

# Public Meeting of the Policy and Education Committee

Tue 02 June 2026, 09:30 - 12:30

Online

Members are politely reminded to declare any conflicts of interest against the agenda items set.

## Agenda

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**09:30 - 09:35 1. Welcome and apologies**

5 min

*Information Patricia McClure*

**09:35 - 09:40 2. Minutes and matters arising from the meeting on 12 March 2026**

5 min

*Decision Patricia McClure*

For decision and for noting

 Public Item 2 - Unconfirmed Minutes - Public Meeting of Policy and Education Committee 12 March 2026.pdf (9 pages)


**09:40 - 10:05 3. Quality Assurance update and agreement to Annual Report Process**

25 min

*Decision Steven Bettles*

 Public Item 3 - Quality Assurance update and annual report (reserved) FINAL.pdf (13 pages)

 Public item 3 - Annex A - Option 1 draft annual report format.pdf (11 pages)

 Public Item 3 - Annex B - Annual report template.pdf (7 pages)

**10:05 - 10:20 4. OPS Review update**

15 min

*Decision Steven Bettles*

For decision


 Public Item 4 - OPS review update paper FINAL.pdf (7 pages)

**10:20 - 10:35 5. Strategic Engagement with Students Interim Evaluation**

15 min

*Decision Steven Bettles*

For decision

 Public Item 5 - Strategic Engagement with Students Interim Evaluation 2025-26.pdf (9 pages)

**10:35 - 10:45 Break**

10 min

**10:45 - 11:00 6. Strategic Engagement with Educators update**

15 min

*Decision Fiona Browne*

For decision

 Public Item 6 - Educator engagement FINAL.pdf (8 pages)

**11:00 - 11:15 7. Liverpool John Moores University: Initial RQ Recognition Visitor Approval**

15 min

*Decision Steven Bettles*

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For decision

 Public Item 7 - Liverpool John Moores University University Initial RQ and Visit FINAL.pdf (5 pages)

 Public Item 7 - Annex Revised RQ spec.pdf (5 pages)

11:15 - 11:30 **8. University of Derby University: Renewal of RQ and Visit following significant change to delivery**  
15 min

*Decision* Steven Bettles

For decision

 Public Item 8 - University of Derby University Renewal of RQ and Visit FINAL.pdf (9 pages)

11:30 - 11:40 **Break**  
10 min

11:40 - 11:50 **9. Update on Board Effectiveness Review (oral update)**  
10 min

*Information* Lorna Coe

For noting

11:50 - 12:05 **10. Policy and Education Committee Annual Report**  
15 min

*Decision* Fiona Browne

For decision

 Public Item 10 - PEC Annual Report FINAL 2025-26 20260514.pdf (14 pages)

12:05 - 12:30 **11. Updates from observers**  
25 min

*Information* Patricia McClure

For noting

**11.1. COEI**

*Information*

**11.2. iO**

*Information*

**11.3. OA**

*Information*

**11.4. NCOR**

*Information*

12:30 - 12:30 **12. Any other business**  
0 min

12:30 - 12:30 **13. Date of next meeting 15 October 2026**  
0 min

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## Public Meeting of the Policy and Education Committee

Unconfirmed

Minutes of the 32<sup>nd</sup> Policy and Education Committee held in public Thursday 12 March 2026 at General Dental Council (GDC), 37 Wimpole Street, London, W1G 8DQ and via online video conference.

**Chair:** Professor Patricia McClure (Council, Lay)  
**Present:** Dr Daniel Bailey (Council, Registrant)  
Professor Debra Towse (Council, Lay)  
David Propert (Council, Registrant)  
Jayne Walters (Independent, Lay)  
Patrick Gauthier (Independent, Registrant)  
Andrew MacMillan (Independent, Registrant) (online)  
Laura Turner (Co-opted Independent, Registrant)

### Observers from Council:

Arwel Roberts (Council Associate)  
Amanda Cheesley (Patient Partner) (online)  
Reena Ainscough (Patient Partner)

### Observers with Speaking Rights:

Nikky Godfrey, Council of Osteopathic Educational Institutions [online]  
Alison Robinson Canham, Chief Executive, Institute of Osteopathy (online)  
Santosh Jassal, Secretary to the Osteopathic Alliance, (online)  
Dr Jerry Draper-Rodi (NCOR) (online) [joined 1400]

### Observers without Speaking Rights:

Jane Easty, SCCO (online)  
Stephanie Jenkins, Observer (incoming Council Associate from April) (online)

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**In attendance:** Steven Bettles, Head of Education and Policy  
 Fiona Browne, Director of Education, Standards and Development  
 Nerissa Allen, Executive Assistant to the Chief Executive and Registrar  
 Lorna Coe, Governance Manager  
 Paul Stern, Senior Research and Policy Officer

**Apologies:** Matthew Redford (Chief Executive and Registrar of GOsC)  
 Kate Kettle (Lay Member)  
 Jo Clift (Chair of Council)  
 Stacey Clift (Head of Research, Data and Insight)  
 Liz Niman (Head of Communications and Engagement)

### **Item 1: Welcome and Introductions**

1. The Chair welcomed all attendees and facilitated introductions from all the in-person and online participants.

### **Item 2: Minutes and Matters Arising – 22 October 2025**

2. The minutes were approved as an accurate record, subject to corrections noting attendance updates (David Propert) and a terminology correction requested by Santosh (OCC rather than OAR in 20b).
3. No additional matters were raised.

### **Item 3: CPD Guidance and Resources – Revised Materials and Mandatory Elements**

4. Committee received updated CPD guidance comprising three versions: standard, detailed, and simplified, with reintegration of reflective elements.
5. The Committee were reminded that at their meeting in June 2025, the consultation findings supported the inclusion of boundaries and inclusive practice: equity, diversity, inclusion and belonging, however, there was feedback about the accessibility of the guidance and the supporting resources. Hence, the team worked on the accessibility of the guidance to enable the Committee to make a decision to recommend that Council make the boundaries and inclusive practice: EDIB mandatory components with more accessible guidance and resources published alongside this.
6. The revised layered CPD guidance and the Professional Boundaries and inclusive practice EDIB resources were developed and tested with expert advice commissioned to assure accessibility and with specific feedback from osteopaths who were neurodiverse in order to ensure that the resources and

guidance were fit for purpose. The Executive wrote to everyone on the register and invited those who were neurodiverse to provide feedback on the resources.

7. Additional supporting CPD materials (PDR forms, scenarios, quizzes) were developed and positively received by osteopath focus groups.
8. The Committee commended Stacey Clift and Paul Stern for their work on the guidance and the resources to ensure accessibility. Members highlighted the need to ensure mandatory CPD requirements lead to meaningful practice improvements rather than administrative compliance. This will be considered as part of the ongoing evaluation in due course.
9. Committee members emphasised the importance of safeguarding and whether that should be a mandatory requirement, especially where practice involves paediatrics and vulnerable individuals.
10. It was noted that keeping patients safe from harm was a core part of the Osteopathic Practice Standards (OPS) but that this area had been highlighted for further development. This will be considered as part of the OPS review.
11. Committee members asked how many osteopaths had been involved in testing the guidance in focus groups. It was explained that there had been 2 or 3 plus a handful of osteopaths who had responded to the profession wide email. Expert advice on accessibility had also been obtained and this was illustrated at Annex D of the paper.
12. The Committee were reminded that the original consultation which had been widely publicised had supported implementation of the changes. This additional development had taken place to ensure accessibility which has been appropriately done.
13. The Committee supported the need for further clarity on AI-related CPD (data protection, consent, generative AI risks). The Committee noted the current interim Guidance in use of AI in practice.

**Decision:**

**Committee agreed to:**

- **Recommend to Council that Professional Boundaries and EDI & Belonging become mandatory CPD elements.**
- **Recommend to Council the revised layered CPD guidance, subject to further refinement including the concise, standard and**

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**detailed versions, and the adoption of a layered approach be submitted for approval and publication.**

- **Committee noted the continued development and testing of CPD resources and the refinements to be incorporated ahead of publication.**

#### **Item 4: Osteopathic Practice Standards (OPS) Review – Update and Terms of Reference**

14. The OPS review had been initiated due to developments since 2019 standards (pandemic, technological change including AI).
15. The initial call for evidence generated 32 responses with a good mix of responses from different groups. The OPS were also discussed at the student forum and patients would be given the opportunity to feedback at a dedicated session as part of their Development Day on 31 March 2026.
16. Frequent themes in the feedback for further development included: overall the respondents were positive about the current version and felt that it is effective or very effective in protecting patients from harm but less effective at supporting personal development.
17. Gaps included: AI, speaking up about inappropriate behaviours, and there were opportunities for strengthening equity, diversity and inclusion. Similar points were made in the Student Forum including online professionalism, social media, digital boundaries and ethical marketing.
18. The Committee discussed ensuring the OPS remained high-level, principle-based, and proportionate, avoiding unnecessary complexity or alignment with external frameworks that did not fit osteopathic practice.
19. The need to incorporate awareness of healthcare and higher-education regulatory landscape changes (OFS, NHS frameworks, LLT, TEF) should be considered, although the Committee also noted that there were different documents which enabled standards for education and that it was important to ensure that the standards were relevant to osteopathy.
20. It was noted that the responses to the call for feedback were small and to ensure that thinking was cross-referenced with external sources with clarity around whether this was a targeted or a fundamental review and the balance of high level versus overly prescriptive criteria for determining what should be a standard.

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21. In response to the point about small numbers of responses it was confirmed that the initial call for feedback went out to every osteopath but also that there will be many more opportunities for osteopaths to engage in the review over and above the formal consultation which would take place later in the year.

**Decision:**

**Committee agreed:**

- **The Terms of Reference for the Collaborative OPS Review Reference Group.**
- **Professor Patricia McClure should chair the group.**

**Committee noted the early findings of feedback on the current version of the OPS.**

**Item 5: Liverpool John Moores University – Initial RQ Specification**

22. The Committee reviewed the proposed specification for LJMU's 4-year M<sup>OST</sup> programme, planned to begin in 2028.
23. It was explained that the initial review would take place prior to the admission of students to consider the plan at an early stage of development and to work with LJMU to ensure appropriate standards. Further visits would take place prior to graduation to be assured that standards were met.
24. The Committee discussed the importance of specific evidence providing assurance about staff recruitment, development and plans for the clinic prior to clinical training commencing. How they recruit staff to deliver the programme and the pump priming of the clinic ahead of time.
25. The Committee was very positive about the new provision and considered that timelines were appropriate.
26. Committee enquired if they consider the use of simulation to teach aspects of the course as enabled by the Graduate Outcomes and Standards for Education and Training.
27. It was confirmed that the LJMU course was planned to be a four-year full-time degree. It was also explained that the opportunity to establish an osteopathic clinic in Liverpool to give back to their community was a strong driver.

**Decision:**

**Committee agreed the Recognised Qualification Specification in relation to the initial review of the following programme to be offered by Liverpool John Moores University:**

**Masters in Osteopathy (MOst) four years full time**

**Item 6: University of Derby – RQ Review Specification (Teach-Out)**

Patrick Gauthier advised Committee that he did not work for the organisation, however he had been in informal talks with University of Derby, in his professional capacity, about the teach-out of the programme.

28. Following the closure of the College of Osteopaths, which Council had been advised of on Admincontrol in February, the University of Derby, who validates the course, has assumed responsibility for teaching out existing cohorts under the student protection plan.

29. A focused RQ review was required to ensure ongoing delivery under Derby's management. Committee was asked to agree to the change of name on the RQ recognition.

**Decision:**

**Committee agreed to the RQ review specification for University of Derby's teach-out of the programme.**

**Item 7: BCNO – Recognition Review Outcomes**

30. The Committee reviewed the RQ visitor report following the November 2025 visit to BCNO. The visit was the first under GOSC's in-house QA model and was reported as a positive experience with appropriate stakeholder engagement.

31. The visit focused on the teaching out of the existing programme and was the second part of the visit which began in early 2025 looking at the new course. Evidence was gathered from students, staff and patients and online meetings enabled both campuses to participate.

32. The in-house management enabled ongoing advice, about the Graduate Outcomes and Standards for Education and Training and the quality assurance processes, as needed to all involved.

33. Action plans from the two visits will be consolidated for June 2026 review and follow-up will be requested for the review.

**Decision:**

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**Committee agreed to recommend that Council recognises the following programmes awarded by the BCNO Group subject to the conditions set out in paragraph 19, from 1 September 2026 to 30 September 2030 subject to the approval of the Privy Council:**

- **Masters in Osteopathy (MOst)**
- **BSc (Hons) Osteopathy (modified attendance)**
- **BSc (Hons) Osteopathic Medicine**

**Committee noted the update to the action plan in relation to the BSc (Hons) Osteopathic Medicine and to require an update in relation to all action plans to be reported to the June 2026 Committee meeting.**

### **Item 8: Updates from Observers**

34. Council for Osteopathic Educational Institutions (COEI): It was reported that the development of a new strategic plan was progressing with artificial intelligence (AI) and osteopathic education projects were commencing, including baseline survey across OEIs.

35. Institute of Osteopathy (iO):

- a. The iO reported that they were working closely with COEI on student recruitment which was in decline across the profession.
- b. The continuing professional development framework was ongoing and the iO were moving into a participatory pilot with early adopters to help refine so that the framework speaks to osteopaths in their own language and was able to be used in different settings.
- c. A new graduate support programme (thinking stimulated by the GOsC hosted transition into practice event) called 'Welcome to the Profession' was launching in October to bring new graduates together regularly and to build confidence alongside increased understanding about regulation, the professional body, CPD and finances. It was intended to support increased confidence and connection and networking for new graduates.

