an initial recognition review for Visitors to report on the following qualifications:
 - BSc (Hons) Osteopathic Medicine (3 year full time)

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5. The aim of the GOsC Quality Assurance process is to:

- Put patient safety and public protection at the heart of all activities
- Ensure that graduates meet the standards outlined in the Osteopathic Practice Standards
- Make sure graduates meet the outcomes of the Guidance for Osteopathic Pre-registration Education.
- Identify good practice and innovation to improve the student and patient experience
- Identify concerns at an early stage and help to resolve them effectively without compromising patient safety or having a detrimental effect on student education
- Identify areas for development or any specific conditions to be imposed upon the course providers to ensure standards continue to be met
- Promote equality and diversity in osteopathic education.

6. The format of the review will be based on the [interim Mott MacDonald Handbook \(2022\)](#) and the [Graduate Outcomes and Standards for Education and Training \(2022\)](#). The Committee would like to ensure that the following areas are explored (account for new RQ):

- Arrangements to manage the fallow year in recruitment to Year 1 at the Maidstone campus for 2024-25 and in subsequent years, including impacts on staffing and patients.
- The provision of resources and facilities to accommodate the consolidation of Kent based teaching at the Tonbridge Road site following the recent sale of Boxley House.
- How feedback from staff is gained to ensure that that staff needs are addressed appropriately.
- How shared decision making with patients is embedded within the teaching clinics.
- How the safeguarding policy is implemented and how patients are made aware of this.

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- How feedback on students from staff is managed centrally to ensure actions are being addressed and resolved, to support their development as learners and professionals.
 - How the outputs from student feedback mechanisms are cohesively reviewed to ensure actions are effectively identified, monitored and implemented.
 - How data monitoring practices of student experience within the clinic is being fed back to relevant individuals for action, for example, to the marketing team to undertake targeted advertising for certain patient presentations.
 - The processes by which the College reflects on student complaints to identify any required actions to ensure there is an effective process in place for responding to and learning from student complaints.
7. This timetable will be the subject of negotiation with BCNO Group, GOsC and Mott MacDonald to ensure mutually convenient times that fit well with the quality assurance cycle.
 8. Visitors are also requested to particularly explore the following in relation to the planned new qualification. It will be important to have assurance that the planned curriculum meets the [Graduate Outcomes](#) and that intended delivery of the curriculum will evidence the appropriate quality and quantity of clinical experience as outlined in the Graduate Outcomes at paragraphs 22 to 28 and that there are sufficient resources to do this alongside the current qualifications delivered.
 9. The following Standards for Education and Training are highlighted as particularly important to review in terms of the new three-year curriculum and plans for delivery to meet the Graduate Outcomes in an existing course provider but these are not inclusive and should be considered in the context of all the Standards for Education and Training and the whole provision:

a. Programme design, delivery and assessment

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

- Curricula and assessments are developed and evaluated by appropriately experienced and qualified educators and practitioners
- 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.
- The programme designed and planned for delivery reflects the skills, knowledge base, attitudes and values, set out in the Graduate Outcomes (including all outcomes including effectiveness in teaching students about health inequalities and the non-biased treatment of diverse patients)
- Assessment methods are reliable and valid and provide a fair measure of students' achievement and progression for the relevant part of the programme.
- Subject areas will be delivered by educators with relevant and appropriate knowledge and expertise

b. Programme governance, leadership and management

- They implement effective governance mechanisms that ensure compliance with all legal, regulatory and educational requirements.... This should include effective risk management and governance andgovernance over the design, delivery and award of qualifications.
- Systems will be in place to provide assurance with supporting evidence that students have fully demonstrated learning outcomes.

c. Learning culture

- Students are supported to develop as learners and professionals during their education
- External expertise is used within the quality review of osteopathic pre-registration programmes

d. Quality evaluation, review and assurance

- 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.

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

e. Resources

- 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.
- 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.

f. Students

- 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.

g. Clinical experience

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

h. Staff support and development

- 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.

i. Patients

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

10. Visitors should consider the stage of development of the course in making their recommendations and should consider if further inspection should be recommended prior to the first cohort of students graduating in the context of this established provider.

Provisional Timetable

11. The provisional timetable for the review will be as follows, but is subject to review in discussion with the BCNO Group, Mott and the Visiting Team:

Month/Year	Action/Decision
March/June 2024	Committee agreement of initial review specification and statutory appointment of visitors
10 weeks before the visit c November / December 2024	Submission of mapping document
18-20 February 2025	Review takes place
5 weeks following visit c. March 2025	Draft Report to BCNO for comments - statutory period.
April / May 2025	Comments returned and final report agreed.
May 2025	Preparation of Action Plan to meet proposed conditions (if any)
June 2025	Recommendation from the Committee to Council whether to make changes to the

	RQ programme approval (e.g., conditions or addition of an expiry date)
July 2025	Recognition of Qualification ongoing by the General Osteopathic Council
September 2025	Privy Council Approval

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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.

Provider: BCNO Group

Date of visit: 18th - 20th February 2025

Programme(s) reviewed: BSc (Hons) Osteopathic Medicine (full-time three-year course)

Visitors: Dr Brian McKenna, Phil Stephenson, Stephen Hartshorn

Observer: Hannah Warwick

Outcome of the review

**Recommendation to
PEC:**

- ☐ Recommended to renew recognised qualification status
- ☒ Recommended to renew recognised qualification status subject to conditions being met
- ☐ Recommended to withdraw recognised qualification status

Programme start date:

**Date of expiry (if
applicable):**

Date of next review:

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Abbreviations

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

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

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Overall aims of the course

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)

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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.

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

☐ NOT MET

Findings and evidence to support this

The 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.

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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)

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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.

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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

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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.

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.

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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



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.

Coe, Lorna
02/06/2025 15:47:12



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.

Coe Anna
02/06/2025 15:47:12



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

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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.

Coe, Lorna
02/06/2025 15:47:12



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.

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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.

Coe, Lorna
02/06/2025 15:47:12



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.

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07/07/2025 15:47:12



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

Coe, Lorna
02/06/2025 18:47:12



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.

Coe, Lorna
02/06/2025 15:47:12



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

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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.

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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

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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.

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7. Clinical experience

i. clinical experience is provided through a variety of mechanisms to ensure that students are able to meet the clinical outcomes set out in the 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

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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.

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ii. there are effective means of ensuring that students gain sufficient access to the clinical experience required to develop and integrate their knowledge and skills, and meet the programme outcomes, in order to sufficiently be able to deliver the Osteopathic Practice Standards. ☐ MET ☒ NOT MET

Findings and evidence to support this

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.

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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)

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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.

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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.

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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

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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

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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.



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.

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,



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



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



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



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



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



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



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



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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Policy and Education Committee

10 June 2025

Swansea University – Renewal of Recognition of Qualification (RQ)

Classification	Public
Purpose	For decision
Issue	<p>Consideration of the Recognised Qualification (RQ) review at the Swansea University in relation to:</p> <ul style="list-style-type: none">• Master of Osteopathy (MOst)
Recommendations	<ol style="list-style-type: none">1. To agree to publish the Swansea University RQ Visitor report which provides evidence to continue the recognition of the Masters in Osteopathy (M.Ost) awarded by Swansea University with no conditions and no expiry date.2. To agree that the action plan should be updated as outlined in paragraph 17 and published.
Financial and resourcing implications	The RQ Visit was included in the 2024-25 financial schedule, with a budget of c£22,000.
Equality and diversity implications	Equality and diversity issues are reviewed as part of the RQ renewal process.
Communications implications	We are required to maintain and publish a list of the qualifications which are for the time being recognised in order to ensure sufficient information is available to students and patients about osteopathic educational institutions awarding 'Recognised Qualifications' quality assured by us.
Annexes	<ol style="list-style-type: none">A. The Swansea University review specificationB. The Swansea University RQ Visit ReportC. Action plan for publication
Authors	Steven Bettles and Banye Kanon

Key Messages

- A renewal of recognition review took place in relation to the Swansea University MOst in February 2025.
- The visitor report contains recommendation for renewal of the recognition of the MOst qualification with no conditions.
- As there is currently no expiry date on the RQ, no decision by Council is necessary. However, the publication of the RQ report and the Action Plan will be reported to Council for information.

Background

1. A draft RQ specification was approved by the Committee at its June 2024 meeting.
2. The Committee agreed a team of three Education Visitors under s12 of the Osteopaths Act 1993 to undertake the review on and this is attached at the Annex A.
3. The visit took place from 25-27 February 2025.

Discussion

4. The visit report was drafted and sent to Swansea on 3 April for a period of no less than one month in accordance with the Osteopaths Act 1993. The report deadline was 1 May 2025.
5. Swansea responded on 23 April to say that the report had been reviewed by the osteopathic team and the quality team, that they are happy with the outcome and have no issues to raise.
6. The final report was sent to Swansea on 2 May 2025. This is attached at Annex B. The recommendation of the Visitor for the programmes is approval with no specific conditions. When we recognise an RQ, we also recognise in accordance with the general conditions which are also specified below.
7. As the Swansea programme currently has no expiry date, general conditions are dealt with in a published action plan.

Strengths and good practices

8. The visitors identified several specific areas of strength and good practices in the final report, including:
 - The development of additional EDI including menopause and neurodiversity policies to support specific populations demonstrates an ongoing

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commitment to supporting staff and students at the University through action and recognition.

- Osteopathic faculty are responsive to providing additional tutorials in subject areas requested by students outside of the curriculum as evidenced by stakeholders in the course team and student meetings. This creates a strong and collaborative working environment for the students.
- Engagement of local patient groups to increase the diversity of patients accessing the osteopathy services and continued NHS clinic service provision provides osteopathy students with patients in a broad range of populations.
- The University demonstrates a commitment to compliance and student wellbeing, with a dedicated EDI role within the M.Ost programme, and well-defined safeguarding policies and escalation procedures.
- The shift to a risk-based monitoring model through continual enhancement approach provides a responsive and proportionate framework for maintaining programme quality, reducing unnecessary administrative burden while ensuring high-risk areas remain subject to rigorous scrutiny.
- The University's three-stage FtP model ensures proportionality and transparency, with a clear escalation route for serious concerns. The FtP filtering committee allows for early resolution of lower-risk cases, while maintaining rigorous oversight for more serious matters.
- Canvas supports assessment clarity by providing access to marking criteria, feedback, and module learning outcomes, ensuring that students can track their progress and understand expectations. The platform also facilitates OPS mapping and access to external examiner feedback, strengthening student engagement with professional standards.
- The values-based selection interview process is designed to identify applicants with the qualities of compassion and professionalism, ensuring alignment with the principles of osteopathic practice.
- The University has received recognition of gender equality through the Athena SWAN Silver Award. The University and SHSC's Athena SWAN Silver Awards demonstrate an ongoing institutional commitment to gender equality.
- The M.Ost programme demonstrates a structured and integrated approach to developing lifelong learning and reflective practice key competencies for professional success. Through the Personal and Professional Development Portfolio module, CPD modelled assessments, and professionalism modules, students are supported in cultivating habits of continuous learning and self-improvement. This is further reinforced by the final-year SWOT analysis, which enables students to critically evaluate their strengths and areas for

development. Together, these elements foster a strong foundation for ongoing professional development, reflective practice, and adaptability in a regulated healthcare environment.

- The implementation of a real-time PEP framework allows for continuous monitoring and action planning throughout the year, rather than relying on a point-in-time review process.
- The University are taking a data-driven approach to monitoring student performance and progression through the new data dashboard which integrates statistical reports and demographic data, ensuring equity in student outcomes and targeted intervention where needed.
- While standard practice requires policy updates to be accessible, the University's multi-channel approach using MyUni, Canvas hubs, and Faculty committees ensures a clear and structured method for disseminating changes, reducing the likelihood of information gaps.
- The use of the SUSim to deliver IPL sessions with occupational therapy students provides an opportunity for students to develop teamworking and patient-centred care skills. This approach allows osteopathy students to engage in collaborative practice scenarios, preparing them for working in multi-professional healthcare environments.
- The trial of Heidi AI software for clinical notetaking and feedback provides students with an opportunity to improve their clinical documentation and reflection skills. This technology supports students in developing more structured and detailed patient records, enhancing their learning and assessment experience.
- The University provides an opportunity for students to experience simulated learning in the SUSim building and inter-professional learning including planned reinstatement of theatre operation observation for musculoskeletal conditions and patient position sessions delivered by the Operating Department Practitioners. This gives students the opportunity to understand the patient journey prior to having assessment and osteopathic treatment, if appropriate. The SUSim suite allows students to practice their skills in a safe controlled environment without consequence and helping to promote confidence through feedback and repetition.
- Receipt of written feedback in 15 days post-assessment provides students with a good opportunity to receive feedback in a timely manner to be able to learn and reflect. This is one of the quicker time periods seen in the sector.

Recommendations

9. Recommendations may be made by visitors when they consider that *'there is an opportunity for improvement, but a condition is not necessary. These areas*

should be monitored by the provider and the recommendations implemented, if appropriate.'

- 10. The visitors in this case made a number of recommendations within the initial draft report.
- 11. These areas should be monitored by the provider and implemented if appropriate with updates reported in the next annual report process. A request will be made for Swansea to provide a progress update with regard to these specific areas as part of its 2024-25 Annual Report submission. In fact, Swansea has already developed a plan in relation to the recommendations, and we have been supplied with a copy of this.

Approval

- 12. As the Osteopaths Act 1993 refers to qualifications, we have in this section simply referred to the named qualification rather than the descriptions of the different courses.
- 13. The Committee is asked to consider the recommendations of the Mott MacDonald Report and this paper for the continuation of recognition for the existing qualification:
 - Master of Osteopathic Medicine (MOst)
- 14. The visitor’s report recommends recognition of qualification status with no specific conditions. This means that the visitors have determined that the course will deliver graduate who meet the [Osteopathic Practice Standards](#).
- 15. All recognised qualifications with expiry dates are subject to general conditions (see below). Where there is no fixed expiry date, these are dealt with in a published action plan, as is the case for the Swansea RQ currently.

General conditions	
1	Swansea University must submit an Annual Report, within a three month period of the date the request was first made, to the Education Committee of the General Council.
2	Swansea University must inform the Education Committee of the General Council as soon as practicable, of any change or proposed substantial change likely to influence the quality of the course leading to the qualification and its delivery, including but not limited to: <ul style="list-style-type: none">i. substantial changes in financeii. substantial changes in management

	<ul style="list-style-type: none"> iii. changes to the title of the qualification iv. changes to the level of the qualification v. changes to franchise agreements vi. changes to validation agreements vii. changes to the length of the course and the mode of its delivery viii. substantial changes in clinical provision ix. changes in teaching personnel x. changes in assessment xi. changes in student entry requirements xii. changes in student numbers (an increase or decline of 20 per cent or more in the number of students admitted to the course relative to the previous academic year should be reported) xiii. changes in patient numbers passing through the student clinic (an increase or decline of 20 per cent in the number of patients passing through the clinic relative to the previous academic year should be reported) xiv. changes in teaching accommodation xv. changes in IT, library, and other learning resource provision xvi. any event that might cause adverse reputational damage xvii. any event that may impact educational standards and patient safety
3	<p>Swansea University must comply with the General Council's requirements for the assessment of the osteopathic clinical performance of students and its requirements for monitoring the quality and ensuring the standards of this assessment. These are outlined in the <i>Graduate Outcomes for Osteopathic Pre-registration Education and Standards for Education and Training, 2022</i>, General Osteopathic Council. The participation of real patients in a real clinical setting must be included in this assessment. Any changes in these requirements will be communicated in writing to Swansea University giving not less than 9 months notice.</p>

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Recognition period

16. The interim Quality Assurance handbook¹ sets out the current criteria regarding the period of RQ approvals stating:

"The maintenance of the RQ status currently follows a cyclical process. Where required, PEC may apply an expiry date to the RQ. This decision will be made based on anticipated level of risk that the RQ presents."

GOsC will usually recognise qualifications for a fixed period of time in the following circumstances:

- A new provider or qualification
- An existing provider with a risk profile requiring considerable ongoing monitoring.

For existing providers, GOsC will usually recognise qualifications without an expiry date in the following circumstances:

- an existing provider without conditions or
- an existing provider with fulfilled conditions and without any other monitoring requirements or
- an existing provider who is meeting all QA requirements (providing required information on time) or an existing provider with outstanding conditions, an agreed action plan and which is complying proactively with the action plan and
- an existing provider engaging with GOsC.

This will be subject to satisfactory review of the providers annual report."

17. The Swansea University M^{ost} programme is currently recognised with no expiry date. It is recommended that this continue to be recognised without an expiry date and the general conditions applying to all RQs as outlined in paragraph 15 above, dealt with in an updated action plan (see Annex C).

Recommendations:

1. To agree to publish the Swansea University RQ Visitor report which provides evidence to continue the recognition of the Masters in Osteopathy (M.Ost) awarded by Swansea University with no conditions and no expiry date.
2. To agree that the action plan should be updated as outlined in paragraph 17 and published.

¹ [Mott MacDonald GOsC Interim Quality Assurance Handbook - General Osteopathic Council \(osteopathy.org.uk\)](https://osteopathy.org.uk/mott-macdonald-gosc-interim-quality-assurance-handbook)

Draft Review Specification for Swansea University - Renewal of Recognised Qualification Review.

Background

1. Swansea University currently provides the following qualification:
 - Master of Osteopathy (MOst)
2. The University currently has an RQ for this qualification without an expiry date. In accordance with the Mott MacDonald Handbook, this is a visit to ensure that our standards are being maintained. As there is no expiry date, we would expect, in line with previous Committee and Council decisions, that if conditions are set for this visit, they would be published on an action plan rather than attached to the RQ Order. A copy of the current Recognised Qualification award and the last Visitor report (undertaken by The Quality Assurance Agency) is attached for information. All Education Committee papers are available on request.

Review Specification

3. The GOsC requests that Mott MacDonald schedules a monitoring review for Visitors to report on the following qualification:
 - Master of Osteopathy (MOst)
4. The aim of the GOsC Quality Assurance process is to:
 - Put patient safety and public protection at the heart of all activities
 - Ensure that graduates meet the standards outlined in the Osteopathic Practice Standards
 - Make sure graduates meet the outcomes of the Guidance for Osteopathic Pre-registration Education.
 - Identify good practice and innovation to improve the student and patient experience
 - Identify concerns at an early stage and help to resolve them effectively without compromising patient safety or having a detrimental effect on student education
 - Identify areas for development or any specific conditions to be imposed upon the course providers to ensure standards continue to be met
 - Promote equality and diversity in osteopathic education.
5. The format of the review will be based on the [interim Mott MacDonald Handbook \(2021\)](#) adapted appropriately by the Visitors for the purposes of this specification and [Graduate Outcomes and Standards for Education and Training \(2022\)](#). In addition to the usual review format for a renewal of recognition review (appropriate to the stage of development of this course), the Committee would like to ensure that the following areas are explored:
 - How the University is responding to the growth in student recruitment and the impact of this on the provision of resources, and requires a sustained increase of patients within the clinic.

Annex A to 8

- How patient numbers and student experience are monitored and evaluated.
- How safeguarding policies are reviewed and kept up to date, and information made available to staff, students and patients.
- How shared decision making is effectively communicated to students, staff and patients, and implemented within the teaching clinic.
- How the University responds to the reported increase in student Fitness to Practise cases and the health and disability process and the interaction with student fitness to practice.

Provisional Timetable

6. The provisional timetable for the Swansea programme review will be as follows, but is subject to review and discussion with Swansea University, Mott MacDonald and the Visiting Team:

RQ visit in December 2024

Month/Year	Action/Decision
March 2024 and June 2024	Committee agreement of initial review specification and statutory appointment of visitors
10 weeks before the visit c. September 2024	Submission of mapping document
c. December 2024	Review takes place
5 weeks following visit c. January 2025	Draft Report to Swansea University for comments - statutory period.
c. February / March 2025	Preparation of Action Plan to meet proposed conditions (if any)
March 2025	Recommendation from the Committee to Council whether to make changes to the RQ programme approval (e.g., conditions or addition of an expiry date)
This would not be required if the recognition continues without an expiry date	Recognition of Qualification ongoing by the General Osteopathic Council
This would not be required if the recognition continues without an expiry date	Privy Council Approval

This timetable will be the subject of negotiation with Swansea University, GOsC and Mott MacDonald to ensure mutually convenient times that fit well with the quality assurance cycle



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.

Provider: Swansea University

Date of visit: 25th to 28th February

Programme(s) reviewed: M.Ost Osteopathy

Visitors: Sharon Potter, Ceira Kinch, Ana Molares-Bargiela

Observer: William Shilton

Outcome of the review

Recommendation to PEC:

- ☒ Recommended to renew recognised qualification status
- ☐ Recommended to renew recognised qualification status subject to conditions being met
- ☐ Recommended to withdraw recognised qualification status

Programme start date:

Date of expiry (if applicable):

Date of next review:

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Abbreviations

AHP	Allied Health Professional
AI	Artificial Intelligence
APR	Annual Programme Review
ARQUE	Assessment Reports on the Quality of University Examinations
BoD	Board of Directors
BoS	Board of Study
BSc	Bachelor of Science
CAS	Centre for Academic Success
CCA	Clinical Competency Assessment
CPD	Continuing Professional Development
CV	Curriculum Vitae
DBS	Disclosure and Barring Service
EDI	Equality Diversity Inclusion
ESS	External Subject Specialist
FAQ	Frequently Asked Questions
FEC	Faculty Education Committee
FLT	Faculty Leadership Team
FMHLs	Faculty of Medicine, Health, and Life Sciences
FOI	Freedom of Information
FPDG	Faculty Portfolio Development Group
FtP	Fitness to Practice
FtS	Fitness to Study
GCSE	General Certificate for Secondary Education
GDPR	General Data Protection Regulation
GOsC	General Osteopathic Council
HAW	Health and Wellbeing Academy
HCPC	Health and Care Professions Council
HR	Human Resources
HWA	Health and Wellbeing Academy



IELTS	International English Language Testing System
IPL	Intense Pulsed Light
ISS	Information Services and Systems
LGBT+	Lesbian, Gay, Bisexual, Transgender plus community
M.Ost	Masters of Osteopathy
MS Teams	Microsoft Teams
NCOR	National Council for Osteopathic Research
NHS	National Health Service
NMC	Nurse and Midwifery Council
NSS	National Student Survey
OPS	Osteopathic Practice Standards
OSCE	Objective Structured Clinical Examination
PAEB	Portfolio Approval and Enhancement Board
PDR	Professional Development Review
PDRs	Professional Development Reviews
PEER Group	Patient Experience and Evaluation in Research Group
PEP	Programme Enhancement Plan
PgCert	Postgraduate Certificate
PPD	Personal and Professional Development
PPI	Patient and Public Involvement
PSRB	Professional Statutory and Regulatory Bodies
QA	Quality Assurance
QAA	Quality Assurance Agency
QR Code	Quick Response Code
RCP	Raising Concern Policy
RPL	Recognition of Prior Learning
RQ	Recognised Qualification
RQSB	Regulations, Quality, and Standards Board
SAI	Swansea Academy of Inclusivity
SALT	Swansea Academy for Learning and Teaching

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SEA	Swansea Employability Academy
SEF	School Education Forum
SES	Student Experience Survey
SHSC	School of Health and Social Care
SIREN	Swansea International Race Equality Network
SMT	Senior Management Team
SSF	Staff and Student Forum
SUSim	Swansea University Simulation Centre
Athena SWAN Awards	Scientific Women's Academic Network Awards
SWOT	Strengths Weaknesses Opportunities and Threats
UCAS	Universities and Colleges Admissions Service
VLE	Virtual Learning Environment

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Overall aims of the course

The University confirmed the following aims of the M.Ost programme through the mapping tool:

To develop and produce safe, confident, and competent practitioners able to deliver professional osteopathic services through the provision of a clinical environment that fosters:

- The promotion of osteopathy in maintaining health and wellbeing
- The development of osteopathic research
- A developmental relationship between the local osteopathic community and other health professionals

The programme specifically aims to:

1. Ensure graduates acquire clinical osteopathic competence via a self-critical and reflective approach that incorporates the domains of conceptualisation; problem solving; reflective abilities; practical abilities; and interpersonal/ communication skills.
 2. Develop the skills of analytical and critical thinking and display mastery of a complex and specialised area of knowledge and skills, employing appropriate skills to conduct research, or advanced technical and professional clinical activity, accepting accountability for all related decision making.
 3. Enable students to continue their professional and academic development in a related speciality area through appropriate clinical and theoretical studies and the submission of an extensive clinical dissertation portfolio.
 4. Enable professional growth and development through increased use of clinical supervision processes and skills.
 5. Enhance the student's ability to influence practice and policy and contribute towards governance.
 6. Promote an evidence-based practice approach to osteopathic practice.
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Overall Summary

The visit to Swansea University was undertaken over three days at the Swansea University 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, students, recent graduates, and patients. Meetings across the three days were held in an open and honest way to support the visitors with triangulation.

Strengths and good practice

The development of additional EDI including menopause and neurodiversity policies to support specific populations demonstrates an ongoing commitment to supporting staff and students at the University through action and recognition. (1ii)

Osteopathic faculty are responsive to providing additional tutorials in subject areas requested by students outside of the curriculum as evidenced by stakeholders in the course team and student meetings. This creates a strong and collaborative working environment for the students. (1iv)

Engagement of local patient groups to increase the diversity of patients accessing the osteopathy services and continued NHS clinic service provision provides osteopathy students with patients in a broad range of populations. (1vii, 7ii)

The University demonstrates a commitment to compliance and student wellbeing, with a dedicated EDI role within the M.Ost programme, and well-defined safeguarding policies and escalation procedures. (2i)

The shift to a risk-based monitoring model through continual enhancement approach provides a responsive and proportionate framework for maintaining programme quality, reducing unnecessary administrative burden while ensuring high-risk areas remain subject to rigorous scrutiny. (2i)

The University's three-stage FtP model ensures proportionality and transparency, with a clear escalation route for serious concerns. The FtP filtering committee allows for early resolution of lower-risk cases, while maintaining rigorous oversight for more serious matters. (2ii, 9iv, 9v)

Canvas supports assessment clarity by providing access to marking criteria, feedback, and module learning outcomes, ensuring that students can track their progress and understand expectations. The platform also facilitates OPS mapping and access to external examiner feedback, strengthening student engagement with professional standards. (2vi)

The values-based selection interview process is designed to identify applicants with the qualities of compassion and professionalism, ensuring alignment with the principles of osteopathic practice. (3i)

The University has received recognition of gender equality through the Athena SWAN Silver Award. The University and SHSC's Athena SWAN Silver Awards demonstrate an ongoing institutional commitment to gender equality. (3iii)

The M.Ost programme demonstrates a structured and integrated approach to developing lifelong learning and reflective practice key competencies for professional success. Through the Personal and Professional Development Portfolio module, CPD modelled assessments, and professionalism modules, students are supported in cultivating habits of continuous learning and self-improvement. This is further reinforced by the final-year SWOT analysis, which enables students to critically evaluate their strengths and areas for development. Together, these elements foster a strong foundation for ongoing professional development, reflective practice, and adaptability in a regulated healthcare environment. (3vi)

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The implementation of a real-time PEP framework allows for continuous monitoring and action planning throughout the year, rather than relying on a point-in-time review process. (4i)

The University are taking a data-driven approach to monitoring student performance and progression through the new data dashboard which integrates statistical reports and demographic data, ensuring equity in student outcomes and targeted intervention where needed. (4ii)

While standard practice requires policy updates to be accessible, the University's multi-channel approach using MyUni, Canvas hubs, and Faculty committees ensures a clear and structured method for disseminating changes, reducing the likelihood of information gaps. (4iii)

The use of the SUSim to deliver IPL sessions with occupational therapy students provides an opportunity for students to develop teamworking and patient-centred care skills. This approach allows osteopathy students to engage in collaborative practice scenarios, preparing them for working in multi-professional healthcare environments. (4iv)

The trial of Heidi AI software for clinical notetaking and feedback provides students with an opportunity to improve their clinical documentation and reflection skills. This technology supports students in developing more structured and detailed patient records, enhancing their learning and assessment experience. (4iv)

The University provides an opportunity for students to experience simulated learning in the SUSim building and inter-professional learning including planned reinstatement of theatre operation observation for musculoskeletal conditions and patient position sessions delivered by the Operating Department Practitioners. This gives students the opportunity to understand the patient journey prior to having assessment and osteopathic treatment, if appropriate. The SUSim suite allows students to practice their skills in a safe controlled environment without consequence and helping to promote confidence through feedback and repetition. (5i)

Receipt of written feedback in 15 days post-assessment provides students with a good opportunity to receive feedback in a timely manner to be able to learn and reflect. This is one of the quicker time periods seen in the sector. (6iv)

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Areas for development and recommendations

The University should provide clearer signposting to exit awards in programme documentation and for prospective and osteopathy students throughout the programme so there is clarity on what award would be achieved should they consider leaving or transferring part way through the course. (1i)

The University should include GOsC signposting of the FMHLS RPLs terms of reference to further support prospective osteopathy students in this process when achieving the PSRB requirements. (1iii)

The University should consider development of a specific induction schedule to support RPL students on entry to the osteopathy programme. This is an area that has been overlooked to date and it will help with the onboarding and transition of the RPLs students onto the new programme. (1iii)

Health volunteers are used across all aspects of other AHP programmes provided by the University including programme development and committee representation. For parity it would be beneficial for the University to apply this to the osteopathy programme. (1iv, 9vi)

The University should consider an evaluation of the newly implemented quality assurance processes for 2024-25 to take place at the first opportunity from all stakeholders to ensure that there is no negative impact on the osteopathy programme. (1vii)

Further osteopathic faculty engagement in conducting osteopathic research should be encouraged, to gain further insights and contribution to osteopathic research, given the resources and opportunities that are available to the University staff and considering the academic level that they are teaching at. (1ix)

As part of the evaluation of the service redesign project the University should assess the impact of integrating professional services staff across faculties and central education services, ensuring that governance support structures remain effective during this transition. (2i)

The University should report on the transition to a risk-based quality assurance model once it has been evaluated in July 2025, with particular emphasis on demonstrating its impact on the M.Ost programme – specifically in relation to programme quality, governance oversight, and the student experience. (2i)

While students receive guidance through multiple platforms, the University should conduct further evaluation to determine whether students fully understand the long-term professional implications of FtP decisions. Enhancing this understanding is essential to support students in making informed choices during their studies and to ensure they are adequately prepared for professional registration and clinical practice. (2ii, 9v)

While the University has well-developed policies and procedures for raising concerns, it is recommended that further, more targeted efforts be made to embed student awareness and engagement with these processes. This could include incorporating dedicated sessions on raising concerns into student induction and professional practice modules, embedding scenario-based discussions into curriculum delivery, and creating clear, visible signposting on the student portal and in physical spaces such as clinic areas. Actively involving students through these targeted education and awareness initiatives will help ensure they understand how and when to raise concerns, fostering a culture of openness, psychological safety, and shared responsibility for maintaining professional and ethical standards. (2iv)

Variability was observed in the quality, clarity, and level of detail in feedback provided via Canvas, with some feedback being too brief, overly generic, or lacking clear guidance on how students could improve. This inconsistency may limit students' ability to act effectively on feedback and hinder their academic progress. Strengthening communication and consistency in these areas will help students better understand expectations, support their academic development, and promote fairness and transparency in assessment.

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The University states that health volunteers are used in student recruitment and selection, but students have reported that they were not involved in interviews. Given that their involvement was paused in 2023-24, the University should undertake a structured review to ensure that their role in selection is consistent, meaningful, and accurately reflected in university processes. (3i, 3iii)

The University has developed a structured approach to evaluating the impact of the PEP model. Given the shift to continuous enhancement, the University should review how well the PEP model functions compared to the previous APR process, ensuring that no quality assurance gaps emerge. (4i)

The Programme Director plays a pivotal role in the delivery and oversight of the M.Ost programme. However, there appears to be a significant reliance on this individual. Establishing clear succession arrangements would help ensure continuity in programme management and reduce potential risks associated with staff turnover or unforeseen absence. (4iii)

The student breakout area works as a multi-functional space but requires consideration of the impact on the student experience during clinical and assessment periods. The open plan aspect of the room does not permit for quiet reflective learning or allow for private conversations to take place. As the Clinic on the Singleton Park campus is busy, there are limited opportunities to use the treatment rooms as an overflow. In collaboration with the students the University should consider a division of the space available to permit for quieter areas for discussion and reflection and privacy when required or providing an additional quiet area of separate changing area. (5i, 5iii)

Patient experience is impacted when the HAW clinics are busy due to treatment times all running simultaneously and all rooms being at full capacity. The University should consider staggered treatment start times for students allocated to each clinic tutor to help alleviate bottle necks in patient waiting times if one appointment over runs. It will also ensure that clinic tutors can cover each other as required if their time demands overlap rather than run concurrently. This could improve the student and patient experience as not all students will require the attention of the clinic tutor simultaneously and will build in resilience if there is a complex case discussion required. (5ii, 9i, 9iii)

The University should add clinical audits (currently done by the clinic manager) as part of the senior student's portfolio and reflect on their clinical performance. This will help students to gain autonomy, identify learning gaps and areas of improvement, make more effective use of clinical time and generate new insights about their practice, thus preparing them for future CPD clinical audit activities. (7i)

The University should consider the inclusion in the Clinic of children and adolescent treatments to expand students' clinical experience and prepare them for possible encounters with children and young patients once qualified. (7ii)

The University should consider updating the osteopathy and pregnancy page on the Swansea University Osteopathy clinic website to ensure it is clear to patients who will be the treating practitioner in the pregnancy clinic, including whether the treatment will be performed by qualified osteopaths or student osteopaths. (7ii)

Conditions

None reported.

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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 University admissions policy is informed by the relevant legislation for Medr, Wales's Commission for Tertiary Education and Research and the Quality Assurance Agency. The policy is available on the University website; however, an older version was supplied as part of the evidence for the RQ visit.

The admissions requirements are clearly outlined on the University's M.Ost programme page, with a range of qualifications or routes into higher education accepted for course entry. The programme specification reflects these requirements, including acceptance of either the Welsh or English language at GCSE. Students from a Welsh language school are required to attain appropriate English language awards. International students need to have a minimum IELTS score of 6 and a minimum requirement of 5.5 in each component. Applications from school leavers and mature students are encouraged, though the student population on the osteopathy course continues to reflect a school leaver population.

The course sits within the FMHLS with additional entry requirements including a DBS, occupational health check, and satisfactory character references. All applicants apply via UCAS, are interviewed, and meet the additional course requirements prior to being offered a place. An osteopathic faculty member assists with the interview process.

The M.Ost course is marketed through various channels including at the University open days, osteopathy applicant days, FMHLS website, and the undergraduate course prospectus. Should there be any spaces left during the clearing process the recruitment team are advised by the osteopathy Programme Director and the osteopathy course is subsequently advertised during clearing. Prospective students are fully informed of what to expect when studying on the course and are invited to observe classes with the osteopathy students, as confirmed in the student meeting.

The exit awards outlined in the programme specification are unclear and identified just as a BSc. Students told us they are unaware of what exit awards they could receive if they withdraw from the course prior to the end.

The admissions policy, FMHLS website, and stakeholder meetings with the course leaders, marketing team, and students assure us that this standard is met.

Strengths and good practice

None reported.

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Areas for development and recommendations

The University should provide clearer signposting to exit awards in programme documentation and for prospective and osteopathy students throughout the programme so there is clarity on what award would be achieved should they consider leaving or transferring part way through the course.

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 University has a dedicated EDI team who have been responsible for developing the strategic equality plan for 2024-28, which includes EDI under the 'people and culture' strategic pillar of the identified quality outcomes. This document, alongside the supporting action plan, informs the University's recruitment and selection process. There are additionally separate policies, which reflect some of the identified protected characteristics e.g. neurodiversity, menopause, and recruitment policies.

The University recognises the need for ongoing consultation and engagement with relevant stakeholders to ensure that they are responsive to the evolving community needs. University documents have been benchmarked against relevant government legislation and census data with an ongoing review of data gathered from internal and external sources including surveys and stakeholder representatives with monitoring completed at the University equality committee. Updated policies are communicated via the SEF and are available to staff and students via Canvas and MyUni, the University's student website.

The University is committed to raising awareness of EDI as part of its culture, examples of this are the resources that have been developed by the SALT and the application of an inclusive curriculum framework for the evaluation of the osteopathy programme.

The University's strategic equality plan and action plan, subject specific policies including the neurodiversity, menopause, and recruitment policies; stakeholder meetings with the senior management team, osteopathy course team, assure us that this standard is met.

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Strengths and good practice

The development of additional EDI including menopause and neurodiversity policies to support specific populations demonstrates an ongoing commitment to supporting staff and students at the University through action and recognition.

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

RPL experience is assessed via the University's standardised RPL process. An identified member of the osteopathic faculty assists with this process and benchmarks against the learning outcomes of the programme before the application is presented to and considered by the RPL Panel.

RPL applications are considered only for the first three years of the osteopathy programme. An applicant's prior experience is shared with osteopathy faculty members if they have been successful and to support them with integration on the course. There is no specific induction programme for an RPL student but there is a meeting with their assigned personal tutor who will signpost them as required.

NMC and HCPC professional body requirements inform the RPL process for nursing and midwifery and AHP students respectively, however, GOsC signposting is omitted from the RPL terms of reference. This should be included in the list to inform the RPL process for osteopathy students.

The RPL Panel's terms of reference; admissions policy; RPL policy and stakeholder meetings assure us that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

The University should include GOsC signposting of the FMHLS RPLs terms of reference to further support prospective osteopathy students in this process when achieving the PSRB requirements.

The University should consider development of a specific induction schedule to support RPL students on entry to the osteopathy programme. This is an area that has been overlooked to date and it will help with the onboarding and transition of the RPLs students onto the new programme.

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

All staff have access to the University's intranet system Canvas, which has a live format to enable accessibility to the most recent policies that are updated via the SEF. Any policy updates are accompanied with an email alert as well as alerts on logging in to the system. This ensures that staff are fully informed of the relevant updates.