36. Osteopathic Alliance (OA):

- a. A new book on classical osteopathy being published which OA hopes will assist with recruitment.

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- b. The OCC was developing a strong mentoring pipeline, shadowing and networking for UK and international students.
- c. There was increased collaboration across organisations to assist colleges looking to have stronger principles led training and the OA was reflecting on how it can better support colleges with the resources it had.

### 37. NCOR:

- a. NCOR reported leadership and governance changes with several new Board Members including Alison Robinson Canham of iO and Martin Pendry and the outgoing (Phil Bright) and new Chair (Glynis Fox) working on a handover for six months.
- b. The NCOR Board has approved a new governance fellowship scheme similar to the GOsC Council Associate Role.
- c. There are multiple research projects underway including one looking at adverse events in all manual therapies (chiropractic, osteopathic and physio) which is an OF funded meta-analysis.
- d. There is a new PhD position which will start in October and colleagues around the table were asked to share that.
- e. Osteopathy Europe has identified that there is higher than expected manual therapy on infants in Europe but not in the UK. This is being investigated further. A paper on this is due to be published at the end of the month. In France, there are now guidelines in place for paediatric care with strong collaboration between relevant bodies.
- f. Next year, there is an Erasmus plus programme which OEIs in Europe will be able to take part in; research network data collection and guidelines work; discussions on paediatric practice and HVLA usage across Europe. The UK is establishing a commission in the Summer and although the application process is detailed, the success rate for funding is high for those that get through.

### Item 9: Any Other Business

- 38. A member highlighted the increasing urgency of AI and updates in the osteopathy sector were discussed. COEI explained that they were undertaking an AI in osteopathic education project. This included a survey of OEIs with plans for identifying issues and helping.

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39. The GOsC inter-regulatory statement for education was also highlighted.

40. Another member highlighted high risks in terms of the security of data and the speed of change which challenged regulatory frameworks to stay up to date.

41. AI is also a subject at many international meetings including OSEAN.

42. The GOsC interim statement on AI in practice was also flagged and the rapid pace of change highlighted.

43. Research undertaken by the Professional Standards Authority was also highlighted.

44. Internal AI policies were also in place.

**Date of Next Meeting:** Tuesday 2 June 2026

**Meeting closed at 1456.**

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**Policy and Education Committee**

**2 June 2026**

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

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| <b>Classification</b>                            | Public   |
| <b>Action</b>                                    | <b>For decision</b>  |
| <b>Purpose of the paper</b>                      | Quality Assurance update and agreement of the Annual Report Process for 2026   |
| <b>Strategic Priority implications</b>           | <p>Strengthening trust - Working in partnership with the sector to understand the issues and responsibilities connected to the recognition of professional qualifications.</p> <p>Assuring the quality of 'recognised qualifications' meaning that all graduates meet the standards necessary to enter the register is a core part of our statutory duties. It is necessary to maintain the trust and confidence of all our stakeholders including patients, the public, the profession and other healthcare professionals.</p>  |
| <b>Standards of Good Regulation implications</b> | <p>Standard 3 - The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.</p> <p>Standard 8: The regulator maintains up to date standards for registrants which are kept under review and prioritise patient and service centred care and safety.</p> <p>Standard 9 – The regulator has a proportionate and transparent mechanism for assuring itself that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator's requirements for registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.</p> <p>Our quality assurance process as outlined in our <a href="#">Interim Handbook and the Osteopaths Act 1993</a> ensures that 'recognised qualifications' are only awarded to graduates meeting the <a href="#">Graduate Outcomes</a> and the Osteopathic Practice Standards.</p> |

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| <b>Communications implications</b>                 | RQ general conditions require that we give three months to OEIs to complete annual reports. We conjunction with communication to education providers regarding annual reporting and the process itself.  |
| <b>Financial, resourcing and risk implications</b> | There are no specific additional costs envisaged as a result of this paper – annual reporting is now managed in-house  |
| <b>Patient perspectives</b>                        | Patient perspectives are reviewed within RQ visits and annual reporting from education providers.  |
| <b>Diversity implications</b>                      | None specifically in relation to this particular proposal  |
| <b>Welsh language implications</b>                 | <p>The <a href="#">Welsh Language Standards (No. 8) Regulations</a> places legal duties on GOsC in regards to facilitating the use of the Welsh language. The Welsh Language Commissioner is responsible for making sure GOsC and other regulators comply with these standards, or face reputational and financial penalties.</p> <p>In addition to our legal duties, it is important for GOsC to meet these standards and the needs of Welsh speakers because:</p> <ul style="list-style-type: none"> <li>• we work to be an <b>influential</b> and <b>respectful</b> regulator (our values)</li> <li>• we want to strengthen trust, champion inclusivity and embrace innovation (our Strategic Plan priorities)</li> <li>• providing opportunities for people to speak Welsh when they interact with us or use our services will help us demonstrate our values and aims.</li> </ul> <p>We must consider ways to increase opportunities for Welsh speakers to use the Welsh language when we engage with students in Wales. When we arrange events in person in Wales for students we will consider any Welsh language requirements and if relevant, facilitate use of Welsh wherever possible. We must ensure that RQ documents relating to Swansea University are also published in Welsh.</p> |
| <b>Annex(es)</b>                                   | <p>A – Draft annual report form modified to reflect RQ mapping document (Option 1)</p> <p>B – Draft alternative annual report format (Option 2)</p> <p>Both options will include our standard data sheets for student enrolment and progression and educators.</p>   |

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| <b>Author</b>             | Steven Bettles, Banye Kanon, Rekita Sparrow, Stacey Clift, Fiona Browne |
| <b>Background reading</b> | None required   |

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| <b>Recommendation(s)</b>   | <ol style="list-style-type: none"> <li>1. To note the updates in relation to quality assurance activity since this was taken in-house.</li> <li>2. To consider the options outlined in relation to annual reporting for the 2025-26 academic year and agree the Committee preference.</li> <li>3. To agree the format of the annual report for 2026/27.</li> <li>4. To agree the approach to Thematic Reviews for 2026/27.</li> </ol> |
| <b>Key messages</b>  |   |
| <ul style="list-style-type: none"> <li>• This paper reports on quality assurance activities undertaken.</li> <li>• Options for annual reporting the 2025-26 academic year are outlined for Committee consideration.</li> <li>• in relation to annual reporting for The Committee are asked to agree an updated version of the annual report template for 2025-2026.</li> <li>• 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.</li> <li>• 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 2027.</li> <li>• As in previous years, the standard data sheet to enable consistent monitoring of student enrolment and progression and educator data is also submitted as part of the annual reporting.</li> <li>• 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.</li> <li>• The analysis will be carried out in-house.</li> </ul> |   |

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- In addition to the prescribing of the Annual Report, we have discussed doing thematic reviews with the OEIs which could involve a programme of interviews and questions in the second half of 2026 to look at what OEIs are doing in particular areas to support and share good practice. The last thematic review we did was in public and patient involvement in education which was felt to be helpful for the OEIs in terms of building on good practice. The topics we are interested to explore this year relate to: Artificial intelligence, osteopathic identity and belonging (shaped by the curricula analysis that we already have and cultural humility as part of inclusion, belonging, equity and diversity.

## Discussion

### *Quality Assurance update*

1. As we approach the end of the first year since we took our quality assurance (QA) function in-house, it is helpful to consider what we have done so far, feedback and impact to date and to outline current activities and plans for the next few months. The following table summarises activities since September 2025:

| Activities                                     | Commentary   |
|--|--|
| <b>September 2025: Review Visitor Training</b> | <p>This was held in person at Osteopathy House in September 2025. It provided the opportunity to introduce our approach to visitors, develop our thinking collaboratively, and reflect on the very busy previous few months of QA activity.</p> <p>Feedback on the session from Visitors was positive and particularly about our plans for developing quality assurance.</p> <p>We are currently planning a training session for visitors for the autumn.</p>  |
| <b>November 2025: BCNO RQ Review visit</b>     | <p>This was the first visit that we had undertaken in-house, and the Visitors Report was considered by the Committee at its March 2026 meeting.</p> <p>We recently met with the BCNO Head of College and sought feedback on the RQ process. This was positively received – it was reported that the visit felt collaborative, and that pre-visit meetings were helpful in introducing the team, outlining the process, and reducing anxiety and presenting an environment which supported meaningful discussion about quality.</p> |

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|   | <p>The visit team provided positive feedback on the visit itself, and particularly appreciated the structure of meetings with stakeholders, with the GOsC QA Visit Manager setting the scene for each meeting, outlining intended outcomes and ensuring that participants knew the purpose of each session.</p>   |
| <p><b>Annual reporting</b></p>  | <p>The Committee will be aware that we have undertaken the first round of annual reporting where the analysis of submissions has been undertaken in-house. The resulting analyses were reported to the March 2026 Committee meeting. Our reflections on this and discussions with the sector have led to consideration of how we undertake annual reporting for the 2025-26 year alongside quality enhancement, and this is outlined later in this paper for Committee consideration and decision.</p>  |
| <p><b>Engagement with the sector</b></p> <ul style="list-style-type: none"> <li>• Regulator and Educator Liaison Meetings (RELM)</li> <li>• Regular engagement with the Council of Osteopathic Educational Institutions</li> <li>• QAA led training session</li> <li>• Educator Roadshows (including shared decision making event)</li> <li>• Student sessions</li> </ul> | <p>A key part of our relational approach to QA is ongoing engagement with the sector, both through the Council of Osteopathic Educational Institutions, and with individual providers. Our regular meetings with COEI now fall under Regulator and Educator Liaison Meetings (RELM). We had RELM in November 2025 and February 2026, with a single subject meeting planned for May 2026 to consider annual reporting.</p> <p>On 19 March 2026, we arranged a training session delivered online by the QAA on regulation in the HE Sector. This was offered to our education visitors, and also to representatives of each of the education providers and the COEI Executive Administrator. It was a useful and collaborative session that covered key aspects in current regulation of HE.</p> <p>We have made efforts to engage with educators more broadly to build understanding of what we do as a regulator, and to promote good practice. On 22 April, we arranged a session on Shared Decision Making (SDM) with a focus on SDM in education, in partnership with the Collaborating Centre for Values Based Practice in Health and Social Care at St Catherine's College Oxford. This was a hybrid event with some participants attending in person and others online. It was aimed at osteopathic</p> |

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|  | <p>educators, with input from The Collaborating Centre Director, Professor Ashok Handa, Dr Simon Jaclin from Keele University, Sarah Tilsed from the Patients Association with Gareth Gault an expert patient, Professor Steve Vogel (HSU) and Dr Paul Wright (Nescot).</p> <p>We are also working with COEI to arrange OEI based Educator Roadshows, with the idea that these are hosted at education providers, to encourage attendance by osteopathic educators from those providers and others. The first event is planned for 4 July hosted at LSO, and we are working with COEI and the LSO on this. Speakers at the first event will include Patrick Gauthier (HSU) and Dr Jerry Draper-Rodi (NCOR).</p> <p>We have continued our work to engage with students at the various providers. This has included visits this year to LSO, HSU, BCNO, Swansea, Nescot, and online sessions with students at Derby. We have considered ways of expanding the reach of these to attract more students, and for some providers this has meant taking part in existing timetabled sessions alongside teaching staff from that institution. We have done this with both HSU and BCNO, and it has been received positively. The only provider where we have had no direct student contact this year has been Marjon, and we are in discussions with the course lead there to plan a visit for the autumn. The types of issues that we cover include, regulation/introduction to GOsC, professionalism, professional judgement, boundaries, concerns and complaints, CPD requirements post-graduation. (Further information about engagement with students is outlined in Public Item 5).</p> |
| <p><b>Upcoming RQ visits –</b><br/>Derby<br/>Liverpool John Morres University (LJMU)</p> | <p>The Committee will be aware that we have two visits planned for later in 2026. The University of Derby RQ visit is in relation to the delivery of the BOst programme formerly delivered by The College of Osteopaths, and now taken over by Derby under the Student Protection Plan. We have been liaising regularly with the Derby team during this transition and will continue to support the team in meeting our RQ requirements.</p>   |

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|  | <p>The LJMU review is an initial review of a new M<sup>OST</sup> programme by a new provider. Again, we have been in regular contact with the team as they work with a consultant osteopath to develop the programme, with the review visit planned for December. This will comprise a joint process alongside LJMU's internal validation event, which is a new approach for us, but one which we are keen to engage with.</p> |
| <p><b>May 2026: QA Team Away Day</b></p> | <p>The Professional Standards Team held an away day on 12 May to focus on a range of QA issues, reflecting on what had gone well since taking QA in-house and what could be enhanced. We were able to develop our thinking about options for annual reporting, which are reflected later in this paper.</p>  |

*Annual report for 2025-26 academic year*

2. As referred to above, the annual report process for the 2024-25 academic year was the first annual report process undertaken since taking the Quality Assurance function in-house after the expiry of the contract with Mott MacDonald. We kept the process largely consistent with the previous 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.
3. In fact, because of the number of Recognised Qualification (RQ) reviews undertaken during the reporting period, only two providers were required to undertake full annual reporting, with the rest completing shortened returns. These were reported to the Committee in March 2026.
4. For full reports, templates were pre-completed with the previous year's submission, which could then be amended/updated as appropriate. Any changes to the report were shown in a different coloured font to facilitate the analysis process and aid clarity. Only changed evidence needed to be submitted as we held the evidence submitted for each OEI last year as part of the transition process of the handover from Mott.
5. All providers were asked to update on any recommendations or actions referenced in previous annual reporting, and we further asked for information on the mapping of curricula to graduate outcomes, educational training and development of staff, and student protection plans.
6. Our reflections on the process, particularly for the full annual reporting, were on the impact on providers of reporting against all standards annually. Our thinking

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since introducing the Standards for Education and Training in 2022 was that proportionality was built into the system by pre-loading the report with previously submitted information rather than requiring providers to start afresh each year. To some extent, this has been the case, but we have also considered that perhaps a full report against standards each year might be excessive in terms of the resource required from the institution the absence of any significant changes compared to any benefits to the institution or GOsC. Some providers have given feedback indicating that even reviewing a previous submission can be an onerous undertaking, with uncertainty as to which evidence needs updating.

7. It is also the case that the mapping tool used for an RQ visit is presented in a different format to the annual report submission, and although the content can be reproduced between one and the other, it lacks the immediate consistency of them looking the same. One provider gave feedback that doing a full annual report felt like doing an RQ mapping document annually.
8. For 2025-26, the following Providers would generally be required to provide a full annual report response:
  - Health Sciences University
  - London School of Osteopathy
  - Marjon
  - Nescot
  - Swansea University
9. The following would generally, with Committee agreement, qualify for a shortened report:
  - BCNO Group – having gone through an RQ visit in November 2025. This related to existing RQ programmes now being taught out rather than the new three year BSc taught from September 2025, but all of these have conditions being monitored as separately reported.
  - University of Derby – The College of Osteopaths provided a full submission in December 2025 before closing at the end of February, with Derby now having taken over delivery. An RQ visit is planned for October 2026.
10. An alternative to requiring each provider to provide a full update against delivery of the Standards for Education and Training is to undertake a more targeted, risk based approach for 2025-26. This would require all providers to respond to/provide the following:
  - Updates on recommendations or actions previously identified.
  - Details of specific risk monitoring – (any issue that would fall under the reporting requirements of the general conditions applying to all RQ programmes)
  - Annual monitoring reports provided to a validating University or as part of in-house QA monitoring processes (which would be focused on areas of risk)
  - Student/educator data
  - Student fitness to practise issues

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- Summary of feedback received from students, staff and patients and responses to this.

#### Thematic review

11. This approach could be combined alongside a thematic review which was aimed at enhancing quality and focused on peer learning and value for the OEIs.

#### A: Artificial Intelligence

12. Having this year published a joint regulatory statement on the use of AI, and with COEI undertaking collaborative work on AI in education, we are interested in the next round of annual reporting to explore this in more detail with providers and to understand:
  - What they are doing in relation to AI in education to embed the principles of :
    - Accountability
    - Academic integrity
    - Development of AI literacy for staff and learners
    - Preparation for practice

#### B: Osteopathic identity and belonging

13. Following on from our analysis of submissions of mapping of curricula to graduate outcomes and our reflections on the delivery of these outcomes in practice, we are also interested in how professional osteopathic identity is developed through RQ programmes with particular reference to paragraphs 16, 27 and 28 of the Graduate Outcomes and Standards for Education and Training. We frequently encounter observations and criticisms from some individuals and groups that osteopathic identity is diluted in contemporary education, and would like to have more information to address these particular concerns.

#### C: Cultural humility: inclusion, belonging, equity and diversity

14. EDI and culture was an area that was significantly strengthened in the Graduate Outcomes and Standards for Education and Training in 2022 and which demands continued focus. Our Graduate Outcomes were rolled out to the OEIs through our RQ visits and annual reporting processes. We then jointly funded the [Urgent Study \(Overcoming barriers to equality, diversity, inclusivity, and sense of belonging in healthcare education: the Underrepresented Groups' Experiences in Osteopathic Training \(UrGEnT\) mixed methods study, Draper-Rodi J et al \(2024\)](#). Key conclusions and recommendations focused on a. staff education b. networks for specific groups and c. updated policies and processes. GOsC supported a dissemination workshop in 2024 for all OEIs and this included a video which is available for all educators as part of the training. Data is inconclusive at the moment, but students from specific minority groups tend towards the lower end of progression ranges. Further, in the 24/25 annual report analysis, the Committee considered that there should have been more analysis related to

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cultural humility. We are refocussing aspects of our Educator Workshop programme 2026/27 to include a session designed to enable participants to be able to develop at least one evidence-informed action plan for implementing EDI within their osteopathic educational institution, with specific attention to fostering cultural humility in student–patient interactions and creating psychologically safe environments for both students and patients.

15. We intend to explore EDI further also as part of our thematic review for 26/27 so that we can disseminate and share good practice to strengthen this important area.

Next steps

16. We recognised that additional areas of exploration may be a challenge for providers in the context of annual reporting, and have considered that some of the burden of this may be alleviated by our undertaking the additional review of AI implementation, development of professional identity and cultural humility in the form of interviews with key staff at each provider. We would then take on the task of collating the notes of interviews and presenting these in a more qualitative format.
17. The OEIs response to this at our RELM meeting on 18 May was very positive as sharing information and good practice in these areas would support the OEIs with lots of benefit and sharing about enhancement of quality for less resource and burden for them.

*Options to consider for 2025/26 Annual Reporting*

18. To summarise the options in terms of annual reporting considered above, these are set out again here:

|                   |  |  |
|-------------------|--|--|
| <b>Option one</b> | Continue with annual reporting against the Standards for Education and Training as previously, with a revised format that aligns more closely with the RQ review mapping tool (See draft as Annex A)<br>Data capture in relation to students/educators to continue as previously | <p><b>Positives</b></p> <ul style="list-style-type: none"> <li>• consistent with previous reporting.</li> <li>• Chance to update narrative annually to ensure that this remains up to date with evidence.</li> </ul> <p><b>Negatives</b></p> <ul style="list-style-type: none"> <li>• Not specifically risk based</li> <li>• Some feel this to be disproportionate and burdensome</li> </ul> |
|-------------------|--|--|

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|                               |   |   |
|-------------------------------|---|---|
| <p><b>Option Two</b></p>      | <p>A more targeted and risk based approach as outlined in paragraph 9 above, but not requiring an updated narrative in relation to each individual standard or education – see draft as Annex B.</p> <p>This option would also enable staff resource to support thematic reviews in the areas of AI, Osteopathic identity and cultural humility equity, diversity, inclusion and belonging.</p> | <p><b>Positives</b></p> <ul style="list-style-type: none"> <li>• An opportunity to explore a more focused approach to reporting</li> <li>• Given the robustness of the RQ review process, this would provide some space for providers to continue to deliver their programmes without such scrutiny of every aspect this year whether an area of risk or not.</li> <li>• Addresses views expressed that the annual report process as it stands can feel onerous, whilst enabling us to the information we need to provide assurance.</li> </ul> <p><b>Negatives</b></p> <ul style="list-style-type: none"> <li>• Some might prefer the current system having become used to this.</li> <li>• Potential to miss detail in relation to every standard this year (though the questions as drafted should still draw out risks and mitigations of these)</li> </ul> |
| <p><b>Thematic Review</b></p> | <p>In relation to Option 2 above, to seek further information as outlined on AI in education and the development of osteopathic professional identity and cultural humility (including exploration of the impact of our health and disability guidance).</p>  | <p><b>Positives</b></p> <ul style="list-style-type: none"> <li>• An opportunity to explore key areas within osteopathic education.</li> <li>• In relation to AI to gauge implementation and reference to our publication of a joint statement on AI in health and care education.</li> <li>• In relation to professional identity, to develop understanding of approaches and challenges</li> </ul>   |

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|  |  |  |
|--|--|--|
|  |  | <p>to this which will inform thinking around quality assurance, and to transition to practice</p> <ul style="list-style-type: none"> <li>• In relation to cultural humility enables us to really test and explore good practice in implementation and supporting an inclusive culture – particularly relevant in a context of a part time educational faculty.</li> <li>• Enables us to identify and share good practice in a more supportive and developmental way with the sector.</li> </ul> <p><b>Negatives</b><br/>         Might be seen as an additional regulatory burden (but we can mitigate the impact of this by adopting a more qualitative approach as outlined)</p> |
|--|--|--|

19. In addition our usual data set will be collated from each of the OEIs which includes student numbers, including enrollment and progression data and educator data.

*RELM (GOsC/OEI) meeting*

20. We met with COEI on 18 May to discuss the options outlined in this paper, outlining the thinking behind each. The overwhelming feeling amongst the group was that option 2 was preferred. Key points made included:

- A more focused and risk based approach seems appropriate and is welcomed.
- Consistency in relation to data requests is helpful.
- Preference for not having to review the narrative and evidence annually against each of the standards for education and training.
- In relation to exploration of the implementation of AI issues and the development of osteopathic professional identity, support expressed for the proposed qualitative interview suggestion, provided it was clear what would be asked and there was sufficient notice to ensure that the right people were available.

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- Request that any resulting sectoral report (for example on AI usage) is shared more widely

### **Executive View**

21. On balance, given the issues set out above, the executive preference would be for Option 2. This is not a 'shortened' report process, but a potentially more focused, risk based proportionate approach which builds on the quality management systems already in place in the OEI. It aims to find a way forward in line with our values – collaborating with the sector, being respectful of educational institution's circumstances, seeking appropriate evidence to provide sufficient assurance and influencing delivery of good practice.
22. The Committee should prescribe the format of the annual report requirement in good time in accordance with the 'general conditions' attached to 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. In relation to the options outlined, the views of the Committee are sought so that the process can be finalised and reporting formats developed for submission to education providers during August 2026.
23. Submissions will be requested (in whatever format decided) during December 2026, analysed in-house and reported to the Committee's March 2027 meeting.

### **Recommendations:**

1. To note the updates in relation to quality assurance activity since this was taken in-house.
2. To consider the options outlined in relation to annual reporting for the 2025-26 academic year and agree the Committee preference.
3. To agree the format of the annual report for 2026/27.
4. To agree the approach to Thematic Reviews for 2026/27.

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**Option 1 Annual Report document (aligned to RQ mapping document)  
(this would be in Excel but is shown in PDF format for convenience)**

GOsC Education Quality Assurance  
Annual report

**Provider:** \_\_\_\_\_

**Course name(s):** \_\_\_\_\_

**Expiry of existing RQ (if applicable):** \_\_\_\_\_

**Key provider contact details:** \_\_\_\_\_

**Course start date:** \_\_\_\_\_

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**Option 1 Annual Report document (aligned to RQ mapping document)  
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GOsC Education Quality Assurance  
Annual report

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**Reporting matters**

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*Please complete providing 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.*

**Risks and challenges**

---

*Please complete providing 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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**Option 1 Annual Report document (aligned to RQ mapping document)  
(this would be in Excel but is shown in PDF format for convenience)**

**1. Programme design, delivery and assessment**

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 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.

| Ref                        | Standards  | Annual report narrative | Document mapping | Good practice | Challenges | Mitigations |
|----------------------------|--|-------------------------|------------------|---------------|------------|-------------|
|                            | education providers must ensure and be able to demonstrate the   |                         |                  |               |            |             |
| 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 on.   |                         |                  |               |            |             |
| 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  |                         |                  |               |            |             |
| 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 GDC 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.  |                         |                  |               |            |             |
| <b>Further information</b> |  |                         |                  |               |            |             |
|                            | General Questions  | OEI response            |                  |               |            |             |
|                            |  |                         |                  |               |            |             |
|                            |  |                         |                  |               |            |             |
|                            |  |                         |                  |               |            |             |
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**Option 1 Annual Report document (aligned to RQ mapping document)  
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**2. Programme governance, leadership and management**

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.

| Ref | Standards   | Annual report narrative | Document mapping | Good practice | Challenges | Mitigations |
|-----|---|-------------------------|------------------|---------------|------------|-------------|
| 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  |                         |                  |               |            |             |
| 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  |                         |                  |               |            |             |
| 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 |                         |                  |               |            |             |
| 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  |                         |                  |               |            |             |
| f.  | systems are in place to provide assurance, with supporting evidence, that students have fully demonstrated learning outcomes.   |                         |                  |               |            |             |

| Further information |              |
|---------------------|--------------|
| General Questions   | DEI response |
|                     |              |
|                     |              |
|                     |              |

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**Option 1 Annual Report document (aligned to RQ mapping document)  
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3. Learning culture

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.

| Ref | Standards  | Annual report narrative | Document mapping | Good practice | Challenges | Mitigations |
|-----|--|-------------------------|------------------|---------------|------------|-------------|
|     | education providers must ensure and be able to demonstrate the   |                         |                  |               |            |             |
| 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  |                         |                  |               |            |             |
| 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.  |                         |                  |               |            |             |

| Further information |              |
|---------------------|--------------|
| General Questions   | OEI response |
|                     |              |
|                     |              |
|                     |              |

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**Option 1 Annual Report document (aligned to RQ mapping document)  
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**i. Quality evaluation, review and assessment**

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.

| Ref                 | Standards   | Annual report narrative | Document mapping | Good practice | Challenges | Mitigations |
|---------------------|---|-------------------------|------------------|---------------|------------|-------------|
|                     | 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. |                         |                  |               |            |             |
| a.                  | external expertise is used within the quality review of osteopathic pre-registration programmes.  |                         |                  |               |            |             |
| b.                  | 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.   |                         |                  |               |            |             |
| c.                  | they demonstrate an ability to embrace and implement innovation in osteopathic practice and education, where appropriate.   |                         |                  |               |            |             |
| d.                  |   |                         |                  |               |            |             |
| Further information |   |                         |                  |               |            |             |
|                     | General Questions   | OEI response            |                  |               |            |             |
|                     |   |                         |                  |               |            |             |
|                     |   |                         |                  |               |            |             |
|                     |   |                         |                  |               |            |             |
|                     |   |                         |                  |               |            |             |

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Option 1 Annual Report document (aligned to RQ mapping document)
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5. Resources

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.