Policies are included as part of the new faculty induction programme, which also includes statutory and mandatory training requirements inclusive of EDI. Some elements of this training are required to be completed on a cyclical basis and staff are alerted through Canvas.

The osteopathic faculty have offices located in the same building where teaching classes are delivered. This offers accessibility to staff, who have their timetables visible on the office doors and as part of their email signatures.

The approachability of the osteopathic faculty and their willingness to support additional learning was highlighted by students. Examples of this include tutorials on specialist patient populations including transgender and wheelchair users.

Students can complete assessments in the Welsh language. Academi Hywel Teifi is accessible to staff who require further support with Welsh language students.

The SEF meeting minutes: meetings with the programme leader, osteopathy course team and students' probation policy, performance enabling policy, and supporting resources assure us that this standard is met.

Strengths and good practice

Osteopathic faculty are responsive to providing additional tutorials in subject areas requested by students outside of the curriculum as evidenced by stakeholders in the course team and student meetings. This creates a strong and collaborative working environment for the students.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

☒ MET
☐ NOT MET

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Findings and evidence to support this

The University requires all staff to undertake a PgCert in Teaching in Higher Education or the PgCert Education for Health Professionals delivered by the University. As part of the PgCert programme staff will undertake observation and peer review. The University adopts an 'open door' culture to observation and cross-departmental observation is actively encouraged on an annual basis. Faculty development includes inter-departmental peer reviews and student feedback.

The PDR process supports staff development once probation has been completed. PDRs, alongside student feedback and the NSS survey data, helps the Programme Director to identify faculty and individual development needs. SALT supports ongoing staff development.

Module leaders meet on a regular basis, termly at a minimum, to ensure alignment of content across the programme. The osteopathic faculty are supported by the University's professional service team to provide expert guidance on curriculum and programme development and follow the code of practice for programme design, development, approval and review. This code of practice is currently under review. The osteopathic faculty have been responsive to student feedback in the areas of assessment. These changes are monitored by the quality team to ensure that continual change is not made to the programme without good justification and a period of embedding and evaluation of the implemented change.

The quality team review programme data regularly to ensure that there is no curriculum drift.

The probation policy, staff CPD resources, staff CVs, job descriptions, and stakeholder meetings assure us 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

SHSC applies the principles of service user engagement from the strategy for public and patient involvement in health professional programmes across 2024-29. The University has a PPI group who engage in a range of activities across the University, and their activity is captured in an annual report with training provided to new members.

Students on the osteopathy programme receive a high level of interaction and feedback with patient stakeholders through their clinical training. The University has developed an expanding health volunteers programme across their other AHP courses to provide patient stakeholder feedback across their other



programmes, including representation on the BoS. There are currently no osteopathy patients involved in the health volunteers programme.

Osteopathy patients are encouraged to provide feedback to students through tablets available at the HWA and there is signposting to other feedback opportunities through posters in the reception area and treatment rooms. The materials are also available in Welsh upon request.

Two student representatives are appointed for each year group and represent the programme on the BoS. There is a staff student forum where additional feedback opportunities are provided. Final year students completed the NSS, the results of which are included in the action plan for the programme for the following academic year. The SES provides feedback at an institutional level.

External subject specialists are also consulted in the curriculum development and approval processes.

The student feedback toolkit, annual reporting process, stakeholder meetings, NSS and SES survey data, terms of reference, and minutes from relevant committees assure us that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

Health volunteers are used across all aspects of other AHP programmes provided by the University including programme development and committee representation. For parity it would be beneficial for the University to apply this to the osteopathy programme. (1iv, 9vi)

Conditions

None reported.

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 OPS and osteopathy graduate outcomes are embedded into the programme documentation with a mapping document applied as part of quality assurance of the spiral curriculum. As students progress through the course there is a reminder of the expectations of the OPS at each stage and level.

The professional and personal development modules focus on development of professional identity. Reflective logs and case scenarios guide students through the OPS and graduate outcomes providing opportunities for application, critical appraisal, and reflection. The upcoming addition of simulated learning in a home visit setting will provide an invaluable opportunity to practice their skills in a safe and controlled environment at SUSim.

Professional behaviour external to the course and the impact of student FtP is highlighted at the start of the course. Students are fully aware of the expectations and related student FtP policies. Self-reporting of professional behaviours has occurred and is dealt with through the appropriate channels.



Students receive EDI training as part of the programme and have opportunities to work with a diverse range of patients. A recent example included engagement of the local stroke community group for an opportunity of reciprocal learning from patients and students, which resulted in stakeholders from this group attending the Health and Wellbeing centre for treatment. In addition, there is the NHS funded Clinic, which provides exposure to patients from a diverse background.

The M.Ost OPS mapping documents and programme documentation, teaching observation, and stakeholder meetings assure us that this standard is met.

Strengths and good practice

Engagement of local patient groups to increase the diversity of patients accessing the osteopathy services and continued NHS clinic service provision provides osteopathy students with patients in a broad range of populations. (1vii, 7ii)

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

Quality assurance processes are currently in a state of review and development for the current academic year with plans for evaluation of any changes made. The newly formed PAEB provides an opportunity for assessment strategy and scrutiny as part of faculty quality assurance processes. From 2023-24 the FPDG oversees modular changes, with a reported move to a reduction in the number of changes possible on a course between programme review to reduce curriculum drift. The FPDG reports into PAEB.

The programme documentation demonstrates a diverse range of assessments applied across the programme, relevant to the stage of learning and knowledge. The external examiner reviews the assessment range and results, reporting on this annually. Student results are reviewed at the progression and award board and analysed as part of the annual programme review. For the current academic year, the quality team are continuing to develop the data dashboards to summarise programme data including assessment data. This will provide the osteopathic faculty with consolidated data to identify patterns for future cohorts.

The osteopathic faculty are guided in assessment processes by the University's assessment, marking and feedback policy. Staff development is provided in this area and is also covered as part of the PgCert programmes in education that staff are required to complete. The SHSC has standardised marking grids and templates.

The programme documentation, external examiner reports, stakeholder meetings, assessment templates, relevant meeting terms of reference assure us that this standard is met.

Strengths and good practice



None reported.

Areas for development and recommendations

The University should consider an evaluation of the newly implemented quality assurance processes for 2024-25 to take place at the first opportunity from all stakeholders to ensure that there is no negative impact on the osteopathy programme.

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 osteopathic faculty hold GOsC registration, confirmed during the initial HR recruitment process, with any changes to status to be identified by osteopathic faculty. The same process occurs for other University staff members who hold professional registration. External examiners are also appointed according to subject expertise, providing objective scrutiny to the overall programme.

Expert subject specialists from other faculties contribute to the teaching on the osteopathy programme. This includes an anatomy and physiology specialist who liaises closely with the osteopathic faculty for content. Inter-professional learning occurs with the operating department practitioner demonstrating patient positioning during common musculoskeletal operations for final year osteopathy students to help them gain an insight to the patient journey and experience.

All University staff are either working towards or hold a PgCert in an education related subject area and have Advance HE membership or the opportunity for progression of the professional membership level as they develop as educators. The University's probation policy and performance enabling policy outline these processes. SALT supports staff development in teaching and learning excellence. Teaching staff are provided with a teaching manual to guide them in teaching, learning and assessment activities. Annual PDR processes continue to support professional development. Staff have been signposted to additional learning opportunities including leadership development courses.

Research activity is encouraged amongst the faculty and inter-professional learning opportunities and involvement are provided through the University. Academi Hywel Teifi is a resource to support staff with Welsh language.

Staff CVs, stakeholder meetings, teaching manual for osteopathic staff, PDRs, and relevant policies assure us that this standard is met.

Strengths and good practice

None reported.

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Areas for development and recommendations

Further osteopathic faculty engagement in conducting osteopathic research should be encouraged, to gain further insights and contribution to osteopathic research, given the resources and opportunities that are available to the University staff and considering the academic level that they are teaching at.

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 multiple highly publicised routes for students to raise a complaint or a safeguarding issue. The University complaints procedure is supported by an FAQ quick guide for ease of access to information. Complaints procedures are outlined in the academic handbook and the programme handbook. Students are signposted to the professional services' academic quality team for all complaints. The student cases team liaise with the Head of SHSC and academic and professional services team members. The process is overseen by the Academic Quality and Assessment Manager. All responses are reviewed by the student cases team and students have the opportunity for feedback on an outcome. The Students Union Advice Centre can also provide confidential advice and support on academic complaints.

Complaints concerning a student's health or character follow the student FtS and FtP policies and procedures. These types of complaints are investigated by the Head of SHSC or Head of Discipline (Therapies). The FtP filtering committee and FtP and Professional Suitability Panel form part of the escalation process.

The rise in Student FtP complaints has been attributed to an increase in peer-to-peer reporting. Students are signposted to the RCP via the student handbook. At the student meeting students came across as well informed on complaints processes and confident in raising any issues that arise.

The University has an appointed Head of Safeguarding and a team, including appointing safeguarding officers to support students or staff in relation to safeguarding. Further published guidance is available in the safeguarding good practice guide and policy.

SafeZone is the safeguarding app that can be used by any student on-site. If assistance is required, then security can be alerted through this app and they will attend immediately. Students have confirmed their positive experience of this for a medical related incident occurring outside of programme attendance. The app is also used to monitor international students and is linked to their on-site attendance of classes.

The FtP policies and procedures, stakeholder meetings, academic handbook, My-Uni website, and committee terms of reference assure us that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations



None reported.

Conditions

None reported.

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

☒ MET

☐ NOT MET

Findings and evidence to support this

The 'Academic Life' section on MyUni provides information on the academic appeals procedure. The Student Union Advice & Support Centre provides confidential support and advice on academic appeals. The process is further outlined in the academic handbook. Students have the opportunity for feedback on outcomes and the professional services student case team review the data for feedback to the osteopathic faculty.

Student representatives are well informed and trained to provide appropriate signposting to students in a considered and supportive manner.

Students are aware of the support available to them and also where to signpost other students if they are student representatives.

The academic handbook, MyUni website, the relevant policies, and stakeholder meetings assure us 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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02/06/2025 15:47:12



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 University has a well-established and effective governance structure that ensures compliance with legal, regulatory, and educational requirements, including safeguarding, risk management, information governance, GDPR, and EDI governance. The FLT, led by the Pro-Vice Chancellor Executive Dean, provides clear lines of responsibility and accountability. The governance framework is structured through a series of defined committees, with the FEC overseeing quality assurance, programme delivery, and student experience.

The introduction of the PAEB has strengthened governance by consolidating programme and module approval processes into a single streamlined structure. This change aligns with the University's code of practice for programme design, development, approval, and review, ensuring that academic governance remains robust.

The BoD provides strategic oversight, with members actively engaged in governance structures, including participation in the audit and risk committee and faculty education committee. The BoD has appropriate expertise to ensure the University meets its regulatory obligations and continues to develop its governance in response to external requirements.

It was evidenced that risk management is effectively embedded within governance structures. The risk register is actively monitored, with oversight from FLT, the Regulations, Quality and Standards Board, and the University education committee. The University's approach ensures risks are identified, assessed, and mitigated in a structured manner, particularly during periods of change.

It was also confirmed that the University has clear policies and mechanisms for safeguarding, data protection, and confidentiality. Staff and students are required to complete statutory and essential training, and patient records are managed under the HWA records management policy. FOI requests follow established protocols.

The University has adopted a continual enhancement approach to quality assurance, moving away from annual programme reviews toward a risk-based monitoring model. While periodic quality reviews have been temporarily paused, high-risk areas remain under scrutiny, with external examiner oversight ensuring academic standards are upheld. A full review of governance effectiveness is scheduled for July 2025.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met.

Strengths and good practice

The University demonstrates a commitment to compliance and student wellbeing, with a dedicated EDI role within the M.Ost programme, and well-defined safeguarding policies and escalation procedures.

Camilla
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The shift to a risk-based monitoring model through continual enhancement approach provides a responsive and proportionate framework for maintaining programme quality, reducing unnecessary administrative burden while ensuring high-risk areas remain subject to rigorous scrutiny.

Areas for development and recommendations

As part of the evaluation of the service redesign project the University should assess the impact of integrating professional services staff across faculties and central education services, ensuring that governance support structures remain effective during this transition.

The University should report on the transition to a risk-based quality assurance model once it has been evaluated in July 2025, with particular emphasis on demonstrating its impact on the M.Ost programme – specifically in relation to programme quality, governance oversight, and the student experience.

Conditions

None reported.

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 University has well-established and transparent FtP policies and procedures to ensure students maintain good health and good character throughout their studies. These procedures are designed to address concerns regarding student conduct that could compromise public or patient safety or affect their ability to meet the OPS.

The FtP process is structured across three key stages, beginning with the SHSC FtP and Professional Suitability Panel, which filters cases anonymously to ensure impartiality and fairness. The Panel comprises of academic representatives from all SHSC professional programmes, along with NHS practice learning partners, occupational health specialists, and disability support staff. This ensures a broad and informed perspective in decision-making. Cases are reviewed anonymously via a secure MS Teams site ensuring fair and unbiased decision-making: decisions must be reached by consensus among at least three panel members, reinforcing consistency and fairness.

It was confirmed that all M.Ost applicants must undergo an occupational health check and an enhanced DBS check prior to admission. If any concerns arise from the DBS check, cases are referred to the SHSC FtP filtering committee and, where necessary, escalated to the full FtP Panel. The requirement for pre-admission health checks and DBS clearance, along with ongoing monitoring and referral mechanisms, ensures compliance with professional standards. Students are required to self-declare any changes to their health or character status annually during re-enrolment, and such disclosures are automatically communicated to the faculty's student cases team.

Where serious concerns arise, these may be escalated to the University's committee of enquiry, which holds the authority to withdraw students on FtP grounds. Decisions at this stage are based on evidence presented by the SHSC Panel and the student.



The importance of professional behaviour and FtP responsibilities is embedded throughout the programme, with guidance provided through programme handbooks, student information guides, and timetabled sessions. Additionally, students receive FtP training from the GOsC via Canvas learning modules and face-to-face sessions on professionalism and behaviour in clinical settings.

The University's FtP procedures include mechanisms for student support, ensuring that students are informed of their rights, the procedures involved, and the support available. The HWA complaints procedure provides students with a route for raising concerns related to FtP matters within the clinical setting.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met.

Strengths and good practice

The University's three-stage FtP model ensures proportionality and transparency, with a clear escalation route for serious concerns. The FtP filtering committee allows for early resolution of lower-risk cases, while maintaining rigorous oversight for more serious matters. (2ii, 9iv, 9v)

Areas for development and recommendations

While students receive guidance through multiple platforms, the University should conduct further evaluation to determine whether students fully understand the long-term professional implications of FtP decisions. Enhancing this understanding is essential to support students in making informed choices during their studies and to ensure they are adequately prepared for professional registration and clinical practice. (2ii, 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 University has established, accessible, and effective channels for raising concerns and complaints, ensuring that students, staff, and patients can report issues with confidence. The University's complaints procedure provides a clear and structured process for handling student concerns, while the HWA complaints policy sets out procedures for clinic-related complaints. Additionally, a raising concern in practice policy is in place for students undertaking clinical training.

The University provides multiple formal and informal avenues for raising concerns, ensuring accessibility for all students. Regular personal tutor sessions, weekly check-ins, and clinic tutor oversight provide continuous opportunities for concerns to be raised and addressed promptly.

The University's safeguarding processes are well-established, with a dedicated Head of Safeguarding and supporting team. The SHSC has safeguarding officers who provide support for both staff and students, ensuring that safeguarding concerns are addressed appropriately. The safeguarding good practice guide supports students, particularly those under 18 or considered adults at risk, reinforcing the University's commitment to protecting vulnerable individuals.



It was confirmed that safeguarding within the Clinic environment is actively monitored, with mechanisms in place for students and patients to raise concerns. This includes feedback gathered through weekly check-ins, personal tutor sessions, and direct reports from clinic tutors and the Clinic Manager. Complaints or safeguarding issues raised through the dignity at work and study procedure are also considered where appropriate.

The University ensures that staff are adequately trained in safeguarding procedures. All staff complete safeguarding training via Canvas, and the Head of Safeguarding delivered a CPD session for the entire osteopathy team in 2023. Additionally, Prevent training and policy guidance have been introduced for staff to support the identification of individuals at risk.

It was evidenced that the University ensures accessibility of complaint and safeguarding procedures for students with additional needs. Reasonable adjustments are implemented on an individual basis, with one-to-one support available for students raising safeguarding concerns. Information about safeguarding reviews and FtP procedures is provided both verbally and in writing to ensure clarity for those involved. In terms of language accessibility, students are required to meet an IELTS score of 6 upon admission, ensuring they have a sufficient understanding of English to engage with these processes effectively.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that 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. 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

The University fosters a culture where students, staff, and patients feel safe to speak up about unacceptable behaviour, including bullying and harassment. The raising concerns policy provides clear guidance for students and staff on reporting inappropriate behaviour and safeguarding concerns. The dignity at work and study policy further reinforces the University's commitment to maintaining a harassment-free learning and working environment.



The University has multiple channels for raising concerns, ensuring accessibility for those who may face barriers to speaking up. Students can raise issues through personal tutors, heads of school or discipline, clinical educators, programme teams, or professional services staff. Formal avenues include the BoS, Student Staff Forum, and the student feedback toolkit, all of which provide structured opportunities for students to voice concerns and receive institutional responses. Patients are encouraged to provide feedback at the point of their appointment confirmation, and concerns raised in the Clinic follow a structured review process.

The Students' Union Advice and Support Centre offers confidential and impartial support, helping students navigate complaint processes. In addition, external avenues of support are signposted, including general welfare services, specialist organisations for domestic abuse, alcohol and drug support, and occupational health services for staff. Students and staff can also be directed to external agencies such as Protect (a UK-wide speaking-up charity), and GOsC.

It was confirmed that complaints and safeguarding concerns are actively monitored. The SHSC safeguarding officers provide specialist support to students and staff, ensuring that concerns are properly investigated and managed. In the Clinic setting, complaints are reviewed by clinic leads and discussed at team meetings where appropriate. Where safeguarding concerns are identified, follow-up actions are taken to prioritise patient safety and ensure affected students understand the process.

The University ensures that individuals with additional needs can access support and speak up safely. Reasonable adjustments are implemented through ISS, and students with disabilities or specific learning difficulties receive tailored support through the University's Student Support and Wellbeing services. These services ensure that students with disabilities or additional needs can fully engage with the complaints process. Accessibility tools are available through the 'Academic Life' section on MyUni, ensuring that complaints and safeguarding policies are presented in an inclusive and user-friendly format.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

While the University has well-developed policies and procedures for raising concerns, it is recommended that further, more targeted efforts be made to embed student awareness and engagement with these processes. This could include incorporating dedicated sessions on raising concerns into student induction and professional practice modules, embedding scenario-based discussions into curriculum delivery, and creating clear, visible signposting on the student portal and in physical spaces such as clinic areas. Actively involving students through these targeted education and awareness initiatives will help ensure they understand how and when to raise concerns, fostering a culture of openness, psychological safety, and shared responsibility for maintaining professional and ethical standards.

Conditions

None reported.

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

☒ MET

☐ NOT MET

Findings and evidence to support this

The University promotes an open and supportive culture where students and staff feel encouraged to seek advice, reflect on their practice, and speak up when they need guidance or make mistakes. The personal tutoring system ensures that students meet with their personal tutor two to three times per term, providing a structured opportunity to discuss challenges, seek support, and reflect on their academic progress. Additional ad hoc meetings allow for immediate concerns to be raised as needed.

Students are encouraged to engage in structured reflection on their experiences, using reflective logs to document areas of strength, challenges, and further development needs. These reflections allow students to develop greater self-awareness and to identify the resources and support necessary for improvement. Academic staff are also supported in reflective practice, using PDRs and one-to-one meetings with their line manager as an opportunity to discuss developmental needs and challenges openly.

It was confirmed that staff are encouraged to speak up about developmental needs through regular one-to-one meetings with their line manager. Staff also benefit from the mentoring provided by experienced educators, which helps them navigate challenges and identify opportunities for professional growth. The University supports this culture through structured mechanisms, including the probation policy and CPD requirements, ensuring that all staff are given opportunities for professional reflection and learning.

The University provides strong and engaged leadership, fostering an environment where students and staff feel supported and able to seek guidance. Programme leaders maintain open communication channels, holding regular meetings with staff and students to address concerns, provide feedback, and offer development opportunities. This proactive approach to leadership has created a culture in which both students and staff feel confident in speaking up and addressing challenges.

The University actively encourages a feedback-driven culture, valuing multiple perspectives, and stakeholder input. Students and staff are encouraged to raise concerns about challenges they encounter in their academic work or professional development, with formal and informal mechanisms available to support open discussions. Recent cases have demonstrated the University's proactive response to concerns, such as when a student reported difficulties with communication, leading to a structured intervention that included engagement with the disability team and the implementation of reasonable adjustments. The University demonstrates a strong commitment to inclusion, as evidenced by recent interventions to support students with additional needs. Structured processes ensure that reasonable adjustments and tailored support are provided when required.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

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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

The University has robust systems in place to provide assurance, with supporting evidence, that students have fully demonstrated the required learning outcomes. The M.Ost programme is designed to ensure that students achieve all intended learning outcomes, with all modules being core and all assessment components requiring a pass.

The assessment process is structured to confirm student achievement of learning outcomes, using standardised marking grids to ensure consistency across grading. The internal moderation process and external examiner review provide additional layers of scrutiny to maintain academic standards and fairness in assessment.

It was confirmed that progression and award decisions are overseen by the SHSC Exam Board and further reviewed at the University level through the Progression and Awards Board. These formal governance structures ensure that only students who have met the required academic and professional standards are permitted to progress and graduate.

The programme specification is explicitly mapped to the OPS, ensuring that all learning outcomes align with professional and regulatory expectations. Additionally, the programme reflects the GOPRE and the QAA benchmark statement (2019, updated 2024), confirming that graduates meet sector-wide expectations for osteopathic education.

External examiners, who are GOsC registrants, play a key role in assuring the integrity of assessment processes. Their review includes verification of assessment standards, appropriateness of marking, and alignment with professional expectations. In response to external examiner recommendations, the University has implemented additional calibration of exams before papers are sent for approval, demonstrating a commitment to continual enhancement in assessment processes.

The University's assessment, marking and feedback policy underpins all assessment processes, ensuring a clear and transparent framework for assessment design, marking, and student feedback.

The Canvas VLE provides students with structured access to assessment materials, marking criteria, and feedback, supporting transparent communication of assessment requirements and ensuring students can track their progress throughout the programme. The use of Canvas for online submission, grading, and feedback ensures consistency and accessibility in the assessment process. Canvas also serves as a platform for engaging students with module learning outcomes, OPS mapping, and external examiner feedback, further embedding assessment clarity and alignment with professional competencies.

Annual module reviews, including a review of how modules align with the OPS, provide an opportunity to refine and enhance assessments to ensure their continued relevance to professional standards. Additionally, student feedback is captured through module surveys, the BoS, and the NSS, allowing for continuous monitoring and improvements to assessment methods.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met.



Strengths and good practice

Canvas supports assessment clarity by providing access to marking criteria, feedback, and module learning outcomes, ensuring that students can track their progress and understand expectations. The platform also facilitates OPS mapping and access to external examiner feedback, strengthening student engagement with professional standards.

Areas for development and recommendations

Variability was observed in the quality, clarity, and level of detail in feedback provided via Canvas, with some feedback being too brief, overly generic, or lacking clear guidance on how students could improve. This inconsistency may limit students' ability to act effectively on feedback and hinder their academic progress. Strengthening communication and consistency in these areas will help students better understand expectations, support their academic development, and promote fairness and transparency in assessment.

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 University fosters a caring and compassionate culture that prioritises the safety and wellbeing of students, staff, educators, and patients, embodying the principles of the OPS. The philosophy of the M.Ost programme is centred on developing safe, effective, and compassionate osteopaths, with a values-based selection interview process intended to ensure that students admitted to the programme possess the qualities of empathy, professionalism, and patient-centred care.

To support student wellbeing, the University provides comprehensive and inclusive student support services, including wellbeing, disability support, academic support, and financial advice. Students requiring specific learning support are assisted by the University's disability office, which offers services such as diagnostic testing, personal care support, and tailored adjustments for learning and assessment. The SHSC disability co-ordinator and M.Ost disability link tutor ensure that recommendations for student support are effectively implemented.

The SAI works to increase opportunities for students from diverse backgrounds and to ensure inclusive academic and pastoral support. Additionally, the CAS provides specialist support for students in developing their academic and study skills, ensuring that all students have the tools needed to succeed.

The University has a structured approach to fostering inclusivity and patient involvement in the design and delivery of the M.Ost programme. The Strategy for PPI in Health Professional Programmes (2024-29) outlines how service users and carers contribute to curriculum development, teaching, learning, and assessment. However, while the University states that health volunteers are involved in student selection, recruitment, and assessment, students have reported that they were not used in selection interviews, and it has been confirmed that health volunteer involvement in recruitment was paused in 2023-24. The University has committed to reintroducing their involvement for 2024-25.

It was confirmed that safeguarding processes are in place both within the University and in placement environments, ensuring that students and staff feel safe and supported. The University has also introduced a new suicide prevention strategy, further strengthening the focus on student mental health and wellbeing.

All staff are required to complete EDI and unconscious bias training, ensuring that teaching staff are familiar with equality legislation and the importance of fostering an inclusive and compassionate learning environment.

The values-based selection interview process is designed to identify applicants who demonstrate the core values of compassion and professionalism. The interview includes discussion of values-based scenarios, such as how an applicant might respond to a patient undressing, to assess their suitability for a patient-centred profession. However, student feedback indicates inconsistencies in the interview process, particularly regarding the role of service users in selection, highlighting the need for a more structured evaluation and review to ensure that the process is transparent, effective, and aligned with University aims.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met.

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Strengths and good practice

The values-based selection interview process is designed to identify applicants with the qualities of compassion and professionalism, ensuring alignment with the principles of osteopathic practice.

Areas for development and recommendations

The University states that health volunteers are used in student recruitment and selection, but students have reported that they were not involved in interviews. Given that their involvement was paused in 2023-24, the University should undertake a structured review to ensure that their role in selection is consistent, meaningful, and accurately reflected in university processes. (3i, 3iii)

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 University cultivates and maintains a culture of openness, candour, inclusion, and mutual respect between staff, students, and patients. Students are explicitly informed of their professional responsibility to be open and honest in their interactions, with the OPS forming the foundation of learning at each stage of the programme.

From year one, students engage with PPD modules, where professional identity, ethical practice, and professionalism are embedded throughout the curriculum. Reflection is introduced early and developed further during the clinical phase of the programme, supporting students in recognising the importance of candour and respect in their professional practice. In the final year, students complete a PPD portfolio, modelled on the CPD framework used by registered osteopaths in the UK, allowing them to critically reflect on their experiences and alignment with the OPS. The integration of PPD modules across all years ensures that students develop an understanding of candour, ethical practice, and reflection.

It was confirmed that patient consent and respect for patient autonomy are reinforced through the student clinic handbook, ensuring students understand the importance of informed decision-making and ethical practice.

The University actively promotes a culture of inclusion and mutual respect among staff and students. Staff are required to complete mandatory training in EDI and unconscious bias, supporting them in embedding inclusive teaching and professional behaviours in their interactions with students and patients. Staff are also supported through mentorship sessions, guidance on handling difficult conversations, and professional development opportunities, ensuring they model a culture of openness and respect in both academic and clinical settings.

Patient feedback is actively encouraged to ensure they feel respected and included in their interactions with students. Notices are placed in all treatment rooms, informing patients of how to provide feedback. Patients are encouraged to speak with the receptionist, Clinic Manager, or clinic tutors, and any complaints or concerns can be escalated to the Clinic Lead.



The policies and guidance in place, as well as the case studies shared by stakeholders, mean that 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 learning culture is fair, impartial, inclusive and transparent, and is based upon the principles of equality and diversity (including universal awareness of inclusion, reasonable adjustments and anticipating the needs of diverse individuals). It must meet the requirements of all relevant legislation and must be supportive and welcoming.

☒ MET

☐ NOT MET

Findings and evidence to support this

The University is committed to fostering a learning culture that is fair, impartial, inclusive, and transparent, meeting the principles of equality and diversity. The University’s approach to EDI is embedded within the Strategic Equality Plan 2024-2028, which is developed and overseen by the University’s dedicated equality team.

The strategic equality plan is supported by a number of policies, including the dignity at work and study policy and procedure, which provides clear definitions of bullying and harassment and outlines the procedures available to staff and students to address these issues. The University’s commitment to gender equality has been recognised through its Athena SWAN Silver Award, and the SHSC has also held an Athena SWAN Silver Award since 2017, demonstrating an ongoing commitment to embedding gender equality in all aspects of its activities.

It has been confirmed that the University has established a range of equality networks, providing staff with safe and supportive spaces to discuss issues relevant to their experiences. These include the Carers’ Network, Disability Staff Network, Neurodivergent Staff Group, LGBT+ Staff Network, and the SIREN.

The University offers a broad range of inclusive student support services, including wellbeing, disability support, academic support, and financial advice. Students who require reasonable adjustments for learning and assessment are supported under the reasonable adjustment policy for learning and assessment, and additional guidance is provided by the University’s disability office, the SHSC disability co-ordinators, and the M.Ost Disability Link Tutor. The SAI works to promote inclusive learning and teaching practices, while the Centre for Academic Success supports students in developing their academic skills and maximising their potential.

The PAEB ensures that inclusive learning, teaching, and assessment strategies are considered as part of programme approval and review.

Student and staff feedback mechanisms have been confirmed to be in place to ensure that everyone feels welcomed and supported. Students are encouraged to provide feedback on their experiences through online



surveys, personal tutor sessions, and student representation at the BoS and the Student-Staff Forum. Additionally, students' complete reflections in clinical practice and can raise concerns with clinic tutors, the Clinic Lead, or the Programme Director. Student feedback is formally considered at the BoS, with responses monitored through action plans. Staff have annual PDRs, which allow them to reflect on their performance and identify learning and support needs with their line manager. Staff also complete end-of-year reflections, identifying areas of strength, challenges, and opportunities for development.

The role of PPI Health Volunteers in contributing to fairness and inclusion in curriculum development has been evidenced. Health volunteers are substantive members of the BoS, where they provide feedback on curriculum development and modifications, ensuring that the patient perspective is embedded in programme discussions. However, it has been confirmed that health volunteer involvement in student recruitment and selection was paused in 2023-24, and students have reported inconsistencies regarding their participation in interviews. The University has stated that their involvement will be reintroduced for 2024-25, and a structured review of their role in selection processes is recommended to ensure transparency and consistency.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met.

Strengths and good practice

The University has received recognition of gender equality through the Athena SWAN Silver Award. The University and SHSC's Athena SWAN Silver Awards demonstrate an ongoing institutional commitment to gender equality.

Areas for development and recommendations

The University states that health volunteers are used in student recruitment and selection, but students have reported that they were not involved in interviews. Given that their involvement was paused in 2023-24, the University should undertake a structured review to ensure that their role in selection is consistent, meaningful, and accurately reflected in university processes. (3i, 3iii)

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

The University has clear processes in place to identify and respond to issues that may affect the safety, accessibility, or quality of the learning environment, ensuring that learning from incidents is embedded into continuous improvement processes.

The BoS plays a central role in monitoring and addressing issues within the learning environment. It was confirmed that the BoS meets three times per academic year, where it reviews student feedback, patient feedback, and health volunteer input, alongside any complaints recorded from the Clinics. Any issues raised are documented in the BoS action plan, ensuring that appropriate actions are tracked, resolved, and communicated back to stakeholders.



Safeguarding measures are robust, with clear FtP policies in place, providing a structured approach to handling concerns about student conduct. Additionally, safeguarding policies are embedded within both the University and placement environments, ensuring that students and patients are protected throughout their clinical education.

Students and staff can report adverse incidents through the "Report It!" system, providing a direct mechanism for raising safety concerns and ensuring they are acted upon swiftly.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that 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 University has comprehensive processes in place to support students in developing as learners and as professionals throughout their education. The M.Ost programme provides students with a wide range of learning opportunities in both academic and clinical settings, ensuring progressive skill development, professional identity formation, and employability preparation.

Students are supported from the outset through an extensive induction programme, which introduces them to professional accountability, good health and character, and University services. At the start of each academic year, students receive a reorientation session, reinforcing key aspects of professional expectations and academic progression.

Each student is allocated a personal tutor in accordance with the University's personal tutoring system policy, providing academic and pastoral support throughout their studies. Information about the role of personal tutors and available support is accessible via the University website.

It has been confirmed that professional development is a key feature of the programme. Personal development and professionalism modules are embedded across all years, helping students develop reflective practice, professional identity, and self-awareness. In the final year, students complete a SWOT analysis, identifying areas for development in relation to the OPS. The final-year PPD portfolio module is modelled on CPD used by registered osteopaths in the UK, helping students to transition from undergraduate to professional practice.

Academic skill development is integrated across modules, with support from the CAS and library services, covering referencing, paraphrasing, essay writing (Year 1) through to critical appraisal (Year 3). The SEA delivers final-year employability sessions, covering CV writing, LinkedIn profiles, and interview skills.



These are further supported by business skills modules in Years 2 and 3, equipping students with financial management, tax, and business planning knowledge.

The osteopathy Clinic within the HWA plays a critical role in professional development, providing work-based learning opportunities under the supervision of registered osteopaths. Clinic risk assessments are conducted in line with University health and safety policies, ensuring a safe and accessible clinical learning environment.

Students can report adverse incidents through the "Report It!" system, ensuring that issues are addressed promptly and learning opportunities are identified. Where concerns arise about a student's professional conduct or patient safety, FtP procedures are in place, with escalation to the SHSC FtP and Professional Suitability Panel if necessary.

It has also been confirmed that reasonable adjustments are provided where needed, with the University's disability office, personal tutors, and programme disability link tutors working together to ensure students can successfully complete the programme.

The use of Canvas as a central learning platform ensures students have ongoing access to up-to-date information on professional and academic expectations, supporting self-directed learning, and development.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The University promotes a culture of lifelong learning in practice for both students and staff, encouraging collaborative learning, critical reflection, and a safe environment for raising concerns and engaging in constructive challenge.

Students are provided with structured academic and professional development opportunities from the outset of their studies, ensuring they build the necessary skills to engage in lifelong learning and reflective practice. The PPD portfolio module, completed in the final year, is modelled on CPD requirements for registered osteopaths in the UK, ensuring students are prepared for lifelong learning post-graduation.

Students are supported through a structured personal tutoring system, ensuring they receive individual academic and pastoral support throughout their studies. Information about the role of personal tutors and available student support services is accessible via the University website.



Lifelong learning is embedded within the academic curriculum through the PPD modules, where students develop skills of self-reflection, critical analysis, and professional identity. This is further reinforced in the final-year SWOT analysis, which enables students to identify areas for future development and align them with the OPS.

The University's CAS and Library Services provide progressive academic skill development sessions, ranging from referencing and paraphrasing in Year 1 to critical appraisal in Year 3, supporting students to develop independent learning skills essential for lifelong professional development.

To ensure that students are prepared for professional practice, the SEA delivers final-year employability sessions, covering CV writing, LinkedIn profile development, and interview skills. These sessions complement the business skills modules in Years 2 and 3, equipping students with the knowledge required to establish and manage their own practice or business.

To maintain a safe learning environment and allow students and staff to challenge and question appropriately, risk assessment procedures are in place, aligned with University and HWA health and safety policies.

It has been confirmed that reasonable adjustments are provided where needed, ensuring that students with additional learning needs or disabilities can fully participate in their studies and clinical training. The University's disability office works collaboratively with the programme disability link tutors, personal tutors, and programme directors to ensure that appropriate adjustments are implemented.

To foster a culture of safe challenge and critical discussion, all members of the University community – including staff, students, and patients – are encouraged to raise concerns about performance, behaviour, or patient safety, with clear processes outlined in the raising concerns policy. If concerns arise regarding a student's FtP, they are reviewed by the SHSC FtP and Professional Suitability Panel, with further escalation to the University's FtP committee if required.

The use of Canvas as a VLE ensures students always have access to up-to-date resources, OPS materials, and professional development tools, supporting ongoing learning and reflective practice.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met.

Strengths and good practice

The M.Ost programme demonstrates a structured and integrated approach to developing lifelong learning and reflective practice key competencies for professional success. Through the Personal and Professional Development Portfolio module, CPD modelled assessments, and professionalism modules, students are supported in cultivating habits of continuous learning and self-improvement. This is further reinforced by the final-year SWOT analysis, which enables students to critically evaluate their strengths and areas for development. Together, these elements foster a strong foundation for ongoing professional development, reflective practice, and adaptability in a regulated healthcare environment.

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 University has established mechanisms to monitor and review the M.Ost programme, ensuring that student performance, progression, and equity are effectively tracked and acted upon. The APR process has been discontinued from 2024-25, and the University has introduced a continuous enhancement approach designed to provide ongoing, real-time monitoring of programme quality through a PEP framework. Quality assurance responsibility for the M.Ost programme sits with the BoS, which oversees programme development, student performance, and feedback integration. The Regulations, Quality and Standards Board and the University education committee provide direct oversight of this transition, ensuring that programme quality is rigorously maintained.

While the APR has not been completed for 2023-24, quality assurance continues through several mechanisms. The PEP allows for real-time monitoring and action planning throughout the year rather than relying on a single, end-of-year review. Ongoing module reviews ensure that both module performance data including ARQUE statistical reports and student feedback are regularly analysed so that any necessary changes at the module level are identified and acted upon promptly. The introduction of a university-wide data dashboard provides comprehensive statistical insights into student achievement, progression, and demographic data, including protected characteristics, enabling data-driven decision-making. This data dashboard continues to be developed with ongoing updates to enhance its effectiveness.

In addition to internal quality assurance measures, the University stated that the GOsC RQ visit will provide an external quality review, ensuring regulatory standards are upheld. However, the University is not solely reliant on this visit, as internal monitoring, including student evaluations, module reviews, and senior leadership oversight, remains central to its quality assurance approach. The new data dashboard plays a key role in providing real-time monitoring of student performance, progression, and demographic trends. This data is used to: identify and address performance disparities between student groups, including those from protected characteristic backgrounds; track student outcomes over time to ensure that programme interventions are data-driven and targeted; and monitor student feedback trends, particularly in clinical placements, to refine teaching and learning strategies. As the data dashboard becomes a core tool for programme monitoring, staff training on using this data effectively will be key to ensuring its potential is fully realised.