Table with 7 columns: Ref, Standards, Annual report narrative, Document mapping, Good practice, Challenges, Mitigations. Row 1: e., that buildings are accessible for patients, students and osteopaths.

Further information table with 2 columns: General Questions, DEI response.

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**Option 1 Annual Report document (aligned to RQ mapping document)  
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6. Students

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.

| Ref                        | Standards   | Annual report narrative | Document mapping | Good practice | Challenges | Mitigations |
|----------------------------|---|-------------------------|------------------|---------------|------------|-------------|
|                            | Education providers must ensure and be able to demonstrate that 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. |                         |                  |               |            |             |
| a.                         | have access to effective support for their academic and welfare needs to support their development as autonomous reflective and caring Allied Health Professionals.   |                         |                  |               |            |             |
| b.                         | have their diverse needs respected and taken into account across all aspects of the programme.  |                         |                  |               |            |             |
| c.                         | (Consider the GQsC Guidance about the receive regular and constructive feedback to support their progression through the programme, and to facilitate and encourage reflective practice.  |                         |                  |               |            |             |
| d.                         | have the opportunity to provide regular feedback on all aspects of their programme, and to respond effectively to this feedback.  |                         |                  |               |            |             |
| e.                         | are supported and encouraged in having an active voice within the education provider.   |                         |                  |               |            |             |
| f.                         |   |                         |                  |               |            |             |
| <b>Further information</b> |   |                         |                  |               |            |             |
|                            | General Questions   | DEI response            |                  |               |            |             |
|                            |   |                         |                  |               |            |             |
|                            |   |                         |                  |               |            |             |
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**Option 1 Annual Report document (aligned to RQ mapping document)  
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**7. Clinical 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.

| Ref  | Standards  | Annual report narrative | Document mapping | Good practice | Challenges | Mitigations |
|--|--|-------------------------|------------------|---------------|------------|-------------|
| Education providers must ensure and be able to demonstrate that: |  |                         |                  |               |            |             |
|  | 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.  |                         |                  |               |            |             |
| a.   |  |                         |                  |               |            |             |
|  | 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. |                         |                  |               |            |             |
| b.   |  |                         |                  |               |            |             |
| Further information  |  |                         |                  |               |            |             |
|  | General Questions  | OEI response            |                  |               |            |             |
|  |  |                         |                  |               |            |             |
|  |  |                         |                  |               |            |             |
|  |  |                         |                  |               |            |             |
|  |  |                         |                  |               |            |             |

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**Option 1 Annual Report document (aligned to RQ mapping document)  
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**8. Staff support and development**

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.

| Ref                        | Standards  | Annual report narrative | Document mapping | Good practice | Challenges | Mitigations |
|----------------------------|--|-------------------------|------------------|---------------|------------|-------------|
|                            | 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  |                         |                  |               |            |             |
| 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 |                         |                  |               |            |             |
| e.                         | educators either have a teaching qualification, or are working towards this, or have relevant and recent teaching experience.  |                         |                  |               |            |             |
| <b>Further information</b> |  |                         |                  |               |            |             |
|                            | General Questions  | DEI response            |                  |               |            |             |
|                            |  |                         |                  |               |            |             |
|                            |  |                         |                  |               |            |             |

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**Option 1 Annual Report document (aligned to RQ mapping document)  
(this would be in Excel but is shown in PDF format for convenience)**

9. Patients

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.

| Ref | Standards   | Annual report narrative | Document mapping | Good practice | Challenges | Mitigations |
|-----|---|-------------------------|------------------|---------------|------------|-------------|
|     | providers must ensure and be able to demonstrate the 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. |                         |                  |               |            |             |
| a.  | 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.   |                         |                  |               |            |             |
| b.  | the staff student ratio is sufficient to provide safe and accessible education of an appropriate quality.   |                         |                  |               |            |             |
| c.  | 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 GDC.   |                         |                  |               |            |             |
| d.  | 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.  |                         |                  |               |            |             |
| e.  | the needs of patients outweigh all aspects of teaching and research.  |                         |                  |               |            |             |
| f.  | 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.  |                         |                  |               |            |             |
| g.  |   |                         |                  |               |            |             |

| Further information |              |
|---------------------|--------------|
| General Questions   | DEI response |
|                     |              |
|                     |              |
|                     |              |
|                     |              |
|                     |              |

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## Public Item 3 Annex B

### Option 2 Annual report 2025-26 (risk based)

#### Part 1

Name of institution

Awarding body

Recognised qualification course name(s)

#### RQ specific conditions and matters identified for reporting

Below are the recommendations set out in the 2025-2026 annual report analysis

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.

This should include 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.

Allen Mills  
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## Monitoring risk

**Please briefly summarise in the next box any changes or proposed changes in educational provision that may affect the delivery of the OPS, patient safety or public protection. When outlining the changes, you should clearly state the risks linked to the change and the actions taken to mitigate the risks.**

**Examples of change may include, but are not limited to:**

- substantial changes in finance
- substantial changes in management
- changes to the title of the qualification
- changes to the level of the qualification
- changes to franchise agreements
- changes to validation agreements
- changes to the length of the course and the mode of its delivery
- substantial changes in clinical provision
- changes in teaching personnel
- changes in assessment
- changes in student entry requirements
- 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)
- 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)
- changes in teaching accommodation
- changes in IT, library and other learning resource provision.

Alex Nerissa  
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# Annual report 2025-26

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## Annual report monitoring

**Please provide a brief summary of any actions, themes, or areas for improvement identified through your internal annual monitoring or review processes.**

**Please also attach the most recent Annual Monitoring Report completed for the programme(s). This may be a report produced for your institution or for your awarding body, together with any additional supporting documentation arising from your internal quality assurance processes.**

**Where a follow-up report and/or action plan has been developed by, or provided to, your institution in response to the Annual Monitoring Report, please include this as part of your submission. If no formal action plan has been produced, please outline below the actions being taken in response to the findings and recommendations identified within the report.**

|  |
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|  |
|--|

## Feedback from stakeholders

**Stakeholder feedback mechanisms should enable stakeholders to raise issues relating to programme delivery, student experience, patient safety, and public protection in a timely and effective manner.**

**The OEI's use of stakeholder feedback should demonstrate how feedback is considered, analysed, and acted upon, including whether appropriate and proportionate actions are taken in response.**

# Annual report 2025-26

**In the section below, please summarise how your institution gathers, reviews, and responds to feedback from stakeholders. This should include:**

- How feedback mechanisms are communicated and made accessible to students, staff and patients.
- How themes and trends in feedback are identified, monitored, and escalated where appropriate.
- The most significant issues that have arisen from feedback received from staff, student or patients treated by those students during the reporting period.
- How outcomes and actions taken in response to feedback are communicated back to stakeholders.
- How feedback from placement providers, external partners, or employers is incorporated into programme development and quality assurance processes
- How patient feedback is used to inform clinical learning environments and support patient safety and public protection

## Good practice and challenges

**In the section below, describe any areas of good practice and challenges, 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, staff development schedule, development of curriculum material, 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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|                   |
|-------------------|
|                   |
| <b>Challenges</b> |
|                   |
| <b>Evidence</b>   |
|                   |

## Part 2

### Reporting of Student Fitness to Practise Cases for the 2024-25 Academic Year

Were there any fitness to practise cases for the 2024-25 academic year?

Yes  No

Please describe below any fitness to practise cases affecting students on the course(s) during the reporting period.

## Annual report 2025-26

For each case where findings **have not been proved** the following anonymous information should be provided:

|   |   |  |
|---|---|--|
| 1 | The details of the allegations made                   |  |
| 2 | Confirmation that the findings were not found proved. |  |
| 3 | Any other feedback or lessons learned.                |  |

For each case **where findings have been proved**, please provide:

|   |  |  |
|---|--|--|
| 1 | Name of the student  |  |
| 2 | Date of allegation   |  |
| 3 | Date student is due to graduate or date student graduated  |  |
| 4 | Confirmation of the allegations found proved   |  |
| 5 | The sanction imposed (and information about reviews of that sanction if appropriate)   |  |
| 6 | Information about how the student was confirmed as meeting the Osteopathic Practice Standards at the point of graduation (if the student has graduated). |  |
| 7 | Any other feedback or lessons learned.   |  |

Please duplicate the tables above if there are multiple cases.

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# Annual report 2025-26

Please ensure that you have completed and submitted the standard student enrolment and progression data sheet and educator data.

Thank you for completing the template. The form and all relevant evidence should be submitted to [education@osteopathy.org.uk](mailto:education@osteopathy.org.uk) by **11 December 2026**. 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.**

Draft

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**Policy and Education Committee**  
**02 June 2026**  
**Osteopathic Practice Standards Review Update**

|  |  |
|--|--|
| <b>Classification</b>                            | Public   |
| <b>Action</b>                                    | <b>For decision</b>  |
| <b>Purpose of the paper</b>                      | To provide PEC with an update on our progress in reviewing the Osteopathic Practice Standards (OPS) and agree to amend the timeline for the review.  |
| <b>Strategic Priority implications</b>           | <p>Strengthening trust: The OPS are the standards that osteopaths hold themselves and patients hold osteopaths to account to. They should also expect the wider ethical standards that society expects of all health professionals to command confidence and trust. Our collaborative reference group brings all those voices to the heart of the review to build trust.</p> <p>Championing inclusivity: Inclusivity is a key part of the OPS review and will be a core feature of the updated OPS that goes to formal consultation.</p> <p>Embracing innovation: The updated OPS will be in force for around 7 years and so need to be fit for the future including taking into account innovations such as digital technology.</p> |
| <b>Standards of Good Regulation implications</b> | <p>Standard 1: The regulator provides accurate, fully accessible information about its registrants, regulatory requirements, guidance, processes and decisions.</p> <p>Standard 3: The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.</p> <p>Standard 5: The regulator consults and works with all relevant stakeholders across all its functions to identify and manage risks to the public in respect of its registrants.</p>  |

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|  |  |
|--|--|
|  | <p>Standard 6: The regulator maintains up-to-date standards for registrants which are kept under review and prioritise patient and service user centred care and safety.</p> <p>Standard 7: The regulator provides guidance to help registrants apply the standards and ensures this guidance is up to date, addresses emerging areas of risk, and prioritises patient and service user centred care and safety.</p>   |
| <b>Communications implications</b>                 | <p>This is an area of high interest for the profession and patients. Communications resource are required to support this work including when we launch our consultation during the winter on a set of revised standards.</p> <p>We have a <a href="#">OPS Review</a> web page which we intend to keep updated with the progress of the review.</p>  |
| <b>Financial, resourcing and risk implications</b> | <p>The budget for the OPS review is £7500 and is centred around engagement with the profession, patients and other stakeholders and is incorporated into our 2026/27 budget and includes a sum to support under-represented voices as needed.</p>  |
| <b>Patient perspectives</b>                        | <p>Patient perspectives on how trust in osteopathy can be reflected in the OPS were captured at the Patient Involvement Forum development day in March 2026. Two patients have joined our OPS review reference group and have attended both meetings.</p> <p>A wider pool of patients will be engaged when consulting on draft standards over the winter 2026/27.</p>  |
| <b>Diversity implications</b>                      | <p>Interested parties gave their views via the call for feedback.</p> <p>We have a working draft of an Equality Impact Assessment for this work which is available on request from Paul Stern (<a href="mailto:pstern@osteopathy.org.uk">pstern@osteopathy.org.uk</a>) The EIA shows that some groups were not represented in our call for feedback. We will commission expert advice on the pre-consultation draft of the OPS and the consultation strategy which will aim to encourage feedback from people with a diverse representation of specific characteristics.</p> |

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|                                    |  |
|------------------------------------|--|
| <b>Welsh language implications</b> | During the full consultation on revised standards we will ensure that there are means for Welsh speaking stakeholders to engage.<br><br>The final version of the standards will also be issued in Welsh. |
| <b>Annex</b>                       | Annex A – revised delivery timeline for the OPS review   |
| <b>Author</b>                      | Paul Stern, Steven Bettles, Fiona Browne   |
| <b>Background reading</b>          | Please see previous paper, Policy Education Committee March 2026 – Public item 4 - Osteopathic Practice Standards review update  |

|  |  |
|--|--|
| <b>Recommendations</b>   | <ol style="list-style-type: none"> <li>1. To note the progress update on the Osteopathic Practice Standards review</li> <li>2. To agree the amended timeline for the OPS review as outlined at Annex A.</li> </ol> |
| <b>Key messages</b>  |  |
| <ul style="list-style-type: none"> <li>• Following the meeting of the Committee in March, we have held two meetings of the Osteopathic Practice Standards review reference group.</li> <li>• A number of areas have been discussed following evidence gathered through the call for feedback, student forum, a review of our OPS queries, consideration of recent changes to standards made by other regulators and patients perspectives on the OPS and trust in osteopathy.</li> <li>• We have started to discuss some areas where the standards might be amended.</li> <li>• We have revised the timeline slightly, but delivery of a revised OPS remains on track for consultation during the winter and publication by 1 September 2027.</li> </ul> |  |

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## Introduction

1. The Osteopathic Practice Standards (OPS) set out the standards of conduct, ethics and competence required of osteopaths. Each standard also includes underpinning guidance which helps osteopaths apply the standards to their practice. In December 2025, we commenced our review of the Standards.
2. At the previous committee meeting we set out our plans for the next phase of our work following the call for feedback, which ran over the winter. This next phase involved forming a reference group, revising the text of the standards and developing our approach to consultation.
3. The purpose of this paper is to provide an update on our progress so far with this work.

## Discussion

4. Following the committee meeting in March and agreement on the terms of reference and the chair, we have run one meeting of the group in April and one in May.
5. During the first meeting the group considered the background to the review, the current framework of the OPS and how to approach the inclusion or exclusion of standards and guidance.
6. The group also considered the evidence gathered so far through our Call for feedback, student forum and the changes other regulators had recently made to their standards. The group then considered how to address the changes around the use of Artificial Intelligence (AI), social media and broader perspectives on professional boundaries in a revised set of standards. Patient views around trust and how that is represented in the OPS captured at the Patient Involvement Forum development day were briefly considered, but it was thought that it would be better to revisit this at a future meeting as it would provide a useful reference point for a first draft.
7. Some of the key points raised by attendees were:
  - It was important to reference the use of technology and highlight principles, such as transparency around its use in the standards even if AI is not explicitly mentioned as more detail on appropriate AI use could be addressed through external guidance.
  - the importance for osteopaths to consider the purpose for what they are posting on social media and whether there was a benefit to the profession or whether it diminished the reputation of the profession. The importance of patient consent and confidentiality was also mentioned with regards to osteopaths use of social media.
  - The need for the standards to also consider professional boundaries between osteopaths, students and colleagues (not just osteopath/patient relationships)

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and to reflect the potential impact of the power dynamic and the impact this may have on boundaries and those they have a professional relationship with.

8. These points were collated and considered when drafting potential changes to the current OPS.
9. At the second meeting, the group were presented with draft text proposals of what to include to the current standards to address the points made around AI, social media and professional boundaries.
10. Some of the key points were:
  - There was general agreement around the use of the term 'digital technologies' as this would encompass AI, but also other types of technologies that are used by osteopaths.
  - The need to make sure that references to technology consider that it can be both used in a clinical context as well as in managing patient information.
  - There needs to be greater emphasis on the standards applying to osteopaths outside of the clinical context in other professional interactions they have.
  - In relation to professional boundaries, the group felt it important that the standards acknowledge that patients can behave inappropriately, that this can effect the therapeutic relationship and be a reason for ending a professional relationship with a patient.
11. Following this discussion, the group explored the areas of Equality, Diversity, Inclusion and Belonging (EDIB), safeguarding, and speaking up and workplace culture. The group took into account work by and recent changes to the standards of other regulators along with wider sector reports including [Advancing Workforce Race Equity in Health and Social Care: Shared principles across regulators](#).
12. Some of the key points made were:
  - a. In relation to EDIB, the group felt the standards are too focussed on compliance and there needs to be a move towards expectations that osteopaths would be more active in this area. However, it was also acknowledged that this needs careful consideration and further thinking by the group.
  - b. Likewise, it was felt that the standards need to reflect a more proactive approach around safeguarding. The group also discussed the need for further expectation, clarity and support around the steps osteopaths need to take when raising safeguarding concerns.
  - c. The group acknowledged that speaking up to address inappropriate behaviours (bullying, harassment etc.) in the workplace from colleagues is important and needs to be considered even though it is not as well

researched as in other healthcare professions. If included, it would be important to set realistic expectations around this.

- d. It was also acknowledged that the group should spend some time considering what could be removed from the current standards and that this would be discussed at a future meeting.
13. We will present draft text addressing the feedback received for consideration at the next meeting planned for June 2026.
  14. Both meetings have included attendance by representatives from the Institute of Osteopathy (iO), Council of Osteopathic Educational Institutions (COEI), National Council for Osteopathic Research (NCOR), Osteopathic Alliance (OA), Sutherland Cranial College of Osteopathy (SCCO). Patient representatives also attended both meetings and student representatives attended the second meeting. We plan to hold further meetings in June, July and in September.
  15. At the March committee meeting, members were presented with a timeline for bringing a revised set of standards and draft consultation document to committee in June. On reflection, that timeline has proved too ambitious. We have therefore decided to allow more time to carefully consider a revised set of standards with our reference group. We are therefore aiming to bring a set of revised standards and consultation document to committee in October, which would place the consultation in early 2027. This adjustment has been absorbed into the current delivery timeline and does not affect the planned publication of the final revised OPS on 1 September 2027 as there already existed sufficient flex in the timeline.
  16. A copy of the revised timeline is contained within Annex A to this paper.

### **Executive view**

The discussion at the OPS working group has been really helpful to the executive team in bringing a variety of voices to test and reflect on the current standards and how they can be updated to better reflect the standards that osteopaths hold themselves to account to and that patients and the wider public can expect from osteopaths.

The executive consider that extending the planned period to consultation is necessary to continue this high quality insight from our interested parties.

### **Recommendations:**

3. To note the progress update on the Osteopathic Practice Standards review
4. To agree the amended timeline for the OPS review as outlined at Annex A.

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## Annex A – Revised delivery timeline for the OPS review

### Development

|   |   |
|---|---|
| • | Reference group established — develops revised OPS and recommendations for any supplementary guidance documents<br>April – September 2026 |
| • | Update report to Policy and Education Committee and Council on review progress<br>Summer 2026   |
| • | Additional meeting of OPS review group to discuss consultation<br>September 2026  |

### Approval & Consultation

|   |   |
|---|---|
| • | Consultation approval sought for revised OPS from Policy and Education Committee and Council<br>October / November 2026 |
| • | Consultation<br>January – April 2027  |
| • | OPS review reference group meets to consider consultation feedback and any amendments<br>May 2027                       |
| • | Report to Policy and Education Committee and Council for final sign-off<br>Summer 2027                                  |

### Implementation

|   |  |
|---|--|
| • | Publication<br>Autumn 2027   |
| • | Preparation for revised OPS coming into force<br>Autumn 2027 – Autumn 2028 |
| • | Revised OPS comes into force<br>Autumn 2028                                |

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**Policy and Education Committee**

**2 June 2026**

**Strategic Engagement with Students Interim Evaluation**

|   |   |
|---|---|
| <b>Classification</b>                                   | Public  |
| <b>Action</b>   | For decision  |
| <b>Purpose of the paper</b>                             | To provide an update on the impact of our increased student engagement activities since 2025 and the impact, and a clear indication of our aims for engagement to 2027.   |
| <b>Strategic Priority implications</b>                  | This work can help the organisation advance all three priorities as we focus on finding ways to effectively engage and listen to the views of osteopathy students and in doing so hopefully building trust with future osteopaths alongside supporting them to practise to high standards as outlined in the Osteopathic Practice Standards because they are engaged with us.   |
| <b><u>Standards of Good Regulation</u> implications</b> | <p>Standard 3 - The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.</p> <p>Standard 6 - The regulator maintains up-to-date standards for registrants which are kept under review and prioritise patient and service user centred care and safety.</p> <p>Standard 7 - The regulator provides guidance to help registrants apply the standards and ensures this guidance is up to date, addresses emerging areas of risk, and prioritises patient and service user centred care and safety.</p> <p>Standard 8 - The regulator maintains up-to-date standards for education and training which are kept under review, and prioritise patient and service user care and safety.</p> <p>Standard 9 - The regulator has a proportionate and transparent mechanism for assuring itself that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator's requirements for registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.</p> |

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|  |   |
|--|---|
| <b>Communications implications</b>                 | This approach largely affects how we listen to and communicate with impact with students both now and in the future.  |
| <b>Financial, resourcing and risk implications</b> | The budget for our student engagement work in 2026/27 is £2,000. Students who attend a quarterly Forum meeting receive a £30 gift voucher for every 1.5 hour meeting attended. 14 individuals attended at least one meeting, with some attending two meetings.  |
| <b>Patient perspectives</b>                        | We know that providing good quality advice and treatment, having a recognised level of education and training, keeping knowledge and skills up to date and being monitored by a regulatory body are important factors in providing confidence in health professionals.<br><br>Engagement with students helps us to get the best available insight on all these points.  |
| <b>Diversity implications</b>                      | We have a working draft of an Equality Impact Assessment which identifies our student engagement work as an opportunity to encourage a better understanding of the diversity of osteopathy students, which will support us to better meet their needs in the future. One example of this is the subsequent development of a strategic content strategy targeting students that takes into account student demographics, lived experiences and direct feedback from students to the GOC, helping us create a sense of belonging for students as they prepare to join the profession. |
| <b>Welsh language implications</b>                 | Students who register their interest are asked if they would like to receive information in Welsh. The quarterly student ebulletin is sent to students in Wales in Welsh.   |
| <b>Annex</b>                                       |   |
| <b>Author</b>                                      | Jess Davies   |
| <b>Background reading</b>                          | See Public Item 6 – Student Forum Pilot, Policy and Education Committee paper March 2025  |

|                          |   |
|--------------------------|---|
| <b>Recommendation(s)</b> | 1. To consider and provide feedback on what we have learned as a result of our student engagement so far and our aims for 2026-27 engagement. |
|--------------------------|---|

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2. To agree the approach to further development of our student engagement.

**Key messages**

- Our student engagement activities in 2025-26 focused primarily on visiting students in person and presenting on different topics; piloting the GOC's first Student Forum to gather views from students on our work; and sending out a quarterly student ebulletin informed by what students told us they want to see from us.
- We held four meetings as part of the Student Forum pilot with a total of 14 attendees, some attending more than one meeting, discussing topics including how the GOC can support students during their transition from education to practice, and how we can better communicate with students across all of our main channels.
- Insight from the Student Forum has already started to inform our work across different areas including quality assurance of education, website development, and social media strategy.
- We were able to visit students at most providers and most visits were conducted in person. We saw an estimated 30% of all students enrolled during 2025-26 and we plan to build on this number for the 2026-27 academic year.
- We found the most effective way to engage with students was to take a joint approach to a session on a topic familiar to students, meaning we co-present to students alongside tutors during (for example) their timetabled session on Professionalism.
- We aim to more accurately track the number of students we see whether in person or online, and to capture feedback from students immediately after each session in order to measure the impact of our engagement.
- Our aims for engaging with students in 2026-27 include the development of a strategic content strategy, visiting more students in all education providers and encouraging more students to attend Council and Committee meetings.

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## Introduction

1. We have previously identified gaps in our understanding of the views and needs of students, leading us to include students as a key audience in our Registrant and Stakeholder Perceptions research (2024). A total of just 11 students responded to the survey out of c500 students enrolled in the final years of osteopathic educational providers at that time. Although, some of those also took part in depth interviews.
2. We then held three small focus groups with a total of 12 students in their penultimate and final year of study to gather some direct insight from students about the ways in which we communicate and engage with students. Their feedback informed our student engagement activities in 2025/26, including our Student Forum pilot, in-person student visits and quarterly student ebuletin.
3. With the pilot now concluded we are reviewing feedback from the forum and the impact of our other student engagement work up until May 2026. This paper provides an overview of what we have learned from our three main areas of focus in our engagement activities – in person student visits, student forum and student ebuletin. This paper also outlines our strategic aims and outcomes for engagement with this important stakeholder group over the next year.

## Discussion

### *Student Forum: how we have considered their feedback*

4. We held four meetings as part of the Student Forum pilot with a total of 14 attendees, some attending more than one meeting. We talked about the following topics (one per meeting):
  - a. How the GOsC supports students to transition from education to practice
  - b. How the GOsC communicates with students (email, website and social media)
  - c. How the Osteopathic Practice Standards could be updated or changed
  - d. How students can more usefully be involved in the GOsC's processes for checking and assuring the quality of osteopathy education
5. During each meeting the students were given opportunity to tell us what they think of our work and our approach to these topics. Some students shared their personal experience during education. Below are some key insights we learned from students that we found useful and how our work takes into consideration the feedback students gave us:
  - a. Students are seeing first-hand the impact of social media promotion of manual manipulation in their student clinics, with patients coming in for treatment asking specifically to have manual manipulation. This highlighted a lack of advice/guidance from the GOsC in the area of social

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media use by osteopaths. We have since reviewed and updated the social media guidance provided on the GOsC website.

- b. Students are already aware of the negativity and strong views held among the profession for both the regulator and the quality of osteopathy education. Students noted the Gilly Woodhouse podcast and a closed Facebook forum as influential to the views of osteopaths, and were keen to know how the GOsC can counteract some of the negative views. For us this demonstrates the importance of our work to build trust, and more specifically a need for more promotion of our quality assurance processes and the fact that all students graduate meeting high standards in order to join the Register. Matthew Redford, CEO, has since also been on Gilly's podcast to clear up some common misconceptions about the regulator.
- c. Students expect the GOsC to play a greater role in making the public aware of what osteopathy is and noted a general lack of understanding among patients and the general public about what osteopathy entails. Although we cannot promote osteopathy, we can promote the regulation of osteopathy and the value of regulation, which students suggested we could do more across our public-facing channels. Our value of regulation communications plan is in development, and will include an externally produced video about the regulation of osteopathy that is due to be released in summer 2026.
- d. Related to the above point, students expected a greater presence from the GOsC on social media, especially Instagram. Comparisons were made with the chiropractic profession and also the role of professional membership bodies is helping osteopathy to have a greater presence on social media. Students also suggested Instagram as a useful channel for the GOsC to use to engage with students directly too, as many students are familiar with using social media in their daily lives. We are currently developing our Social Media Strategy and as part of this will be investigating the launch of an Instagram channel for the GOsC.
- e. Students had lots of ideas about the types of resources, guidance and useful content that the GOsC could provide for students, including a student-friendly overview of what GOsC does in education and quality assurance, and a central resource for current and prospective students explaining what the standards for education and training mean in practice for students in education. We are currently working with the Council for Osteopathic Educational Institutions on a joint prospectus with information about osteopathy and osteopathy education. It is intended that this will be published to the GOsC's website.
- f. Students offered practical feedback on the way we communicate with students across our channels, such as making the majority of information for student available on the publicly accessed part of our website (instead of the password protected 'o zone') which we have incorporated into our information architecture for the new website. Students also suggested we

offer our information in different formats, such as videos, quick tips and case studies. Students said they are interested in how the GOsC can support them, either during their education or as they transition to practice, and that our content should be framed in this way. This insight is informing our strategic content strategy for students which is currently in development.