Student feedback continues to be actively collected and reviewed through multiple channels. Module review surveys and evaluations are used to assess learning and teaching effectiveness. Clinic feedback from students and patients is used to ensure that quality improvements are implemented in response to direct experience reports. Regular student engagement forums provide opportunities for students to discuss their experiences, and proposed improvements are incorporated into the PEP.

To mitigate risks associated with the transition from APR to the new continuous enhancement model, the University has maintained direct oversight by senior governance bodies, including the Regulations, Quality and Standards Board and the University education committee. Collaboration between Academic Quality Services and faculty academic quality teams ensures that any emerging risks are identified and addressed in real time. Structured module review continues to be a requirement, ensuring that any module-level issues



are identified and acted upon, even in the absence of an APR cycle. The University has also committed to ensuring transparency in student feedback responses, allowing students to see the impact of their feedback on programme improvements.

The policies and guidance in place, as well as the case studies shared by stakeholders, provide confidence that this standard is met.

Strengths and good practice

The implementation of a real-time PEP framework allows for continuous monitoring and action planning throughout the year, rather than relying on a point-in-time review process.

The University are taking a data-driven approach to monitoring student performance and progression through the new data dashboard which integrates statistical reports and demographic data, ensuring equity in student outcomes and targeted intervention where needed.

Areas for development and recommendations

The University has developed a structured approach to evaluating the impact of the PEP model. Given the shift to continuous enhancement, the University should review how well the PEP model functions compared to the previous APR process, ensuring that no quality assurance gaps emerge.

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 University integrates external expertise into the quality review of the M.Ost programme, ensuring that assessment standards, programme quality, and regulatory compliance are upheld. External examiners who are GOsC registrants have been appointed to the programme and provide independent scrutiny of assessment and student achievement. Their role, guided by the University's code of practice for external examiners, includes reviewing a sample of all assessments, including failed work and examples from each grade boundary, providing feedback on assessment design, marking consistency, and student outcomes. Academic standards are confirmed through reports that are considered by the Programme Director and BoS, and through engaging with students and staff where required to ensure fair and transparent assessment practices. It was demonstrated during the visit that all assessment components on the M.Ost programme align with the University's assessment, marking, and feedback policy, with external examiners playing a key role in verifying integrity and fairness across assessment outcomes.

It was evidenced that external examiner reports are reviewed by the Programme Director, who responds to recommendations and ensures that appropriate actions are taken. These responses are submitted to the BoS, where they are discussed and monitored for implementation. A clear example of external examiner impact was seen where concerns were raised regarding low average marks. In response, the module lead reviewed student performance and introduced OSPE walkthroughs, providing students with structured

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preparation for summative assessments. This change has improved student confidence and performance, illustrating how external scrutiny directly informs enhancements in teaching and learning practices.

All new and revised programmes considered by the PAEB require independent review by an ESS. The ESS plays a critical role in ensuring programme alignment with academic and regulatory standards, including assessing compliance with professional, statutory, and regulatory body PSRB standards and QAA benchmark statements. They provide independent scrutiny of programme content, structure, learning outcomes, and participating in university-approval panels, where they present findings and recommendations. It was demonstrated during the visit that ESS feedback is integrated into the programme approval process, ensuring curriculum content remains current, meets professional standards, and aligns with sector-wide expectations.

It was confirmed that while external examiner reports are usually received in a timely manner, delays can occasionally occur. The University has established processes to follow up with external examiners and ensure reports are submitted promptly. Annual reports from external examiners are reviewed at the BoS, with responses recorded in meeting minutes. In addition to annual reports, external examiners provide individual assessment feedback throughout the academic year, allowing the programme team to implement timely changes. The University uses the CAE Learning Space platform, enabling external examiners to review recorded OSCE and presentation assessments remotely, which facilitates more efficient verification of assessment outcomes. However, as of the visit, external examiner reports for 2022-23 had not yet been received. It was confirmed that the programme team is required to respond to these reports once available, with actions formally recorded at the BoS to ensure that recommendations are implemented appropriately.

The policies and guidance in place, as well as the case studies shared by stakeholders, provide confidence 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

The University has an effective management structure in place to oversee the M.Ost programme, ensuring that appropriate policies and procedures are implemented, reviewed, and kept up to date. The Head of School is responsible for the operational management of the SHSC, with the M.Ost Programme Director providing academic and professional leadership. The Programme Director is a GOsC registrant and, in line with University expectations, is required to hold a teaching qualification, achieve Fellowship of Advance HE, and undertake ongoing CPD.



Each module is led by a dedicated module lead, and subject-specific teaching is delivered by specialists in relevant disciplines. The osteopathy clinical services, located on the Singleton Park campus and the Beacon Centre for Health, are managed by clinic leads, who report to the Programme Director. These arrangements ensure that students have access to a well-organised and professionally managed learning environment that integrates academic and practical training effectively. Policies and procedures governing the programme are regularly reviewed at multiple levels, ensuring alignment with University regulations, faculty priorities, and school-specific operational needs. The RQSB oversees the approval and modification of University-wide policies and regulations, with any changes being reviewed and reported to the FEC. At the faculty and school level, policies are reviewed on a three-to-five-year cycle or on an ad hoc basis where required, ensuring they remain relevant and up to date. It was confirmed that students and staff are kept informed of policy updates through multiple channels, including the 'academic life' section of the MyUni website, Canvas hubs, and faculty committees. The School Education Forum and faculty education committee act as conduits for communication, ensuring that relevant stakeholders are aware of and understand updates to policies that may affect their learning or teaching experience.

The policies and guidance in place, as well as the case studies shared by stakeholders, provide confidence that this standard is met.

Strengths and good practice

While standard practice requires policy updates to be accessible, the University's multi-channel approach using MyUni, Canvas hubs, and Faculty committees ensures a clear and structured method for disseminating changes, reducing the likelihood of information gaps.

Areas for development and recommendations

The Programme Director plays a pivotal role in the delivery and oversight of the M.Ost programme. However, there appears to be a significant reliance on this individual. Establishing clear succession arrangements would help ensure continuity in programme management and reduce potential risks associated with staff turnover or unforeseen absence.

Conditions

None reported.

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

The University demonstrates an ability to embrace and implement innovation in osteopathic practice and education where appropriate. All osteopathic teaching staff are required to maintain GOsC registration, ensuring that their knowledge remains current and aligned with contemporary osteopathic practice. Staff are encouraged to engage in research and professional development activities; however, it was noted that research productivity has faced challenges in recent years. Despite this, the University has taken several steps to integrate innovative teaching, learning, and practice-enhancing initiatives into the M.Ost programme.

The introduction of IPL sessions at the SUSim is a key example of innovation in osteopathic education. These sessions bring osteopathy students together with occupational therapy students, allowing them to collaborate on realistic case scenarios involving house visits. This initiative helps students develop



interdisciplinary working skills, understand different professional roles, and enhance patient-centred care. This reflects best practice in preparing students for modern healthcare environments, where multi-professional collaboration is increasingly required.

Another notable innovation is the trialling of AI-assisted note-taking software called Heidi, which has been used to enhance clinical feedback. This software supports students in recording and analysing patient interactions, allowing for detailed reflection and personalised feedback. Early results suggest Heidi has improved the efficiency and accuracy of clinical documentation, providing students with a valuable tool for learning and professional development.

In response to challenges in research opportunities and outputs, the University has taken proactive steps to support staff engagement in research. The Clinic is now closed on Wednesdays, allowing dedicated time for staff to focus on research projects and encourage student involvement. Mentorship sessions have been introduced to develop research skills and guide staff in securing research funding, while links with NCOR have been strengthened to facilitate research collaborations. Additionally, participation in the SALT conference has enabled osteopathy staff to integrate best practices from wider university research into teaching methods.

CPD sessions have been designed to support innovation in teaching and osteopathic practice. These sessions are responsive to staff needs and have provided opportunities to review and implement best practices identified at SALT. The 'open door' approach to teaching observations enables staff to learn from one another, experiment with new techniques, and refine their delivery methods.

It was evidenced that guest speakers play a role in broadening student exposure to business and employability skills. The University's partnership with Big Ideas Wales has allowed experts such as Chris James, a business owner and consultant, to deliver specialist sessions on business planning and professional development. Similarly, SEA staff provide final-year students with tailored workshops on CV writing, interview skills, and personal branding, ensuring that graduates are well-prepared to transition into professional practice. The University has demonstrated a commitment to fostering innovation through initiatives such as interprofessional learning, AI-driven feedback tools, enhanced research support, and CPD-focused practice development, all of which contribute to its continuous improvement strategy. However, challenges were articulated relating to fully embedding research within the osteopathy team. These include variability in research engagement among staff, limited capacity for research activity alongside teaching, and clinical responsibilities.

The policies and guidance in place, as well as the case studies shared by stakeholders, provide confidence that this standard is met.

Strengths and good practice

The use of the SUSim to deliver IPL sessions with occupational therapy students provides an opportunity for students to develop teamworking and patient-centred care skills. This approach allows osteopathy students to engage in collaborative practice scenarios, preparing them for working in multi-professional healthcare environments.

The trial of Heidi AI software for clinical notetaking and feedback provides students with an opportunity to improve their clinical documentation and reflection skills. This technology supports students in developing more structured and detailed patient records, enhancing their learning and assessment experience.

Areas for development and recommendations

None reported.

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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 osteopathy course is delivered at the University's Singleton Park Campus, where there is a dedicated clinic site with eight treatment rooms, each appropriately equipped for providing osteopathic treatment to patients in a hygienic environment, and a student breakout room. In addition, there is an NHS funded osteopathy clinic based at the Beacon Centre for Health. The student breakout room is multi-functional: acting as a changing area with lockers to secure valuables, a space for discussion of patient cases, and collaborative working with accessibility to computers, printers and MyRehab exercise software to support the patient journey. All direct communication with patients outside of the treatment process is conducted centrally through the reception team.

There are car parking spaces available for patients attending the Clinic for treatment with an accessible entrance, reception, and waiting area. All appointment times are scheduled for the same start and finish times across the morning and afternoon sessions. The Clinic is open Monday to Friday 09.00-17.00 and has recently started to close on a Wednesday afternoon, so students are able to participate in the sports activities scheduled during term time.

The patient population includes staff and students at Swansea University with the Clinic administration team extending advertising to the wider community in Swansea, including specialist population groups. There is currently a reported three-week waiting list for appointments at the Clinic, and a cancellation policy and charge has been implemented for 2025 to reduce non-attendance rates.

Students have access to a range of shared facilities including the library, which provides a range of in-person and digital services, including private study spaces, which are accessible 24 hours a day 365 days a year. The library team liaise with the osteopathic faculty to align with availability of reading lists to support course materials and learning. Any updates that module leaders make to the osteopathy course via Canvas are published in real time across Canvas and the University's course webpage.

There is a dedicated anatomy library, which includes a dissection lab, anatomical models and specific texts. The osteopathic faculty liaise with the anatomy faculty directly to keep up to date with accessible resources.

SUSim is a building dedicated to medical simulation training and was opened in 2024, primarily a resource for the medical students, but with opportunity for the osteopathy students to access too. The first planned session is for the coming semester with fourth year students set to experience a home-visit setting in the dedicated simulation flat with different scenarios presented to explore themes including lone-working, manual handling, and quality and safety in practice.

Practical and theory classes are delivered on campus in appropriate settings with a dedicated practical skills room with 16 hydraulic plinths, four functioning sinks, and infection control supplies. The classroom setting has information boards dedicated to year group notices, wellbeing and support services for welfare, and academics. Access to the spiral curriculum is available through a QR code and hard copies of all relevant GOsC data for osteopathy training students is also available. Lecture materials are viewable from the three electronic screens distributed throughout the classroom and whiteboards are available for collaborative learning. A meeting area and a small reference book library is available in the same space where



osteopathic faculty are based. The current timetable is reflective of student feedback on asynchronous learning, which has returned to a traditional style of delivery with the exception of physiology.

The University provide a comprehensive range of student support services to aid students through their academic journey. These resources are centralised and accessible to all enrolled students.

There are no reported plans for expansion of the course team, with sufficient resources for the planned 40 students per cohort.

The facilities seen at the visit, stakeholder meetings, and resources viewed assure us that this standard has been met.

Strengths and good practice

The University provides an opportunity for students to experience simulated learning in the SUSim building and inter-professional learning including planned reinstatement of theatre operation observation for musculoskeletal conditions and patient position sessions delivered by the Operating Department Practitioners. This gives students the opportunity to understand the patient journey prior to having assessment and osteopathic treatment, if appropriate. The SUSim suite allows students to practice their skills in a safe controlled environment without consequence and helping to promote confidence through feedback and repetition.

Areas for development and recommendations

The student breakout area works as a multi-functional space but requires consideration of the impact on the student experience during clinical and assessment periods. The open plan aspect of the room does not permit for quiet reflective learning or allow for private conversations to take place. As the Clinic on the Singleton Park campus is busy, there are limited opportunities to use the treatment rooms as an overflow. In collaboration with the students the University should consider a division of the space available to permit for quieter areas for discussion and reflection and privacy when required or providing an additional quiet area of separate changing area. (5i, 5iii)

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 staff-student ratio was reported and observed as 1:10 in practical classes.

Teaching staff hold dual roles across the programme in the practical and clinical environments. During term time there is a reported ratio of 1:4. When the osteopathic teaching faculty are free they will then join the Clinic sessions on an ad-hoc basis to support as additional clinical tutors.

Patients have reported an impact on treatment time due to accessibility to clinic tutors. It was observed that during clinical sessions, patient case discussion occurs at a fast pace due to the demands on the clinic tutor for supervision and the multi-functional learning space.



Practical class sessions have a 1:10 ratio and provide opportunity for small case-based discussion and learning, with opportunity for verbal feedback on practical skills from all staff.

Clinic and teaching observations, and stakeholder meetings assure us that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

Patient experience is impacted when the HAW clinics are busy due to treatment times all running simultaneously and all rooms being at full capacity. The University should consider staggered treatment start times for students allocated to each clinic tutor to help alleviate bottle necks in patient waiting times if one appointment over runs. It will also ensure that clinic tutors can cover each other as required if their time demands overlap rather than run concurrently. This could improve the student and patient experience as not all students will require the attention of the clinic tutor simultaneously and will build in resilience if there is a complex case discussion required. (5ii, 9i, 9iii)

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 University's EDI and reasonable adjustment for learning and assessment policies help to support the diverse needs of the students whilst on the programme. Using their depth and knowledge, the student disability services team are able to implement any reasonable adjustments as required and in consideration of practicality in cost. These adjustments are considered with input from the osteopathic faculty and updated on the student ISS proformas. Staff are also further supported in implementing these reasonable adjustments.

The student Clinic and practical rooms have hydraulic plinths and paper notes are used as standard in clinic. Computers are available in all clinic rooms and the breakout areas. Teaching and learning resources are available via Canvas prior to lectures. Students have reported positive reasonable adjustments to help support them with their studies.

The student breakout area in clinic is an open plan multi-functional space that may hinder the clinical learning environment experience for some. The area is busy for the full session and there are no quiet spaces available to students when the treatment rooms are in use.

The Clinic and teaching observations, and stakeholder meetings assure us that this standard is met.



Strengths and good practice

None reported.

Areas for development and recommendations

The student breakout area works as a multi-functional space but requires consideration of the impact on the student experience during clinical and assessment periods. The open plan aspect of the room does not permit for quiet reflective learning or allow for private conversations to take place. As the Clinic on the Singleton Park campus is busy, there are limited opportunities to use the treatment rooms as an overflow. In collaboration with the students the University should consider a division of the space available to permit for quieter areas for discussion and reflection and privacy when required or providing an additional quiet area of separate changing area. (5i, 5iii)

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

There is a welfare area, including a kitchen, available in the library. The library services are open 24hours per day all year round, which is particularly useful for international students. There are accessible private and group study spaces and there is also a zoned area for a calm space.

A respite area with a fridge is also available at SHSC for the use of breastfeeding mothers and for storage of their milk. Students are individually signposted to this service on a needs-basis.

The facilities site tour, MyUni website, and stakeholder meetings have assured us 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

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Findings and evidence to support this

The University osteopathy Clinic is located on the ground floor and is accessible via automatically operated double doors with patient parking facilities in close proximity. This clinic information is posted on the dedicated clinic website and is available to patients prior to their first visit.

The teaching classes are located in an accessible site and the building has two lifts.

The Beacon Centre for Health, where the osteopathy clinic for NHS patients is located, was not visited and therefore accessibility cannot be commented on.

Observation of the Clinic and teaching facilities assure us 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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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

All academic policies are accessible to students via Canvas and the 'Academic Life' section of MyUniLife website. The programme website is live-linked to any changes made by module leaders on Canvas, ensuring the programme information is up to date and accessible.

There is a personal tutor section under construction on the Canvas site, which will help to improve signposting for students. This will be available to academic staff later in the current academic year. The clinic hub section on Canvas has been reported to be developed recently by a faculty member, which includes information on clinic placements.

The programme documentation, MyUniLife, Canvas, noticeboard QR code to the spiral curriculum and stakeholder meetings assure us that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

Each student is appointed a personal tutor from the osteopathy programme. The personal tutors meet with the students in the first few weeks of the programme and meet at regular intervals throughout. The personal tutors receive training and are able to help support and guide students through their studies. Students report signposting by personal tutors to the University's extensive support services teams with outcomes including access to voice recognition software or other adaptations to support student learning.

Support and guidance about the programme and specifically for clinical elements of the course are available through dedicated areas on Canvas and are outlined in the academic and programme handbooks.

The University's student services offer support through a range of health and wellbeing services offering information on a range of subjects including finance, academic support and disability services. The library team support with academic skills and offer a range of services including digital services, individual study pods, and access to further academic study skills. At the start of each academic year the library team meet



with the students and re-frame their focus on the expectations of that level of academic learning and teaching.

Osteopathy students have facilitated a range of osteopathy-focused wellbeing groups including mature students and the osteopathic society encourages engagement and support across the year groups.

The stakeholder meetings, facilities tour, programme documentation and stakeholder meetings assure us that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

The University has an extensive support services team and provides a vast range of accessible services for students. Students are supported throughout their student journey in respect to their diverse needs from the recruitment process onwards. Should additional requirements or access to disability services be required the University has a dedicated disability office and a Disability Co-ordinator who facilitates reasonable adjustments. Reasonable adjustments for assessments are updated on a students' ISS proforma. The osteopathic faculty regularly review ISS proformas, with standard points of review occurring at the beginning of the year with additional review prior to each assessment. The proformas are located on Canvas, in each individual student area. The University's policies and EDI culture support this area.

Students are signposted to additional pastoral and academic welfare services through various channels including personal tutors, student representatives, MyUniLife, Canvas, Student Union, osteopathic faculty, and noticeboards in teaching areas.

Students with Welsh as a first language have the opportunity to take or submit their assessments in Welsh and there is support for staff to facilitate this process. This option has not been requested or applied to date but remains available.

The SAI works closely with the osteopathic faculty to identify areas of improvement. The osteopathy programme has applied an inclusive curriculum framework across the modules to identify areas which require further development. Hard copies of GOsC guidance and the management of health and disability are available in the osteopathy practical skills teaching rooms, student practice areas, and in the Clinic student breakout room.

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Appointed and internally trained external examiners for the osteopathy programme provide an additional level of scrutiny to the programme reviewing assessment materials, attending the progression and award board and providing an annual external examiners report.

Learning materials are available to students in advance of lectures via Canvas. There is a range of branded PowerPoint templates available for use by teaching staff.

The University's assessment, feedback and marking policy, reasonable adjustment policy for learning and assessment, external examiner reports, assessment materials and templates, and meetings with relevant stakeholders assure us 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

In alignment with processes outlined in the University's marking, assessment and feedback policy, students receive written feedback on all assessments within 15 days. Formative assessment opportunities are in place to prepare students for their summative assessments. Turnitin, the University's plagiarism checking tool, is used to provide feedback on written assessments and the CAE learning space is used for practical assessment feedback.

Any student who has failed an assessment is encouraged to devise an action log to identify areas for improvement and to achieve prior to summative assessments. Action log development is required for any student failing their formative CCAs in their final year of study.

The University promotes a feedforward style of feedback, and the module and programme leaders review assessment feedback to ensure consistency. Marking grids and CPD have been delivered to support staff skill development in this area. There is also an opportunity for each student to meet with the module lead to discuss the feedback received in context.

Verbal feedback opportunities are provided to students during practical classes and clinical sessions as part of the ongoing learning process with immediate reflective learning. Portfolio case studies and reflective learning logs provide additional opportunities for reflective practice.

The marking, assessment and feedback policy, programme documentation, assessment templates and resources, student feedback, and stakeholder meetings assure us that this standard is met.

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Strengths and good practice

Receipt of written feedback in 15 days post-assessment provides students with a good opportunity to receive feedback in a timely manner to be able to learn and reflect. This is one of the quicker time periods seen in the sector.

Areas for development and recommendations

None reported.

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

Student Representatives provide student feedback to the BoS and the reps have the opportunity to be elected and rotate annually.

The University has implemented a new feedback toolkit, and students can provide feedback on individual modules on a mid-module and end of module basis. The new format has been implemented for this academic year, and a subsequent evaluation of the process has not occurred to date.

Evaluation of the programme is completed through the annual reporting process, which includes external examiner report, module reports, student feedback, and a programme report. Student feedback is formally reviewed through annual module reviews at the BoS. At programme and institutional level, the NSS and SES data provide opportunities for feedback. Formally the SSF provides feedback opportunities and, informally, the Listening Forum has been implemented. MyUniVoice is an additional informal feedback mechanism to provide feedback on overall student experience.

Students have actively observed changes to the programme in relation to feedback, for example, a change in the final year of study to include additional assessment for a fairer reflection of their final degree calculation as opposed to reliance on a pass/fail method.

The student feedback toolkit, module reviews, and terms of reference for relevant committees and stakeholder meetings assure us that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.



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

Formal and informal feedback mechanisms provide the opportunity for students to give feedback. Institutionally, students are members of the SHSC Education Forum and Student-Staff Forum. The engagement with these mechanisms is supported by the student engagement strategy. The Student Union actively supports this strategy and develops the student voice and engages with student representatives.

The osteopathic faculty actively encourages feedback from students at programme level and have implemented additional tutorials in response to feedback. These tutorials include treating wheelchair users, this resulted in the course team engaging with a local stroke group to find patients in this population. Service users of the local group have in turn attended the HAW clinic to receive osteopathy treatment. This is a good example of how student feedback has helped to strengthen their learning.

The Student Engagement Strategy, student feedback toolkit, terms of reference for relevant committees, and stakeholder meetings assure us 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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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

Students are offered a blended approach to clinical experience which includes placements throughout the academic year. The students' Clinic situated in the University campus, offers placements to students from years 1 to 4. Students are gradually introduced into Clinic and familiarised with protocols in the first two years of the programme. First year students attend Clinic to observe practice and to be introduced to the running of the HWA. Second year students attend clinic to observe practice and where appropriate will be invited by the clinic tutor to participate in discussions related to the treatment or formulation of treatment plans for the patient. They are excluded active management, including treatment, of the patient. If students pass the second-year exams, they will start treating patients during the summer season between year 2 and year 3. Year 3 and 4 students are required to attend two four-hour sessions per week during term time and further sessions during easter and summer. Students from year 4 have an additional clinical experience within an NHS clinic. Students are also offered the use of case-based discussions or simulation case scenarios; these discussions mainly take place in years 3 and 4 and are intended to develop and enhance students' knowledge of osteopathic management approaches.

The M.Ost programme outlines the requirement for students to achieve 1000 clinical hours by the end of the programme. This minimum figure aligns with the Benchmark Statement for Osteopathy (2019) and the GOPRE. The clinic hours documentation provided confirms that students meet the 1000-hour requirement. Completion of hours is monitored through the clinic tutor logs which are compared to monitor attendance. Students' attendance to the Clinic throughout the year is compulsory; the sessions are timetabled and change every six months so students have the option to work with different clinicians and peer students. Appropriate notices are posted to cover each academic year, and students are responsible for making themselves acquainted with the times, dates, and locations of all clinic sessions. Students' attendance is registered in the University system as students must swipe their student card when they attend a class or Clinic. Students are informed of missed hours and are provided with an opportunity to make back these hours during easter and the summer breaks.

Student attendance to the Clinic is linked to their osteopathic skills modules, meaning that they need to attend for the adequate number of hours each year to pass their osteopathic skills modules and to progress to the following year. The hours are distributed as follows: 35 hours in the first year, 257.5 hours in the second year, 392 hours in year 3 and 343 hours in year 4.

The student Clinic located at the University has a three-week waiting list. The Clinic is busy and ensures that each student at each Clinic session may be assigned a new patient and/or up to four continuing patients. This way all students achieve the 50 new patient encounters prior to graduation set out in the GOPRE. In our meeting with students, they advised that they see enough patients and a wide variety of patients cases in the Clinic.

Monthly audits are supervised by the Clinic Manager and the course leader to maintain oversight of students' clinical experiences. Any students needing additional support or specific mentoring are highlighted to colleagues and programme managers. New patients' allocation can be modified if needed in the Clinic if a student learning gap is identified. For example, if a student hasn't treated a patient with a knee injury for a

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while, a new patient with a knee injury will be allocated to them even if it was originally allocated to a different student in the diary.

The programme documentation, the allocation of compulsory clinical hours linked to the osteopathic skills modules, the monitoring of student attendance, and stakeholder meetings assure us that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

The University should add clinical audits (currently done by the clinic manager) as part of the senior student's portfolio and reflect on their clinical performance. This will help students to gain autonomy, identify learning gaps and areas of improvement, make more effective use of clinical time and generate new insights about their practice, thus preparing them for future CPD clinical audit activities.

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 tutor to student ratios is 1:4 for treating students in the student's University Clinic and 1:2 for treating students in the NHS Clinic. This supervision by qualified osteopaths provides learning support and mentoring as well ensuring the safety of patients. Students told us that they feel supported to develop and strengthen their clinical skills by the Clinic tutors.

Osteopaths are not recognised AHPs in Wales, however, students in year 4 have one session a week in an associate NHS clinic located in the centre of Swansea which treats patients with musculoskeletal conditions. The Clinic located at the Beacon Centre for Health in central Swansea provides final year students with the opportunity to work in an NHS setting and to manage patients from GP referrals. The patients referred to the Clinic often have multiple chronic conditions alongside their presenting musculoskeletal symptoms. This encounter provides students with the opportunity to cover the required osteopathy graduate outcomes and to manage a wide range of patients, such as those set out in the GOPRE guidelines. The GPs from the surgery that refer patients to the students' osteopaths also supply students with a full case history of the patients current and past medical history. The encounter with the NHS patients is supplemented through tutorials scheduled during these clinic sessions where students present their patients' cases to their peers and clinic tutor to encourage discussion of care and patient management.

The students we met with commented that treating these patients provides them with a more extensive experience of treating complicated patients. In some cases, these patients present with several comorbidities, psychosocial, and communication challenges.

Graduates we spoke with shared positive feedback about their experiences in both the University students' clinic and the NHS clinic. They appreciated the opportunity to learn from a diverse range of osteopathic



tutors. The clinic training played a key role in helping them develop their professional identity as osteopaths and consolidate their medical and osteopathic diagnostic skills. Additionally, their extensive exposure to a variety of patients in the Clinic equipped them to enter practice as confident, autonomous practitioners. They also appreciated the lectures on business and financial guidance. They found the course well balanced and that the University had approached the challenges of the pandemic well allowing them to tackle three to four clinical practical sessions a week, even during Covid.

As part of the professional practice modules, years 3 and 4 students are required to document their clinical journey by logging reflections on their clinic experiences and mapping them to specific OPS. These pieces of reflective work during their clinical placements provide the opportunity for students to integrate their knowledge, skills, and performance in clinic. This work is part of their personal professional development portfolio and it is the baseline for their future CPD. Graduates stated that the Personal Professional Development portfolio activities and reflections equipped them well for future CPD.

During the teachers meeting, staff mentioned that the OPS and osteopathy graduate outcomes are embedded in lectures and in every activity in the Clinic. Professionalism, informed consent, and patient centred communication are examples from the OPS that are included and referenced during lectures and clinical work. Clinical placements are specifically aligned to the OPS, aiming to integrate knowledge and skills and ensuring that all learning outcomes meet professional and regulatory expectations. Formative and summative assessments have a clear link to the OPS and are aligned with the programme learning outcomes in year 1 and 2. Students have a specific lecture about the OPS and they map their written work to specific OPS. The student's Clinic is open to the general public and in addition, the agreement with the University's Occupational Health team, continues to see the referral of University staff to the Clinic for a course of four consultations free of charge. The University students from the campus also assist the Clinic giving the opportunity for students to treat patients from different age groups and a variety of cases including patients with sporting injuries. However, in the student and course leader meetings, at the visit it was confirmed that students do not treat patients under the age of 18. The Programme Director stated that case-based discussions or simulation case scenarios of children and young patient management are included in the Clinic providing students with a good foundation for their possible encounter with children and young patients once qualified as osteopaths.

The programme documentation, the opportunities to see an extensive and diverse type of clinical cases in the NHS, and University clinical settings, the embedded OPS and learning outcomes in the clinical curriculum as well as stakeholder meetings assure us that this standard is met.

Strengths and good practice

Engagement of local patient groups to increase the diversity of patients accessing the osteopathy services and continued NHS clinic service provision provides osteopathy students with patients in a broad range of populations. (1vii, 7ii)

Areas for development and recommendations

The University should consider the inclusion in the Clinic of children and adolescent treatments to expand students' clinical experience and prepare them for possible encounters with children and young patients once qualified.

The University should consider updating the osteopathy and pregnancy page on the Swansea University Osteopathy clinic website to ensure it is clear to patients who will be the treating practitioner in the pregnancy clinic, including whether the treatment will be performed by qualified osteopaths or student osteopaths.

Conditions



None reported.

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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

New staff are provided with an induction pack and relevant mandatory training supervised by their line manager. The statutory and essential training includes access to IT accounts, information about their probation process, health and safety, EDI, legal and compliance training, safeguarding and academic resources. EDI, unconscious bias and 'let's talk about race in the workplace' is part of the mandatory training for new staff and renewed annually for all staff at the University.

During the teaching staff meeting at the visit, new staff stated that they felt well supported through mentorship sessions and well informed of the university culture of inclusive teaching and professional behaviours. They also told us that they were provided with a very comprehensive mandatory training as well as the additional relevant training for their position as teachers and tutors in the Clinic.

New staff are allocated a mentor who helps them with their progression and as part of the specific training in the osteopathic department, new staff shadow senior colleagues and different clinicians. The shadowing can be done across the different disciplines of the University. New staff informed us that they were introduced to the University professional development opportunities and that they can discuss with their mentor any development needs.

All staff receive two formal observations per term by a more senior member of staff. After the observation, staff receive feedback and have regular follow ups. Staff reported that they find the observation of colleagues from osteopathy or other disciplines very helpful and a good way to learn and share best practice.

The University states that each new academic staff starter has a probation period of three years. This allows time for new staff to gain a PGCert qualification in teaching in higher education and/or fellowship of Advance HE. Staff stated that they receive protected time for the PGCert studies.

The Programme Director meets regularly with each staff member to review progress on their objectives and discuss any additional support that is required to help them to reach their objectives. There is an annual formal meeting in July to establish the objectives for the next academic year.

The programme documentation, the University probation policies, peer observations, and annual meetings as well as the stakeholder meetings assure us that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

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

Both new and existing staff are required to undertake mandatory training which includes GDPR, EDI, Prevent, and safeguarding. Staff have access to the VLE, Canvas, and their annual training and policy update training is monitored by the SMT with alerts and reminders sent to staff when retraining is due.

Staff told us that the Canvas portal is very accessible and well equipped with training resources. Furthermore, the course leader makes sure staff have training sessions and access to teaching resources specific to osteopathy. Staff are able to request and suggest training activities or themes to enhance their osteopathic teaching learning.

Staff undertake teaching observations twice annually as a peer review process and are provided with feedback in order to enhance their academic practice. Staff observation is primarily undertaken by the senior osteopathic team and feedback is overseen and monitored by the SMT. The University peer support culture enables staff to feel supported to discuss professional challenges and motivated to find guidance and solutions through interactions and collaboration within the academic team.

A new member of staff reported during the teaching staff meeting that as new staff they receive regular teaching observations with good support and feedback provided to enhance their teaching development and to integrate them into faculty. Additionally, every member of staff has an individual annual review in July. These one-to-one meetings focus on their individual needs and development.

All teaching staff report being able to ask for support from the University or the SMT when required. In the SMT meeting it was stated that both formal focus groups and informal meetings are used to gather feedback from staff. The University management board regularly discusses any potential issues, and decisions are communicated individually and during team meetings. Staff reported an 'open door' culture within the department with the ability to speak out and challenge one another. If they require any extra support or any issues arise, they can reach out to the SMT.

Module leaders meet on a regular basis, termly at a minimum, to ensure alignment of content across the programme. The osteopathic faculty are supported by the University's professional service team to provide expert guidance on curriculum and programme development.

The programme documentation, the University policies, support provided by the University's professional service team and stakeholder meetings assure us that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

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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

Teaching staff are registered with the GOsC and are either qualified educators, or are undertaking teaching qualifications, and have a range of teaching experience.

The code of conduct and standards of clinical education are documented in the tutors' clinical handbook and clinical educators are required to promote patients' health, safety, wellbeing and to act as an example to students on ethical practice in the osteopathic clinics. Clinical educators make sure that patient confidentiality is respected in accordance with the law and the OPS, and that students obtain informed consent as a fundamental part of osteopathic practice and a legal requirement. Furthermore, clinical educators as registered osteopaths, are requested to act in accordance with the OPS that comprise both the Standard of Proficiency and the Code of Practice for osteopaths.

The University has a robust performance and development review process which provides members of staff with meaningful opportunities to reflect on their performance, establish key objectives and identify CPD and learning needs. Staff confirmed that the University fosters a feedforward style of feedback, and staff have received additional training in mindful and compassionate feedback style which they practice through peer reviews. Staff stated that the University is in the process of creating feedforward feedback guidelines for students' assessments.

During the teaching staff meeting, the staff commitment to providing high-quality and effective teaching was evident, as well as their commitment to additional training and CPD. For example, as all teachers are also students' personal tutors, they undertake additional training on Canvas on mental health and communication in order to enhance their tutoring skills.

Junior staff express that they feel supported by the senior staff, that there is a culture of peer support and engaging professional, respectful and collaborative relationships with colleagues. For example, junior clinic tutors get ongoing extra peer support working alongside senior clinical tutors acting as a continuous training.

The programme documentation, policies, training opportunities, and stakeholder meetings assure 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

The osteopathy programme team consists of 13 educators who are registered osteopaths and 18 that are not osteopaths but that contribute to learning and teaching of, for example, law and ethics. Four educators have gained a post graduate qualification in teaching in HE, and there are two educators currently studying to gain this qualification. Three educators in the team have also gained fellowship of AdvanceHE.

All osteopathic educators are involved in teaching practical osteopathic skills and theory, act as clinical or practice educators, and are registered with the GOsC. The teacher to student ratio is 1:10 in the classroom practical sessions. In the student's University Clinic the ratio is 1:8, with four of the students treating patients and four observing. In the NHS clinic the ratio is 1:4 with two students treating patients and two as observers.

As outlined above, ongoing CPD and mentorship is provided to all educators in the team. Every member of the academic team undergoes an annual PDR, which provides an opportunity for individuals to reflect on their performance and discuss learning and support needs with their line manager. Staff are involved in semestral observations with the correspondent peer feedback and are encouraged to complete reflections, highlighting strengths, challenges, and areas for development. Additional training on lecturing and assessment is available on Canvas as well information on marking criteria and university policies. The University provision of annual mandatory training peer reviews and additional CPD equips educators with a high-quality teaching and assessment resources to ensure learning objectives are achieved.

The programme documentation and policies on staff development, and stakeholder meetings assure us that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

☒ MET

☐ NOT MET

Findings and evidence to support this

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The University policy is that all academic members of staff are required to complete a teaching qualification within their probation period of three years. Members of staff not required to do this are supported to complete the PGCert in Teaching in Higher Education or the PGCert Education for Advance the Health Professions. Ongoing continuous professional development in teaching and learning experience is supported by SALT.

To support staff development, all staff on the M.Ost programme are encouraged to take part in peer observations. This is part of each team members yearly objectives to complete and provide an opportunity to be observed by a peer and observe another peer, which is designed to share good practice and highlight any areas for development or enhancements for their practice.

Staff development is provided with in-house training and guidance on relevant, up to date teaching, and assessment education at level seven. Moreover, the University provides academic staff with ongoing support and training through Canvas which includes resources on marking criteria and the University's academic policies. University teaching manuals are provided to staff to assist them with their teaching, marking, and assessments. Staff get extra support on identifying their professional development needs from their annual PDR, the management team, and through peer support.

Staff are encouraged to gain leadership skills and can see a way of progression in the future. During the SMT meeting, it was stated that the University policy is to upskill members of staff for their own development and to make sure there is a succession within the leadership team if needed.

The programme documentation, the academic staff development policies, in-house training, and stakeholder meetings assure us 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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9. Patients

i. patient safety within their teaching clinics, remote clinics, simulated clinics and other interactions is paramount, and that care of patients and the supervision of this, is of an appropriate standard and based on effective shared decision making. ☒ **MET** ☐ **NOT MET**

Findings and evidence to support this

The clinic tutor handbook outlines the expectations of tutors in providing effective and appropriate supervision of the osteopathic care of patients. For students this is also outlined in the student clinic handbook. The University states that both staff and students are expected to place patient safety and welfare at the heart of each interaction and highlight any concerns or risks identified, as per the raising concerns policy. Patients sign an informed consent form prior to examination or treatment. The informed consent is registered clearly in the patient's case history and the paperwork is supervised by the clinic tutor to ensure informed consent is valid. The University continues to work to make the shared decision making clear and transparent for patients and it is part of their osteopathic patient management approaches. It is the patients' choice as to whether or not to accept the students' advice or treatment, and informed consent policies are strengthened through the student clinic handbook, reinforcing students' understanding on shared decision making.

In the patient meeting, patients stated that they were asked for consent at all stages during the patient and student encounter. They told us that students explain prior to examination and treatment what the examination and treatment will entail and the possible risk of discomfort and post-treatment symptoms. Patients felt well informed about the risks by students and the supervising clinicians.

Patients are encouraged to provide feedback at any time during their encounter with students and tutors in the clinic and are aware of how to raise a concern or complaint if they experience any issues with their care. They are also signposted to other feedback opportunities through posters in the clinic reception walls and treatment rooms walls. The SMT ensure that complaints and safeguarding concerns are closely monitored. In the Clinic setting, complaints are reviewed by clinic leads and if safeguarding concerns are raised, follow-up actions are taken to prioritise patient safety. Furthermore, information about osteopathy and clinic activities can be viewed by patients prior to their visit on the dedicated area of the student osteopathic Clinic on the University website. Patients told us that they felt well informed before the visit to the Clinic because the website is easy to navigate and contains relevant information.

We were assured that clinic staff or students explain procedures, treatment plans, and risks very clearly and openly to patients. Patients also told us that they feel reassured because students consult their supervisors throughout their consultation and treatment.

Students commented that teachers prioritise the need for patient consent, and that safety in patient handling and respect for the patient is embedded during practical technique classes. Recent graduates also stated that patient prioritising, shared decision making, informed consent, and patient safety is a priority in the students' clinics at all times.

The programme documentation, policies, and stakeholder meetings assure us that this standard is met.

Strengths and good practice

None reported.

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Joe Lema



Areas for development and recommendations

Patient experience is impacted when the HAW clinics are busy due to treatment times all running simultaneously and all rooms being at full capacity. The University should consider staggered treatment start times for students allocated to each clinic tutor to help alleviate bottle necks in patient waiting times if one appointment over runs. It will also ensure that clinic tutors can cover each other as required if their time demands overlap rather than run concurrently. This could improve the student and patient experience as not all students will require the attention of the clinic tutor simultaneously and will build in resilience if there is a complex case discussion required. (5ii, 9i, 9iii)

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

The University has thorough safeguarding policies in place for the osteopathic clinics, which are available to students and staff on the M.Ost programme. These documents are located on Canvas, and under the M.Ost clinic hub. Moreover, the University has in place risk assessment procedures aligned with health and safety policies to create a safe learning environment for students, staff, and patients. Safeguarding is part of the syllabus in the Year 1 Introduction to Personal and Professional Development module. It is also covered as part of the Clinic induction for final year students and part of a Year 4 lecture on treating children and adolescents.

New staff learn about safeguarding in their induction which includes training on safeguarding key indicators and identification of concerning behaviours. As part of the onboarding process all staff are DBS checked and professional qualifications and professional registration verified. Safeguarding policies are reviewed regularly to align with changes in legislation. Staff are informed of changes via email and during staff meetings. Staff receive email notifications, and management follow up to make sure they complete their safeguarding updates. There is a compulsory annual training on safeguarding. The SMT and the teaching and clinical staff stated that this year they had additional CPD on safeguarding policies to reinforce staff knowledge and understanding on safeguarding policies and University procedures in case of having to deal with a safeguarding concern.

Students told us that safeguarding information is signposted in posters around the Clinic and that they have extra safeguarding training in the Wednesday summer clinic as part of their summer clinic workshops.

Students are introduced to the University 'Safe Zone' app when they join the University which they reported makes them feel safe on campus as the app has direct access to security who are very responsive. They told us the app is easy to use and anyone can report any safeguarding concerns anonymously.

The programme documentation, safeguarding policies, the safeguarding app, the compulsory staff, and students' training on safeguarding and stakeholder meetings assure us 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

The staff to student ratio is 1:10 for practical sessions and 1:4 treating students in the student University clinic. The ratio is 1:2 treating students in the NHS clinic. This student to tutor ratio is sufficient to provide safe and accessible education of an appropriate quality. In the clinical setting, tutors are responsible for no more than four students treating patients and no more than twelve students when not treating patients. Clinic tutors receive a print-out showing the patients and students to be supervised for each session, including observers allocated to each patient.

Students are supported through all stages of a new patient encounter including the case history, the differential diagnosis discussion, examination phase, treatment, and management. If patients are not deemed suitable for treatment or if referrals are needed students are supervised with the writing of referral letters. Prior to seeing continuing patients, students give presentations to tutors before the session and after the initial interview where they report on the patients' comments regarding progression and discuss the patients' diagnosis and possible treatment. Tutors are accessible to discuss the patients' cases and observe students in the various stages of the treatment session. In practical classes the ratio is 1:10 students, meaning one tutor to five pairs of students working with one student as the practitioner and the other as the model. These ratios allow for close supervision to ensure safety but also offers students the opportunity to ask questions and be supported throughout the practical application of techniques.

The programme documentation, the tutor-students' policies, and stakeholder meetings assure us that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

Patient experience is impacted when the HAW clinics are busy due to treatment times all running simultaneously and all rooms being at full capacity. The University should consider staggered treatment start times for students allocated to each clinic tutor to help alleviate bottle necks in patient waiting times if one appointment over runs. It will also ensure that clinic tutors can cover each other as required if their time demands overlap rather than run concurrently. This could improve the student and patient experience as not

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all students will require the attention of the clinic tutor simultaneously and will build in resilience if there is a complex case discussion required. (5ii, 9i, 9iii)

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

Staff complete mandatory training on FtP for staff and students, and FtS for students. GOsC guidance on student FtP is easily accessible for students via Canvas. This is introduced to all students through their personal and professional development modules, which start in year 1. In case of a concern of a student's FtP, this is reviewed by the SHSC FtP and Professional Suitability Panel, with further escalation to the University's FtP committee if required. The SHSC student FtP policies reflect GOsC guidance and the wider AHP sector. Two students were referred under FtP procedures in 2023-24. One student was referred on health grounds and the second in relation to conduct. The GOsC was informed of the two FtP procedures, however, both students withdrew from the programme before any decisions could be made. Both incidents were mentioned in the annual institutional reporting. There has not been any disciplinary issue recorded or FtP issues involving a member of staff.

Students told us that they feel comfortable raising concerns about inappropriate behaviour in practice. They carry out a FtP essay in their first year linked to the OPS. Every year they complete essays and reflections for their professional personal development portfolio, and they discuss FtP guidelines and link them to the OPS.

Students are encouraged to raise FtP concerns and are aware of the complaint procedure and the different channels they can access. They can approach their student representatives or student union who are well trained to offer clear and relevant guidance. Students can approach their personal tutors, course leads, or any member of the staff to raise a FtP concern and are assured that these concerns will be dealt with anonymously. The SMT stated that they have a good record of students coming forward with concerns and that students feel free to raise concerns. The 'open door' policy means that they are checking in with students regularly, and students can talk to anyone one in the team as well as their tutor.

During the teachers meeting, teachers told us that staff are trained to raise FtP concerns and that they are aware of the importance of professional behaviour and FtP responsibility. In the event of a concern, effective formal and informal communication channels exist between department staff and faculty. They can also contact security and the welfare department to ensure their concern is managed accordingly. Staff told us they feel reassured by the multiple accessible channels the University has established to raise concerns. Staff have access to occupational health and FtP regulations as well as the University complaints procedure, which provides a clear and organised process to addressing complaints.

The programme documentation, the University's clear FtP and complaint policies, students and staff training, and mechanisms for raising complaint via various channels assure us that this standard is met.

Strengths and good practice



The University's three-stage FtP model ensures proportionality and transparency, with a clear escalation route for serious concerns. The FtP filtering committee allows for early resolution of lower-risk cases, while maintaining rigorous oversight for more serious matters. (2ii, 9iv, 9v)

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

As outlined in the clinic tutor handbook, staff are required to be registered as practising osteopaths with GOsC and any issues regarding changes to their registration status, or issues which may affect the care they give to patients, as outlined in the OPS needs to be reported to their line manager. Staff must follow the professional standards and conduct outlined by GOsC at all times and comply with legislation ensuring high-quality care for patients to maintain their professional registration. GOsC's guidance on student FtP is easily accessible on the Canvas site for staff and students to access. Additionally, to comply with the University on FtP and FtS policies, staff have to complete mandatory training on FtP and FtS. Staff and students are well informed about updates to the FtP and FtS policies via emails, team meetings, and Canvas.

The University has their own FtP procedures for health professional courses. The SHSC student FtP policies reflect GOsC guidance and the wider AHP sector. The University's comprehensive FtP policy is in place at both the University and NHS clinic to ensure that students and patients are protected during their clinical training. Students are informed of the expectations and related student FtP in their student clinic handbook. Before attendance to the clinic, students sign a University code of conduct agreement that includes the legal requirements (including health & safety), and clinic protocols including matters of confidentiality and consent, as set out in the University's clinical handbook.

In a meeting with the students, they told us that there have been previous FtP cases within the osteopathic department. They told us that there is an open-door policy to report any FtP or FtS concerns and there have been cases of peer reporting previously. Students stated that they are aware of different channels to discuss a possible FtP or FtS concern anonymously. These channels include their tutors or any member of the teaching staff, members of the management team, and the student union. FtP complaints are then investigated by the Head of SHSC or Head of Discipline (Therapies). The FtP filtering committee and FtP and Professional Suitability Panel form part of the escalation process.

The programme documentation, the FtP and FtS University policies, academic handbooks, and stakeholder meetings assure us that this standard is met.

Strengths and good practice

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The University's three-stage FtP model ensures proportionality and transparency, with a clear escalation route for serious concerns. The FtP filtering committee allows for early resolution of lower-risk cases, while maintaining rigorous oversight for more serious matters. (2ii, 9iv, 9v)

Areas for development and recommendations

While students receive guidance through multiple platforms, the University should conduct further evaluation to determine whether students fully understand the long-term professional implications of FtP decisions. Enhancing this understanding is essential to support students in making informed choices during their studies and to ensure they are adequately prepared for professional registration and clinical practice. (2ii, 9v)

Conditions

None reported.

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

☒ MET

☐ NOT MET

Findings and evidence to support this

The University states that patients' needs and welfare are prioritised over teaching and research in the clinical setting. All new patients are provided with information which explains that the Clinic is a student-led teaching clinic and it outlines the consultation process. Any proposed research activities involving patients is required to gain ethics approval by the SHSC research ethics committee. Furthermore, for any suggested research initiatives involving patients, the University has created a PEER Group where researchers will receive patients' verbal feedback through PEER group discussion.

Students told us that they are aware of the OPS from year one and are required to write an essay for their personal professional development portfolio on ethics and informed consent. Professional conduct and ethics are well stated in the student handbook and students must maintain professional conduct and ethical considerations at all times as stated by the GOsC Code of Practice. Furthermore, students must sign a code of conduct agreement form before attending to the clinic.

Students' ethics knowledge increases during year 3 and 4 as they learn about the ethical approval process in research and the ethics committee for approval as part of their applying evidence-based practice and dissertation modules. In these modules they acquire knowledge on attitudes, standards, and safeguarding of patient involvement in all aspects of research.

Osteopathy patients are encouraged to provide formal and informal feedback to students. If students receive a formal or informal complaint from a patient, they will contact their clinic tutors who are responsible for the overall patient care to ensure that the osteopathic care of patients is in line with the OPS. A patient complaints policy exists in the teaching clinic and copies of the complaints process are clearly visible on the walls of each treatment room. Further copies are available on the Clinic reception desk.

The University states that they are committed to listening to patients and using their experiences to share good practice and support changes to improve their services. They have created a public health volunteers involvement group to include the public in the development of healthcare programmes but, as of yet, no osteopathy patients are involved.



The programme documentation, research policies, range of mechanisms in place for patients to provide feedback, and stakeholder meetings assure us that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

Health volunteers are used across all aspects of other AHP programmes provided by the University including programme development and committee representation. For parity it would be beneficial for the University to apply this to the osteopathy programme. (1iv, 9vi)

Conditions

None reported.

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

Patients are provided with advice and guidance on self-management, which incorporates specific prescribed exercises. Students have access to an online exercise platform, Rehab My Patient. Prescribed exercises can be shared electronically with the patients, but students or reception staff are also able to print these exercise sheets for patients who are not able to access online resources. There is a dedicated area in the patient's case history where students record all the exercises and advice given to a patient. Students also keep a copy of the exercises, and this information is available to anyone that accesses the case history, so exercises can be re-printed or re-sent to patients if needed.

Patients we met with as part of the visit all praised the treatment received from the students and the care they had been given. All had been offered supplementary advice and information mainly in the form of exercise prescription. This was supported by printed handouts, emails with the exercises, demonstrations of exercises and supervised practice.

Patients told us that the exercise website is easy to navigate, that they all received an email with the exercises, and were all offered a printout of the exercises if needed. Patients told us that students aim to make the exercises related to something familiar, so patients remember the exercises easily.

The patients we met with had discussed extra support and lifestyle advice with the student practitioners who are always ready to help or find the information from their tutor clinicians. They also agreed that the treatment had helped them with their ailments and that they were encouraged to provide feedback. If an exercise or any specific treatment was not compatible with them, they were always given the option to change the treatment and the exercises for something more suitable.

The students' osteopathy clinic is shared with the cardiovascular clinic. NHS handouts with health care information are in the Clinic reception area and accessible to patients visiting the Clinic.

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The University and clinic policies, the resources in the clinic, the case history evidence, and stakeholder meetings assure us 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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A. Evidence

A.1 Evidence seen as part of the review

[1\(i\)a Swansea University Admission Policy.pdf](#)

[1\(i\)b M.Ost programme specification.pdf](#)

[1\(i\)c M.Ost Programme Website.pdf](#)

[1\(i\)d Interview Records.pdf](#)

[1\(i\)e Staff Statutory & Essential Training.pdf](#)

[1\(i\)f FMHLS HV EDI Training Presentation.pptx](#)

[1\(i\)g Extract of Health Volunteers Database 2024.xlsx](#)

[1\(i\)h Open Day Presentation.pdf](#)

[1\(ii\)a Strategic-Equality-Plan-2024-2028.pdf](#)

[1\(ii\)b Strategic Equality Plan Action Plan 2024 - 2028.pdf](#)

[1\(ii\)c Age Policy.pdf](#)

[1\(ii\)d Dignity at Work and Study Policy Procedure and Guides.pdf](#)

[1\(ii\)e Sexual Orientation Policy.pdf](#)

[1\(ii\)f Neurodiversity-Policy.pdf](#)

[1\(ii\)g Menopause in the Workplace - Policy for Managers and Supervisors.pdf](#)

[1\(ii\)h Guide to Supporting Trans Employees.pdf](#)

[1\(ii\)i Equality Committee Terms of Reference and Constitution 2024.docx](#)

[1\(ii\)j Equality Annual Report 2022-2023.pdf](#)

[1\(ii\)k SALT and Resources.pdf](#)

[1\(ii\)l Inclusive Library Services.pdf](#)

[1\(iii\)a RPL Policy.pdf](#)

[1\(iii\)b FMHLS RPL Panel Terms of Reference & Process Flowchart.doc.pdf](#)

[1\(iv\)a Performance-Enabling-Policy & Guide.pdf](#)

[1\(iv\)b Professional Development Reviews.docx](#)

[1\(iv\)c PDR Academic-Line-Manager-Step-By-Step-Guide-2024.pdf](#)

[1\(iv\)d New Staff Induction.pdf](#)

[1\(iv\)e Probation-Policy & Policy Statement.pdf](#)

[1\(iv\)f School Education Forum Terms of Reference & Minutes.pdf](#)

[1\(iv\)g PG Cert HE - Teaching Qualification.pdf](#)

[1\(iv\)h Education for the Health Professions Web Page.pdf](#)

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[1\(iv\)i Mentorship Resources Examples.pdf](#)

[1\(iv\)j Peer Review Examples.pdf](#)

[1\(iv\)k Clinic Peer Review Examples.pdf](#)

[1\(iv\)l Academi Hywel Teifi.pdf](#)

[1\(ix\)a Teaching Manual for Osteopathic Staff.docx](#)

[1\(v\)a Staff CVs.pdf](#)

[1\(v\)b Swansea-University-QAA QER Outcome & Technical Report.pdf](#)

[1\(v\)c Code of Practice for Programme Design, Development, Approval and Review.pdf](#)

[1\(v\)d Professional Services Job Descriptions.pdf](#)

[1\(vi\)a Student Review Community.pdf](#)

[1\(vi\)b The role of External Subject Specialists and Employers.pdf](#)

[1\(vi\)c Role of the External Examiner.pdf](#)

[1\(vi\)d 2024 Health Volunteers Induction & Information Session.pptx](#)

[1\(vi\)e Boards of Study Terms of Reference & Minutes.pdf](#)

[1\(vi\)f Extract of Student Feedback Toolkit.pdf](#)

[1\(vi\)g Student Staff Forum Terms of Reference and Minutes.pdf](#)

[1\(vi\)h Summary of Patient Feedback.xlsx](#)

[1\(vi\)i Public and Patient Involvement - Annual Report 2023-24.pdf](#)

[1\(vi\)j FMHLS Health Volunteer Handbook 2024_25.docx](#)

[1\(vi\)k Strategy for Public and Patient Involvement 2024-2029 English.docx](#)

[1\(vi\)l Strategy for Public and Patient Involvement 2024-2029 Welsh.docx](#)

[1\(vii\)a MOst OPS Mapping Document.xlsx](#)

[1\(vii\)b Module Pro Formas.pdf](#)

[1\(viii\)a Assessment, Marking and Feedback Policy.pdf](#)

[1\(viii\)b SHF109 formative assessment.pdf](#)

[1\(viii\)c Portfolio Approval and Enhancement Board_Terms of Reference.docx](#)

[1\(viii\)d FPDG Terms of Reference 2024-25.docx](#)

[1\(viii\)e SHSC Marking Grids.pdf](#)

[1\(viii\)f SHF105 Moderation Report.docx](#)

[1\(viii\)g Code of Practice for External Examiners.pdf](#)

[1\(viii\)h SHF302 External Examiner Assessment Report.docx](#)

[1\(viii\)i Module review summary 23-24.xlsx](#)

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[1\(viii\)j Students_ Welsh language rights \(1\).pdf](#)

[1\(x\)a Complaints Procedure & Guides.pdf](#)

[1\(x\)b MyUni - Academic Life.pdf](#)

[1\(x\)c Final Review Procedure.pdf](#)

[1\(x\)d FtP Filtering Committee Terms of Reference.docx](#)

[1\(x\)e FtP Panel Terms of Reference & Membership.docx](#)

[1\(x\)f HWA Complaints Policy.odt](#)

[1\(x\)g SHSC Policy for Raising Concerns in Practice.pdf](#)

[1\(x\)i Safeguarding Info and Policy.pdf](#)

[1\(x\)j Prevent Info and Policy.pdf](#)

[1\(x\)k SU Advice & Support Centre - Academic.pdf](#)

[1\(x\)l UG Academic_Handbook.pdf](#)

[1\(x\)m Fitness to Practise Procedure - Swansea University.pdf](#)

[1\(x\)n SHSC FtP Policies.pdf](#)

[1\(x\)o Safeguarding Training.pdf](#)

[1\(xi\)a Academic Appeals Procedure.pdf](#)

[1\(xi\)b Appeals stats 2023-24.xlsx](#)

[2\(i\)a Jayne Cutter CV.doc](#)

[2\(i\)b Tania Wiseman CV.docx](#)

[2\(i\)c Education Govenance Committees.pdf](#)

[2\(i\)d FEC membership & TORs 2024-25.docx](#)

[2\(i\)e HWA Governance Policy.docx](#)

[2\(i\)f Data Protection Info & Policy.pdf](#)

[2\(i\)g HWA Confidentiality Policy.docx](#)

[2\(i\)h External Examiner Nomination Forms & CVs.pdf](#)

[2\(i\)i Partnerships Group Terms of Reference.docx](#)

[2\(i\)j Risk Management.pdf](#)

[2\(i\)k Progression & Awards Board Terms of Reference.docx](#)

[2\(i\)l EDI Role outline.docx](#)

[2\(i\)m SHSC Confidentiality Policy for Assessment.doc](#)

[2\(i\)n HWA Records Management Policy.docx](#)

[2\(i\)o HWA Freedom of Information Policy.docx](#)

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[2\(i\)p Collaborative Partnership Programme Development Process.pdf](#)

[2\(i\)q University Governance.pdf](#)

[2\(i\)r HWA Privacy Notice.docx](#)

[2\(i\)s Continuous Enhancement Monitoring.docx](#)

[2\(i\)t Clinic Feedback.pdf](#)

[2\(ii\)a SHF108 Presentation.pptx](#)

[2\(ii\)b FMHLS Student Information Guide 2024 - 2025.pdf](#)

[2\(iii\)a HWA Safeguarding and Public Protection Policy.docx](#)

[2\(iii\)b HWA Dealing with a disclosure made by a child or vulnerable person.docx](#)

[2\(iv\)a Reasonable Adjustment Policy for Learning and Assessment.pdf](#)

[2\(iv\)b Student Support and Wellbeing.pdf](#)

[2\(iv\)c Disabilities and Long-Term Conditions.pdf](#)

[2\(iv\)d Specific Learning Difficulties.pdf](#)

[2\(iv\)e Extenuating Circumstances Policy & Info.pdf](#)

[2\(iv\)f Student Clinic Handbook 2024-25.doc](#)

[2\(iv\)g Personal Tutoring System Policy & Student Information.pdf](#)

[2\(iv\)h Patient Confirmation Email.docx](#)

[2\(iv\)i External Sources of Support.pdf](#)

[2\(iv\)j Student Support Information Leaflet.pdf](#)

[2\(v\)a Reflective logs.pdf](#)

[2\(vi\)a School Exam Board.pdf](#)

[2\(vi\)b Module feedback question set.pdf](#)

[2\(vi\)b SHF304 Module feedback report.pdf](#)

[2024-25 SHF304 Module Feedback Semester 1.xlsx](#)

[3\(i\)a School of Health and Social Care Canvas Hub.pdf](#)

[3\(i\)b Swansea Academy of Inclusivity.pdf](#)

[3\(i\)c Centre for Academic Success & Catalogue.pdf](#)

[3\(i\)d Swansea University Suicide-Safer Strategy.pdf](#)

[3\(iii\)a Athena Swan Charter Silver Award - Swansea University.pdf](#)

[3\(iii\)b Equality Networks.pdf](#)

[3\(iv\)a Boards of Study Action Plan.xlsx](#)

[3\(iv\)b HWA Lone Working Policy.docx](#)

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[3\(iv\)c HWA Infection Control Policy.docx](#)

[3\(iv\)d HWA risk assessment September 2024.docx](#)

[3\(iv\)e H&S Policies and Procedures.pdf](#)

[3\(iv\)f HWA H&S Policy.docx](#)

[3\(iv\)g Report It - Adverse Events.pdf](#)

[3\(v\)a Induction.pdf](#)

[3\(v\)b SHF208 What to expect.pptx](#)

[3\(v\)c SEA Presentation.pptx](#)

[3\(v\)d Swansea University Osteopathy Clinic & HWA.pdf](#)

[3\(v\)e SHF208_Further Personal and Professional Development Canvas site.pdf](#)

[4\(i\)a MOst PEP.xlsx](#)

[4\(ii\)a External Examiner Reports & Responses 2023-24.pdf](#)

[4\(iii\)a Programme Director Role Descriptor.pdf](#)

[4\(iii\)b Module Co-ordinator Responsibilities.pdf](#)

[4\(iii\)c Regulations Quality and Standards Board Terms of Reference.docx](#)

[4\(iii\)d TheBeacon Centre for Health.docx](#)

[5\(iii\)a DLP_Minimum Standards.pdf](#)

[5\(iii\)b Staff Resources - Reasonable Adjustments.docx](#)

[5\(iv\)a Student Study & Wellbeing Spaces.pdf](#)

[5\(iv\)b Faith Services.pdf](#)

[6\(i\)a Extract of Online Module Catalogue.pdf](#)

[6\(i\)b SHF302 Canvas Module Site.pdf](#)

[6\(i\)c MOst Canvas Programme Hub.pdf](#)

[6\(i\)d Canvas HUB Most Clinic Placements.pdf](#)

[6\(i\)e My Uni - links to policies.pdf](#)

[6\(i\)f Academic Misconduct Procedure.pdf](#)

[6\(i\)g Proof Reading Policy.pdf](#)

[6\(i\)h Engagement Monitoring Policy for Taught Students.pdf](#)

[6\(iv\)a Year 3 clinical logbook and reflection record.docx](#)

[6\(v\)a Academic Student Reps.pdf](#)

[6\(v\)b MyUni Voice.pdf](#)

[6\(v\)c Student Engagement Strategy.pdf](#)

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[7\(i\)a Student Clinic Schedule Semester 2 2024-25.docx](#)

[7\(i\)b Clinic Hours 2024-25.docx](#)

[7\(i\)c Proposed change to Osteopathy Clinic Timetabling Sem 2024-25.docx](#)

[7\(i\)d Clinic Activity Overview.docx](#)

[7\(ii\)a Osteopathy Service for Staff.pdf](#)

[7\(ii\)b Patient Numbers 2023-24.pdf](#)

[7\(ii\)c Clinic Tutor Handbook 2024-25.doc](#)

[7\(ii\)d CCA Returning Patient Marking Sheet 2024-2025.docx](#)

[7\(ii\)e CCA New Patient Marking Sheet 2024-2025.docx](#)

[7\(ii\)e Formative CCA prep Nov 2024.pdf](#)

[7\(ii\)f Formative CCA Nov 24 feedback to students.pdf](#)

[8\(i\)a Staff Roles and Responsibilities.docx](#)

[9\(i\)a Patient Information and Consent Form.pdf](#)

[9\(i\)b HWA Infection Prevention Control Policy.docx](#)

[9\(ii\)a Year 4 Clinic Induction.pptx](#)

[9\(iii\)a Staff to Student Ratio 2024-25.docx](#)

[9\(iv\)a General Conduct and Behaviour.pdf](#)

[9\(iv\)b Code of Conduct Agreement.docx](#)

[9\(vi\)a SHSC Research Ethics Committee Terms-of-Reference.docx](#)

[9\(vii\)a Canvas Patient Resources - Signposting and education.pdf](#)

[Day 1 - Session 1 University Overview Presentation - Jayne Cutter.pptx](#)

[Example of research paper - Challenges in nature-based health.pdf](#)

[NSS 23 Negative comment response.docx](#)

[NSS 23-24 Open Comments Faculty of Medicine, Health and Life Science \(8\).xlsx](#)

[Patient Consent Pack.msg](#)

[Patient Letter.jpg](#)

[Proposed module feedback procedure Semester 2 2024-25.docx](#)

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[SHF105.pdf](#)

[SHF109.pdf](#)

[SHF205.pdf](#)

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[SHFM03.pdf](#)

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Action plan



GOS Education Quality Assurance
Action plan template

Provider:	Swansea University
Date of visit:	26-28 February 2025
Course reviewed:	M.Ost Osteopathy
Contributors to action plan:	

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Annex C to 8

Ref.	Details of condition (General)	Timeframe	Provider actions and implementation	How this will be monitored	Action closed
	Swansea University must submit an Annual Report, within a three-month period of the date the request was first made, to the Education Committee of the General Council.	Annually – typically September to December	Managed via usual in house QA processes	Monitored as part of annual review process and reported to Policy and Education Committee	

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Annex C to 8

	<p>Swansea University must inform the Education Committee of the General Council as soon as practicable, of any change or proposed substantial change likely to influence the quality of the course leading to the qualification and its delivery, including but not limited to:</p> <ul style="list-style-type: none"> i. substantial changes in finance ii. substantial changes in management iii. changes to the title of the qualification iv. changes to the level of the qualification v. changes to franchise agreements vi. changes to validation agreements vii. changes to the length of the course and the mode of its delivery viii. substantial changes in clinical provision ix. changes in teaching personnel 	<p>To advise as and when any such issues arise</p>	<p>Notification by Programme Lead</p>	<p>Through regular communications</p>	
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<div><div>x. changes in assessment</div><div>xi. changes in student entry requirements</div><div>xii. changes in student numbers (an increase or decline of 20 per cent or more in the number of students admitted to the course relative to the previous academic year should be reported)</div><div>xiii. changes in patient numbers passing through the student clinic (an increase or decline of 20 per cent in the number of patients passing through the clinic relative to the previous academic year should be reported)</div><div>xiv. changes in teaching accommodation</div><div>xv. changes in IT, library, and other learning resource provision</div><div>xvi. any event that might cause adverse reputational damage</div><div>xvii. any event that may impact educational standards and patient safety</div></div>				
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Annex C to 8

	<p>Swansea University must comply with the General Council's requirements for the assessment of the osteopathic clinical performance of students and its requirements for monitoring the quality and ensuring the standards of this assessment. These are outlined in the <i>Graduate Outcomes for Osteopathic Pre-registration Education and Standards for Education and Training, 2022</i>, General Osteopathic Council. The participation of real patients in a real clinical setting must be included in this assessment. Any changes in these requirements will be communicated in writing to Swansea University giving not less than 9 months notice.</p>	<p>Via annual report process</p>	<p>Annual reporting against the SET</p>	<p>Monitored via report analysis and reports to PEC</p>	
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Policy and Education Committee

10 June 2025

Marjon – Renewal of Recognition of Qualification (RQ)

Classification	Public
Purpose	For decision
Issue	<p>Consideration of the Recognised Qualification (RQ) review at the Marjon in relation to:</p> <ul style="list-style-type: none">• Master of Osteopathy (MOst) (4 years full time)• Master of Osteopathy (MOst) (6 years part time)
Recommendations	<ol style="list-style-type: none">1. To agree to recommend that Council recognises the Master of Osteopathy (MOst) (4 years full time) and Master of Osteopathy (MOst) (6 years part time) awarded by Marjon from 1 February 2026 with no expiry date subject to the approval of the Privy Council.2. To agree to publish an action plan as set out in Annex D, subject to any further modifications to the Action Plan following Visitor feedback.3. To request an update from Marjon in relation to the implementation of the action plan for the two specific conditions recommended in the Visitors' report.
Financial and resourcing implications	The RQ Visit was included in the 2024-25 financial schedule, with a budget of c£20,000.
Equality and diversity implications	Equality and diversity issues are reviewed as part of the RQ renewal process.
Communications implications	We are required to maintain and publish a list of the qualifications which are for the time being recognised in order to ensure sufficient information is available to students and patients about osteopathic educational institutions awarding 'Recognised Qualifications' quality assured by us.

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Annexes

- A. The Marjon review specification
- B. The Marjon RQ Visit Report
- C. Example Action plan to be published in the event that the programmes are recognised without an expiry date

Authors

Steven Bettles and Banye Kanon

Key Messages

- The visitor report contains recommendation for renewal of the recognition of Marjon qualifications with two conditions.
- A recommendation is made that the programmes be recognised without an expiry date. On this basis, the specific conditions recommended by the visitors alongside the general conditions applying to all recognised qualifications would be dealt with within a published action plan (Annex D)

Background

1. A draft RQ specification was approved by the Committee at its March 2024 meeting.
2. The Committee agreed a team of three Education Visitors under s12 of the Osteopaths Act 1993 to undertake the review on and this is attached at the Annex A.
3. The visit took place in December 2024.

Discussion

4. The visit report was drafted and sent to Marjon on 16 January 2025 for a period of no less than one month in accordance with the Osteopaths Act 1993. The report response deadline was 17 February 2025.
5. Marjon responded with what they considered to be factual inaccuracies on 17 February 2025. All comments were taken into account in the production of the final report.
6. The final report was sent to Marjon on 13 March 2025. OEIs are required to send an action plan within two weeks of receiving the final report for the Visitor's to review the proposed action plan ahead of Committee consideration.
7. The final visitors' report is attached at Annex B. The recommendation of the Visitor for the programmes is approval with two specific conditions. When we recognise an RQ, we also recognise in accordance with the general conditions which are also specified below.

Strengths and good practices

8. The visitors identified several specific areas of strength and good practices in the final report, including:
 - Clarity in admissions procedures and variations in interviews opportunities (i.e. face-to-face or video) are seen as examples of good practice. This allows prospective students to have clarity on admissions expectations and provides equal opportunities to overseas students or distance learners.

- Use of a QR code to access feedback is an example of good practice, providing patients with an easily accessible method for providing feedback.
- The integration of the OPS and the pillars of the ACP is a strength of the new programme and whilst the ACP focus will only take place at level 7, this could provide an added level of employability for graduates.
- The University actively supports all teaching staff in their professional development needs. The peer review rationale is considered to be a strength of the provision and is made possible by the location of the institution within the University itself as opposed to a remote site, and by the integration of osteopathic staff as a whole. The interprofessional collaboration planned within the new clinic facilities should build upon this and if managed appropriately, the MDT approach will filter into the student's clinical experience.
- The supportive and compassionate culture inherent and strongly focussed upon within the University is a strength and this creates a safe space for quality learning.
- The introduction of the individual student's presentations, observed during the first year teaching session, at an early point of the programme is an example of good practice, enabling a sense of ownership in their exchange of knowledge and building self-confidence.
- The extended opening hours of the library and library staff's highly proactive approach to engaging with students and staff is a strength which supports the students' needs, academic study skills development and enables them to become more autonomous in their learning.
- Having a student led clinic where students are responsible for administration, reception and have input into the marketing of the clinic adds an additional dimension to their training, allowing these important aspects of practice to be taught and experienced in a more comprehensive manner.

Recommendations

9. Recommendations may be made by visitors when they consider that '*there is an opportunity for improvement, but a condition is not necessary. These areas should be monitored by the provider and the recommendations implemented, if appropriate.*'
10. The visitors in this case made a number of recommendations within the report.
11. These areas should be monitored by the provider and implemented if appropriate with updates reported in the next annual report process. Marjon will be asked to provide a progress update with regard to these specific areas as part of their 2024-25 Annual Report submission.

Conditions recommended by the Visitors.

12. Two specific conditions have been proposed in the report by the Visitors. These are:

- The University must immediately update their consent forms and privacy policy to ensure patients are fully aware of who can access their clinical information.
- In order to effectively manage the risk to patient data, the University must carry out an urgent review of the risks associated with the use of students’ own IT equipment to access and record patient data both on site and off site as well as the risks associated with allowing students from other programmes access to osteopathic patient records. This should be done in conjunction with staff at the university who have expertise in IT and data protection. The University must develop and carry out a plan to implement the recommendations from the review.

Action Plan

13.An action plan in relation to the above recommended conditions has been supplied by Marjon and is attached at Annex D, and is summarised as follows:

Condition	Actions taken/planned
1. The University must immediately update their consent forms and privacy policy to ensure patients are fully aware of who can access their clinical information. (2i, 9vi)	<p>Purpose: This document provides an update on the actions taken by the University to ensure patients are fully aware of who can access their clinical information, specifically addressing the directive to update consent forms and associated privacy information.</p> <p>1. Update to Patient Consent Forms:</p> <p>Action Taken: The Osteopathy patient consent form has been reviewed and significantly updated. The revised form now explicitly highlights and clarifies the circumstances under which patient data may be accessed by Osteopathic students involved in their care or learning, ensuring full transparency.</p> <p>Approval Status: CONFIRMED & AGREED.</p> <ul style="list-style-type: none">• The updated consent form was submitted for Teaching, Learning, Assessment and Quality Committee (TLAQC) review (meeting held on April 2, 2025).• We can confirm that the revised consent form is now agreed and approved for implementation.