*Student forum: what the students thought of the Forum*

6. As part of our review of the pilot we have invited students to provide us with feedback about the forum to understand the impact of the forum on their views of the GOsC and how we might improve the way we run the forum in the future. At the time of writing our survey is still open to students who may wish to feedback – the findings will be presented orally.
7. After each meeting of the Forum we shared an overview of the discussion and the next steps GOsC would consider in its work. In response we had several students come back to us with positive feedback about the usefulness of the meeting, suggesting they felt able to provide their views and feel heard by the regulator. Some of this feedback is copied below:
  - a. *"I really enjoyed the meeting; we had some really positive discussions without being too harsh. I have contacted a few people in my year who would be interested in this kind of meeting and would attend next time!"*
  - b. *"I really appreciate the opportunity to have been part of the Student Forum, and I genuinely did find last night's meeting—and the previous ones, both useful and inspiring. It's been a privilege to contribute in a small way and to feel that student perspectives are truly heard and valued. I'm grateful to you and the team for creating such an open and supportive space for discussion. It's reassuring to see the thought and care that go into the work behind the scenes."*
  - c. *"I do think there were a lot of opportunities to comment, and it was definitely very interesting."*

*Student forum: next steps*

8. We plan to continue holding the Forum in the new academic year. There has already been a positive impact on our work and our ability to consider students in the decisions we make in our work, and feedback from students has shown that engaging with us not only proves useful to students but also improves their perspective of the regulator.
9. Students continue to show an interest in exploring with us how the GOsC can support them through their transition from education to practice. Although we discussed with students in our first meeting in October, this is something that can be further explored with both students and future graduates as it is a significant

area of work for our team. We also want to gather in depth insight from students on our content strategy and the new content we will have for students on our new website. Students have already taken part in user testing for the new website.

10. We want to follow the same approach i.e. quarterly 1.5 hour meetings online unless students suggest meeting in person would be beneficial, in which case we would explore working directly with education providers to hold a meeting on campus at different providers.

*Student visits: what we did and what we learned*

11. Our goal for the 2025-26 academic year was to visit more students in all years of education to speak to them on different topics that they would hopefully find relevant and useful. We designed a programme of visits and shared this with education providers for feedback before visiting students to deliver presentations on topics including the role and value of osteopathic regulation, professionalism, fitness to practise and the CPD scheme.
12. The overarching purpose of these visits was to familiarise students with the GOsC to reduce their fear of the regulator and to encourage them to see us as approachable. We also hoped to promote the value of regulation and clarify their understanding of our role as regulator – what we do and do not do.
13. We were able to schedule visits at most providers and most visits were conducted in person. We saw an estimated 30% of all students enrolled during 2025-26. The sessions conducted online were done so at the request of the provider or in response to low attendance from students in person. We found engagement during online sessions to be lower than in person.
14. What we learned from these visits has helped to shape how we hope to conduct visits going forward, with the support and input of osteopathic education providers. Our takeaways are outlined below:
  - a. Sessions offered to students as optional or those not included within the student's timetables received very low attendance. We found the most effective way to engage with students was to take a joint approach to a session on a topic familiar to students, meaning we co-present to students alongside tutors during (for example) their timetabled session on Professionalism. This helped to demonstrate collaboration with the tutors who are already familiar with students and encourage students to feel confident to ask questions/engage in conversation with GOsC staff members.
  - b. Our session on fitness to practise received negative feedback from some students at one provider. Students suggested that hearing about the most common reasons for concerns about osteopaths made them feel quite fearful. As a result, we plan to review and restructure the presentation so

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that we provide more context about healthcare professionals receiving concerns, for example the fact that most concerns do not progress through our fitness to practise process, before we provide some examples of the most common concerns we receive. We also hope to explore ways we can better emphasise the purpose of fitness to practise by drawing on the patient perspective in a positive, constructive way, emphasising the importance of communicating and working with patients to avoid concerns arising over miscommunication. We will also consider delivering presentations on this topic to students at a later stage in their education (penultimate and final year) so we can draw on their own experiences in patient clinics.

- c. While we want to prioritise in-person student engagement to help us demonstrate a human approach to regulation, we understand some students prefer online engagement, which is also much more cost effective for the regulator to provide. We plan to explore the feasibility of offering some online webinars for students from all education providers on different topics relevant to their studies and our scope as regulator.

#### *Student visits: measuring impact*

15. While the learnings mentioned already are useful in helping us improve our offering to students, we want to make sure we are able to measure the impact of our in-person student engagement more effectively during the 2026-27 academic year. To do this we want to measure more accurately the number of students we are seeing and capture their immediate feedback to make sure we are taking the most effective approach that meets student needs. We also want to measure the overall impact of our engagement against our strategic aims, to understand to what extent students are less fearful of the GOsC with a better understanding of our role by the time they graduate.
16. We hope to work with education providers to measure the number of students we see in person during timetabled sessions, while also keeping track of attendance numbers at any webinars we hold for students. To capture immediate feedback after each session we will invite students to complete a short feedback form with the incentive being a chance to receive a gift voucher as a thank you for their time (using feedback from the Forum to encourage responses from students).
17. Measuring overall impact against our strategic aims will require a long-term approach, making use of new mechanisms such as the Graduate Survey that will be piloted in 2026/27 as well as existing data sources including numbers of graduates joining the Register. Our long-term perceptions research, conducted every 4-5 years with registrants and students, will also prove useful in helping us capture the impact of our student engagement activities.

#### *Success measures for 2026-27 student engagement*

18. When thinking about what good looks like over the next year regarding our student engagement activities, we want to build on the successes of this year, namely the rich insight we have gathered as a result of our Forum and the number of students we have managed to speak to during their education. We also want to see more students coming along to sector events we hold, which we were able to facilitate during 2025-26 as a result of the relationships we have built with both educators and the Student Forums.

19. More specifically we want to work towards the following outcomes in 2026-27:

- a. Engaging with all students in all years of their education, whether in person at their education provider or online via a webinar we hold for students. We aim to see positive response to this engagement through the development of a standard feedback form that is shared with students immediately after we have spoken with them, which includes questions that measure student perceptions of the GOsC and especially whether they feel positively or negatively about the regulator.
- b. Developing a strategic content strategy to accompany our student engagement activities that provides students with content they find useful and interesting and which also furthers our aims for reducing fear, improving clarity and promoting inclusion. We aim to encourage positive responses to our content across all channels and to measure this using digital analytics, for example encouraging students to share social media content with their peers if they find it useful.
- c. As a result of our targeted content and consistent engagement with students, we hope to see more students attending our Council and Committee meetings, and other in-person sector events that we hold, for example sector development days and educator roadshows.

### **Executive view**

20. The executive have enjoyed engaging with the students and we feel that we have improved engagement and used the learning to improve our offer to students. However, there is more to do in order to continue to develop our channels for listening and we hope to progress this across the next year.

### **Recommendations**

1. To consider and provide feedback on what we have learned as a result of our student engagement so far and our aims for 2026-27 engagement.
2. To agree the approach to further development of our student engagement.

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**Policy and Education Committee**  
**2 June 2026**  
**Strategic Engagement with Educators Update**

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| <b>Classification</b>                            | Public   |
| <b>Action</b>                                    | <b>Decision</b>  |
| <b>Purpose of the paper</b>                      | <p>We have struggled to engage effectively with undergraduate educators in a meaningful way because predominantly fractional patterns of working limit opportunities for engagement. However, we know that this group have a strong influence in the development of students and young professionals.</p> <p>Further, the issues around financial sustainability mean that resources in educational providers to support and engage with educators are under more pressure.</p> <p>This paper outlines early collaborative efforts to improve engagement to support standards and trust, what we have learned and how we are putting this into practice across the next year.</p> <p>We welcome feedback from the Committee.</p> |
| <b>Strategic Priority implications</b>           | Trust, inclusivity and innovation.   |
| <b>Standards of Good Regulation implications</b> | <p>Standard 3 - The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.</p> <p>Standard 6 - The regulator maintains up-to-date standards for registrants which are kept under review and prioritise patient and service user centred care and safety.</p> <p>Standard 7 - The regulator provides guidance to help registrants apply the standards and ensures this guidance is up to date, addresses emerging areas of risk, and prioritises patient and service user centred care and safety.</p>    |

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|  | <p>Standard 8 - The regulator maintains up-to-date standards for education and training which are kept under review, and prioritise patient and service user care and safety.</p> <p>Standard 9 - The regulator has a proportionate and transparent mechanism for assuring itself that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator's requirements for registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.</p>  |
| <b>Communications implications</b>                 | Set out in the paper.  |
| <b>Financial, resourcing and risk implications</b> | <p>We have allocated up to £15 000 in our budget to support educator development across the 26/27 academic year.</p> <p>For the event on 22 April 2026, the Collaborating Centre for Values Based Practice fully funded the venue and catering costs and provided speakers and expert advice. GOsC funded expert speakers and travel costs for undergraduate educators to support attendance.</p>  |
| <b>Patient perspectives</b>                        | <p>We know from our Perceptions: Public and patients survey (2023), YouGov that providing good quality advice and treatment, having a recognised level of education and training, keeping knowledge and skills up to date and being monitored by a regulatory body are important factors in providing confidence in health professionals.</p> <p>Engagement with educators helps us to get the best available insight and influence on all these points.</p>   |
| <b>Diversity implications</b>                      | <p>We have started an equality impact assessment which enables us to think about accessibility in terms of our events. However, we do not yet have a full list of osteopaths working in osteopathic educational institutions. The Council of Osteopathic Educational Institutions is working on obtaining these as part of its educator network strategy and we are also considering how to obtain this information, for example, through our registration renewal or quality assurance processes.</p> <p>However, we do know that neurodiversity is common in osteopathic students and educators and so we have taken</p> |

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|                                    | steps to ensure the accessibility of our event for neurodiverse people thus better ensuring accessibility for all.   |
| <b>Welsh language implications</b> | Welsh language implications are minimal but where we engage with osteopaths in Wales, we will always consider reasonable and practical ways to increase opportunities to use the Welsh language. For example, inviting responses to surveys, consultations and emails in Welsh where relevant. |
| <b>Annex(es)</b>                   | None   |
| <b>Author</b>                      | Fiona Browne   |
| <b>Background reading</b>          | None   |

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| <b>Recommendation(s)</b> | <ol style="list-style-type: none"> <li>1. To note the plan for engaging with educators.</li> <li>2. To note the evaluation and learning from the first educator workshop.</li> <li>3. To agree approach to educator engagement.</li> </ol> |
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| <b>Key messages</b>   |  |
| <ul style="list-style-type: none"> <li>• This paper sets out our programme of work to better engage with educators.</li> <li>• Most educators are part time working for fractions of a session in OEIs. Paid time for CPD is limited.</li> <li>• We have run one educator workshop which was successful in terms of delivering its objectives, but also generated learning about how we engage with educators effectively. This included: format of delivery, relevant content, timing, venue.</li> <li>• We are putting this learning into place as we undertake our next Educator roadshow on 4 July at the London School of Osteopathy and an online one later in the year.</li> <li>• We welcome feedback from the Committee about how we can improve engagement with educators.</li> </ul> |  |

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## Introduction

1. Our DJS Registrant Perceptions Survey 2024 and follow up work with students including through our student forum shows that students get information about the role and purpose of the regulator which is set in a narrative of fear, particularly a fear of fitness to practise. We know from the McGivern work that compliance based on fear is less effective and that as a regulator we should work to help registrants to understand the 'why' to support high quality osteopathic care. The DJS survey also tells us that those that engage with us understand our role better and are more positive about our role and have greater trust.
2. Most educators are employed for fractions of sessions and therefore part time, further funded time for CPD is limited. This challenges effective engagement with educators and the community of educators between and within institutions could be better developed. These issues are well known to OEIs and in response to them the Council of Osteopathic Educational Institutions has developed a strategy to support an educator network. We are working closely with COEI to provide support in the establishment of the network.
3. A key part of our GOsC strategy is strengthening trust. We say that 'we will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public.' Our Business Plan for 2026/27 states that we will 'in collaboration with the Council of Osteopathic Educational Institutions and individual educational providers hold 3 educator roadshows to promote wider learning communities in relation to key topics.' We have been discussing the educator roadshows and developing the briefing with Osteopathic Educational Institutions since June 2025.

## Discussion

4. We held our first educator workshop in collaboration with the Collaborating Centre for Values Based Practice at St Catherine's College, University of Oxford on 22 April on shared decision making in osteopathic education. Dates were disseminated in November 2025 to OEIs. Promotion and invitations for 'free CPD' went out on 22 January 2026 with a specific invitation to be disseminated by all OEIs to their educators. We also highlighted that we would fund travel expenses for undergraduate educators to attend to remove barriers to attendance.
5. COEI and OEIs supported in disseminating the invitations and GOsC also promoted in our January ebulletin. We also followed up with further specific invitations in March 2026 when the agenda was finalised.
6. We had 50 attendees registered to attend (of these we had approximately 24 undergraduate educators from a total of c300 across the OEIs). Other attendees included patients, researchers, osteopaths and postgraduate educators. About 39 people attended the session, both online and in person, and of these we had about 14 undergraduate educators. We had representatives from 5 of the 7 OEIs.