	<p>Implementation Timeline:</p> <ul style="list-style-type: none"> The new, updated consent forms will be implemented and in use from September 2025. This aligns with the reopening of our clinic facilities in the new building following the summer relocation. <p>2. Enhancing Patient Awareness of Data Processing (Addressing "Privacy Policy" Aspect):</p> <ul style="list-style-type: none"> While the primary update has focused on the consent form to directly inform patients at the point of consent, we are enhancing overall awareness of data handling by: Providing Access to Detailed Information: Live links will be integrated with patient communications/platforms. These links will direct patients to further resources providing more comprehensive information on our data processing practices. Feedback Mechanism: The linked resources will also offer a channel for patients to provide feedback on our data processes. These measures ensure that patients are not only informed via the consent form about who might access their data but also have avenues to understand the broader data processing context. <p>3. Governance of Consent Forms:</p> <ul style="list-style-type: none"> A clear process for the ongoing management and any necessary future adjustments to consent forms has been established. Any modifications will require formal authorisation from the relevant Programme Lead, the Dean of School, and the Clinical Governance team, ensuring continued oversight and compliance. <p>Conclusion:</p> <ul style="list-style-type: none"> The University is committed to upholding the highest standards of patient confidentiality and transparency. We are confident that the confirmed updates to the Osteopathy patient consent form, alongside the provision of accessible
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	<p>supplementary information regarding data processing, effectively address the requirements of the directive. These changes will ensure patients are fully informed about the access and use of their clinical information within the Marjon Health & Wellbeing clinic</p>
<p>2. In order to effectively manage the risk to patient data, the University must carry out an urgent review of the risks associated with the use of students' own IT equipment to access and record patient data both on site and off site as well as the risks associated with allowing students from other programmes access to osteopathic patient records. This should be done in conjunction with staff at the university who have expertise in IT and data protection. The University must develop and carry out a plan to implement the recommendations from the review. (2i, 9vi)</p>	<p>Actions so far:</p> <p>This document provides an update on the significant actions undertaken by the University to enhance the management of clinical practice software and further strengthen patient data security. These measures address previously identified areas for review and demonstrate our commitment to robust clinical governance.</p> <p>1. New Clinical Software Solution: Clinic Office</p> <ul style="list-style-type: none"> • Following a comprehensive review and consultation process with all Mental Health & Wellbeing (MH&W) programmes requiring practice management software, the University has decided to transition its clinical software to Clinic Office. • This decision is based on Clinic Office's ability to meet all identified operational requirements and, crucially, its robust features for data security and access control. Specifically: <ul style="list-style-type: none"> • Enhanced Data Segmentation and Access Control: Clinic Office provides the functionality to lock patient notes specifically to the Osteopathy Clinic. This directly addresses concerns regarding the security of osteopathic records and ensures appropriate access limitations for students and staff from other programmes. • Improved Access Security: Access to Clinic Office will be linked to the University's VPN. This measure provides an additional layer of on-site security and helps prevent unauthorised or accidental off-site access to

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	<p>patient records, mitigating risks associated with the use of personal IT equipment.</p> <p>2. Policy and Procedural Updates for Student Access</p> <ul style="list-style-type: none"> • To manage risks associated with student access to patient data, the following statement has been added to the Student Osteopathy Clinical Handbook that will be circulated before the start of the 2025/2026 academic year: "Students are only authorised to access patient notes during their clinical rotation onsite and in the clinical space and only if they are the practitioner responsible for the management of that patient." • Mandated On-Campus Access: The revised handbook includes a requirement for students to only access the designated clinical management software (now to be Clinic Office) when on the University campus. <p>Approval and Implementation Timeline: This update was presented for approval to the Teaching, Learning, Assessment and Quality Committee (TLAQC) on April 2, 2025. Following formal adoption, this requirement will be integrated into the clinical induction process from September 2025.</p> <p>3. Previous Software Evaluation and Interim Measures</p> <ul style="list-style-type: none"> • Thorough Evaluation Process: The selection of Clinic Office follows an extensive evaluation period. While "Write-up" was previously identified as a strong candidate due to its auditing capabilities (and procurement discussions had commenced), further assessment revealed Clinic Office to be a more comprehensive fit, particularly concerning the specific security requirements for locking down osteopathic notes and integrating VPN access. • Interim Measures: As a temporary measure during the transition and review period, Plymouth Marjon University acquired a second subscription
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	<p>to Cliniko. This allowed for the necessary segmentation of users (statutory regulated and non-statutory regulated healthcare practitioners) while a permanent, more secure solution was finalised.</p> <p>4. Ongoing Clinical Governance and Operational Review</p> <ul style="list-style-type: none"> • The University's commitment to robust clinical governance is ongoing: • Dedicated Clinical Governance Team: Our Clinical Governance team continues to meet to review and refine all clinical operations across the MH&W programmes. This work is pivotal in preparation for our move to the new Marjon Health and Wellbeing Hub. • Policy Updates Post-Implementation: Clinical handbooks and associated policies will be further updated and finalised following the successful implementation and transition to Clinic Office. <p>Conclusion:</p> <ul style="list-style-type: none"> • The University is dedicated to maintaining the highest standards of patient data security and operational best practice within all its clinical programmes. The decision to implement Clinic Office, supported by updated student policies and continuous governance oversight, represents a significant advancement in fulfilling these commitments. We are confident these measures effectively address the points raised and strengthen our overall data protection framework.
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14. In relation to the first condition, we have been provided with a copy of the consent form update, which will be introduced into the Marjon clinic when it reopens in September after the summer break.

15. In relation to the condition two, Marjon's response demonstrates that they have engaged with this issue, and are implementing a plan to introduce Clinic Office for the opening of all clinics including osteopathy within the new Health and Wellbeing Hub in September.

16. The plans to address the issues within these conditions has been shared with the visitors.
17. It is suggested that we seek an update in relation to the implementation of the above for reporting to the Committee's October 2025 meeting.

Approval

18. As the Osteopaths Act 1993 refers to qualifications, we have in this section simply referred to the named qualifications rather than the descriptions of the different courses.
19. The Committee is asked to consider the recommendations of the Mott MacDonald Report and this paper for the continuation of recognition for the existing qualifications:
20. The visitor's report recommends recognition of qualification status subject to conditions being met. This means that the visitors have determined that the course will deliver graduate who meet the [Osteopathic Practice Standards](#).
21. If the Committee did agree that specific conditions *should* be imposed and recognition continue *with* an expiry date (though see below regarding removal of expiry date), then the conditions would be as follows, which include both the specific conditions outlined above plus the general conditions that apply to all Recognised Qualifications with an expiry date:

CONDITIONS	
1	The University must immediately update their consent forms and privacy policy to ensure patients are fully aware of who can access their clinical information. (2i, 9vi)
2	In order to effectively manage the risk to patient data, the University must carry out an urgent review of the risks associated with the use of students' own IT equipment to access and record patient data both on site and off site as well as the risks associated with allowing students from other programmes access to osteopathic patient records. This should be done in conjunction with staff at the university who have expertise in IT and data protection. The University must develop and carry out a plan to implement the recommendations from the review. (2i, 9vi)
3	Marjon must submit an Annual Report, within a three month period of the date the request was first made, to the Education Committee of the General Council.
4	Marjon must inform the Education Committee of the General Council as soon as practicable, of any change or proposed substantial

	<p>change likely to influence the quality of the course leading to the qualification and its delivery, including but not limited to:</p> <ul style="list-style-type: none"> i. substantial changes in finance ii. substantial changes in management iii. changes to the title of the qualification iv. changes to the level of the qualification v. changes to franchise agreements vi. changes to validation agreements vii. changes to the length of the course and the mode of its delivery viii. substantial changes in clinical provision ix. changes in teaching personnel x. changes in assessment xi. changes in student entry requirements xii. changes in student numbers (an increase or decline of 20 per cent or more in the number of students admitted to the course relative to the previous academic year should be reported) xiii. changes in patient numbers passing through the student clinic (an increase or decline of 20 per cent in the number of patients passing through the clinic relative to the previous academic year should be reported) xiv. changes in teaching accommodation xv. changes in IT, library, and other learning resource provision xvi. any event that might cause adverse reputational damage xvii. any event that may impact educational standards and patient safety
5	<p>Marjon must comply with the General Council's requirements for the assessment of the osteopathic clinical performance of students and its requirements for monitoring the quality and ensuring the standards of this assessment. These are outlined in the <i>Graduate Outcomes for Osteopathic Pre-registration Education and Standards for Education and Training, 2022</i>, General Osteopathic Council. The participation of real patients in a real clinical setting must be included in this assessment. Any changes in these requirements will</p>

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	be communicated in writing to Marjon giving not less than 9 months notice.
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22. If the Committee agrees to recommend recognition of the Marjon programmes without an expiry date however, (see below), then the conditions above would be dealt with in a published action plan (for example, as shown in Annex D).

Recognition period

23. The interim Quality Assurance handbook¹ sets out the current criteria regarding the period of RQ approvals stating:

“The maintenance of the RQ status currently follows a cyclical process. Where required, PEC may apply an expiry date to the RQ. This decision will be made based on anticipated level of risk that the RQ presents.”

GOsC will usually recognise qualifications for a fixed period of time in the following circumstances:

- A new provider or qualification
- An existing provider with a risk profile requiring considerable ongoing monitoring.

For existing providers, GOsC will usually recognise qualifications without an expiry date in the following circumstances:

- an existing provider without conditions or
- an existing provider with fulfilled conditions and without any other monitoring requirements or
- an existing provider who is meeting all QA requirements (providing required information on time) or an existing provider with outstanding conditions, an agreed action plan and which is complying proactively with the action plan and
- an existing provider engaging with GOsC.

This will be subject to satisfactory review of the providers annual report.”

24. Marjon programmes are currently recognised an expiry date of 31 January 2026.
25. The Committee is asked to consider whether it considers that the Marjon programmes should be recognised with an expiry date, or whether the expiry date can now be removed.

¹ [Mott MacDonald GOsC Interim Quality Assurance Handbook - General Osteopathic Council \(osteopathy.org.uk\)](https://osteopathy.org.uk/mott-macdonald-gosc-interim-quality-assurance-handbook)

26. The executive's recommendation would be that Marjon is now an established provider, and that though conditions are recommended, Marjon is meeting QA requirements and engaging with the process positively in accordance with an action plan. It is our aim to remove the expiry date for all programmes that meet the above criteria, and we would suggest that Marjon qualifies on this basis for an expiry date removal. This gives greater flexibility in arranging the timing of the next RQ visit, and of monitoring conditions by way of a published action plan as outlined above.

Recommendations:

1. To agree to recommend that Council recognises the Master of Osteopathy (MOst) (4 years full time) and Master of Osteopathy (MOst) (6 years part time) awarded by Marjon from 1 February 2026 with no expiry date subject to the approval of the Privy Council.
2. To agree to publish an action plan as set out in Annex D subject to any further modifications to the Action Plan following Visitor feedback.
3. . To request an update from Marjon in relation to the implementation of the action plan for the two specific conditions recommended in the Visitors' report.

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Review Specification for University of St Mark and St John (Marjon) - Renewal of Recognised Qualification Review.

Background

1. Marjon currently provides the following qualifications which are due to expire on 31 January 2026:
 - Master of Osteopathy (MOst) (4 years full time)
 - Master of Osteopathy (MOst) (6 years part time)
2. The last [RQ review visit report](#) was from January 2020. The programmes above were recognised for a period of five years from 1 February 2021 to 31 January 2026. In accordance with the Mott MacDonald Handbook, this is a visit to ensure that our standards are being maintained. A copy of the current Recognised Qualification award and the last Quality Assurance Agency for Higher Education (QAA) report is attached for information. All Education Committee papers are available on request.
3. A review visit is being scheduled for early 2025.

Review Specification

4. The GOsC requests that Mott MacDonald schedules a monitoring review for Visitors to report on the following qualification:
 - Master of Osteopathy (MOst) (4 years full time)
 - Master of Osteopathy (MOst) (6 years part time)
5. The aim of the GOsC Quality Assurance process is to:
 - Put patient safety and public protection at the heart of all activities
 - Ensure that graduates meet the standards outlined in the Osteopathic Practice Standards
 - Make sure graduates meet the outcomes of the Guidance for Osteopathic Pre-registration Education.
 - Identify good practice and innovation to improve the student and patient experience
 - Identify concerns at an early stage and help to resolve them effectively without compromising patient safety or having a detrimental effect on student education
 - Identify areas for development or any specific conditions to be imposed upon the course providers to ensure standards continue to be met
 - Promote equality and diversity in osteopathic education.
 -
6. The format of the review will be based on the [interim Mott MacDonald Handbook \(2021\)](#) adapted appropriately by the Visitors for the purposes of this specification and [Graduate Outcomes and Standards for Education and Training](#). In addition to

the usual review format for a renewal of recognition review (appropriate to the stage of development of this course), the Committee would like to ensure that the following areas are explored:

- The implementation of the update MOst curriculum, and the management of this with some students on the former curriculum as it is taught out.
- The impact of the clinic move, and the delivery of clinical education in this context, meeting the requirements of the Graduate Outcomes and Standards of Education and Training.
- The recording of students’ clinical hours and experience of patients to ensure that sufficient depth and breadth of clinical education is delivered during the digital review.
- How the University’s interprofessional learning strategy is implemented, and the impact of this on learning outcomes.
- How students are made aware of and familiar with key guidance and policy documents, including the student code of conduct, student fitness to practise guidance, and guidance in relation to the management of health and disability.
- Mechanisms for encouraging and enhancing the process by which students provide feedback.
- Ongoing monitoring of the actions identified in response to student feedback and NSS scores and the processes by which actions are identified, managed and monitored.
- Ongoing monitoring of the actions identified from patient audits and to ensure that those actions continue to be identified, managed and monitored.
- The review and updating of the safeguarding policy.
- Identification and maintenance of innovative and good practice.

Provisional Timetable

7. The provisional timetable for the Nescot Part-time programme review will be as follows, but is subject to review:

RQ visit in January 2025

Month/Year	Action/Decision
March 2024	Committee agreement of initial review specification and statutory appointment of visitors
10 weeks before the visit	Submission of mapping document
December 2024	Review takes place
5 weeks following visit	Draft Report to Marjon for comments - statutory period.

Annex A to 9

Following receipt of final report	Preparation of Action Plan to meet proposed conditions (if any)
June 2025	Recommendation from the Committee to Council whether to make changes to the RQ programme approval (e.g., conditions or addition of an expiry date)
July 2025	Recognition of Qualification ongoing by the General Osteopathic Council
July-September 2025	Privy Council Approval

This timetable will be the subject of negotiation with Marjon, GOsC and Mott MacDonald to ensure mutually convenient times that fit well with the quality assurance cycle.

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GOsC Education Quality Assurance

Renewal of Recognised Qualification Report

This report provides a summary of findings of the providers QA visit. The report will form the basis for the approval of the recommended outcome to PEC.

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

Provider: Plymouth Marjon University

Date of visit: 3 -5 December 2024

Programme(s) reviewed: Master of Osteopathy (MOst) (4 years full time)
Master of Osteopathy (MOst) (6 years part time)

Visitors: Dr Brian Mckenna, Melanie Coutinho, Mark Foster

Observer: William Shilton

Outcome of the review

Recommendation to PEC:

☐ Recommended to renew recognised qualification status

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

☐ Recommended to withdraw recognised qualification status

Programme start date:

Date of expiry (if applicable):

Date of next review:

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Abbreviations

ACP	Advanced Clinical Practice
AER	Annual Equality Report
AI	Artificial Intelligence
APR	Annual Programme Review
BCAP	British Association for Counselling and Psychotherapy
CV	Curriculum Vitae
DBS	Disclosure and Barring Service
EC	Extenuating Circumstances
EDI	Equality, Diversity & Inclusivity
EDIC	Equality, Diversity & Inclusivity Committee
EE	External Examiner
EV	Electric Vehicle
FHEQ	Frameworks for Higher Education Qualifications
FtP	Fitness to Practise
GDPR	General Data Protection Regulation
GOPRE	Guidance for Osteopathic Pre-Registration Education
GOsC	General Osteopathic Council
GP	General Practitioner
HE	Higher Education
HEA	Higher Education Academy
HEE	Health Education England
HR	Human Resources

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IT	Information Technology
MDT	Multi-Disciplinary Team
MEF	Module Evaluation Forms
MLO	Module Learning Outcomes
MOst	Integrated Masters
MSK	Musculoskeletal
NHS	National Health Service
NSS	National Student Survey
OEI	Osteopathic Education Institution
OEIs	Osteopathic Education Institutions
OPS	Osteopathic practice Standards
PDR	Personal Development Review
PDT	Personal Development Tutor
PEC	Policy and Education Committee
PG	Post Graduate
PhD	Doctor of Philosophy
PL	Programme Lead
PMU	Plymouth Marjon University
PSRB	Professional, Statutory and Regulatory Bodies
PVP	Programme Voice Panel
QA	Quality Assurance
QAF	Quality Assessment Framework
QR	Quick Response

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RPCL	Recognition of Prior Certificated Learning
RPL	Recognition of Prior Learning
SEC	Student Experience Council
SEOP	Student Engagement Outcome Panel
SET	Standards for Education and Training
SEV	Student Experience Voice
SMT	Senior Management Team
SOE	Staff Osteopathic Enrichment
SRF	Student Regulations Framework
SSLC	Staff Student Liaison Committee
SVP	Student Voice Panel
UCAS	Universities and Colleges Admissions Service
USP	Unique Selling Point
VLE	Virtual Learning Environment
VPN	Virtual Private Network

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Overall aims of the course

Plymouth Marjon University confirmed the following aims of the MOst course within the mapping tool:

- 1) Develop advanced clinical skills: To equip students with in-depth knowledge and advanced clinical skills required for diagnosing, managing, and treating MSK and systemic health conditions in alignment with the OPS and statutory regulation.
 - 2) Foster a culture of life-long learning and evidence-informed practice: To cultivate a critical understanding of information and evidence-informed practice, empowering graduates to contribute to the advancement of osteopathic healthcare delivery through clinical reflection and professional development.
 - 3) Embody the University's values of humanity, ambition, curiosity, and independence: To inspire students to integrate PMU's core values by fostering compassionate patient care (humanity), striving for excellence in their practice (ambition), engaging in lifelong learning and innovative approaches to healthcare (curiosity), and developing the confidence to work autonomously and ethically as osteopathic practitioners (independence).
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Overall Summary

The visit to Plymouth Marjon University was undertaken over three days at the university campus in Plymouth. Visitors were able to meet with a range of relevant groups to support work in relation to the visit specification. These groups included staff, students, SMT, clinic administration staff and patients. Meetings held across the three days were held in an open and honest way to support the visitors with triangulation.

Strengths and good practice

Clarity in admissions procedures and variations in interviews opportunities (i.e. face-to-face or video) are seen as examples of good practice. This allows prospective students to have clarity on admissions expectations and provides equal opportunities to overseas students or distance learners. (1i)

Use of a QR code to access feedback is an example of good practice, providing patients with an easily accessible method for providing feedback. (1vi)

The integration of the OPS and the pillars of the ACP is a strength of the new programme and whilst the ACP focus will only take place at level 7, this could provide an added level of employability for graduates. (1vii)

The University actively supports all teaching staff in their professional development needs. The peer review rationale is considered to be a strength of the provision and is made possible by the location of the institution within the University itself as opposed to a remote site, and by the integration of osteopathic staff as a whole. The interprofessional collaboration planned within the new clinic facilities should build upon this and if managed appropriately, the MDT approach will filter into the student's clinical experience. (1ix)

The supportive and compassionate culture inherent and strongly focussed upon within the University is a strength and this creates a safe space for quality learning. (3iv)

The introduction of the individual student's presentations, observed during the first year teaching session, at an early point of the programme is an example of good practice, enabling a sense of ownership in their exchange of knowledge and building self-confidence. (3vi)

The extended opening hours of the library and library staff's highly proactive approach to engaging with students and staff is a strength which supports the students' needs, academic study skills development and enables them to become more autonomous in their learning. (5i, 6ii)

Having a student led clinic where students are responsible for administration, reception and have input into the marketing of the clinic adds an additional dimension to their training, allowing these important aspects of practice to be taught and experienced in a more comprehensive manner. (7i)

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Areas for development and recommendations

The University should review the osteopathy web pages to ensure that the University's EDI strategy is sufficiently reflected to encourage applications from all potential students. (1ii)

The University should continue to monitor student feedback regarding the effectiveness of the current formative assessment procedures and if necessary, should consider implementing these under examination conditions, especially for practical modules. Alongside this, all formative feedback opportunities should be explicitly included in module guides, and students informed of the role and benefits of formative assessment within their learning. (1v, 1viii, 6iv)

The University should ensure consistency by explicitly mapping MLOs to the OPS, the 'threads' and the four pillars, ensuring students can locate this and staff understand all and have embedded them into their teaching. The mapping should also be included in module guides to ensure mapping of OPS to MLOs can be consistently applied in all modules so that students and other stakeholders are clear as to which educational and professional attributes each module enables acquisition of. (1vii, 6i)

The University should have a realistic plan in place for the integrated interprofessional operation of the clinic, in advance of the osteopathic clinic move. This should include clear practitioner roles and responsibility (for patient care) aspects and should demonstrate the integration with classroom teaching and learning and OPS. The plan – which should be clearly displayed in the clinic and/or on the clinic webpage – should have a clear rationale of the clinic and patient management protocols which will enable students, clinic staff and particularly patients to have reassurance in the planned healthcare to be provided. This would be beneficial to avoid ambiguity in the management of the new clinic and would provide transparency for students, staff and patients. (1vii)

Students commented that the support provided by personal development tutors could be inconsistent and dependent on who they were assigned to. Therefore, the University should ensure that the training and support which is provided for this role enables students and staff to appreciate of the remits of the role, including a practical knowledge of the scope of support available, commitment to a minimum number of diarised meeting opportunities (taking into account tutor availability), and a review process which ensures consistent and equitable support for all students. (3iii)

The University should ensure that procedures for complaints are explicit and easily accessible both in hard copy at clinic and online for the Clinic patients. Similarly, there should be information posters within the clinic areas to remind patients (and others) of the University's culture of mutual respect, and its response to unacceptable behaviours towards students, clinical staff or other service users. (3iv)

The University should continue its search for software or develop its own bespoke software that will allow closer monitoring of student experience. (7ii)

The University should develop a consent form for those with parental or other devolved responsibility that standardises necessary information they require to make an informed decision. (9ii)

The University should provide additional training and support for students with regards to exercise prescription and rehabilitation. (9vii)

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Conditions

The University must immediately update their consent forms and privacy policy to ensure patients are fully aware of who can access their clinical information. (2i, 9vi)

In order to effectively manage the risk to patient data, the University must carry out an urgent review of the risks associated with the use of students' own IT equipment to access and record patient data both on site and off site as well as the risks associated with allowing students from other programmes access to osteopathic patient records. This should be done in conjunction with staff at the university who have expertise in IT and data protection. The University must develop and carry out a plan to implement the recommendations from the review. (2i, 9vi)

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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 University has explicit and easily understandable admission criteria, including English language requirements. Details of these and of the interview process can be found on the website and is included in the admissions policy and within the programme specification. All entry routes including RPCL and RPL follow the comprehensive admissions policy and procedure. Admission of students via these routes has not been used for this programme as of yet. The admissions procedures are aligned with other providers in the sector.

The University offers both face-to-face and online interview opportunities to enable students from distance or overseas to apply. The standard UCAS application route is in place. The majority of students spoken to as part of the visit confirmed that the location of the University was the deciding factor in their choice of OEI.

Whilst the small class sizes lend themselves to a strong, supportive, inclusive atmosphere in the classroom, consideration must also be given to the need for a compelling marketing strategy to increase student applications in order to secure continuation of the programme and provide students sufficient peers to work with.

Based on the evidence seen and discussions held, we are assured that this standard has been met and that adequate processes are in place to ensure fair and transparent admissions procedures are in place.

Strengths and good practice

Clarity in admissions procedures and variations in interviews opportunities (i.e. face-to-face or video) are seen as examples of good practice. This allows prospective students to have clarity on admissions expectations and provides equal opportunities to overseas students or distance learners.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

☐ NOT MET

Findings and evidence to support this

The University provided documentation to support alignment with this standard, and discussions with the SMT further assured the University's strong EDI policy, and their specific aim to integrate students from diverse cultural and social backgrounds into the University. The policy is reviewed annually and the outcomes are reported to the EDI Committee. However, despite their commitment to inclusivity and diversity, the annual programme review and discussions with the SMT during the visit highlighted that student recruitment continues to be an issue, with numbers lower than desired seen in the last two years.

SMT members confirmed that a minimum 8-10 student registrations were necessary for programme viability. Whilst in the previous year they had between 15-18 initial applications, the SMT acknowledged a concern in the drop in application numbers, acknowledging that running the programme with minimal numbers (8-10), would compromise the students learning experience in terms of fewer opportunities for peer work in practical classes and may also require reconsideration in managing student availability in the clinic. The target is for 20 students per cohort. However, they could not confirm application numbers at the time of the visit as the UCAS application date had changed.

The University is able to provide a range of support options to students with seen and unseen disabilities.

The University assured the visitors that marketing of the programme has been focussed upon within the University's normal annual marketing strategy. They believe that the continued link with local GPs, sports clubs, and the proposed new interprofessional clinic facility will generate interest in the programme.

We are confident that this standard has been met and is effectively monitored to ensure it conforms to the University's EDI policy.

Strengths and good practice

None reported.

Areas for development and recommendations

The University should review the osteopathy web pages to ensure that the University's EDI strategy is sufficiently reflected to encourage applications from all potential students.

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

The University has clear and effective processes in place for assessing RPCL and RPL which are evident in the admissions policy and procedures and underpinned by the SRF. The evidence provided confirms that these processes all follow standard expectations for prior learning assessment procedures. Discussions with staff confirmed that this process can be utilised if necessary. The support staff acknowledged that the processes are in place and staff are trained on applying the procedures if an applicant requires to use this



route. However, the University has confirmed that this route has not yet needed to be utilised, as all recent applications for the osteopathy programme have followed the normal entry route.

The University has explicit policies and procedures in place which can be evoked for assessing prospective applicants' learning experience and therefore we are assured that this standard has been met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

iv. all staff involved in the design and delivery of programmes are trained in all policies in the institution (including policies to ensure equality, diversity and inclusion), and are supportive, accessible, and able to fulfil their roles effectively. ☒ **MET** ☐ **NOT MET**

Findings and evidence to support this

Robust and well supported staff induction and development opportunities exist relating to the University policies and procedures. Staff confirmed that all staff were required to undertake induction and training in areas such as Prevent and EDI expectations. Initial induction was followed up at SOE and other annual training events. Discussions with SMT confirmed that specific topics were run over several different days and times to allow all staff an opportunity to attend.

Staff confirmed that there is support for undertaking further training – to support development of their teaching skills or enhance their professional development. Mentoring and peer support are integral parts of the teaching strategy, and newly appointed staff confirmed that they had received this and felt it was effective and supportive for their development and had helped them to effectively fulfil their roles. The University has set clear completion expectations for annual training topics. Staff are also encouraged and supported in undertaking research either as part of attaining further academic qualifications or with the aim of data publication. From reviewing the staff training list, we have seen that the University's training includes EDI, Fire safety, GDPR, safeguarding, and Prevent training are carried out regularly.

However, the agenda for the staff training days run by the programme team suggest that these days are largely utilised as programme review opportunities with little or no training taking place. This was confirmed in the discussion with staff at the visit, and some staff are yet to complete any training in expected areas.

The University provides a thorough range of training in all of its policies, and in areas which effectively support and encourage the individual's personal and academic development. Staff are also supported to acquire certification and fellowship of the HEA and or undertake research, all of which enhances their teaching skills.

Staff and SMT confirm that a robust and well supported training programme is in place and takes into consideration part-time availability of osteopathic tutors. Further staff reported being able to access peers



and mentors if required. Discussions provided assurance of the expertise utilised in programme design, and as such we are assured that this standard has been met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Semester reports are carried out on individual modules by the PL. Generally, they demonstrate a good spread of assessment marks obtained, though poor student feedback continues to be a common thread running through them. The differences in approach in clinical teaching which had been highlighted in a report from the previous year, were addressed in the teaching staff meeting. We were assured that following the teaching team's annual module reviews, more consistency in the approach adopted by staff teaching in the clinical environment had been embraced.

The External Examiner's report confirms that threshold standards in modules have been reached in line with the FHEQ, the subject benchmark statement and that student performance is in line with sector expectations. Lectures now adopt round-robin style teaching in practical modules, as requested by students to facilitate group working and this appears to have been well received.

All module guides contain details of the summative assessments, however formative assessments appear mainly to be informal both in scheduling and operation. Staff mentioned that in practical classes for example, questions are given in a round-robin style, to the whole class for them to respond to in their working pairs. Feedback would then be provided by peers. Whilst this is commendable, there appears to be few, if any, opportunities for formative assessments structured under summative assessment (exam) conditions, with feedback being provided by tutors normally involved in summative marking.

We are assured that this standard has been met, the curricula and assessments have been externally verified by the External Examiner and via the validation process as fulfilling educational expectations. Ongoing annual verification by the External Examiner ensures the programme continues to meet these expectations.

Strengths and good practice

None reported.

Areas for development and recommendations



The University should continue to monitor student feedback regarding the effectiveness of the current formative assessment procedures and if necessary, should consider implementing these under examination conditions, especially for practical modules. Alongside this, all formative feedback opportunities should be explicitly included in module guides, and students informed of the role and benefits of formative assessment within their learning. (1v, 1viii, 6iv)

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

Staff have been consulted during the annual module review and the new programme development phase. Student feedback was also considered and utilised. Students confirmed that they are encouraged to provide feedback, and some do; however this is usually related to module content or delivery only. There does not appear to be any documented formal feedback from students or staff in programme development or design.

Patient feedback can be provided via the online form accessed using a QR code, but the impact of this feedback on future programme design or delivery as opposed to the day to day running of the clinic is not explicit. Patients are being sought for forum groups; however, this is related more to the healthcare provision as a whole. There are no information posters in the Clinic's teaching or waiting areas that encourage patients, students or other stakeholders to provide feedback on the service, programme delivery or design. There are no posters that inform patients how previous feedback has impacted on the programme design or clinic provision.

Patients whom visitors met with were highly supportive of providing feedback if asked. No hardcopy feedback forms were shown or available. In discussions with students, staff and support staff we heard that that the University has implemented a number of committees or groups where students' comments and concerns can be addressed, or feedback can be given. These include the SSLC, SEV, teaching staff, patient and student meetings, Clinic observation, Clinic QR code accessing online form and feedback committees. Students responded positively on the University's rapid response to student feedback regarding the provision of additional equipment in the clinic. Similarly, the extended opening of the library facilities to 24 hours a day, 7 days a week following student feedback has been welcomed by all students.

Based on the evidence seen, we are assured that this standard has been met.

Strengths and good practice

Use of a QR code to access feedback is an example of good practice, providing patients with an easily accessible method for providing feedback.

Areas for development and recommendations

None reported.

Conditions



None reported.

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 Most programme has been granted RQ status (and new students will continue to apply for this route). The aim of the MOf is to produce outstanding healthcare professionals who are able to surpass the remits of private practice or working within the NHS. The programme design reflects the GOPRE expectations, and it shows a cohesive and logical progression which enables students to acquire the expected standards of knowledge and skills, and demonstrate the professional values and attitudes expected by the GOsC.

There is a full understanding of health care inequalities and drive to ensure a non-biased approach in clinical care. The MLOs are found in each module guide and tutors reinforce these verbally at the commencement of each module. Within the programme specification, the University has mapped the modules to OPS, and has also subdivided the programme into eight 'threads'. The evidence provided confirms that the threads would enable the programme to have consistency and rationality.

The programme specification states that the programme adopts a critical approach to the theory and practice of osteopathy which will help develop complex problem-solving skills and criticality in students and that they would become familiar with the HEE Four Pillars of Healthcare. Our discussions with staff further verified that this was the planned strategy. Some students confirmed they were already familiar with the four pillars. The HEE pillars (clinical practice, leadership and management, education and research), are identified in the programme specification, but do not appear on any other programme documentation. However, it was clarified in our discussions with teaching staff and SMT that their teaching of the four pillars of the ACP will be focussed and relevant to Level 7 only.

It is acknowledged by the University that this could provide their graduates with added employability and in discussions staff proposed this was a USP for the provider. In the module guides some, but not all, of the MLOs are explicitly mapped to the OPS for students or other stakeholders to view. Furthermore, not all staff appear to be aware of the aspirations to integrate the ACP Pillars into the Level 7 of the programme. The teaching team strongly emphasised an integrated approach in interprofessional healthcare teaching within the programme and assured the visitors that this will strengthen the students' clinical expertise, values, attitudes and MDT-style working. However, this will only be fully operational once the osteopathic clinic has relocated to its new building. Whilst the programme does already allow students to become familiar with working in an interprofessional way, with some lectures being taken with other healthcare disciplines, e.g., sports massage, the full strategy is reliant on the new clinical facility being in operation when it is envisaged that sports massage and physiotherapy will be involved. The new building is planned to open in Autumn 2025.

The programme has not reached level 7 teaching, where the majority of the interprofessional learning is planned. Furthermore, the full implementation of this is dependent on the opening and running of the new clinic. However, the knowledge basis, attitudes and values required within GOPRE are already evident in the clinical and classroom teaching, as these attributes are essential in underpinning interprofessional learning. Based upon these observations and our discussions with the staff, we are assured that this standard has been met.



Strengths and good practice

The integration of the OPS and the pillars of the ACP is a strength of the new programme and whilst the ACP focus will only take place at level 7, this could provide an added level of employability for graduates.

Areas for development and recommendations

The University should ensure consistency by explicitly mapping MLOs to the OPS, the 'threads' and the four pillars, ensuring students can locate this and staff understand all and have embedded them into their teaching. The mapping should also be included in module guides to ensure mapping of OPS to MLOs can be consistently applied in all modules so that students and other stakeholders are clear as to which educational and professional attributes each module enables acquisition of. (1vii, 6i)

The University should have a realistic plan in place for the integrated interprofessional operation of the clinic, in advance of the osteopathic clinic move. This should include clear practitioner roles and responsibility (for patient care) aspects and should demonstrate the integration with classroom teaching and learning and OPS. The plan – which should be clearly displayed in the clinic and/or on the clinic webpage – should have a clear rationale of the clinic and patient management protocols which will enable students, clinic staff and particularly patients to have reassurance in the planned healthcare to be provided. This would be beneficial to avoid ambiguity in the management of the new clinic and would provide transparency for students, staff and patients.

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

We were assured that University's assessment profile is fit for purpose and in accordance with their SRF. A wide range of assessment methods are used, which will enable the students' specific and transferable skills and knowledge to be obtained. External examiner reports, example assessment papers and moderated work have all been presented and demonstrate that expected standards for the sector have been reached. The University has a comprehensive and robust assessment policy in place to ensure assessment reliability and validity.

The assessments chosen within the programme provides assurance that MLOs and OPS are attained and align with those at other sector institutions. In our discussions, students confirmed that they were familiar with round-robin style assessments including peer feedback, but they could not recall structured formative assessments carried out under exam conditions and more significantly with individual tutor feedback.

Staff also confirmed that the round-robin questioning combined with peer feedback methodology was usually used. We heard from staff that recognised academic marking grids and rubrics were used and were shown examples of these. We were assured of due process being applied for marks at grade boundaries. Overall, we are assured by the documentary evidence which was further supported by our discussions with staff that this standard has been met.

Strengths and good practice



None reported.

Areas for development and recommendations

The University should continue to monitor student feedback regarding the effectiveness of the current formative assessment procedures and if necessary, should consider implementing these under examination conditions, especially for practical modules. Alongside this, all formative feedback opportunities should be explicitly included in module guides, and students informed of the role and benefits of formative assessment within their learning. (1v, 1viii, 6iv)

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

Staff CVs provide reassurance that programme content is taught by appropriately qualified staff with teaching experience/certification, registered osteopaths and/or academically experienced as necessary for the specific module. In discussions, staff commented positively on the support they receive to attain academic qualifications (teaching certification or research) to support their skills and professional development. The rationale of the University's peer review policy is to foster a collaborative approach to professional development, and staff confirmed the merits of this approach in our meeting with them.

The University has as one of its four core priorities, a focus on 'research and knowledge exchange' and with this in mind, staff are encouraged and supported to undertake high level research and attain doctorates to support their teaching expertise.

A line management document was provided to demonstrate how the osteopathic staff are integrated into the School of Health Wellbeing and Social Science. In our discussions staff and students confirm their understanding of the roles and reporting lines of various personnel. The integration within the School of Health Wellbeing and Social Care substantiates the University's aim to encourage knowledge exchange not only within the student body but staff too. In discussions with staff, we were assured that peer observations and mentoring was carried out for all new staff. Those who had been involved (as a mentor or a mentee), commented that it had made a positive impact on their teaching. Staff have access to the staff VLE 'Antler' to support their teaching and development of teaching skills.

Documentary evidence was provided to demonstrate that staff have the relevant knowledge, skills and certification to teach on the programme and in accordance with GOsC requirements and this was supported within discussions with staff. Therefore, we are assured that this standard has been met.

Strengths and good practice

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The University actively supports all teaching staff in their professional development needs. The peer review rationale is considered to be a strength of the provision and is made possible by the location of the institution within the University itself as opposed to a remote site, and by the integration of osteopathic staff as a whole. The interprofessional collaboration planned within the new clinic facilities should build upon this and if managed appropriately, the MDT approach will filter into the student's clinical experience.

Areas for development and recommendations

None reported.

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

We were assured that the University has published complaints and whistleblowing policies, which can be found on the website, the SRF, the programme specification and in the student information handbook. In the meeting with students we were reassured that these policies were in place, and that they had been informed of them during their induction. They told us that they had not had necessity to use them, but would not feel apprehensive about doing so if necessary.

At the support staff meeting it was confirmed that staff were able to provide support to students wishing to complain if needed. The University tracks and reports on complaints as part of their annual reporting process, although to date, the programme has not had any recorded complaints.

Based on the evidence seen including in meetings with students and staff who demonstrated their knowledge of the complaints procedures, we are assured that this standard has been met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

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We were assured that the University has in place an academic appeals policy and procedure which can be found on the website, the SRF programme specification and in the student information handbook. The policy is in line with education sector expectations.

Students attending the meeting were aware of an appeals process, those in the lower years less so, but none had had recourse to utilise it. One student commented positively on using the EC procedure.

Visitors were provided with documentary evidence of the procedure, and our discussion with students verified that they were aware of the procedure. Overall, we were assured that this standard has been 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 University has a well understood governance and management structure with effective lines of reporting, accountability and monitoring passing between the Board of Governors, the Senate and deliberative committees, the senior management team and the programme management overseeing the osteopathic programme. Independent audit reports confirm that there is an adequate and effective framework for risk management, governance and internal control.

Minutes of deliberative committee meetings of the Senate provide evidence that aspects of programme performance and development are considered and that policies are reviewed. The arrangements in place are sufficient to ensure that for the osteopathy programme, compliance with policies is effectively monitored and that the management is held to account. Updated policies, for example the assessment policy are presented by the policy owner to the teaching and learning committee who engages in scrutiny before the policy is confirmed and approved for dissemination. The minutes of the teaching and learning committee are presented to Senate by the Chair and members have the opportunity to discuss policy introduction or amendments further. Senate minutes are presented to the University Board of Governors.

In meetings with the University SMT, including the Vice-Chancellor, they explained the model of oversight. The Senate has established two oversight committees to facilitate scrutiny of the University's academic activities. The academic planning partnership committee oversees all aspects of new programme development and partnerships with external organisations. The teaching and learning quality committee considers reports and data prepared by academic senior managers related to individual programme performance and development plans. The reports prepared by programme senior managers highlight issues arising out of both regular and annual programme evaluation and includes progression and achievement data, External Examiner reports and NSS data and associated development plans. Development plans arising from programme annual reports, External Examiners reports and NSS data are monitored for implementation. The teaching and learning committee has a standing item on the agenda for PSRB issues to be discussed. Annual reports, including those prepared for GOsC are scrutinised before submission. Data is also considered on staff professional development including the completion of individual staff PDRs, staff research activity and publications. Minutes from the SEC are also considered by the teaching and learning committee. Actions arising are recorded in minutes and progress is tracked between meetings. Summaries of complaints and academic appeals are considered.

The Dean of School of Health meets regularly with the Programme Lead who in turn meets with the teaching team every one to two weeks. Teaching staff described the meeting as an effective way for senior staff to hear about programme delivery-related issues and for senior staff to update about University initiatives.

The University has a policy on GDPR and an information technology policy that are easily found and seem fit for purpose. Under the GDPR, medical records are classed as sensitive and as such require a greater degree of care when being handled. The information technology policy reflects this by making suggestions on how this should be handled. The visitors identified a concern that patient consent forms did not inform them that their records were accessible to staff working in other non-statutory regulated professional practice

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clinics and that students used their own IT equipment both on and off site to access the patient records system.

Further documentation was requested such as the consent form signed by patients and the privacy notice used. A meeting was requested with the Programme Lead, Dean of School and two other members of the osteopathy department. They clarified that the psychotherapy and counselling students had their own standalone Cliniko programme which no one else could access. This had been specifically requested by the programme staff when setting up the course due to the nature of information shared with their therapist.

The team reported that they were aware that students from the sports therapy and rehabilitation programmes could access osteopathic clinical records. However, they stated that training is provided to students which discouraged them from accessing notes that are not their own patients notes. They said the situation had arisen as the original osteopathy clinic was housed in the sports facilities with sport therapy and rehabilitation.

The team stated that students using their own devices to access patients records both on and off site did not in their opinion pose any additional risk than was posed by any other osteopath using the same software. They reported that some mitigation takes place in that two-factor authentication is active on the software which provides some assurance. The team confirmed that students are not supplied with access to VPN or virus software. No data breaches have been reported regarding these issues.

They confirmed that student data is not allowed to be accessed off site by staff and could only be accessed when connected to the University network as the information is sensitive. There were, in the opinion of the visiting team, a number of issues with the way patient data is handled at the University. The first is regarding consent. The consent form nor the privacy policy do not inform patients that their clinical records may be seen by students on the BSc sports therapy and rehabilitation courses.

The second is that sports rehabilitation and therapy do not have statutory regulation. There is a system of voluntary regulation which does provide some reassurance. However, neither the visiting team nor the osteopathic team members have any oversight of the professionalism training undertaken on the sports therapy and rehabilitation courses and thus cannot provide any assurance that patient data is handled in an appropriate manner.

The use of the students' own IT poses a number of risks that are not being mitigated. The first is that there is no requirement for them to have virus software, the second is that there is no obligation for them to have a VPN to protect data whilst on public or Wi-Fi networks in shared housing. It also runs contrary to their own policies on data protection such as their IT code of practice which discourages the use of personal IT equipment as they could be infected by malicious software and that they recommend using a Marjon device and VPN when accessing confidential data off site.

Under the GDPR, medical records are classed as sensitive and as such require a greater degree of care when being handled. Staff are not permitted to access student data off site as it is considered sensitive. The same should apply to patient data.

We felt some reassurance after having met with the above representatives that this issue is being talked about and that staff and management felt the software in use did not meet their needs. However, we did not feel that it was a high enough priority for the university given the risks associated with it. This process needs to be expedited and patients need to be fully informed about who has access to their notes whether they are actually accessed or not.

Strengths and good practice

None reported.



Areas for development and recommendations

None reported.

Conditions

The University must immediately update their consent forms and privacy policy to ensure patients are fully aware of who can access their clinical information. (2i, 9vi)

In order to effectively manage the risk to patient data, the University must carry out an urgent review of the risks associated with the use of students' own IT equipment to access and record patient data both on site and off site as well as the risks associated with allowing students from other programmes access to osteopathic patient records. This should be done in conjunction with staff at the university who have expertise in IT and data protection. The University must develop and carry out a plan to implement the recommendations from the review. (2i, 9vi)

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 University's general FtP policy focusses on supporting students before leading to steps intended to lead to a break or withdrawal from study. For osteopathy students, this process subsumes FtP requirements that reflect GOsC guidelines.

The FtP policy is published with other HE policies on the University website. Information about FtP is included in programme handbooks. Students and staff confirmed that they were aware of the policy and where they could find information. Students confirmed that information about FtP had been explained during programme and clinic inductions. No cases had been brought under the terms of the policy for the osteopathy programme.

We are confident that the University has in place, and implements fair, effective and transparent FtP procedures, and therefore are assured that this standard has been met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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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 University's policy to deal with complaints is widely publicised to students, patients and staff through programme handbooks, the University website and clinic posters. In meetings with students, patients and staff, the visitors heard that there was good awareness of the policy and how they could raise an issue of concern. Staff and students emphasised the importance of direct communication in informal settings to resolve concerns and how this had been effective in resolving issues quickly.

The policy sets out the stages for dealing with a complaint beginning with an initial informal approach to a member of staff (or line manager if more appropriate), before embarking on formal procedures. Data on complaints is collated centrally by the Head of Quality and reported to the teaching and learning quality committee of the Senate. Data on complaints is also reflected upon during annual programme monitoring and in the annual report to GOsC.

The complaints policy sets out the process for escalating of concerns to GOsC and the Office of the Independent Arbitrator where individuals are dissatisfied by the outcome of their complaint.

Where issues arise involving a staff complaint the process is similar but managed by the human resources staff. There is a staff grievance procedure in place. Staff met by visitors indicated that they would prefer to adopt informal channels initially before following the formal procedure if a resolution could not be found.

There are arrangements in place to provide accessible and effective channels to enable concerns and complaints to be raised and acted upon by the University. Therefore, we are assured that this standard has been met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

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



Information published on the public website and in programme handbooks indicates that the University seeks to promote a culture of openness and transparency. Minutes of the governing body and deliberative committees are routinely published on the website. A student and staff member are represented on the governing body.

The University has published policies on the website concerning the approaches to anti-bullying, harassment and whistleblowing, together with associated procedures. Relevant external sources of support are signposted in these policies. For example, the policy states that the complainant has the right to be accompanied by a friend, colleague or a trade union representative. The GOsC is also identified as an additional avenue for support.

Information about accessing policies is included in programme handbooks on the staff intranet and on the University web pages. The staff and student inductions provide information and signposting on these policies.

Meetings with staff, students and patients confirmed awareness on how to report formal concerns. In these meetings it was confirmed that wherever possible there was a preference to use informal approaches to quickly resolve issues, but also an understanding that the policies would be used for some issues. Students and patients confirmed that staff were approachable and that informal discussions could take place in public areas such as the clinic, or privately as appropriate. Staff provided confirmation that they intended to be available to meet students informally with a view to speedy resolution of difficulties and were aware that for some issues a referral would be necessary. Patients stated that they felt able to raise issues directly with a student treating them or with clinic staff.

The culture at the University is one where it is safe for students, staff and patients to speak up about unacceptable and inappropriate behaviour, including bullying. External avenues of support and advice and for raising concerns are effectively signposted. Therefore, we are assured that this standard has been met.

Strengths and good practice

None reported.

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

The University promotes an open and supportive environment that aims to empower students, staff and patients to promptly raise issues and to check for understanding regardless of the issue being experienced.

Students were familiar with who they should contact to deal with a range of issues, beginning with the personal mentor where appropriate to signpost students to a range of services to support. This might include



student services such as counselling, financial advice or learning support. Students were clear that they could access sources of advice and support independently. Relationships between students and clinic tutors are close and students are encouraged to reflect upon their experiences with patients, their tutor and peers in group settings. Students confirmed that teaching staff were supportive and available.

Students also have an opportunity to raise concerns through the SVP, attended by the senior management staff and staff from student support, including the library. Students are also represented on the governing body.

The culture of the University is open and supportive of both students and staff. Staff and students were clear that they knew who to approach and were encouraged and supported to speak up and to seek advice where appropriate. Therefore, we are assured that this standard has been 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

Robust QA processes are in place overseen by the University Head of Quality. Externality provides a further degree of assurance in the form of the role of the External Examiner and involvement of external panel members at validations. The External Examiner's reports are positive and no issues or concerns have been raised about academic standards or the quality of assessment practice. The programme Examination Board provides the formal forum for staff delivering the programme to review assessment in terms of achievement of the programme and module learning outcomes. The External Examiner is present to provide feedback on their sampling of assessments and oversight of the process. Appropriate records are maintained about the outcome of module assessment, completion of levels of study and awards.

The programme regulations confirm that all learning outcomes for each module must be assessed and passed in order to complete the module. The External Examiner's report confirms that this requirement is met. Similarly, the programme regulations specify that all modules must be passed in order to complete the programme successfully. The External Examiner's report confirms that this requirement has been met.

The assessment strategy for learning outcomes is set out in the module guides. These articulate clearly with the programme specification which in turn maps to the professional education standards. Assessment instruments are developed internally and subject to process of internal moderation before being forwarded to the External Examiner for comment. Marking criteria are set out clearly in assessment rubrics seen on the Turnitin platform used for assignment submission and assessment by staff. A University grading matrix has



been developed and shared with students. Staff described approaches to contextualising the University grading criteria to relate more closely to the assessment. This work was informed by the External Examiner's feedback. This developing area of good practice assessment will be shared and developed as part of forthcoming staff development.

Examples of assessed work was made available to the visiting team. They were assured that assessment feedback related to the learning outcomes and was informed by the University grading criteria. The assessment briefs were clearly written and there was evidence that internal moderation had taken place. Students confirmed that they were clear about the assessment process and that the assessment clearly explained the grade awarded and what areas should be addressed in subsequent work.

Written work is internally moderated and the outcomes recorded, to be scrutinised by the External Examiner. The policy requires a reconsideration of marks where they differ between those marked by more than an indicated threshold. The sample size for moderation may include a relatively high proportion of marked work as is typical for a small cohort size. All referred work is reviewed along with pieces of work at grade boundaries. Practical work is moderated by a process of second marking of students. There is provision for the External Examiner to become involved if assessors and moderators are unable to reach an agreement.

External Examiner reports consistently confirm that students have demonstrated the required learning outcomes and they confirm that staff marking and feedback practices are robustly and consistently applied.

Module and programme results are monitored and confirmed at the Examination Board, with the External Examiner present together with staff responsible for assessment.

The University has effective systems in place, including External Examiner reports, to provide assurance that students have fully demonstrated learning outcomes. Therefore, we are assured that this standard has been met.

Strengths and good practice

None reported.

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 University has confirmed that students are at the centre of their purpose, and they have a clearly defined set of values which are: humanity, curiosity, ambition and independence. These values can be seen to be reinforced on the website, via posters throughout the site and also in discussions in staff meetings. In discussions with the SMT and staff, it was made clear that the teaching and learning culture was one of support, compassion and empathy and that students, whilst being positively challenged to achieve programme and professional expectations, are concurrently provided with support to address any learning needs.

Posters and slogans are found all around the University to spur on constructive academic and personal development. However, the osteopathic clinic and classrooms walls appear to be scant on similar posters which could reinforce the OPS and other professional attitudes, values and expectations - only one set of OPS literature was observed in the clinic tutor room. Students confirmed that they were introduced to the professional expectations of the OPS at induction, and that these were reinforced throughout their learning journey.

We were assured that a raft of policies, procedures and services exist to ensure, support and enhance the experience of all students and staff. These include safeguarding, disability and inclusion, diversity, academic advice, student funding advice, FtP policy, health and safety policy, mental health wellbeing policy and strategy, Prevent policy, extensive counselling services, the Chaplaincy centre and an on-campus nursery

We were informed in discussions with staff that they are given training in all relevant policies at induction and these are revisited at intervals during their employment. The mission and vision statements within the strategic plan 'Marjon 2030', reinforces the University's commitment to adopting a caring and compassionate learning culture.

Our discussions with staff and students confirmed that the university adopts a caring supportive, nurturing and inclusive culture in which staff and students can safely work and learn.

We were assured from observations of the learning environment, and by positive statements from staff and students regarding the institution's approach in its learning culture, that this standard has been met

Strengths and good practice

None reported.

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 University has a number of relevant guidelines in place to ensure that the behaviour of staff and students is within acceptable parameters. The SRF, FtP and student misconduct procedures clearly explain the expectations. It is available in hardcopy or online. Lesson and clinic observations and the meeting with patients conducted at the visit lay testament to the mutual respect that staff, students and patients have for each other. Patients commented positively on the openness and approachability of their student osteopaths, and without exception they all felt their healthcare concerns were dealt with honesty and openness, which they expressed as refreshing.

Students confirmed a supportive and caring approach within the institution and went on to emphasise that they were happy with the friendly, easy, approachable attitude they had with tutors. The annual quality report places emphasis on equality, courtesy and respect towards all, and this approach was apparent in the meetings held and interactions observed. The University has an aim to integrate students from all cultures and social backgrounds, and whilst this is a commendable aspiration, they should reflect on their programme web page to ensure that it too fulfils the University's aim.

All individuals that the visiting team engaged with – students, staff and patients – commented positively on the welcoming, open nature of the institution. With patients especially, being complementary and supportive of the treatment received within the clinic. During our discussions with students, we were assured that they were fully aware of their responsibility under their Duty of Candour. Overall, we were assured that this standard has been met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

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

☒ MET

☐ NOT MET

Findings and evidence to support this

We heard that the University's learning culture is fair and impartial; students, staff and patients feel comfortable in their experiences with others. The annual equality report confirms that the University's



commitment to a diverse and equal community, respectful of, and valuing others and encouraging personal development. The EDIC is responsible for ensuring that the University's EDI strategy is implemented and that it complies with all required legislation and monitors all data on an annual basis, the outcomes of which are reported in the annual equality report.

Students informed us that they have the opportunity within the SVP to address concerns. However, the osteopathic students also acknowledged that as a group they do not interact as much with these groups as they could. Student support services confirm that reasonable adjustments can be made for any student should they need it, however this has not been necessary for osteopathic students to date. They also commented positively on the autonomous and mature nature of the osteopathic students in general.

Students confirmed that they all had a personal development tutor. However, some said they had not met with them throughout their learning journey and others mentioned that the quality of help and support they received from the PDTs varied depending on the tutor assigned to them. Most were not fully aware of what areas they could approach their PDT about. Staff training documents showed that two staff members do not appear to have completed their annual training programme. Discussions with SMT confirmed that this was an issue but in discussions with staff, it was confirmed that the institution was doing everything possible to support them in completing the annual training..

Observations of the institution and discussions with staff and students confirm that the institution places a strong emphasis on creating an equal, inclusive and nurturing environment, which enables students and staff to achieve their potential. We are assured that overall, this standard has been met.

Strengths and good practice

None reported.

Areas for development and recommendations

Students commented that the support provided by a personal development tutors could be inconsistent and dependent on who they were assigned to. Therefore, the University should ensure that the training and support which is provided for this role enables students and staff to appreciate of the remits of the role, including a practical knowledge of the scope of support available, commitment to a minimum number of diarised meeting opportunities (taking into account tutor availability), and a review process which ensures consistent and equitable support for all students.

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

The SVP provides a formal route for students to raise concerns; these are held once per semester. During discussions with visitors, students confirmed that they felt confidence in being able to speak directly with tutors or programme leaders about any concerns. They emphasised that there was a culture of mutual respect and care which was apparent throughout the University. They felt that their opinions were valued and acted upon rapidly. Staff confirmed that despite having lecturers who had graduated from other OEIs, there



was a 'Marjon' approach within the teaching team, which emphasised the supportive cultural nature of the institution, and especially in practical tutoring. All staff were familiar with this approach and had mentors to support them in their early days as a new staff member.

During discussions with patients, they confirmed that they were easily able to voice concerns verbally to their practitioner or tutors on the day. However, they were unaware of a formal process for reporting this. They were also not aware of an explicit complaints section within the online form, accessed via the QR code.

The institution has a variety of policies and processes available through student services – both academic and pastoral, including disability and inclusivity, counselling, safeguarding, chaplaincy and mental health support and our discussions with support staff confirmed the easy access available for students needing any of these. Support staff also confirmed that access was anonymously audited in order to ensure the service provided was fit for purpose.

Staff confirmed in our meeting with them available training in Prevent, EDI and health and safety policies. The website also lists all policies and procedures. The programme team and PL confirmed that staff reflected on the previous years teaching and learning during their SOE day and that recommendations were acted upon. Based on the evidence seen and discussions held, we are assured that this standard has been met.

Strengths and good practice

The supportive and compassionate culture inherent and strongly focussed upon within the University is a strength and this creates a safe space for quality learning.

Areas for development and recommendations

The University should ensure that procedures for complaints are explicit and easily accessible both in hard copy at clinic and online for the Clinic patients. Similarly, there should be information posters within the clinic areas to remind patients (and others) of the University's culture of mutual respect, and its response to unacceptable behaviours towards students, clinical staff or other service users.

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

Our discussions with students and staff confirmed that the OPS are introduced during induction and are consistently revisited throughout various touch points of the programme, including their personal and professional development modules, the module guides, links to the GOsC within the student handbook or in the appropriate pages of Canvas. They were also expected to reference the OPS within their reflective assessments.

Clinic staff also confirmed their consistent reference to OPS within the clinical teaching sessions. Overall, the curriculum demonstrates a logical progression which supports and positively challenges learning through to level 7. This affords assurance that students will develop as learners and professionals during their education. We are therefore confident that this standard has been met.

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Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

☒ MET

☐ NOT MET

Findings and evidence to support this

Staff confirmed the University's commitment and support for them to undertake further academic qualifications, and this aligns with their core priority of research and knowledge exchange. Staff confirmed during our discussions that this value applied not only to the learning environment for students but also in the teaching support given to staff. They appreciated the ongoing support provided by the university.

Classroom observations and further discussions with students in the clinic confirmed that peer group learning and feedback is an integral pedagogic approach used by the University. First year students were observed in an interactive and innovative lesson, presenting topics to their peers, there was scope to safely challenge and receive immediate feedback.

Following our discussions with staff, students and support staff, we are confident that this standard has been met.

Strengths and good practice

The introduction of the individual student's presentations, observed during the first year teaching session, at an early point of the programme is an example of good practice, enabling a sense of ownership in their exchange of knowledge and building self-confidence.

Areas for development and recommendations

None reported.

Conditions

None reported.

Coe, Lorna
02/06/2025 15:47:12



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 University has put in place effective programme monitoring and review mechanisms. The Programme Lead is responsible for completing evaluations at an operational level and responding to feedback from teachers and students.

The annual evaluation cycle begins with the gathering of module feedback and information from the Board of Examiners, including student outcomes and progression data. The feedback from the External Examiner is also considered. The evaluation document is shared for consideration by the Dean of School or nominee. The programme evaluation document is considered by a deliberative committee, the teaching and learning quality committee of the University Senate. The report and accompanying development plan are confirmed prior to implementation. The development plan arising from specific feedback from the External Examiner's Annual Report and from the NSS is also considered and approved. The evaluation process informs the drafting of the annual report to the GOsC.

Data relating to protected characteristics is gathered, anonymised, collated, reported, and reviewed at programme level and University level. This data is reflected upon during the annual evaluation cycle at programme level and contributes to the annual reporting to the GOsC.

The University publishes a comprehensive equality and diversity report each year, including commentary on progress against external benchmarks and internal targets. The report monitors equality and diversity for both staff and students.

There are effective mechanisms in place for the monitoring and review of key aspects of the programme, to include information regarding student performance and progression. Therefore, we are assured that this standard has been met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

ii. external expertise is used within the quality review of osteopathic pre-registration programmes. ☒ MET ☐ NOT MET

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Findings and evidence to support this

The External Examiner process provides a valuable external reference to assure the University that academic standards are being met and that assessment QA processes are effectively operated. A single External Examiner is appointed for the programme. In their annual report they commented on the appropriateness of standards, both academic and professional. The reports scrutinised confirm that assessment practices are robust and fairly applied. By sampling assessment marking and records of moderation of marks, they are able to confirm the effectiveness of processes. External Examiners have access to all assessments and marks awarded through access to the VLE, Canvas. Reports arising from this scrutiny include commendations and suggestions for development and are overwhelmingly positive in their feedback. External Examiner reports are responded to by the Programme Lead and the progress made in addressing developments required is considered in the subsequent report. Scrutiny of the reports demonstrates that they are responded to in detail by the course team in accordance with the University procedures.

The University reviews External Examiner's reports across the institution to identify any themes for good practice or areas for development that can inform the planning for cross-college staff development.

The University uses external expertise within the quality review of the osteopathic programmes under review. Therefore, we are assured that this standard has been 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

The management structure diagrams and committee structure terms of reference provided outline the University's line management and the committee structures and indicate that the reporting lines offer effective oversight.

University policies, including the academic framework, are available to staff, students and the External Examiner on the public website. Policies clearly define the ownership together with a record of review and approval. The student handbook provides information about policies including those related to assessment. Links in the handbook provide access to policies published on the website and serve to ensure consistency of published information.

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There is good evidence of 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. Therefore, we are assured that this standard has been met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

Opportunities for educators to innovate in professional practice is encouraged by the University. The visitors heard that there are opportunities provided in the osteopathy department in a range of informal and formal settings. Staff have opportunities to discuss individual practice as part of the peer observation process. Innovative practice may be observed in theory, practical and clinical settings. Senior managers identified the interdisciplinary working policy as providing good opportunities to share effective learning and teaching strategies.

The osteopathy team meets regularly with the Programme Lead to discuss the delivery of the osteopathic programme. This provides good opportunities for staff to informally share information about new strategies for supporting effective learning. Formal staff development days have provided good opportunities to showcase examples of innovative professional practice from those present. Teaching staff shared with the visitors, examples of good practice shared at formal staff development days and they confirmed that they valued them. For example, staff described sharing of approaches to teaching of osteopathic techniques and the creation of interactive resources. Formal and informal sharing opportunities have enabled staff to share different approaches to developing osteopathic skills developed as a result of different professional routes into teaching. Students confirmed that they valued the range of experiences the staff brought to the programme and the insight specialisation brings to practice.

It is clear that staff demonstrate an ability to embrace and implement innovation in osteopathic practice and education and to share information with colleagues. Therefore, we are assured that this standard has been met.

Strengths and good practice

None reported.

Areas for development and recommendations

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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 osteopathic medicine programme benefits from support from the University's onsite library. The library provides access to private and group study spaces arranged over three levels with areas zoned for quiet study. The book stock most relevant to the osteopathy programme is arranged on the second floor. Breakout rooms and group teaching areas are available on the ground floor. A help desk provides students with access to support from a professional librarian and an issue desk and self-service point enables students to borrow items. The University does not operate a 'subject librarian' system. Following adjustments made following student consultation, the library is open 24 hours a day, 7 days a week, to accommodate students with different working patterns. The professional services team operates within core hours, and the estates security staff manage access to the library outside of these hours. In meetings with students, they confirmed that the new arrangements met their requirements.

Library services are available online to students and staff 24 hours a day via a web-based portal. Electronic sources including e-books and journals are linked directly to module guide reading lists. The number of simultaneous users may be limited, dependent upon individual publishers' licence terms and conditions.

The library offers an extensive collection of books, e-books and journals. It offers access to relevant online databases such as Medline and Sport Discuss. A collection development policy is in place, setting out the strategy for the purchase of new resources to support University programmes. Professional librarians meet with subject specialists annually to review module reading lists and to identify additional resources that may be required. In meetings with teachers and students, the process of review and enhancement of subject-specific resources was considered to be effective. A further process was also available for individual staff and students to propose acquisitions for consideration within the terms of the collection development policy.

The library offers a comprehensive programme of support for study and academic skills development. This service is branded under the acronym 'AIM', standing for 'Acquire', 'Improve' and 'Master'. The programme sets out to develop study and academic skills such as critical reading, thinking skills and the use of AI in assessment. Group sessions are offered on a rolling basis throughout the academic year. Sessions are recorded and made available to students unable to attend in person. The AIM programme is advertised on the student portal where individual sessions may be booked. On occasion, sessions may be tailored to meet the needs of particular groups of students. The library offers scheduled 'drop-in' academic and study skills sessions for students who reported in meetings with visitors that it was a valued and useful service. Library staff attend programme voice panels and the student experience committee to collect feedback on services and proposals for enhancement.

The library provides a base for specialist one to one study skills provision for students with learning disabilities. The services are provided in small study rooms. A drop-in service is offered two days per week for students self-referring for screening for specialist assessment, those with new disability disclosure or identification and needing support with application processes for the Disabled Student Allowance. Staff delivering the support have specialist qualifications at an appropriate level. For example, staff delivering study skills for students with autistic spectrum issues are qualified at level 7 and those supporting dyslexia and co-occurring conditions such as dysgraphia have qualifications at level 5.



Library staff, including specialist study skills tutors, provide inductions for students at the beginning of each of the study levels. The 'study essentials' welcome event is a mandatory session for all first-year students. The programme introduces student support services including the development of independent study skills. For second-year students the focus is on information skills and academic skills. A tailored provision is delivered for late enrolling students. An induction programme is provided for new staff and refresher input for existing staff. There is a focus on reading list development and it is mandatory for new staff to complete the induction programme for new staff within one month of starting their employment. In meetings with students and staff, the visiting team were assured by the value of the induction to the library services.

Student support services, including counselling, financial advice and support for the use of appliances and adaptations provided for students with disabilities operates from a student facing 'welcome desk' single point of contact in the 'student life hub'. Staff providing counselling services are accredited by BCAP.

Programme handbooks for the osteopathic medicine programme comprehensively outline the various support services and opening times.

The osteopathy programme and the associated clinic is managed on a day-to-day basis by the Programme Lead who also manages clinic-only professionals and support staff. A newly appointed Associate Dean is responsible for the line management of the academic staff delivering the programme. Most teachers work both in the Clinic and in academic settings, providing good opportunities to link academic and clinical teaching aspects. All teachers are registered with GOsC and are practitioners. Teachers are drawn from a range of OEIs. Staff and students gave examples of how the learning experience was enhanced by the range of experience brought by academic osteopaths delivering the programme.

Academic development mentors are responsible for the academic and pastoral care of their designated students. They meet students periodically and seek to signpost students to a range of relevant University services and support. An 'open door' policy to supporting students was described by managers and was confirmed as beneficial in meetings with staff and students. This served to enhance informal channels of communication between managers, teachers and students. Students spoke positively about the approachability of staff and were able to give examples where steps had been taken to address concerns and issues.

The osteopathy department has access to teaching rooms of various sizes, with practical rooms furnished with plinths, interactive white boards and video recording facilities. The rooms are allocated using the University's central allocation services and are shared with other professional programmes. For existing cohort sizes there is sufficient space for theory and practical teaching

A good range of specialist anatomical models, skeletons and posters are available to support learning and teaching.

The onsite osteopathy clinic is well equipped and has eight newly fitted treatment rooms. Each treatment room contains a plinth, a desk and at least one chair. Each room is separated from the corridor by a curtain. The rooms allow sufficient space for at least two observers. Adjacent accommodation provides a tutorial and changing room with a reception desk in close proximity. Unoccupied treatment rooms may be used too for individual tutorials.

Students have access to a portal hub called 'MyMarjon' and access to the VLE, Canvas, is provided securely. The VLE provides access to essential course information including the programme handbook and is used by students for coursework submission and the similarity detection software, Turnitin is used to detect possible plagiarism.

GOsC
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During the visit, the Canvas was demonstrated by a course team member. The resource demonstrated was clearly laid out and provided access to programme information and module guides including assessments and grading descriptors. The VLE also provided a portal to enable students to upload assignments via a link to the similarity software 'Turnitin'. A feature for uploading lecture videos is available. Students and staff were able to provide instances where the resources published on Canvas were valuable and supported learning and programme organisation, for example key information such as assessments, e-books, handbooks, calendars, course material, reading lists, lecture notes, presentations and links to policies. In cases of planned student absence, students and staff confirmed that special arrangements can be made for lectures to be recorded and then viewed at a later date on this platform. Typically, lectures were expected to be delivered to students attending in person. Links are available in the programme handbook and in the VLE to the GOsC website where the Osteopathic Education Standards can be accessed.

The University provides 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. Therefore, we are assured that this standard has been met.

Strengths and good practice

The extended opening hours of the library and library staff's highly proactive approach to engaging with students and staff is a strength which supports the students' needs, academic study skills development and enables them to become more autonomous in their learning. (5i, 6ii)

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

In accordance with the Benchmark Statement for Osteopathy (2019) and GOPRE requirements, the University maintain appropriate staff-student ratios to maintain effective and safe supervision in the clinical and classroom environments.

The University provides ratios of one tutor to 10 students in practical classes and one supervising tutor to six students in clinic, with one tutor to three students where they are actively engaged with patients. The published ratios were evidenced in the programme specification and the mapping to OPS and GOPRE and SET. Visitors observing lessons in classrooms and clinic settings confirmed that the ratios were maintained. The Programme Lead confirmed that a bank of sessional tutors was available. These tutors were prepared to cover sessions in periods of staff holiday or absence to ensure that the ratios are maintained. In exceptional cases, cover would be provided by the Programme Lead. Teaching staff confirmed that they understood that where necessary, substitute staff were available.

A review of staff with the Programme Lead and available CVs confirmed that the teachers are all trained and experienced osteopaths and bring experience from a range of UK osteopathic education institutes. Teachers



confirmed that there were good opportunities for learning and teaching to benefit from the range of experiences and approaches to osteopathic education brought by the team. Good opportunities were offered in a range of formal and informal settings to share ideas with colleagues.

Students confirmed that they had benefited from opportunities to be taught by staff with a range of different insights into treatment and this led to an enriched student experience. Students described in detail the high quality of support they received from staff at whatever level they were currently studying.

The Programme Lead and the academic team emphasised the importance of the relatively small cohort sizes in ensuring that there were good professional working relationships developed between both teachers and students. There were wide opportunities for informal communication to take place, for example small group discussions regularly took place in addition to regular scheduled supervision meetings.

Clinic-based students confirmed that they had good opportunities to treat a wide variety of patients of differing ages, gender and physiology types. Past graduates described some limitations in the range of patients they had had an opportunity to treat and expressed a wish that the programme had focussed more on rehabilitation protocols to prepare them for practice following graduation. The Programme Lead confirmed that some adjustments to the programme content with respect to rehabilitation had been included as part of the approval of the new programme.

The teaching observation carried out by osteopathic visitors confirmed that class activities were appropriate to the level and that learning outcomes were published for the lesson. Detailed lesson plans are not currently used. However, lesson summaries are made available to students and staff for each lesson through the VLE. There were examples observed of positive student engagement. There was good use made of specialist and general learning resources to support the lessons observed. The staff-student ratios quoted and observed provided by the University are 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. Therefore, we are assured that this standard has been 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



In meetings with specialist professional support staff and academic staff, we heard that effective exchange of information led to good support for individual and groups of students being delivered. Students were able to describe in detail the range of services available to support their learning. A 'welcome desk' offers students a single point of initial contact to enable them to access a range of specialist services including support for learning difficulties. Students were also aware of support available for students with physical and learning disabilities and could give appropriate examples. For example, they described arrangements for providing students with advance information prior to lectures and access to recordings.

Additional learning needs are generally disclosed by students at the admissions stage or during the induction process. Students confirmed that they have opportunities to make their needs known as part of the application process and during interview. On occasions, teachers may draw on their experience and training to become alert to students presenting in class or in written work with potential learning support needs. They may make an informal recommendation that contact is made with specialist support staff for further screening or assessment as necessary. Specialist support staff confirmed that they had undertaken assessments to identify learning disabilities for students already studying on the programme.

Specialist support staff are appropriately skilled to provide support for students with a range of learning disabilities. For example, level 7 trained specialist support teachers are available to facilitate necessary changes and adaptations for students and provide a programme of one-to-one sessions delivered to support conditions such as autistic spectrum issues. Level 5 trained staff are available to support students with dyslexia and other co-occurring disorders such as dysgraphia. In cases of a sensitive nature, the specialist support staff will discuss required adaptations on behalf of the student.

The specialist support staff attend programme voice panels and the University student experience committee to hear of concerns expressed by student representatives. An evaluation of support services is undertaken to identify areas for enhancement. Staff development has been provided for programme teachers to enable them to better understand the challenges faced by those with learning disabilities and to be aware of key indicators of challenges faced by some students when engaging with the programme.

The Programme Lead gave the example of where a student was unable to attend clinic on their specified time due to paid work schedules and an adjustment was agreed to enable required hours to be met.

The resources provided for students effectively take account of the diverse needs of students to support them in a range of practical and theory study settings. Therefore, we are assured that this standard has been met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

iv. there is sufficient provision in the institution to account for the diverse needs of students, for example, there should be arrangements for mothers to express and

☒ MET



store breastmilk and space to pray in private areas and places for students to meet privately. ☐ NOT MET

Findings and evidence to support this

Students are made aware of additional facilities in their programme handbook and by participating in induction to the library and student support welcome desk. Osteopathic teachers are updated on changes to support services during professional development days, informally via the Programme Lead and staff delivering services.

When in clinic, unused rooms may be used by students and staff for discussion and practice activities. The library staff confirmed that a prayer room was available. Nursing mothers could easily be accommodated in private spaces should the need arise.

In addition to the dining areas and cafes at the University, there are a range of internal and external areas for students to socialise. For those interested in playing sport or physical activity, the University offers excellent sports facilities including playing fields, all weather pitches, swimming pool and fitness gym are available onsite.

There is sufficient provision to account for the diverse needs of students and overall, we are assured that this standard has been 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 University is relatively easily accessed by car and public transport. Car parking is plentiful and secure with a designated parking areas for those with disabilities or those needing access to EV charging points. Students and patients are permitted to park onsite. Access into the teaching areas and the teaching clinic is via the main reception.

Students and staff receive a tour of the University facilities as part of their induction and site maps are posted throughout the campus.

Patients usually make their way independently to the dedicated clinic reception desk. The clinic reception is a student-led facility. Confirmation of initial appointment with the osteopathy clinic is made by email with guidance on their first visit and directions to the University.



Lifts are available for those unable to use stairs and all buildings have ramp options for wheelchair users. The clinic telephone number is given for those with mobility issues and for those who may need assistance from their car.

University buildings are accessible for patients, students and osteopaths. Overall, we are assured that this standard has been met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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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

There are a variety of methods by which students are provided with course information including Canvas, the programme handbook, student support inductions and University policy web pages. Evidence provided to support the OEIs assertions included the SRF and programme specification document (both of which are available to staff and students) and module guides. These all provide clear and accurate information regarding programme aims, the curriculum, teaching and learning approaches, learning and professional outcomes, and assessments.

The student clinical handbook provides all essential information regarding the clinical learning environment and expectations of professional behaviour are provided in the FtP policy. Students are directed to the available academic and personal support services on the VLE. Discussions with support staff confirm that they also provide any information requested in this area. Students confirmed their knowledge and ability to utilise these information sources, although not all access them regularly.

The VLE is well developed and provides support to the teaching and learning.

Student support services are able to offer adjustments to assessment to suit student's needs if necessary.

Documentary evidence to support this standard including module guides and programme specification is further supported by information provided on Canvas. All students and staff are fully aware of how to access this information. All the information provided is clear and concise. However, clarity within the module guides in terms of mapping of the MLOs to relevant OPS is inconsistent and requires finalisation. Overall, we are assured that this standard has been met.

Strengths and good practice

None identified.

Areas for development and recommendations

The University should ensure consistency by explicitly mapping MLOs to the OPS, the 'threads' and the four pillars, ensuring students can locate this and staff understand all and have embedded them into their teaching. The mapping should also be included in module guides to ensure mapping of OPS to MLOs can be consistently applied in all modules and so that students and other stakeholders are clear as to which educational and professional attributes each module enables acquisition of. (1vii, 6i)

Conditions

None reported.

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

We were reassured that the student support services provide pastoral care and a range of services to support the students' welfare and academic needs including mental health wellbeing, student funding advice, a range of counselling services, a Chaplaincy centre, disability and inclusion advice and support. Student support services are introduced to students during programme induction and are available in the library.

As result of student feedback, the library now operates a 24/7 opening policy, which was instigated to support students with work or family commitments who were unable to use the facility during normal working hours. Students confirmed they were pleased with the University's response to this concern. Students mentioned that the effectiveness of PDTs as part of their programme, was inconsistent and could depend on the individual tutor assigned. Some senior students had not had many, if any, appointments with their PDT. Students expressed that the operation, role and scope of support offered by the PDT was not clear. The University has acknowledged that the PDT role is currently being adapted to support the osteopathic students.

Overall, our discussions provided reassurance that students' academic and welfare needs are supported sufficiently to allow them to become reflective and autonomous allied health professionals. Therefore, we are confident that this standard has been met.

Strengths and good practice

The extended opening hours of the library and library staff's highly proactive approach to engaging with students and staff is a strength which supports the students' needs, academic study skills development and enables them to become more autonomous in their learning. (5i, 6ii)

Areas for development and recommendations

None reported.

Conditions

None reported.

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

We were informed during our meetings with SMT and other groups that it is an aspiration of the University to support diverse needs of students, and that the University welcomes students with disabilities and other health conditions. Discussions with student support services confirmed the University's commitment to providing a range of support mechanisms to facilitate this. The fitness to continue in study procedure details the University's support for students managing health issues. These are considered within the remits of current legislation. The osteopathy page on the website clearly states the University's approach.

Student support confirmed that, as yet no osteopathic student has required any additional support in this area. However, the policies and procedures which are in place mean that we are confident that students'



diverse needs can and will be met when necessary, and therefore we are assured that this standard has been 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

The University has asserted that student feedback on their progression follows the University's normal protocols and provided evidence to demonstrate examples of written feedback given. The SRF outlines the process for receiving feedback. However, formative assessments tend to be run informally and feedback on them does not appear to be recorded. In practical classes, the use of round-robin teaching is frequently used, and peer feedback is the norm. This was also verified in discussions with staff.

Formative assessments under exam conditions do not appear to be held and there is no opportunity for students to receive constructive feedback on their performance from tutors who will be markers of the summative assessments. Students in the Clinic confirmed that at the end of each clinical session they were required to submit a reflection on their work during that session, including any tutor feedback. Once signed off by the tutor and submitted to their clinic log, these reflections could be accessed by the student for their learning purposes, but no changes could be made to the reflection itself.

Based on the evidence seen and discussions held, we are confident that this standard has been met.

Strengths and good practice

None reported.

Areas for development and recommendations

The University should continue to monitor student feedback regarding the effectiveness of the current formative assessment procedures and if necessary, should consider implementing these under examination conditions, especially for practical modules. Alongside this, all formative feedback opportunities should be explicitly included in module guides, and students informed of the role and benefits of formative assessment within their learning. (1v, 1viii, 6iv)

Conditions

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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

The University employs a number of feedback routes for students to comment on the programme and these can be formal or informal including discussions with their PDT, or directly with other academic staff, or the PL, mid-module and end of Semester MEFs, SSLC, SEOP, SEC, the NSS, HEA Surveys and graduate outcome surveys. However, the University has recognised that student feedback within the osteopathy programme has been consistently low in the past two years. The reasons for this are unclear. The programme team have decided to emphasise programme-specific feedback. This has resulted in more meaningful feedback.