7. The aims of the workshop were:
- a. To further develop knowledge and skills in shared decision making and our patient values at the heart of what we do
  - b. To facilitate peer learning and good practice in teaching, learning and assessing shared decision making as an integral part of osteopathic education
  - c. To foster collaborative cross-sector relationships.
8. An evaluation form was sent out to all attendees and we had 19 responses so about 50% of those attending but only 5 of these were the target audience of 'undergraduate educators'. The full data is available on request from Fiona Browne (fbrowne@osteopathy.org.uk)
9. All undergraduate educators (100%) agreed or strongly agreed that the event achieved these aims compared to the sample as a whole where this ranged from 89 to 94% who agreed or strongly agreed that the event achieved these aims.

Aim 1: To further develop knowledge and skills in shared decision making and our patient values at the heart of what we do

10. In relation to this aim, participants found the event useful but that there was more to do and that perhaps a follow up event would be helpful. There were concrete actions for some participants including sharing learning with other OEIs, but for a small number of respondents they felt that some aspects were at a high level so as to be more difficult to apply in osteopathic practice.

Aim 2: To facilitate peer learning and good practice in teaching, learning and assessing shared decision making as an integral part of osteopathic education

11. Feedback suggested that this aim had been well achieved with some concrete examples of next steps being taken to effect change.

Aim 3: To foster collaborative cross-sector relationships

12. There was some evidence of concrete actions in relation to this aim. But also a recognition that to have greater impact it would be better to have had more educator participants at the event. It was suggested that setting dates further in advance may support this.

13. Participants as a whole found the following useful:

- 'Opportunity to hear perspectives from across education, practice and lived experience was particularly valuable.'
- 'I found the discussions around embedding shared decision making into teaching and assessment especially useful, as they highlighted practice ways to move beyond theory into real world application'
- 'Several spontaneous discussions that yielded some excellent ideas...' and 'the breaks offered a valuable space for interaction and networking among

different organisations, As a result of this meeting, I will be connecting with another osteopathic schill to compare and contrast our course content delivery'

- 'After the session I applied these insights in my clinic to enhance my shared care and decision making'

14. Least useful aspects focussed on the content of sessions that were either familiar already or did not have a perceived impact on practice. Some of the discussion was felt to be high level or that osteopathic examples could have brought out further some of the ideas and some of the timings. For example, 'A lot of time spent explaining SDM and justifying its value, so less time on getting to understand educational options and best practice.

15. Key messages that participants would take away included:

- 'Shared decision making must be actively taught, modelled and assessed not assumed. It also requires recognising power dynamics and ensuring communication is accessible and inclusive.'
- 'I will continue to advocate for stronger inclusion of lived experience in education'
- 'Continue to invest in facilitating engagement and development in this area. It would be great to have a follow up event to scheduled a long way in advance with the OEIs to seek involvement of lots of clinic educators and students to develop some concrete interventions to enhance shared decision making.

16. Other feedback included:

- 'Online participation was painless.' But also 'IT problems'.

17. Feedback and discussions from OEIs following the event has also been very positive about the workshops, however, OEIs emphasised that getting a whole day in person was a particular challenge to attend, emphasising their contexts which are often absorbing the work of staff who have left because budgets are being cut and justification of time for the purposes of delivering education with less support for undertaking CPD.

18. So what have we learned from our first educator workshop and what next?

- We need to set events up with a much longer notice period to enable participants to attend. Conversations in advance with OEIs were very positive about these kinds of workshops, but actually having the space and time to attend (particularly with regards to the universities who are required to justify their sessions to their university) is difficult.
- Ensuring a more osteopathic focus to the content will help.
- OEIs valued sharing what is happening in other institutions.
- Thinking about how we take projects forward in a way which is supportive of the OEIs and supportive of change is important.
- We had a greater diversity of osteopath educators attending online.

19. And what next? Our next roadshow is taking place in collaboration with the London School of Osteopathy and the Council of Osteopathic Educational

Institutions. The date was set some time ago as the LSO faculty day and so this means that a group of educators have already set aside the day to attend.

20. We have

- collaborated and co-produced the agenda so that we have time for both suggested items which are on GOsC's agenda because of the data and insight that we hold (Artificial intelligence, boundaries and EDI), but also for items that would normally be on the agenda and of high interest to clinical educators (reconceptualising palpation for example). So the agenda is diverse and hopefully of interest to all.
- Sessions have been broken down into 45 minute chunks with 15 minute breaks to allow plenty of time for networking, discussion and reflection and to be particularly suitable for neurodiverse educators.
- We have decided not to try to run a hybrid event because it was felt in discussions that this was distracting for some.

Next steps

21. We were originally going to be holding two in person events in July in conjunction with different OEIs. However, following our learning from the first event, we agreed that unless the event in the OEI was in an already designated faculty day, there was a risk that attendance would be poor and not worth the investment made. Instead, we felt that doing an online recorded session later in the year – perhaps in two evenings or a weekend morning might support better engagement and attendance.

22. We are also doing some work on an 'introduction pack' for educators to the role and purpose of GOsC with some useful information and resources. We are hoping to get some feedback about this at our workshop and to pilot this across the academic year of 26/27 as a way of 'kickstarting' engagement and a relationship between GOsC and individual educators.

23. We welcome any feedback from the Committee to date on our work with educators and other steps that we might take to encourage educators to engage with GOsC and each other.

### **Executive view**

Whilst it is challenging to create time and space for educators to engage, we are delighted that our first event has had impact for some educators leading to ongoing relationships

One of the items on this agenda is about a proposal for undertaking a number of thematic reviews this year including in areas such as: osteopathic identity, artificial intelligence and equity, diversity and inclusion and potentially shared decision making. If agreed, such an approach will enable us to gather information across OEIs which will enable us to more effectively share good practice. It is hoped that dissemination of this information next year may better support engagement with educators.

## Recommendations

1. To note the plan for engaging with educators.
2. To note the evaluation and learning from the first educator workshop
3. To agree approach to educator engagement.

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**Policy and Education Committee**

**2 June 2026**

**Liverpool John Moores University – Visitor appointments and updated review specification**

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| <b>Classification</b>                            | Public  |
| <b>Action</b>                                    | Decision  |
| <b>Purpose of the paper</b>                      | <p>Consideration of Visitor appointments and updated review specification for the Recognised Qualification (RQ) initial review at the Liverpool John Moores University in relation to:</p> <ul style="list-style-type: none"> <li>• Masters in Osteopathy (MOst)</li> </ul>   |
| <b>Strategic Priority implications</b>           | <p>Strengthening trust - Working in partnership with the sector to understand the issues and responsibilities connected to the recognition of professional qualifications.</p> <p>Assuring the quality of 'recognised qualifications' meaning that all graduates meet the standards necessary to enter the register is a core part of our statutory duties. It is necessary to maintain the trust and confidence of all our stakeholders including patients, the public, the profession and other healthcare professionals.</p>   |
| <b>Standards of Good Regulation implications</b> | <p>Standard 8: The regulator maintains up to date standards for registrants which are kept under review and prioritise patient and service centred care and safety.</p> <p>Standard 9 – The regulator has a proportionate and transparent mechanism for assuring itself that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator's requirements for registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.</p> <p>Our quality assurance process as outlined in our <a href="#">Interim Handbook and the Osteopaths Act 1993</a> ensures that 'recognised qualifications' are only awarded to graduates meeting the <a href="#">Graduate Outcomes</a> and the Osteopathic Practice Standards.</p> |

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| <b>Communications implications</b>                 | Reports are published on our website  |
| <b>Financial, resourcing and risk implications</b> | This visit will be managed in-house. The cost of the in house visit is budgeted at £10,000 and incorporated within existing agreed budgets.   |
| <b>Patient perspectives</b>                        | Patient perspectives were sought as part of the review process.   |
| <b>Diversity implications</b>                      | Equality and diversity issues are reflected with the Standards for Education and Training, and form part of RQ review processes.              |
| <b>Welsh language implications</b>                 | None  |
| <b>Annex(es)</b>                                   | Updated RQ specification  |
| <b>Author</b>                                      | Rekita Sparrow and Steven Bettles   |
| <b>Background reading</b>                          | Policy and Education Committee - 12 March 2026<br><br>Liverpool John Moores University - Initial Recognition of Recognised Qualification (RQ) |

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| <b>Recommendation(s)</b> | <ol style="list-style-type: none"> <li>1. To agree the updated review specification at the Annex.</li> <li>2. To agree to the appointment of Steven Vogel, Sandra Stephenson, and Ana Molares Bargiela as visitors for the initial review of the following programme to be offered by Liverpool John Moores University: <ul style="list-style-type: none"> <li>• Masters in Osteopathy (MOst)</li> </ul> </li> </ol> |
| <b>Key messages</b>      | <ul style="list-style-type: none"> <li>• This paper asks the Committee for approval of the updated review specification, and visitor appointments to the initial RQ visit at Liverpool John Moores University.</li> <li>• The visit is arranged for 15<sup>th</sup> – 17<sup>th</sup> December 2026</li> </ul>   |

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- The visit is being held at the same time as the University's internal validation event. The review specification at the annex has been updated in red to reflect this.
- The University is making good progress towards having a full programme in place for commencement in 2028.

## Background

1. Liverpool John Moores University are seeking initial recognition of a proposed Masters in Osteopathy programme.
  2. The GOsC will appoint Education Visitors to review and to report on the following qualification.
    - Masters in Osteopathy (MOst)
  3. The visit will take place from 15-17 December 2026 and will be held in alongside the Universities internal validation event, and we will be working closely with the university to agree on an agenda and arrangements.
  4. Liverpool John Moores University has provided a further update on the development of its proposed MOst Osteopathy programme confirming that an osteopathic expert has been appointed under a consultancy contract until 31 December 2026 and has been supporting programme development through both on-site visits and virtual meetings.
  5. Progress has been made in developing a programme structure aligned to the University's Academic Framework, with modules mapped against the GOsC Graduate Outcomes. Further refinement of the curriculum mapping is currently underway.
  6. At programme level, discussions have also taken place regarding the integration of simulated education, digital and AI literacy, and the potential introduction of a competency-based approach to the assessment of students' clinical outcomes.
  7. Representatives from the University recently visited Health Sciences University, where they met with colleagues to discuss programme and curriculum development and visited the osteopathic clinic. The visit also provided an opportunity to engage briefly with osteopathy students and to explore approaches to clinical education and service delivery.
8. The University has additionally commenced planning for the development of a public-facing clinic at LJMU, which is intended to include the provision of osteopathy services.

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9. Stakeholder engagement activity is also progressing. An online stakeholder event has been arranged for 19 May 2026 to discuss the proposed programme with members of the osteopathy profession across the North West region. The University noted some challenges in engaging with practices due to outdated or unavailable contact information but confirmed that wider engagement with stakeholders, students, and future service users will continue as programme development progresses. We were able to raise awareness of the engagement events with osteopaths in the local area.

#### *Appointment of Visitors*

10. Section 12 of the Osteopaths Act 1993 provides that 'The Education Committee may appoint Visitors to report to the Education Committee on the nature and quality of instruction and such other matters as required to report on by the Committee'.
11. The Committee is invited to appoint Visitors to participate in the initial review of Liverpool John Moores Universities qualifications as outlined in the updated review specification in the Annex.
12. The proposed Visit Team is:

| <b>Name</b>          | <b>Role</b> |
|----------------------|-------------|
| Steven Vogel         | Osteopath   |
| Sandra Stephenson    | Lay         |
| Ana Morales Bargiela | Osteopath   |

13. These recommended Visitors are members of the Visitor pool (comprising lay and osteopathic visitors), and have been selected by the QA team. All visitors participated in training delivered by the Mott MacDonald in 2024 and GOsC QA training in September 2025.
14. We have checked that the proposed osteopathic visitors are currently registered. We are also in the process of checking the Visiting Team with the Liverpool John Moores University, who so far, have not reported any issues for the Committee to consider in appointing the team. The proposed Visit Team has not declared any conflict of interests in undertaking the review of the Liverpool John Moores University. There is no known reason why we should not appoint these visitors.

#### **Recommendations**

1. To agree the updated review specification at the Annex for the following programme to be offered by Liverpool John Moores University:

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- Masters in Osteopathy (MOst)
2. To agree to the appointment of Steven Vogel, Sandra Stephenson, and Ana Molares Bargiela as visitors for the initial review of the programme.

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## Initial Review Specification

### Background

1. Liverpool John Moores University are seeking initial recognition of a proposed Masters in Osteopathy programme.
2. The GOsC will appoint Education Visitors to review and to report on the following qualification:
  - Masters in Osteopathy, 4 years (M<sub>ost</sub>)
3. 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 (2019)
  - Make sure graduates meet the outcomes of the Graduate Outcomes and Standards for Education and Training (2022).
  - 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.
4. The format of the review will be based on the GOsC Quality Assurance Handbook and the [Graduate Outcomes and Standards for Education and Training \(2022\)](#). Other associated reference points will include the Osteopathic Practice Standards.
5. The review will be held concurrently with the University's internal validation event and will therefore operate as a joint process where appropriate. The GOsC Visiting Team will work closely with the University to ensure that the arrangements and agenda enable both the University's validation requirements and the GOsC's regulatory review requirements to be met effectively.

In addition to the usual review format, the Committee would like to ensure that the following areas are explored:

- Strategies for recruitment and retention of students.
- Strategies for the recruitment and retention of sufficient and appropriate patients to support increasing cohort numbers.
- Staffing plans, including recruitment, registration status of clinical educators.