Students confirmed that they had experience of directly feeding back to the team and having their feedback addressed in a very timely fashion, in one case in advance of the next lecture for that module.

We were reassured that feedback obtained on the programme is listened to by the team and actioned if possible, therefore we are confident that this standard has been met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

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

The University places emphasis on students having an active voice within its operation, and to enable this there are a number of opportunities available for students to express their views through the QAF: student engagement and representation including PVP, SEC, SSLC, their PDT, discussions directly with academic staff, mid-module and end of semester evaluations.

Students confirmed their knowledge of these groups and committees and some testified to themselves or peers being members of these groups. They were able to confirm that issues raised at these meetings had been heard and acted upon, an example of which was the extension to 24/7 opening of the library.



Based on the evidence seen and discussions held, we are confident that this standard has been met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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7. Clinical experience

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

There is a comprehensive student clinic handbook which sets out what is expected of students in the clinical environment. Clinic mentors and the Programme Lead confirmed that students receive training on the handbook as well as safeguarding, GDPR, complaints handling, FtP and their duty of candour before they enter the clinical environment each year. Induction agendas supplied to the visiting team demonstrate that students have timetabled induction sessions which include the running of the Clinic as well as safeguarding training.

The Clinic is said to be student led which means students take more responsibility for their patient, have responsibility for administration and for reception. They are also expected to contribute to the marketing of the Clinic. Tutors are advised that they should not treat patients unless they feel it is absolutely necessary. The team state that this allows students to become more autonomous and to use the skills they have rather than relying on tutors.

Whilst the principal method of achieving the required clinical hours is through the onsite Clinic, clinical scenarios are used widely in the osteopathic skills lectures to facilitate peer and group discussion around presentation, evaluation, diagnosis and treatment. This gives students an opportunity to discuss and approach clinical situations in a less pressurised environment where there are no expectations upon them from patients. These scenarios are also employed in Clinic if students are not seeing or observing patients.

There are no specialist clinics running. Students do see a wide range of patients and although paediatric patients are rare there is the expertise within the clinic team to be able to treat and manage them. If a paediatric patient needs an appointment they are booked in on the day when a clinic tutor who has the requisite experience is on duty and they take primary responsibility for the patient. This in effect acts as a demonstration clinic for the student so that they can observe and be involved with elements of the consultation.

Senior management and the osteopathic Programme Lead stated during the visit that the university offers opportunities to attend multi-disciplinary clinical placements. However, these ceased in 2020 due to the COVID-19 outbreak and are just now being reinstated. The first of these to be reinstated will be working with sports therapy in the chronic back pain service that is run from the University. This is timetabled to start in February 2025. Students act as observers' whilst sports therapy provide exercises to those referred to the service. Osteopathic students get to interact with patients and those running the service but are not attending as osteopaths. The hours they attend these clinics do count towards their clinical hour's requirement. This provides students with a different perspective on healthcare provision that should be encouraged.

The visiting team were told of plans to move the osteopathy teaching rooms and clinic into a new building which is being developed. It is anticipated that osteopathy students will work and learn alongside physiotherapy, nursing, psychotherapy and counselling students. This is due to open in September 2025.

Students are further exposed to clinical scenarios in other classes such as osteopathic skills classes where clinical scenarios are used and discussed by the class. This allows them to explore more fully with their peers, differing perspectives and approaches further bolstering their professional identity development.

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Students get the opportunity to observe more senior students with patients in clinic from year one; they do further observations in year 2 and start to interact with patients at the end of their second year. In Clinic they are allocated a patient list from that time. They may also observe other students if they do not have a patient and engage in discussions around written clinical scenarios with their peers and tutors if there are neither of the above.

The ability to observe students from other years, be involved in discussions with senior students and tutors and the opportunity to discuss clinical scenarios in other classes provide students with a good opportunity to identify with what it means to be an osteopath, professional behaviours and expectations, communication, dealing with patient expectation, record keeping, treatment and treatment planning. It allows them to practice and begin to integrate these necessary skills in a supported environment with real patients. Furthermore, being given responsibility for the administration, reception and contributing to the marketing of the Clinic gives an additional dimension to their training which might otherwise be dealt with in a less comprehensive manner.

Students are supervised by experienced osteopathic clinicians who also have qualifications and experience of osteopathic and more broadly in higher education. Students get the opportunity to work with a number of osteopaths with a range of experience and approaches. Affording students this variety of role model allows students to try out a number of ways of doing things. This allows them to form their own unique identity as osteopath. The variety of qualifications in osteopathy and education and the variety of experience provides assurance that students will receive a rounded clinical education from their educators.

The visiting team had the opportunity to speak with present students from a number of year groups and with past students of the course. Both groups felt that the clinical experience provided by the University does prepare them well for osteopathic practice. What was observed on site and in the evidence provided to the visiting team prior to the visit does in our opinion provide a suitably stimulating, nurturing and supportive environment to enable students to meet the outcomes set out in the GOPRE and SET. Therefore, we are confident that this standard has been met.

Strengths and good practice

Having a student led clinic where students are responsible for administration, reception and have input into the marketing of the clinic adds an additional dimension to their training, allowing these important aspects of practice to be taught and experienced in a more comprehensive manner.

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 course specification provided to the visiting team is the definitive document that details the programme outline, aims, learning outcomes, learning and teaching methods, modes of assessment, and work-based



learning (clinic) expectations and hours, academic progression, support, feedback and quality and enhancement.

The programme specification states that students are required to achieve 1000 clinical hours, and that each student needs to see 50 new patients over the four years of the course. This aligns with undergraduate osteopathic education expectations and norms for the sector and meets the requirements set out in the GOPRE and SET. This is mainly done by attending the onsite clinic, where students are supervised by experienced, registered osteopathic clinicians who also have experience and training in higher education.

Students are gradually exposed to patients throughout the four years of the course. Their clinical hours are allocated in the following way: 20 hours observation in year one, 80 hours observation from September to June in year two followed by 150 clinical hours in the summer holiday in June and July. They then do 450 hours clinical practice in year three, and 300 hours in year four. It is stated in the course handbook that this is designed to develop the student from novice to autonomous practitioner.

Students confirmed that they are primarily responsible for maintaining a log of their clinical hours, patient numbers, types of presentation and patient characteristics which are set out in the portfolio. This information is kept in their module portfolio. They are also required to undertake a reflective activity in the portfolio after each clinical experience. Clinical tutors monitor the portfolio during their supervision periods when students are seeing patients and sign off on the hours recorded. If students are not deemed to be seeing the requisite number or variety of patients then steps are taken to address this by funnelling patients to the student who is deemed to be in need. The portfolio is submitted to the Programme Lead at the end of each academic year for further checking.

If students miss clinic time, they are required to make it up by attending clinic at other times when they are not timetabled to have a lesson such as during holiday periods. Given the small cohort sizes of approximately 15 students per year group this is a pragmatic and low-tech way of managing a complex issue.

The student handbook states that the Clinic is student led. What this means is that students are responsible for all aspects of the running of the Clinic, including reception and administration as well as marketing. Students are rostered onto reception in their clinical time if they do not have patients booked in to that slot. They are responsible for answering the phone, responding to emails, booking and rebooking patients.

Each student who is allocated to see patients on a given day is assigned a patient list. Students who do not have a patient at a given time or those assigned to observe, attach themselves to a student practitioner and observe them whilst they undertake the consultation. If there are no patients allocated to them, or they are not in clinic students are expected to work through clinical scenarios which they can discuss with their clinic tutors.

Past and present students state feeling supported in the clinical environment through every aspect of the patient encounter and are afforded the freedom to do things in their own way within boundary norms for the profession monitored by their clinical supervisors.

Patient list numbers in the clinic software were consulted going back over the last year. It appeared that there are sufficient numbers of patients to meet student needs. Marketing of the Clinic is done in cooperation with the marketing department. Students are expected to assist with the marketing of the Clinic, and they confirm they do discuss this with their clinic tutors and do some low-level word of mouth marketing. Students state that they are happy with the number of patients that they are seeing in clinic. They state that they get to see a range of patients but that it is weighted towards other students. The patient group that the visiting team met with primarily consisted of older patients who stated that they primarily heard about the Clinic through

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word of mouth which is the norm for the sector. The Clinic is marketed to university staff and in the sports facilities attached.

The University marketing department use a Google AdWords campaign which uses keywords for certain health conditions that they turn on and off as requested by the osteopathy team to boost numbers when necessary. They have also in the past written to all local GP practices advertising the service, but this has not been deemed necessary since the Clinic has been more established. Whilst this seems like a narrow view of marketing it does seem sufficient to sustain numbers.

A snapshot audit is undertaken each year by the Programme Lead. This is usually undertaken in May and feeds into their development meeting. It looks at numbers and patient characteristics. Whilst monitoring of patient numbers and types is undertaken by students and staff in clinic, a more formal regular process is encouraged as this will allow programme management to better understand and address any issues with numbers and variety of patients on a more formal and ongoing basis.

The osteopathic team feel the current practice software (Cliniko) does not allow them to routinely audit patient characteristics or presentations which would allow for a more systematic process of ensuring students see a wide variety of patients and presentations. They are currently looking into alternatives and at the possibility of designing and building their own. However, no decisions have been made as of yet. The visiting team feel that the transition to a more flexible practice software system that would allow for closer monitoring of student experience would be preferable.

Given the information provided and meetings with students, staff and management the visiting team are assured that the mechanisms in place are sufficient to ensure students gain sufficient access to the clinical experience required to meet the programme outcomes and the standards set out in the OPS. Therefore, we are confident that this standard has been met, however, further software development is encouraged to ensure this continues to be the case.

Strengths and good practice

None reported.

Areas for development and recommendations

The University should continue its search for software or develop its own bespoke software that will allow closer monitoring of student experience.

Conditions

None reported.

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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 University's recruitment policy applies to the recruitment and selection of all staff. This was supplied to the visiting team prior to the visit. The policy states that all employees involved in recruitment and especially chairs of panels are required to attend a workshop on recruitment and selection. The policy also states that the selection process should be transparent, timely, cost effective, equitable, and free from conflicts of interest.

In the recruitment procedures document supplied by the University it states that any vacancy should go through the process mapped out within the document. This process includes a review of the requirements & role followed by the development of a job description and person specification. The role is then advertised.

Shortlisting is done by at least two individuals one of whom should be from HR. There is no mention of blind shortlisting in the recruitment procedures document but the Associate Dean for this area verbally recounted the process and without prompting confirmed that blind shortlisting is undertaken.

A variety of selection methods may then be employed, with interview being the preferred method. The policy again recommends that assessment panels should consist of at least two members of staff, one of which must be from HR. It is stated that where possible selection committees should be of mixed race and gender.

Each panel member completes an interview question matrix and are directed that any decision should be based on the application, measured against the information contained in the job description and person specification.

The three newest members of staff are managed by the course leader who is in turn managed by the Associate Dean for the school. All other members of staff in the department are directly managed by the Associate Dean for the school.

Documentation provided to the team and the Associate Dean who has management responsibility confirmed that staff have yearly performance reviews called PDR where the past year's performance is reviewed, and goals are set for the upcoming year. All new staff have to undertake mandatory induction and training in safeguarding, GDPR, EDI and Health and safety. Staff report that they are required to repeat this training every four years. However, there is a requirement for them to undertake the new safeguarding training yearly.

Staff report that a process of peer review is in place and undertaken. This forms part of the PG Cert. in teaching in HE but also part of their development.

A new Safeguarding Lead has been appointed at the university. They have developed, in consultation, a new safeguarding policy that has been rolled out. All staff and students in the department have received bespoke safeguarding training this year which they state they found very useful and thought provoking.

Staff are encouraged to either have or to undertake a teaching in higher education qualification which is modular and to become fellows at the HEA. The academic promotion and career development procedure document was shared with the visiting team prior to the commencement of the visit. This document sets out



the academic career track and grade progression. It also states it is how talent, skills and experience is recognised and developed.

The document sets out the title name, grade and number of points needed to attain the grade from associate lecturer, lecturer, senior lecturer, associate professor and professor and as such is in line with university norms. It states that normal progression within grades will continue annually, subject to satisfactory performance until the top of the grade boundary but also sets out the expectations and routes for those wishing to progress.

Promotion is done through an annual application process that is considered by an academic promotion panel.

These opportunities are available to all academic members of staff including those employed on the osteopathy course.

In discussion with osteopathy teaching staff there were mixed experiences regarding progression. Some staff had experience from other universities and were engaged with the process and progressing through the career track. Others were either not interested in progression as they worked part time or have a career elsewhere and one admitted being a little confused by the process. However, all staff stated that if they did wish to engage with progression, they felt confident their line manager would be able to guide them and that they would be able to access the information they needed through the online system for employees called Antler.

As well as the certificate in teaching in HE, opportunities exist for staff to undertake master's degrees (level 7) and PhD (level 8) research studentships within the University. One member of staff was undertaking the PhD studentship when the visiting team were on site. It was confirmed by the Associate Dean who has line management responsibilities for the department and osteopathy teaching staff and by the staff themselves that they were aware of these opportunities.

The documentation supplied as well as verbal evidence gathered from management and staff means we are reassured that educators are fairly recruited, inducted and trained and there are systems in place to support staff in making unbiased decisions. The evidence gathered and what was observed on the visit indicates a supportive environment for educators, who are well managed and supported to progress if they wish. Overall, we are confident that this standard has been met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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**

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Findings and evidence to support this

Documentation provided to the visiting team and verbal confirmation from the Programme Lead and Associate Dean for the area confirm that educators follow a PDR process where they meet with their line manager to discuss progress and set goals.

Two new members of staff were recruited in 2023. The course leader verbally set out the process which was followed. The two recruits were recent graduates of the course and had no teaching experience. They were employed as associate lecturers and were mentored for their first academic year, being given gradually more responsibility as they developed. They have both now started the University's certificate in teaching in HE, which when completed will allow them to apply for fellowship of the HEA. Verbal confirmation of this was obtained from one of the candidates.

Evidence provided in the form of a welcome letter and verbal confirmation from senior management confirm that induction and training takes place before new employees take up their roles.

The induction programme is designed to ensure new employees understand the working culture as well as all the important elements of your new role. This includes departmental induction, people team induction, warm welcome sessions, Marjon fundamentals, and other key training including Prevent, Cyber security, digital skills and iReview.

Further training in safeguarding and department-specific needs is also undertaken and was evidenced by training agendas and verbally with staff.

In meeting with the osteopathic team, they reported that they felt well supported. The small number in the department meant lines of communication were short and so they would go to the Programme Lead or their line manager if they felt they needed to access any help of support. Furthermore, they are able to access the staff intranet, Antler, which provides them with a host of resources such as library support for teaching, reporting concerns and accessing training should they need it.

We are assured from the meetings with staff and reviewing the documentation supplied that staff are provided with the necessary information, resource and support to effectively develop in their role, and therefore this standard has been 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 job description for lecturer osteopathy practitioners and the clinic handbook provided to the visiting team set out what is required and desired of educators of that level joining the team. These include being a registered osteopath and having a postgraduate qualification in education. They are also required to have teaching and assessment experience.

CVs were provided for five of the nine members of staff. These detailed the qualifications and experience of those members of staff. All had or were working towards teaching in HE qualifications. All educators with a teaching qualification had a significant amount of teaching experience up to level 7.

All members of staff were reported to be registered osteopaths. This was checked against the GOsC registrant database, and all were found to be on the register.

When meeting with staff they confirmed all but two have teaching in HE certificates either from prior positions or from the university itself and were reported to be fellows of the HEA. The two new members of staff are enrolled on the university PG certificate in teaching in HE which will allow them to become fellows of the HEA.

Observation in clinic and the classroom evidenced that lecturers and clinic tutors acted in an appropriate and professional manner which added to the wealth of experience detailed in the CVs and verbally confirmed during the meeting with staff leads the visiting team to the conclusion that staff teaching on the programme meet all relevant standards and requirements and are appropriate role models for students on the course. Therefore, the visiting team are confident that this standard has been 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

The Programme Lead and teaching members of staff are familiar with the ratios necessary to manage the risks associated with undergraduate osteopathic education. These include teaching in practical classes and in the Clinic. Observations on site provided reassurance that these were being met with some spare capacity.

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Jenna



Educators are required to have experience of teaching and assessment which is set out in the job description. During meetings with staff and the CVs provided it was apparent that the team have the necessary skills to support, teach and assess students on the course.

Information from the course leader and documentation claimed that all educators on the programme have GOsC registration. This is written into the job description for lecturers and clinic tutors. This was checked against the online database.

The University is relatively geographically isolated, however, there are sufficient numbers of staff to cover all lessons; some are full time, and some are part time. This ensures some remain in and are familiar with practice. The University has recruited two new members of staff who are local. They initially worked as associate lecturers/tutors whilst gaining experience and are now working autonomously. This ensures that the programme is building capacity locally.

We are assured that there are sufficient numbers of staff with the necessary experience, qualifications and registration to meet the standard required.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

v. educators either have a teaching qualification, or are working towards this, or have relevant and recent teaching experience. ☒ MET ☐ NOT MET

Findings and evidence to support this

CVs for five of the nine members of staff were provided. All had or were working towards teaching in HE qualifications. All of those with a qualification had a significant amount of teaching experience up to level 7.

When meeting with staff they confirmed all but two have teaching in HE certificates either from prior positions or from the University itself. The two new members of staff who joined the University in 2023 enrolled on the PG certificate in teaching in HE in September 2024 and are working through the course. It was reported that they were enjoying the course and found it very helpful with their teaching practice. Once completed this will allow them to become fellows of the HEA.

Given the information provided to the visiting team we are assured that educators have the necessary teaching experience and either have or are working towards a teaching in HE qualification. Therefore, we are assured that this standard has been met.

Strengths and good practice

Coe
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None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

Coe, Lorna
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9. Patients

i. patient safety within their teaching clinics, remote clinics, simulated clinics and other interactions is paramount, and that care of patients and the supervision of this, is of an appropriate standard and based on effective shared decision making. ☒ **MET** ☐ **NOT MET**

Findings and evidence to support this

The sole means of students coming into contact with patients as osteopaths is through the on-site Clinic. Whilst opportunities for interprofessional learning are coming back online, students do not attend these as osteopaths but as observers and do not have responsibility for patient care.

Whilst in the Clinic the visiting team observed that patient safety was a high priority and consent processes were granular enough to allow patients to make informed decisions about their care. Patients are sent a consent form to sign when they make an appointment. They are given further information by students in the Clinic at each stage of the consultation process and verbal consent is gained.

When speaking with the patient group they felt assured that students and tutors had their best interests at heart. They commented on the good levels of communication and the information they were provided. Information of their clinic journey and what to expect is provided on the website so that patients can anticipate what will happen when they attend for the first time.

The clinic handbook sets out the process which should be gone through with each patient. This includes several safeguards to protect patients from harm. Clinic induction covers the process that needs to be followed with each new and returning patient so that at each step the student seeks tutor input. It was observed in clinic that students are encouraged to communicate what and why they are doing what they are doing with patients after each of these interactions.

In the clinic handbook, students are reminded they should not work outside of their capabilities and seek help when needed, they have a duty to inform clinic tutors if there are any factors they feel may negatively impact patients and inform tutors of any unusual or adverse incidents. For instance, it states that HVTs must be undertaken in the presence of a tutor.

Pre and post clinic sessions are held each day. These sessions help get students up to speed on their patient list for the day and plan interactions with the assistance of tutors. Post clinic meetings focus on reflecting on the patients they had responsibility for or were observing.

The handbook also covers areas such as FtP and infection control. Students are given a comprehensive clinic induction before they attend clinic in years three and four which includes safeguarding, clinic operating procedures, practice standards, values and communicating risk.

The visiting team feel assured that patient safety within the teaching clinics is paramount and that supervision is of an appropriate standard and based on shared decision making. Therefore, we are confident that this standard has been met.

Strengths and good practice

None reported.

Areas for development and recommendations

Coe, Lorraine
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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

A new safeguarding lead was appointed to the University in 2023. They have developed a new safeguarding policy which was supplied. This covers the safeguarding of children and vulnerable adults and is in line with what is expected of such a policy.

Training regarding this has been rolled out with third- and fourth-year students receiving the training with their clinic tutors as part of their induction. Feedback sought during the visitor meeting with the staff and students was very positive, stating that the training had taken place in the Clinic and had been tailored to the programme. On questioning, staff and students report that they are aware of their duties regarding reporting and acting when necessary. The clinic handbook states that safeguarding training needs to be completed annually.

Safeguarding concerns can be raised by anyone; students report that they are most likely to report such concerns to their lecturer or tutor, if the concern was regarding their tutor or lecturer, they would report it to the Programme Lead or another member of staff. They also have the facility to provide anonymous feedback through the online chat back system or report it to the support services desk. Tutors said they would follow a similar route but can report concerns through their online portal for staff called Antler.

If a safeguarding concern is reported to the university, it is logged on the CPOMS which is a safeguarding and child protection management system. This ensures that all concerns are dealt with in the appropriate manner and that this can be audited. The Safeguarding Lead would then proceed with any investigation.

The consent process used in the Clinic is sufficiently granular to allow patients to make an informed decision regarding their care. However, there is no specific consent form for those under the age of 16 or for those who cannot consent for themselves. In discussion with tutors in the Clinic, those with parental responsibility or other devolved responsibility are asked to sign the standard consent form and verbal consent is given by the person with parental or other devolved responsibility at the consultation. This is then documented in the clinical notes. This is sufficient to gain informed consent. However, the addition of a consent form that summarises information for those who have to consent would make the process more robust.

We are confident that effective safeguarding policies are developed and can be 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. Therefore, we are assured that this standard has been met.

Strengths and good practice

None reported.

Areas for development and recommendations



The University should develop a consent form for those with parental or other devolved responsibility that standardises necessary information they require to make an informed decision.

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

In line with expected norms for the sector and GOPRE, the programme specification states that the staff to student ratio in clinic should be one tutor to four students. Observations carried out over the course of the on-site visit concurred with this. The Clinic is student led so tutors do not treat patients unless necessary. They do however supervise students whilst they carry out any treatment agreed with the tutor beforehand. In line with sector norms students are given more autonomy as they progress towards qualification at the end of the fourth year.

Student to teacher ratios in class were also observed with a maximum of one tutor to 10 students. In practice it is less as there are approximately 15 students in each year group meaning two tutors will have to be in attendance when the class is running to capacity. Again, this is in line with sector norms and the expectations set out in GOPRE.

The ratios above allow for close supervision when necessary but also give room for tutors to allow students more independence.

Documentation supplied, observations in practical classes and in clinic and discussion with staff provide us with the assurance that the ratios necessary to provide safe and accessible education are being 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 FtP process which forms part of the student regulations framework were supplied to the visiting team.

The Programme Lead was aware of these documents and aware of their need to report concerns to the university and to the regulator when it was appropriate.

When speaking with students and osteopathy teaching staff they were aware of their duty to report concerns. Students reported that they raise such concerns to their tutor or if it was about their tutor to the Programme Lead. Staff members would go to the Programme Lead or to their line manager. All stated that they were aware they could raise concerns anonymously through other means such as the chat back service or at the support desk where there is a computer they can use to do this.

When asked when they would do this, they mentioned instances of inappropriate behaviour towards other staff and patients and when concerned about the health and wellbeing of a colleague, peer or student.

If the FtP of staff is raised, then it is reported to HR who initiate an investigation and follow university disciplinary procedures. If there is a case to answer, then professional codes would be checked and a referral made to the GOsC.

If a concern is raised about a student, they are lodged with the Dean of School who then manages the process. There are two stages; programme level is stage one where a discussion is had between the student and the Programme Lead. The student is then informed by letter of the concerns that have been raised.

The Programme Lead will convene and chair a meeting involving the student, their PDT and other appropriate members of academic staff. Where appropriate, the placement supervisor/mentor and a member of the institutional staff designated to support students during the placement period will also attend. At the meeting, the concerns and the student's progress will be discussed with a view to agreeing an action plan. If appropriate professional codes are used at this stage. This is agreed by all and put in place. The Programme Lead then monitors the case going forward.

If this fails to resolve the concern or if the concern is so serious it requires an immediate investigation, then stage two is triggered. The Dean of school with reference to colleagues who have expertise in the area such as osteopathy and with reference to those criteria for the profession instigates an investigation and appoints an investigator. If the Dean of School considers, in the light of the investigator's report, that the student's behaviour is serious or persistent enough to call their FtP in question, the case will be referred to a FtP panel.

Decisions are highlighted in the University's annual report and notified the regulatory body at the end of a hearing. Annual reports on FtP issues sent to the Senate and other appropriate committees for monitoring and to receive feedback.

Given the information supplied and when speaking with staff and student, we are assured that FtP issues would be handled in an appropriate manner with adequate reference to professional codes and the GOsC.

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

Students are required to undertake a DBS check on being accepted to the programme. They also need to be of good character and good health. Those responsible for the student's clinical placement are encouraged to flag concerns with the department head and to raise the issue informally in the first instance as additional support and guidance may resolve the issue. If this does not solve the issue, then it is raised formally.

The University supplied its FtP procedure which forms part of its student regulations framework. It covers all professional programmes at the University. It states that there may be regulator specific guidance that may also be needed to be taken into account. It includes information on contacting the regulator and informing them of decisions and in annual reporting. It states that if a FtP concern is raised which goes through the process, yet the student is allowed to continue on the course that the case will continue to be monitored. It also provides information on how the student should be supported through the process.

An annual report on recent FtP cases is submitted by the academic standards officer to senate each year. Senate then forwards any broad concerns they have to the relevant university committees.

The GOsC student FtP document is available to students and staff through Canvas.

The University also has a 'continue to study' procedure that can be found in the student regulations. This procedure is triggered if the University is concerned about a student's mental or emotional well-being, health or behaviour, to the extent that this might have an adverse effect on the student, other students or staff.

Concerns are raised through student wellbeing and support welfare concerns group. It follows a similar process to the FtP procedure with reporting on an annual basis.

When speaking with programme management they were aware of these policies and when they would and should be triggered.

Overall, we are confident that there are sufficient policies and the knowledge of these policies in place and adequate monitoring to manage situations where the behaviour or health of students poses a risk to the safety of patients or colleagues. Therefore, we are assured that this standard has been met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

Coe Lorna
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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

Our experiences at the Clinic, observing the taught classes and reading the relevant documentation demonstrate to us that patient need is paramount in nearly all situations. Students take their role seriously and tutors demonstrate the required qualities and skills to allow students to model from.

The training provided before entering clinic and the supervision in clinic would indicate the same. In every aspect apart from one we have no reservation in stating that patient needs are put above any other.

The one aspect that does not meet the standard necessary is in regard to patient records as noted in section 2i.

During the visit it became apparent that students were using their own devices in clinic to access the practice management and patient records system used at the Clinic. This system called Cliniko is widely used in osteopathy and other manual therapies. It then became apparent that students on other programmes such as sports therapy and rehabilitation also had access to the same software and could if they desired see osteopathic patients' records and vice versa.

Given that this has been known about by the university and runs contrary to several of the university's policies. The visiting team do not feel that on this issue patients' needs outweigh all aspects of teaching.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

The University must immediately update their consent forms and privacy policy to ensure patients are fully aware of who can access their clinical information. (2i, 9vi)

In order to effectively manage the risk to patient data, the University must carry out an urgent review of the risks associated with the use of students' own IT equipment to access and record patient data both on site and off site as well as the risks associated with allowing students from other programmes access to osteopathic patient records. This should be done in conjunction with staff at the university who have expertise in IT and data protection. The University must develop and carry out a plan to implement the recommendations from the review. (2i, 9vi)

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 patient record system used by the University allows the department to design their own new and returning patient consultation forms. The forms follow a logical sequence of collecting information from the patient and examination finding, diagnosis and treatment plan which includes aftercare advice. During our observations in the clinic, time was dedicated to aftercare which was delivered in an unhurried manner.

The patient group that we spoke with highlighted this aspect of their care as exemplary. They felt heard, could tell their unique story and found that the level of communication from students was excellent. This included aftercare advice, things they could do for themselves at home which is a vital part of any care relationship. Some had received ergonomic advice, general exercise advice and exercises that were designed to aid their condition.

When speaking with students, they felt supported to provide lifestyle and aftercare advice in nearly every way. They did share some concerns about the level of teaching and support they received for exercise prescription and rehabilitation. They did not know of any resources they could reliably point patients to for instance, support the patient in exercise prescription adherence.

We are assured that patients do feel able and supported to access additional help when appropriate but that this could be enhanced by implementing the recommendation set out below. Overall, we are assured that this standard has been met.

Strengths and good practice

None reported.

Areas for development and recommendations

The University should provide additional training and support for students with regards to exercise prescription and rehabilitation. (9vii)

Conditions

None reported.

Coe, Lorna
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A. Evidence

A.1 Evidence seen as part of the review

(JD) Lecturer Practitioner - Osteopathy.pdf

(TEMPLATE) - Warm Welcome Letter - June 2024.docx

20212824 OMEC 90 Assignment 3 Muscle Energy Techniques.docx (1).pdf

20212824 OMEC 90 Assignment 3 Muscle Energy Techniques.docx (1).pdf

20212824 OMEC 90 Assignment 3 Muscle Energy Techniques.docx.pdf

20212824 OMEC 90 Assignment 3 Muscle Energy Techniques.docx.pdf

Academic and Clinic Induction Year 4 September 2024 (1).docx

Academic and Clinic Induction Year 4 September 2024.docx

Academic Promotion and Career Development Procedure.pdf

Academic Structure.docx

Admissions Policy and Procedures.pdf

Annual Cycle of Business TLAQC 2024-25.xlsx

Annual Equality Report 2022-23_FINAL.docx

Annual Programme report Osteo v7 2023-24.docx

Annual Programme report Osteo v7 2023-24.docx

Appendix 1 MHW Privacy Policy 2024.docx

ASPPC 23-01 minutes APPROVED.pdf

ASPPC 23-02 minutes APPROVED.pdf

ASPPC 23-03 minutes APPROVED.pdf

ASPPC 23-04 minutes APPROVED.pdf

ASPPC 23-05 minutes APPROVED.pdf

ASPPC 23-06 minutes APPROVED.pdf

ASPPC Cycle of Business 2024-25.xlsx

Assessment Policy.pdf

Assignment 3 marking grid.docx

Assignment 3 marking grid.docx

assignment 3.docx

assignment 3.docx

Campus accessibility map.pdf

Case checklist-1.docx

Case study essay T2DM 20054704.pdf

Case study essay T2DM 20054704.pdf

clinical experience project.docx

clinical Induction Year 3September 2024.docx

Committee Structure.pdf

Committee Structure.pdf

Computing Services Circulation Policy.pdf

Cotton et al 2024.pdf

Cyber Security Policy.pdf



Data Protection Policy.pdf

Data Protection Policy.pdf

DGCV.doc

Digital and IT Code of Practice 13032024.pdf

Downey et al 2021.pdf

EDI Policy v2.2 2024.pdf

EGOlder CV Sept 2024.docx

ELT reporting structure updated June 2024 (1).pdf

ELT reporting structure updated June 2024 (2).pdf

ELT reporting structure updated June 2024 (2).pdf

ELT reporting structure updated June 2024.pdf

Essay Case Presentation 23-24.docx

Essay Case Presentation 23-24.docx

Essay Question and Marking Criteria.docx

Essay Question and Marking Criteria.docx

Expectations of PDTs & Students.pdf

Gabrielle Anderson - CV.pdf

gosc intro.pptx

GOsC response Quality.docx

HQAPEP.docx

Induction Year 4 September 2024.docx

interim report 2022-23_Osteopathic Medicine_M.Ost (Hume).docx

interim report 2022-23_Osteopathic Medicine_M.Ost (Hume).docx

interim report 2022-23_Osteopathic Medicine_M.Ost (Marshall).docx

interim report 2022-23_Osteopathic Medicine_M.Ost (Marshall).docx

JD CV.pdf

John-Evans-expansion Manager (1).docx

Learning and Teaching Strategy 2020-2025 (2).pdf

Learning and Teaching Strategy 2020-2025 (2).pdf

Line Management Structure AY 24-25 - final.pdf

Marjon Library Collection Development Policy.pdf

Marjon Library Collection Development Policy.pdf

Marjon new program paper.docx

Master in Osteopathic Medicine (OME) (Integrated Masters).pdf

Master in Osteopathic Medicine pre23.pdf

Master in Osteopathic Medicine pre23.pdf

Master's Thesis.docx (1).pdf

Master's Thesis.docx (1).pdf

Master's Thesis.docx.pdf

Master's Thesis.docx.pdf

Moderate OMEC90.xlsx

Moderate OMEC90.xlsx

Moderate OMEM03 Project (1).xlsx

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Modules.zip
OMEC53 Personal and profesional development.docx
omec90 3.docx (1).pdf
omec90 3.docx (1).pdf
omec90 3.docx.pdf
omec90 3.docx.pdf
OMED04 2023 essay marking framework.docx
OMED04 2023 essay marking framework.docx
OMED54 Personal and Professional Development II.docx
OMEM03_thesis_Marking Framework (3) (1).pdf
OMEM03_thesis_Marking Framework (3) (1).pdf
Osteopathy Module Leadership.docx
Patient audit 24.docx
patient expereince project.pdf
Peer Review Policy.pdf
People Strategy 2020-2025 .pdf
Personal Development Tutor Expectations.pdf
Plymouth Marjon University ToR 2024-25 ASPPC.pdf
Plymouth Marjon University ToR 2024-25 SEC.pdf
Plymouth Marjon University ToR 2024-25 Senate.pdf
Plymouth Marjon University ToR 2024-25 TLAQC.pdf
PMU Policy and Procedure for Supporting Students Requiring Reasonable Adjustments in Practice and Simulated Practice Environments (2).pdf
PMU Policy and Procedure for Supporting Students Requiring Reasonable Adjustments in Practice and Simulated Practice Environments (2).pdf
PMU Simulation Based Education Strategy.pdf
PMU Student Pregnancy and Maternity Policy.pdf
Practice assessment doc 1 (1).docx
Practice assessment doc 1 (1).docx
PROFESSIONAL SERVICES STRUCTURE update.docx
Programme Specification_M.Ost.pdf
Recruitment Procedures Sep 19.pdf
Recruitment Policy (1).pdf
Recruitment Policy (1).pdf
Recruitment Policy.pdf
Report 2021-22_Osteopathic Medicine_M.Ost (Hume).docx
Report 2021-22_Osteopathic Medicine_M.Ost (Marshall).docx
Report 2022-23_Osteopathic Medicine_MOst (Hume) (1).pdf
Report 2022-23_Osteopathic Medicine_MOst (Hume) (1).pdf
Report 2022-23_Osteopathic Medicine_MOst (Hume).pdf
Report 2022-23_Osteopathic Medicine_MOst (Marshall) (1).pdf



Report 2022-23_Osteopathic Medicine_MOst (Marshall) (2).pdf
Report 2022-23_Osteopathic Medicine_MOst (Marshall) (2).pdf
Report 2022-23_Osteopathic Medicine_MOst (Marshall).pdf
Report 2023-24_Integrated Masters in Osteopathic Medicine (M.ost) (Marshall).pdf
Research proposal.docx.pdf
Research proposal.docx.pdf
Response 2022-23_Osteopathic Medicine_MOst (Hume).pdf
Response 2022-23_Osteopathic Medicine_MOst (Hume).pdf
Response 2022-23_Osteopathic Medicine_MOst (Marshall).pdf
Response 2022-23_Osteopathic Medicine_MOst (Marshall).pdf
Response 2023-24_Integrated Masters in Osteopathic Medicine (M.ost) (Marshall) (1).pdf
Response 2023-24_Integrated Masters in Osteopathic Medicine (M.ost) (Marshall).pdf
Returning to Practice Following Sickness or Sick Leave .pdf
Risk Management Policy.pdf
RPRG 24-01-17 People Who Use Services Involvement Policy July 2024_New policy (003).docx
Safeguarding Policy (Children & Adults at Risk).pdf
Screenshot 2024-12-05 at 11.10.02.png
Screenshot 2024-12-05 at 11.10.18.png
Screenshot 2024-12-05 at 11.10.29.png
Semester B Report level 4.docx
Semester B Report level 4.docx
Semester B Report level 5.docx
Semester B Report level 5.docx
Semester B Report level 6.docx
Semester B Report level 6.docx
Semester B Report level 7.docx
Semester B Report level 7.docx
senate 22-05-23 Prevent Policy June 2023.pdf
senate 23-01-17 Safeguarding Policy.pdf
Senate CoB 2024-25_Aproved v2.xlsx
Sept 2022 FINAL DBS POLICY & PROCEDURE (1).pdf
SHWB Interprofessional Learning Strategy.pdf
SHWB Interprofessional Learning Strategy.pdf
SHWB Interprofessional Learning Strategy.pdf
Simulated Practice Environments (2).pdf
SRF 2024-25 complete.pdf
SRF-2024-25-changes.pdf
staff day apr24.docx
staff list (1).docx
staff list training undertaken.docx
staff list.docx
Staff meeting agenda april24.docx
Staff meeting agenda april24.docx



Statement of Service.pdf
Student Clinic Handbook 2425 (1).pdf
Student Clinic Handbook 2425 (2).pdf
Student Clinic Handbook 2425.pdf
Student Clinic Handbook V2 2425.pdf
Student Code of Conduct for the School of Health and Wellbeing.pdf
Student Ethics Standard Operating Procedure.pdf
student liaison actions.xlsx
student liason nov 22.docx
student liason nov 22.docx
Student Regulations Framework 2024-25 - complete.pdf
Student Regulations Framework 2024-25 section 10 - Fitness to Practice Procedure (1).pdf
Student Regulations Framework 2024-25 section 10 - Fitness to Practice Procedure.pdf
Student Regulations Framework 2024-25 section 10 - Fitness to Practice Procedure.pdf
Student Regulations Framework 2024-25 section 12 - Assessment Practices.pdf
Student Regulations Framework 2024-25 section 12 - Assessment Practices.pdf
Student Regulations Framework 2024-25 section 16 - Academic Appeal Procedure.pdf
Student Regulations Framework 2024-25 section 17 - Complaints Procedure.pdf
Student Regulations Framework 2024-25 section 17 - Complaints Procedure.pdf
Student Regulations Framework 2024-25 section 9 - Support to Continue in Study Procedure.pdf
Student Regulations Framework 2024-25 section 9 - Support to Continue in Study Procedure.pdf
Support for Dyslexia and other Specific Learning Difficulties (SpLDs).pptx
TLAQC 23-01 Approved Minutes.pdf
TLAQC 23-02 Approved Minutes.pdf
TLAQC 23-03 Approved Minutes.pdf
TLAQC 23-04 Approved Minutes.pdf
TLAQC 23-05 Approved Minutes.pdf
TLAQC 23-05-10_GOsC Mapping Tool_MOst.xlsx
University-grade-descriptors (1).pdf
University-grade-descriptors (1).pdf
University-grade-descriptors.pdf
University-grade-descriptors.pdf

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Action plan template



GOSC Education Quality Assurance

Action plan template

Provider:	Marjon
Date of visit:	December 2024
Course reviewed:	MOst
Contributors to action plan:	

This action plan template is to be completed following the outcome of a visit, where conditions have been identified.
For further details see section [5.9.5](#) of the handbook.

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Ref	Details of condition (from report)	Timeframe	Provider actions and implementation	How will this be monitored?	Action closed
1	The University must immediately update their consent forms and privacy policy to ensure patients are fully aware of who can access their clinical information. (2i, 9vi)	By September 2025	<p>Purpose: This document provides an update on the actions taken by the University to ensure patients are fully aware of who can access their clinical information, specifically addressing the directive to update consent forms and associated privacy information.</p> <p>1. Update to Patient Consent Forms:</p> <p>Action Taken: The Osteopathy patient consent form has been reviewed and significantly updated. The revised form now explicitly highlights and clarifies the circumstances under which patient data may be accessed by Osteopathic students involved in their care or learning, ensuring full transparency.</p> <p>Approval Status: CONFIRMED & AGREED.</p> <ul style="list-style-type: none"> The updated consent form was submitted for Teaching, Learning, Assessment and Quality Committee (TLAQC) review (meeting held on April 2, 2025). We can confirm that the revised consent form is now agreed and approved for implementation. 	Monitored by Programme Lead, Marjon QA processes, and reported to GOsC Policy & Education Committee	

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			<ul style="list-style-type: none">• <p>Implementation Timeline:</p> <ul style="list-style-type: none">• The new, updated consent forms will be implemented and in use from September 2025. This aligns with the reopening of our clinic facilities in the new building following the summer relocation. <p>2. Enhancing Patient Awareness of Data Processing (Addressing "Privacy Policy" Aspect):</p> <ul style="list-style-type: none">• While the primary update has focused on the consent form to directly inform patients at the point of consent, we are enhancing overall awareness of data handling by:• Providing Access to Detailed Information: Live links will be integrated with patient communications/platforms. These links will direct patients to further resources providing more comprehensive information on our data processing practices.• Feedback Mechanism: The linked resources will also offer a channel for patients to provide feedback on our data processes.		
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			<ul style="list-style-type: none"> These measures ensure that patients are not only informed via the consent form about who might access their data but also have avenues to understand the broader data processing context. <p>3. Governance of Consent Forms:</p> <ul style="list-style-type: none"> A clear process for the ongoing management and any necessary future adjustments to consent forms has been established. Any modifications will require formal authorisation from the relevant Programme Lead, the Dean of School, and the Clinical Governance team, ensuring continued oversight and compliance. within the Marjon Health & Wellbeing clinic 		
2	In order to effectively manage the risk to patient data, the University must carry out an urgent review of the risks associated with the use of students' own IT equipment to access and record patient data both on site and off site		<p>Actions so far:</p> <p>This document provides an update on the significant actions undertaken by the University to enhance the management of clinical practice software and further strengthen patient data security. These measures address previously identified areas for review and demonstrate our</p>	Monitored by Programme Lead, Marjon QA processes, and reported to GOsC Policy & Education Committee	

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	<p>as well as the risks associated with allowing students from other programmes access to osteopathic patient records. This should be done in conjunction with staff at the university who have expertise in IT and data protection. The University must develop and carry out a plan to implement the recommendations from the review. (2i, 9vi)</p>		<p>commitment to robust clinical governance.</p> <p>1. New Clinical Software Solution: Clinic Office</p> <ul style="list-style-type: none"> Following a comprehensive review and consultation process with all Mental Health & Wellbeing (MH&W) programmes requiring practice management software, the University has decided to transition its clinical software to Clinic Office. This decision is based on Clinic Office's ability to meet all identified operational requirements and, crucially, its robust features for data security and access control. Specifically: <ul style="list-style-type: none"> Enhanced Data Segmentation and Access Control: Clinic Office provides the functionality to lock patient notes specifically to the Osteopathy Clinic. This directly addresses concerns regarding the security of osteopathic records and ensures appropriate access limitations for students and staff from other programmes. 		
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			<ul style="list-style-type: none"> • Improved Access Security: Access to Clinic Office will be linked to the University's VPN. This measure provides an additional layer of on-site security and helps prevent unauthorised or accidental off-site access to patient records, mitigating risks associated with the use of personal IT equipment. <p>2. Policy and Procedural Updates for Student Access</p> <ul style="list-style-type: none"> • To manage risks associated with student access to patient data, the following statement has been added to the Student Osteopathy Clinical Handbook that will be circulated before the start of the 2025/2026 academic year: "Students are only authorised to access patient notes during their clinical rotation onsite and in the clinical space and only if they are the practitioner responsible for the management of that patient." • Mandated On-Campus Access: The revised handbook includes a requirement for students to only access the designated clinical 		
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			<p>management software (now to be Clinic Office) when on the University campus.</p> <p>Approval and Implementation Timeline: This update was presented for approval to the Teaching, Learning, Assessment and Quality Committee (TLAQC) on April 2, 2025. Following formal adoption, this requirement will be integrated into the clinical induction process from September 2025.</p> <p>3. Previous Software Evaluation and Interim Measures</p> <ul style="list-style-type: none"> • Thorough Evaluation Process: The selection of Clinic Office follows an extensive evaluation period. While "Write-upp" was previously identified as a strong candidate due to its auditing capabilities (and procurement discussions had commenced), further assessment revealed Clinic Office to be a more comprehensive fit, particularly concerning the specific security requirements for locking down osteopathic notes and integrating VPN access. • Interim Measures: As a temporary measure during the transition and review period, Plymouth Marjon 		
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			<p>University acquired a second subscription to Cliniko. This allowed for the necessary segmentation of users (statutory regulated and non-statutory regulated healthcare practitioners) while a permanent, more secure solution was finalised.</p> <p>4. Ongoing Clinical Governance and Operational Review</p> <ul style="list-style-type: none"> • The University's commitment to robust clinical governance is ongoing: • Dedicated Clinical Governance Team: Our Clinical Governance team continues to meet to review and refine all clinical operations across the MH&W programmes. This work is pivotal in preparation for our move to the new Marjon Health and Wellbeing Hub. • Policy Updates Post-Implementation: Clinical handbooks and associated policies will be further updated and finalised following the successful implementation and transition to Clinic Office. 		
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3	Marjon must submit an Annual Report, within a three-month period of the date the request was first made, to the Education Committee of the General Council.	Annually – typically September to December	Managed via usual in house QA processes	Monitored as part of annual review process and reported to Policy and Education Committee	
4	<p>Marjon must inform the Education Committee of the General Council as soon as practicable, of any change or proposed substantial change likely to influence the quality of the course leading to the qualification and its delivery, including but not limited to:</p> <ul style="list-style-type: none"> i. substantial changes in finance ii. substantial changes in management iii. changes to the title of the qualification iv. changes to the level of the qualification v. changes to franchise agreements 	To advise as and when any such issues arise	Notification by Programme Lead	Through regular communications	

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	<ul style="list-style-type: none"> vi. changes to validation agreements vii. changes to the length of the course and the mode of its delivery viii. substantial changes in clinical provision ix. changes in teaching personnel x. changes in assessment xi. changes in student entry requirements xii. changes in student numbers (an increase or decline of 20 per cent or more in the number of students admitted to the course relative to the previous academic year should be reported) xiii. changes in patient numbers passing through the student clinic (an increase or decline of 20 per cent in the number of patients passing through the clinic relative to the 				
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	<p>previous academic year should be reported)</p> <p>xiv. changes in teaching accommodation</p> <p>xv. changes in IT, library, and other learning resource provision</p> <p>xvi. any event that might cause adverse reputational damage</p> <p>xvii. any event that may impact educational standards and patient safety</p>				
5	<p>Marjon must comply with the General Council's requirements for the assessment of the osteopathic clinical performance of students and its requirements for monitoring the quality and ensuring the standards of this assessment. These are outlined in the <i>Graduate Outcomes for Osteopathic Pre-registration Education and Standards for Education</i></p>	<p>Via annual report process</p>	<p>Annual reporting against the SET</p>	<p>Monitored via report analysis and reports to PEC</p>	

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	<p><i>and Training, 2022, General Osteopathic Council. The participation of real patients in a real clinical setting must be included in this assessment. Any changes in these requirements will be communicated in writing to Swansea University giving not less than 9 months notice.</i></p>				
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Policy and Education Committee

10 June 2025

Exploring recognition pathways between the UK and New Zealand

Classification	Public
Purpose	For decision
Issue	To streamline the international registration application pathway for osteopaths registered in either the UK or New Zealand so they can more easily move between the respective jurisdictions.
Recommendation	To discuss the possibility of a system of mutual recognition of registration between the General Osteopathic Council and the Osteopathic Council of New Zealand.
Financial and resourcing implications	<p>The current three stage international application pathway costs £2,290. This excludes the entry fee to the Register on successful completion of their registration application. This is a further £320.</p> <p>Streamlining the international registration application pathways will reduce the financial and regulatory burden on individuals wanting to move between jurisdictions.</p>
Equality and diversity implications	Such a system would allow any registered osteopath to automatically apply for registration with the other jurisdiction.
Communications implications	It will be for Council to agree any mutual recognition of registration system between the UK and New Zealand.
Annexes	Headline summary of the UK and New Zealand regulatory models and registration application requirements.
Author	Matthew Redford, Ben Chambers

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Key messages from the paper:

- The GOsC has a three-stage international application pathway for any internationally qualified applicant wanting to register with us.
- The pathway costs an applicant £2,290.
- Based on records from 2006, no applicant from New Zealand has failed the three stage international application pathway.
- New Zealand has a similar regulatory model to the UK and similar registration requirements to register.
- The paper asks the question as to whether the GOsC and the Osteopathic Council of New Zealand agree a system of mutual recognition of registration, reducing regulatory burden on osteopaths and streamlining the pathway making mobility between jurisdictions easier.

Background

1. The GOsC international registration application pathway consists of a three-stage process being:
 - Assessment of overseas qualification (£690)
 - Completion of a further evidence of practice questionnaire (£690)
 - Assessment of clinical performance (£910)

On successful completion of the three-stage process an applicant may apply for registration with the GOsC.

2. The cost of the three-stage process is £2,290 and the first year entry registration fee is £320.
3. The international registration pathway applies irrespective of whether the applicant is applying from a regulated or unregulated country.
4. The Committee is asked to note that there are separate and ongoing discussions with colleagues in European countries about individuals qualified in the UK moving to, and working more easily in, jurisdictions in Europe where the UK now has third-country qualification status. For example, we are currently engaging with colleagues in France and we will report on progress at future meetings.

Discussion

5. The regulatory model in New Zealand is of a similar structure and comparability with the UK. A headline comparison between the UK and New Zealand regulatory models is set out in the annex to this paper alongside a comparison of the registration requirements between the two jurisdictions.

6. Since 2006 to date, there have been 13 individuals who qualified in New Zealand and who have been through the international registration pathway. All applicants who went through the pathway have been successful.
7. An analysis of our fitness to practise complaints have determined that zero applicants have come before the GOsC complaints process who have either qualified in New Zealand, or qualified from another country (excluding the UK), and have since applied for registration having been registered in New Zealand.
8. Therefore, given the regulatory systems are robust and similar in nature and there have been no concerns related to individuals qualified or previously registered from that jurisdiction, there is a question as to whether the three-stage international pathway should apply.
9. In essence, the question is simple:

Could the GOsC and the Osteopathic Council of New Zealand agree a system of mutual recognition of registration?

This would mean someone registered with the statutory body of the UK or New Zealand can apply directly for registration in the other country without having to complete an international registration application pathway.

10. The number of individuals who have moved between our respective jurisdictions is small; however, taking such an approach would be a demonstration to the profession that we value mobility and that we value and trust the concept of regulation in that we would rely on the system which exists in New Zealand.
11. Further, agreeing such a system would be in part symbolic in that it is a demonstration that GOsC is open and willing to reducing regulatory barriers where possible, without reducing standards related to patient safety.
12. Additionally, if we were able to agree a system of mutual recognition of registration with New Zealand this opens the possibility of similar arrangements with other countries where there are equally robust regulatory models. We understand a framework for assessing the comparability of regulatory models in other jurisdictions is being developed in Australia and it may prove to be a model we could adopt ourselves in the future.
13. We have anticipated four main scenarios that would apply to applicants from New Zealand, which would determine the pathway to registration with the GOsC.

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Individual is qualified and has met New Zealand regulatory standards			
Currently registered with OCNZ and holds an APC *	Currently registered with OCNZ and does not hold an APC *	Previously held registration but no current registration with OCNZ	Never registered with OCNZ
Apply directly for registration with the GOSC	Complete x3 stage GOSC international registration pathway	Complete x3 stage GOSC international registration pathway	Complete x3 stage GOSC international registration pathway
-	<i>If successful</i>	<i>If successful</i>	<i>If successful</i>
-	Apply for registration with the GOSC	Apply for registration with the GOSC	Apply for registration with the GOSC

* In New Zealand someone may be registered with OCNZ and not hold an Annual Practising Certificate (APC), meaning they are not required to maintain Continuing Professional Development. After three years or more without an APC an osteopath in New Zealand looking to return to work would need to undertake a return to practise assessment.

Questions for the Committee

14. Questions for the committee to consider include:

- How reasonable is it for GOSC and OCNZ to explore a system of mutual recognition of registration between our jurisdictions?
- What would be the advantages and disadvantages of a system of mutual recognition of registration?
- What are the mechanisms both GOSC and OCNZ could introduce to ensure our regulatory systems continue to align to support a system of mutual recognition of registration?
- If a system of mutual recognition of registration was introduced, how frequently should such a system be reviewed?

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Next steps

15. It would be for Council to agree any system of mutual recognition of registration between the GOSC and the Osteopathic Council of New Zealand.
16. Based on feedback from the Policy and Education Committee, a paper will be scheduled for Council on this matter.

Recommendation: To discuss the possibility of a system of mutual recognition of registration between the General Osteopathic Council and the Osteopathic Council of New Zealand.

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Comparison of UK and New Zealand regulatory models

There are many similarities between the regulation of osteopaths in the UK and New Zealand. While both countries have regulatory bodies and frameworks in place to ensure safe and competent practice, the details of the regulatory processes, scope of practice, and professional requirements differ slightly in some areas.

A headline comparison is as follows:

1. Regulatory Bodies:

- **UK:**

Osteopaths in the UK are regulated by the General Osteopathic Council (GOsC). The GOsC oversees the registration of osteopaths, for setting and maintaining standards for osteopathic education and training, ensuring that they meet professional standards, and managing complaints and disciplinary procedures.

- **New Zealand:**

Osteopaths in New Zealand are regulated by the Osteopathic Council of New Zealand (OCNZ). The OCNZ oversees the registration of osteopaths, for setting standards for, and accredits, educational programmes that provide prescribed qualifications, ensures that they meet professional standards and manages complaints and disciplinary procedures -

<https://www.health.govt.nz/regulation-legislation/health-practitioners/responsible-authorities>

2. Qualification Requirements:

- **UK:**

Osteopaths must complete an accredited education program, which is typically a 4-5 year Bachelor of Osteopathy (BOst) or Master of Osteopathy (MOst) with a focus on meeting graduate outcomes rather than course lengths. Without a recognised qualification, an applicant would be unable to apply for registration with the GOsC. Overseas-qualified osteopaths are assessed against a three-stage registration process.

- **New Zealand:**

Osteopaths must complete an accredited education program, which is typically a 4-year Bachelor of Musculoskeletal Health and Post-graduate Diploma in Osteopathy (BMSkH and PGDip Osteopathy) or 5-year Master of Osteopathy (MOst) with a focus on meeting accreditation standards and graduate outcomes rather than programme lengths. Overseas applicants may apply through one of three registration pathways: Trans-Tasman Mutual Recognition Act Pathway (for those registered in Australia), an accelerated

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Competent Authority Pathway, or a Non-Recognised Qualification Pathway (which incorporates a clinical experience and qualification assessment process) - <https://www.osteopathiccouncil.org.nz/Public/Public/How-To-Register/OverseasApplicants.aspx>

3. Scope of Practice:

- **UK:**

There is no scope of practice set by the GOsC. UK osteopaths can assess, diagnose, and treat a wide range of musculoskeletal conditions providing they are working within the limits of their training and competence and meet any legal requirements. Osteopaths must adhere to the Osteopathic Practice Standards (OPS) that require osteopaths have the knowledge and skills to support their practice.

- **New Zealand:**

The OCNZ has set a primary 'Osteopath' Scope of Practice that includes manual therapy informed by osteopathic principles and incorporating broad diagnostic competencies. The scope recognises osteopaths as primary healthcare practitioners who provide holistic, person-centred care across the lifespan, utilizing evidence-based approaches for both the management of specific conditions and for promoting overall wellbeing. The OCNZ has also set an Extended Scope of Practice in Western Medical Acupuncture, to allow appropriately trained osteopaths to add these techniques to their scope, and has set a number of Vocational scopes which acknowledge advanced training in areas of practice covered by the primary Scope of Practice (for example, Pain Management or Gerontology) -

<https://www.osteopathiccouncil.org.nz/Public/Public/Registered-Osteopaths/Scope-Of-Practice.aspx>

4. Regulation of International Qualifications:

- **UK:**

Osteopaths who qualify outside the UK have to go through a three-stage assessment process before they become eligible to apply for registration with the GOsC.

- **New Zealand:**

Under the Trans-Tasman Mutual Recognition Act (1997), osteopaths registered in Australia may apply for a direct registration process for practice in New Zealand. Overseas-qualified osteopaths (excluding Australia) may be considered under two pathways. The Competent Authority Pathway provides accelerated entry for practitioners who are registered with, and hold a qualification recognised by, a recognised Competent Authority (currently limited to GOsC). This pathway does not typically require any further pre-

registration assessment of qualification or competence. Overseas applicants not eligible for this pathway would undergo a qualification assessment process by the OCNZ, for comparability to New Zealand qualifications, and a review of clinical experience and further education. This review may include a clinical assessment.

Registrants under both pathways are required to complete the Competent Authority Pathway Programme within one year of registration, requiring the development of a practice portfolio under the guidance of an assigned preceptor - <https://www.osteopathiccouncil.org.nz/Public/Public/How-To-Register/Overseas-Applicants/Competent-Authority-Pathway-Programme.aspx>

5. Continuing Professional Development (CPD):

- **UK:**

The GOsC requires osteopaths to engage in continuing professional development (CPD) to maintain their registration. This is a three year CPD cycle with a requirement that osteopaths demonstrate how activities meet the breadth of their practice and relate to the four themes of the Osteopathic Practice Standards. They must undertake an objective activity and activities in relation to communication and consent. The scheme culminates in a Peer Discussion Review.

- **New Zealand:**

The OCNZ requires osteopaths to undertake CPD (under the Continuing Competence Programme (CCP)), consisting of a two-year cycle. The CCP requires osteopaths to assess their learning needs, with reference to the Osteopathic Practice Competencies and Code of Conduct, plan and carry out relevant learning activities, and reflect on what they have learned and how this has been implemented in practice. Peer review and collaborative learning is encouraged but not required -

<https://www.osteopathiccouncil.org.nz/Public/Public/Registered-Osteopaths/Professional-Development.aspx>

6. Complaints and Disciplinary Procedures:

- **UK:**

The GOsC has a formal complaints procedure that allows patients, colleagues, or employers to make complaints against osteopaths. The GOsC investigates complaints with the Investigating Committee referring the most serious complaints to either the Professional Conduct Committee (PCC) or Health Committee. The PCC may issue sanctions including admonishments, conditions of practice, suspensions and removal from the Register.

Annex to 10

- **New Zealand:**

Similar to the UK, the OCNZ handles complaints about osteopaths. The OCNZ has a structured process for investigating complaints, and cases may be considered under competence, conduct or health pathways. Conduct matters may be referred to a PCC, who may lay a charge with the Health Practitioners Disciplinary Tribunal (HPDT). Disciplinary action by the HPDT can include cautions, supervision, suspension, or removal from the register. The OCNZ aims to maintain public safety and uphold high professional standards - <https://www.osteopathiccouncil.org.nz/Public/Public/Patients/Making-a-complaint-how.aspx>

7. Right to Practice:

- **UK:**

Osteopaths must be registered with the GOSc in order to practice legally. The GOSc maintains a public Register, and individuals are only allowed to use the title 'osteopath' once they are registered.

- **New Zealand:**

Osteopaths must be registered with the OCNZ and hold a current Annual Practising Certificate (APC) in order to practice legally. The OCNZ maintains a public Register, and individuals are only allowed to use the title 'osteopath' once they are registered.

Annex to 10

Comparison of registration requirements between New Zealand and the UK

For OCNZ registration with a New Zealand recognised qualification, applicants are required to submit the following:	For GOsC registration with a UK recognised qualification, applicants are required to submit the following:
Certified Copy of their Qualification (unless sent directly by the training institution)	Proof of Recognised Qualification (must be received from the training institution directly)
Character Reference x 2	Character Reference x 1
N/A	Health Reference x 1
NZ Police Vetting Consent form for us to submit the request for their NZ Police Vetting results	UK Enhanced check for Regulated Activity
Police Clearance Certificate for any country they have resided in for 12 months or longer	Overseas police check/s (if applicable)
Curriculum Vitae	N/A
Passport sized photograph	N/A
Signed Head of School declaration from the institute they gained their qualification	Received as part of Proof of Recognised Qualification above.
Letter of Good Standing from any previous or current regulatory body they have been registered with (if applicable)	Proof of registration with other membership/regulatory body + Letter of Good Standing (if applicable)
Completed declarations and payment	Application form and payment

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Annex to 10

For OCNZ registration with a New Zealand recognised qualification, applicants are required to submit the following:	For GOSc registration with a UK recognised qualification, applicants are required to submit the following:
There may be additional requirements for any osteopath who does not register within a certain timeframe from completing their qualification. This is usually dependent on the time between completing their qualification and their registration application with OCNZ.	Return to Practise process (if applicable)

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Policy and Education Committee

10 June 2025

Annual report of the Policy and Education Committee 2024-25

Classification	Public
Purpose	For decision
Issue	The Annual Report of the Policy and Education Committee which will be presented to Council in July 2025.
Recommendation	To agree the Policy and Education Committee Annual Report to Council for 2024-25
Financial and resourcing implications	The cost of the Committee is included in the budgets approved by Council.
Equality and diversity implications	The Committee considers equality and diversity implications in relation to the workstreams presented before it at each meeting.
Communications implications	This report is made to Council to summarise the work of the Committee from April 2024 to March 2025.
Annex	Policy and Education Committee Terms of Reference
Author	Fiona Browne

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Annual Report of the Policy and Education Committee 2024-25

Introduction

1. The role of the Policy and Education Committee is to contribute to the development of Council policy across the breadth of its work including in education, professional standards, registration and fitness to practise.
2. The Committee performs the role of the statutory Education Committee under the Osteopaths Act 1993. The Committee has a 'general duty of promoting high standards of education and training in osteopathy and keeping provision made for that training under review'. It also has a key role in giving advice to the Council about educational matters including the recognition and withdrawal of 'recognised qualifications' (see Sections 11 to 16 of the [Osteopaths Act 1993](#)).
3. The terms of reference of the Committee can be found at the end of the report at the annex.

Membership

4. The Committee consists of five members of Council and four appointed external members. In addition, the key osteopathic sector organisations are invited to send an observer with speaking rights to each meeting. Observers may not take part in any part of the meeting where the business is that reserved to the statutory Education Committee.
5. These observer with speaking rights members are:
 - the Council of Osteopathic Education Institutions (COEI)
 - the Institute of Osteopathy (iO)
 - the National Council for Osteopathic Research (NCOR)
 - the Osteopathic Alliance (OA)
6. Whilst specifications for visits and visit reports are considered in public, other matters related to educational institutions are considered in private due to the commercial nature of the osteopathic educational institutions.

Quality assurance of 'recognised qualifications'

7. During the year, as part of its role to assure the quality of osteopathic recognised qualifications (RQs) which entitle applicants to register with GOsC and practise as an osteopath, and to offer advice to Council about the recognition of qualifications, the Committee considered the following:

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Activity	2024-2025
Consideration of RQ specifications / appointment of Visitors	Five OEIs (including one new RQ)
Consideration of Education Visitor RQ reports (including new RQs, renewal of RQs and monitoring visits)	One OEI
RQ change notifications and consideration of reports and evidence submitted in relation to general and specific conditions or annual report follow ups	Three OEIs
Consideration of annual report analyses (including external examiner and internal annual monitoring reports, and information about student fitness to practise.)	Seven OEIs
Recommendation of withdrawal of RQ	No OEIs

Quality Assurance: Annual Report and themes

8. The purpose of the RQ annual reports is to assist the Committee confirm the maintenance of the Osteopathic Practice Standards and the Standards for Education and Training including the Graduate Outcomes, and patient safety and public protection in pre-registration education. The report process also enables us to be assured that issues are being identified for action and monitored on an annual basis or more frequently as appropriate. Finally, the annual report provides a regular consideration of good practice for sustaining and sharing across the sector. This approach requires a focus on the institution's management of risk and enhancement of practice. The reports provide both self-reported and third-party data and information – such as external examiner reports. Our approach is not undertaken in isolation, but is part of the wider picture of quality assurance and enhancement.
9. A number of areas of good practice were identified including using technology to support student learning and clinical practices, enhancement of equity, diversity and inclusion and creation of safe spaces for students, enhanced guidance for patients on their rights, encouraging peer to peer support and improved opportunities for student feedback. However there were also challenges including: student recruitment, student staff ratios and educator training and development. The findings were discussed with OEIs and this year's annual report will include further data to understand and contextualise the maintenance of standards in a challenging environment whilst also ensuring a focus on patient safety, maintaining standards and programme of work on stakeholder recruitment and retention.

Quality Assurance Services from 2025

10. The Committee considered the next steps following the planned conclusion of the quality assurance contract with Mott MacDonald in June 2025. Following extensive consideration of the detailed business cases for going to tender and taking the quality assurance services in house, the Committee concluded that quality assurance services should be taken in house and recommended this to

Council.

11. The Committee has continued to monitor the progress of work to bring the quality assurance services being brought in house.

Continuous quality assurance process improvement

12. The Committee has had a strong focus on improvement of the quality assurance process this year to ensure an efficient and effective process. Changes as a result of feedback have included:

- Piloting a values, culture and behaviour document for educational providers and for Visitors, developed in collaboration with Visitors and educational providers to ensure that the tone of the visit is explicit and clear to aid communication
- More clarity about the context of a recommendation and the link to the relevant standard to enable it to be responded to appropriately.
- Strengthened expectations on the role of the new QA Visit Manager in relation to the management of the visit and the report writing.
- Building in more explicit links to evidence in relation to RQ visit reports as the process is moved in house
- Additional pre-visit meetings to improve clarity around expectations on both sides and outcomes
- Updating the process of raising concerns about the quality assurance process during the visit
- Ensuring that conflicts of interest with Visitors are checked against staff lists.
- A workshop with the OEIs to explore good reflection in an annual report narrative.

Potential new courses updates

13. The Committee noted updates about potential new course providers.

Student Forum Pilot

14. The Committee considered and discussed the approach to establishing a Student Forum pilot and to launch the student forum pilot.

Student placements

15. The Committee considered provided feedback on the benefits and challenges of student placements to inform next steps.

Transition into Practice

16. The Committee considered a research report about experiences of the transition into practice. The report noted some consensus in enablers, barriers and further support and the opportunity for GOsC to develop guidance with stakeholders in these areas. Further discussion with stakeholders was wide ranging and noted that there were opportunities for stakeholders to take actions too. The Committee agreed a collaborative approach including principles for working together and co-creation of the agenda for a workshop with stakeholders and to work jointly with the Institute of Osteopathy.

Osteopathy Apprenticeships

17. The Committee noted the Institute of Osteopathy in conjunction with others leading on this process are trying to develop an apprenticeship standard for osteopathy, recognised by the Institute for Apprenticeships and Technical Education (IfATE) and that they were liaising with educational providers.
18. The Committee noted that they would be asked to confirm that the draft Apprenticeship Standard was capable of meeting the Graduate Outcomes prior to final submission to the Institute for Apprenticeships and Technical Education in July 2025.
19. The Committee noted that once the standard was approved, any qualifications developed would need separate 'recognised qualification' status and would be subject to quality assurance to assure that the Graduate Outcomes were met.

Advanced clinical practice

20. The Committee noted the update in developments in regulatory issues related to advanced practice.

Continuing Professional Development Evaluation

21. The Committee considered the implications from the CPD evaluation survey findings and agreed the approach to updating the CPD and associated guidance which were to:
 - Strengthening CPD on Boundaries as an important part of the communication and consent requirement
 - Strengthening and encouraging CPD in the area of EDI.
 - Addressing the paperwork challenges expressed by osteopaths by performing a review/ edit of the current forms and templates, particularly the PDR form, so as to make this more manageable for osteopaths to complete.
 - Strengthening the focus on the aims of the CPD scheme about promoting community and encouraging opportunities to engage with colleagues

- Strengthening guidance about range of practice and adjunctive therapies ensuring that people are up to date in their adjunctive therapies and explaining this as part of the Peer Discussion Review with supporting resources and case study examples (based on specific feedback from insurers and the Institute of Osteopathy)
- Consider guidance on use of artificial intelligence.

22. The Committee agreed to recommend the consultation documents to Council for publication for consultation.

Artificial Intelligence (AI) and implications for osteopathic regulation

23. The Committee considered artificial intelligence in health care and implications for osteopathy and agreed to further engagement with the osteopathic and wider healthcare sectors.

24. The Committee considered stakeholder views on the use of AI in osteopathic practice and implications for the GOsC approach to regulation including education and standards.

25. The Committee considered the feedback received to date from stakeholders, provided feedback on the Draft Artificial Intelligence in osteopathic practice statement and requested that some interim guidance be issued as soon as possible in the meantime.

26. Agreed: Committee agreed the approach to next steps which were to:

- To consider and further develop a proposal to explore current and future use of AI in osteopathic practice to inform our approach to ensuring patient safety and public confidence.
- To agree to consult on our Draft Artificial Intelligence in Osteopathic Practice Statement.
- To continue to work with educators and other stakeholders to further explore a statement on AI in osteopathic education.
- To continue to engage with other regulators and the Professional Standards Authority to ensure an aligned approach on AI in health professional regulation.

Workforce issues: recruitment and retention and our regulatory responses

27. The Committee considered the work being undertaken to support workforce issues this included:

- patterns of data identified from 24/25 academic year;
- feedback from work ongoing with the ODG data subgroup;
- update on the National Council for Osteopathic Research (NCOR research projects (enablers and barriers to undertaking an osteopathy course; reasons

- for leaving the register including the impact of ill health and understanding the journey of leaving the register.
- d. international relationships update and
 - e. An update about work being undertaken to compare the core documents in the French and UK systems to understand gaps and explore next steps.

Student fitness to practise guidance

28. The Committee noted the update on the outcome of the consultation on Guidance about professional behaviours and student fitness to practise in osteopathic education and noted the proposal to convene a stakeholder working group to consider the GOsC response to the feedback and further updates to the draft guidance as a result.
29. The Committee considered the outcome of the consultation analysis, stakeholder working group feedback and the Equality Impact Assessment. The Committee agreed to recommend the Guidance about Professional Behaviours and Student Fitness to Practise to Council for publication.

Guidance on the Management of Health and Disability for students and osteopathic educational institutions

30. The Committee considered the outcome of the consultation on updated guidance:
 - Studying osteopathy with a disability or health conditions: guidance for applicants and students
 - Students with a disability or health condition: Guidance for Osteopathic Educational Providers
 - Easy Read versions of each
31. The Committee noted the publication and implementation plans and the updated Equality Impact Assessment.
32. The Committee requested that the updated guidance documents be amended before recommending publication to Council.

Recognition of professional qualifications

33. The Committee noted the progress on our work on recognition of professional qualifications in terms of strengthening relations with other regulators and bodies internationally to raise awareness of our standards.

Quality Assurance – Annual Report template 2023-24

34. The Committee agreed the annual report template for 2023-2024, including the updated educator data collection proposals and the enhancements to the reflective examples.

Registrant and Stakeholder perceptions survey

35. The Committee considered the registrant and stakeholder perceptions survey and action plan and provided feedback.

Patients

Evaluation of the patient information forum

36. The Committee considered and provided feedback on the Evaluation of the Patient Involvement Forum Report, agreed to publish the Evaluation of the Patient Involvement Forum Report and agreed the approach to the action plan developed from the learning including activities such as:

- Feeding back the impact of their contributions
- Providing notes for activities
- Simplifying language in communications and being clearer about objectives for activities
- Training
- Being clearer about opportunities for reasonable adjustments
- Reviewing our payment policies

Strategic Patient Engagement

37. The Committee reflected on options for different models of strategic patient engagement with a diverse range of perspectives. The Committee recommended that Council consider the proposed models taking into account the discussion and elements raised by the members of the Committee.

Committee Development Day

38. The Committee undertook a development day. The evaluation showed that it had been a positive experience for attendees which achieved its goals in terms of:

- listening to stakeholders about current opportunities, challenges and priorities for the future in osteopathic education and for the osteopathic education sector in the context of promoting high standards of education.
- facilitating dialogue, greater understanding and improving trust, inclusivity between stakeholders and with stakeholders and the Committee about roles and context.
- reflecting on our strategic leadership in a context of change and uncertainty reflecting on innovation
- considering key priorities, key risks and mitigations for the coming year

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39. However, there was less time available to focus on reflecting on next steps. We have shared the evaluation with key stakeholders and next steps will be considered by the Policy and Education Committee in June.

Conclusion of Terms

40. The Committee thanked Simeon London, Nick Woodhead, Dr Marvelle Brown, Professor Raymond Playford and Bob Davies for their service to the Policy and Education Committee.

Membership

41. During the period April 2024 to March 2025 the Policy and Education Committee membership comprised:

Name	Member details	Meetings attended
Daniel Bailey	Council registrant member	4 / 4
Dr Chris Stockport (resigned Feb 2025)	Council lay member	1 / 2
Gill Edelmann	Council lay member	4 / 4
Dr Marvelle Brown	External lay member	2 / 4
Bob Davies	External registrant member	4 / 4
Simeon London	Council registrant member	4 / 4
Professor Patricia McClure (Chair)	Council lay member	4 / 4
Professor Raymond Playford	External lay member	4 / 4
Nick Woodhead	External registrant member	4 / 4

42. Observers with speaking rights attended public meetings:

Name	Meetings attended
The Council for Osteopathic Education Institutions	3/4
The Institute of Osteopathy	1/4
The National Council for Osteopathic Research	3/4
The Osteopathic Alliance	3/4

Recommendation: to agree the Policy Advisory Committee Annual Report to Council for 2024-25

Terms of reference and membership of the Policy and Education Committee

The role of the Policy and Education Committee is to contribute to the development of Council policy. To do this it will:

- a. Advise Council on all matters of policy including:
 - i. The standards required for initial registration and appropriate means for assessing those standards.
 - ii. On all matters relating to pre-registration education and training of osteopaths, including the standards of osteopathic practice required for registration.
 - iii. Post-registration education and training, including the requirements for ensuring osteopaths remain fit to practise.
 - iv. The management, investigation and adjudication of concerns about the fitness to practise of registrants.
 - v. Matters relating to the exercise of powers under section 32 of the act (protection of title).
 - vi. The development of the osteopathic profession.
 - vii. Measures to encourage research and research dissemination within the osteopathic profession.
 - viii. Any research needs to support the GOsC's work.
- b. Take into account the decisions of fitness to practise committees, information from the PSA and other relevant sources, and external legal or other requirements.
- c. Ensure that policy development has been informed by effective engagement with the full range of the GOsC's stakeholders.
- d. Make an annual report for Council on the work of the Committee.

The Committee will also undertake the statutory functions that are reserved to the Education Committee, which are to:

- a. Advise Council on the recognition of qualifications in accordance with section 14(6) of the Act.
- b. Appoint and manage the performance of visitors to conduct the evaluation of courses under section 12 of the Act.

Annex to 11

- c. Advise Council on matters relating to the withdrawal of recognition of a qualification in accordance with sections 16(1) and 18(5) of the Act.
- d. Exercise powers to require information from osteopathic educational institutions in connection with its statutory functions in accordance with Section 18 of the Act.

Meeting Frequency

Three times yearly or more frequently if required. Some business may be conducted out of committee where required.

Membership

Ordinary members

- Five members of Council, of whom two shall be osteopaths and three shall be lay members. One of the lay members shall be appointed by Council to be Chair of the Committee.
- Four members who are not members of Council.

Co-opted members

The Committee may co-opt up to five members in accordance with Rule 3 of the Statutory Committee Rules.

Observers with speaking rights

The member organisations of the Osteopathic Development Group are invited to send an observer with speaking rights to each meeting.

Observers may not take part in any part of the meeting where the business is that reserved to the Education Committee.

Quorum

Five, of which:

- at least one must be a lay person and one must be an osteopath.
- at least two must be members of Council and two must be members who are not members of Council.