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- The adequacy and accessibility of physical resources, including clinical accommodation and supervision models.
  - The university's readiness to deliver the MOst Osteopathy from September 2028, including governance, leadership and institutional oversight arrangements.
  - The robustness of the curriculum design including a detailed curriculum map with clarity of course aims and learning objectives aligned to the OPS and Graduate Outcomes, with a clear assessment strategy.
6. All Standards for Education and Training will be explored as part of the review, with particular attention to:
- 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.
    - 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 and governance 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. 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.

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- external expertise is used within the quality review of osteopathic pre-registration programmes
- d. 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.
- e. 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
- f. 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.
- g. Patients
- 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.
7. The Standards for Education and Training will be applied as appropriate to the stage of development of the course.

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**Provisional Timetable**

8. The provisional timetable for the review will be as follows, but is subject to review in discussion with LJMU, GOsC and the Visiting Team:

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## Annex to 7

| <b>Month/Year</b>                      | <b>Action/Decision</b>  |
|--|---|
| March 2026                             | Committee agreement of initial review specification and statutory appointment of visitors |
| 10 weeks before the visit October 2026 | Submission of mapping document  |
| 15-17 December                         | Review visit takes place  |
| 5 weeks following visit                | Draft Report to LJMU for comments - statutory period.                                     |
| March 2027                             | Comments returned and final report agreed.  |
| June 2027                              | Committee to consider Visitor's Report and recommendations                                |
| July 2027                              | Recognition of Qualification ongoing by the General Osteopathic Council                   |
| August 2027                            | Privy Council Approval  |

This timetable will be the subject of negotiation with Liverpool John Moores University to ensure mutually convenient times that fit well with the university validation process and the planned programme commencement in September 2028.

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**Policy and Education Committee**  
**2 June 2026**  
**University of Derby – Visitor appointments**

|  |   |
|--|---|
| <b>Classification</b>                            | Public  |
| <b>Action</b>                                    | <b>Decision</b>   |
| <b>Purpose of the paper</b>                      | <p>Consideration of Visitor appointments for the Recognised Qualification (RQ) review at the University of Derby in relation to:</p> <ul style="list-style-type: none"> <li>• Bachelor of Osteopathy (BOst)</li> </ul>  |
| <b>Strategic Priority implications</b>           | <p>Strengthening trust - Working in partnership with the sector to understand the issues and responsibilities connected to the recognition of professional qualifications.</p> <p>Assuring the quality of 'recognised qualifications' meaning that all graduates meet the standards necessary to enter the register is a core part of our statutory duties. It is necessary to maintain the trust and confidence of all our stakeholders including patients, the public, the profession and other healthcare professionals.</p>   |
| <b>Standards of Good Regulation implications</b> | <p>Standard 8: The regulator maintains up to date standards for registrants which are kept under review and prioritise patient and service centred care and safety.</p> <p>Standard 9 – The regulator has a proportionate and transparent mechanism for assuring itself that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator's requirements for registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.</p> <p>Our quality assurance process as outlined in our <a href="#">Interim Handbook and the Osteopaths Act 1993</a> ensures that 'recognised qualifications' are only awarded to graduates meeting the <a href="#">Graduate Outcomes</a> and the Osteopathic Practice Standards.</p> |
| <b>Communications implications</b>               | Reports are published on our website  |

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|  |   |
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| <b>Financial, resourcing and risk implications</b> | This visit will be managed in-house, and the cost is incorporated within agreed operational budgets incorporated within existing agreed budgets.  |
| <b>Patient perspectives</b>                        | Patient perspectives are sought as part of the review process.  |
| <b>Diversity implications</b>                      | Equality and diversity issues are reflected with the Standards for Education and Training, and form part of RQ review processes.  |
| <b>Welsh language implications</b>                 | None  |
| <b>Annex</b>                                       | RQ Specification (approved by Committee in March 2026)  |
| <b>Author</b>                                      | Rekita Sparrow and Steven Bettles   |
| <b>Background reading</b>                          | <p>Policy and Education Committee (Private agenda) - 22 October 2025</p> <p>College of Osteopaths: – closure and monitoring</p> <p>Policy and Education Committee (Public Agenda) - 22 October 2025 –</p> <p>College of Osteopaths – Agreement to RQ specification</p> <p>Policy and Education Committee - 12 March 2026</p> <p>University of Derby Recognised Qualification Visit – Visitor approval and any update of specification and planned exit (reserved)</p> |

|                          |  |
|--------------------------|--|
| <b>Recommendation(s)</b> | <p>To agree to the appointment of Ceira Kinch, Brian McKenna, and Mark Foster as visitors for the review of the following University of Derby programme:</p> <ul style="list-style-type: none"> <li>• Bachelor of Osteopathy (BOst)</li> </ul> |
| <b>Key messages</b>      | <ul style="list-style-type: none"> <li>• This paper asks the Committee for approval of visitor appointments to the RQ visit at the University of Derby.</li> </ul>   |

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- The visit is arranged for 16-18 October 2026.

## Background

1. The College of Osteopaths closed on 28 February 2026. The University of Derby has been the awarding body and validator since 2020 and from 1 March 2026 will now also be responsible for delivery of the remaining teach out of the course.
2. The University of Derby currently provides the following qualification which is approved with no expiry date.
  - Bachelor of Osteopathy (BOst)
3. The visit will take place from 16-18 October 2026. The Specification for the visit was agreed by Committee at its meeting in March 2026, and is included as an annex to this paper.
4. Section 12 of the Osteopaths Act 1993 provides that 'The Education Committee may appoint Visitors to report to the Education Committee on the nature and quality of instruction and such other matters as required to report on by the Committee'.
5. The Committee is invited to appoint Visitors to participate in the review of the University of Derby's BOst qualification.
6. The proposed Visit Team is:

| Name          | Role      |
|---------------|-----------|
| Brian McKenna | Osteopath |
| Ceira Kinch   | Osteopath |
| Mark Foster   | Lay       |

7. These recommended Visitors are members of the Visitor pool (comprising lay and osteopathic visitors), and have been selected by the QA team. All visitors participated in training delivered by the Mott MacDonald in 2024 and GOsC QA training in September 2025.
8. We have checked that the proposed osteopathic visitors are currently registered. We are also in the process of checking the Visiting Team with the University of Derby, who so far, have not reported any issues for the Committee to consider in appointing the team. The proposed Visit Team has not declared any conflict of

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interests in undertaking the review of the University of Derby. There is no known reason why we should not appoint these visitors.

**Recommendation:** To agree to the appointment of Ceira Kinch, Brian McKenna, and Mark Foster as visitors for the review of the following University of Derby programme:

- Bachelor of Osteopathy (BOst)

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### **Review Specification for The University of Derby, taking over delivery of the Bachelor of Osteopathy Programme from The College of Osteopaths - Renewal of Recognised Qualification Review. (As at February 2026)**

#### **Background**

1. The University of Derby currently provided the following qualification/s:
  - Bachelor of Osteopathy (BOst) (part time) validated by the University of Derby.
2. Recruitment to the BOst has ceased, and a teach out phase begun from September 2025.
3. The course was previously delivered by the College of Osteopaths. The College of Osteopaths announced on 25 February 2026 that it will close on 28 February 2026. The Student Protection Plan is in place and the University of Derby will take over delivery from 1 March 2026.
4. The programme is intended to continue in its current form, but some changes to clinical provision are likely to be implemented: details are under discussion at the point of drafting this RQ specification.
5. A review of the programme was being arranged for autumn 2026 in any event but will now take place as a review of the University of Derby as the provider and awarding body of the BOst programme.

#### **Review Specification**

6. The GOsC will appoint Education Visitors to review and to report on the following qualifications:
  - Bachelor of Osteopathy (BOst) (part time) validated and delivered by the University of Derby.
7. 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 Graduate Outcomes and Standards for Education and Training.
  - Identify good practice and innovation to improve the student and patient experience

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- 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.
8. The format of the review will be based on the GOsC Quality Assurance Handbook and the [Graduate Outcomes and Standards for Education and Training \(2022\)](#). In addition to the usual review format for a renewal of recognition review, the Committee would like to ensure that the following areas are explored:
- Teach out arrangements of the existing RQ programme and how students and staff are supported through this transitional period to ensure the continued delivery of Graduate Outcomes and Standards for Education and Training, in the light of the implementation of the Student Protection Plan, and the takeover of delivery by the University of Derby.
  - Arrangements to manage current and future fallow years as programmes are taught out, including impacts on staffing and patients.
  - Any impact on or changes to the clinical provision and the continued recruitment of sufficient patients to meet the educational needs of students and ensure that they continue to receive sufficient depth and breadth of clinical experience to meet the requirements of the GOsC Graduate Outcomes.
  - How feedback from staff is gained to ensure that staff needs are addressed appropriately.
9. The following Standards for Education and Training are highlighted as particularly important to review in terms of the teach out phase of existing RQ, but all will be significant and will be explored as part of the review:
- 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.

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- 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 and ....governance 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**

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- 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**

- 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.

### **Provisional Timetable**

10. The provisional timetable for the review will be as follows, but is subject to review in discussion with the College of Osteopaths and the Visiting Team:

#### **RQ visit in TBC 2026**

| <b>Month/Year</b>       | <b>Action/Decision</b>   |
|-------------------------|--|
| March October 2026      | Committee agreement of initial review specification and  |
| By June 2026            | statutory appointment of visitors (awaiting confirmation of implementation of Student Protection Plan before visitors recruited) |
| 10 weeks prior to visit | Submission of mapping document   |
| October 2026 TBC        | Review visit takes place   |
| 5 weeks following visit | Draft Report to University of Derby for comments - statutory period.   |

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| One month after draft report sent to University of Derby | Comments returned and final report agreed.                  |
| March 2027 (or earlier)                                  | Visitor report considered by Policy and Education Committee |

This timetable will be the subject of negotiation with the University of Derby to ensure mutually convenient times that fit well with the quality assurance cycle and the particular circumstances of the ongoing recognition of this programme given the closure of the College of Osteopaths.

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**Policy and Education Committee**

**2 June 2026**

**Annual report of the Policy and Education Committee 2025-26**

|  |  |
|--|--|
| <b>Classification</b>                              | Public   |
| <b>Action</b>                                      | For decision   |
| <b>Purpose of the paper</b>                        | The Annual Report of the Policy and Education Committee which will be presented to Council in July 2026.   |
| <b>Strategic Priority implications</b>             | Strengthening trust<br>Inclusivity<br>Innovation   |
| <b>Standards of Good Regulation implications</b>   | <p>The work of the Policy and Education Committee touches on many aspects of the Professional Standards Authority Standards but in particular:</p> <p>Standard 8: The regulator maintains up to date standards for registrants which are kept under review and prioritise patient and service centred care and safety.</p> <p>Standard 9 – The regulator has a proportionate and transparent mechanism for assuring itself that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator’s requirements for registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.</p> <p>Our quality assurance process as outlined in our <a href="#">Interim Handbook and the Osteopaths Act 1993</a> ensures that ‘recognised qualifications’ are only awarded to graduates meeting the <a href="#">Graduate Outcomes</a> and the Osteopathic Practice Standards.</p> |
| <b>Communications implications</b>                 | This report is made to Council to summarise the work of the Committee from April 2025 to March 2026.   |
| <b>Financial, resourcing and risk implications</b> | The cost of the Committee is included in the budgets approved by Council.  |
| <b>Patient perspectives</b>                        | The work of the Policy and Education Committee includes our work with patients as outlined below.  |

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|                                    |   |
|------------------------------------|---|
| <b>Diversity implications</b>      | The Committee considers equality and diversity implications in relation to the workstreams presented before it at each meeting. |
| <b>Welsh language implications</b> | None direct from this paper.  |
| <b>Annex(es)</b>                   | Draft Annual Report for the Policy and Education Committee for 2025/26  |
| <b>Author</b>                      | Fiona Browne  |
| <b>Background reading</b>          | The Policy and Education Committee Report for 2024-25 was considered at the Policy and Education Committee in June 2025.        |
| <b>Recommendation(s)</b>           | To agree the Policy and Education Committee Annual Report to Council for 2025-26.   |
| <b>Key messages</b>                |   |

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## Annual Report of the Policy and Education Committee 2025-26

### *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   | 2025-2026  |
|--|--|
| Consideration of RQ specifications / appointment of Visitors   | Three OEIs<br><br>BCNO (June 2025)<br><br>LJMU (March 2026)<br><br>College of Osteopaths / University of Derby (October 2025 and March 2026) |
| Consideration of Education Visitor RQ reports (including new RQs, renewal of RQs and monitoring visits)  | Three OEIs<br><br>BCNO (June 2025) (Mott)<br><br>HSU (October 2025) (Mott)<br><br>BCNO (March 2026) (GOsC)                                   |
| RQ change notifications and consideration of reports and evidence submitted in relation to general and specific conditions or annual report follow ups           | Three OEIs<br><br>College of Osteopaths (October 2025)<br><br>BCNO Group (October 2025)<br><br>Swansea University (October 2025)             |
| 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. Quality Assurance was taken in house from July 2025 following a decision of the Committee in 2024. The Committee explored how GOsC would ensure, when moving the analysis process in house, that it was fair, transparent and unbiased and how the OEIs had been involved in that implementation process.
10. The Committee agreed the Annual Report and included a requirement for review of the Student Protection Plans of all the OEIs.
11. In March 2026, the Committee considered the analysis undertaken by the GOsC QA team. The executive team described the evidence gathering, analysis, moderation, quality checking undertaken internally and noted the sector-wide issues observed which included recruitment challenges for educators, financial sustainability pressures and small student fitness to practise caseload with too few cases to draw meaningful sector themes.

#### *Quality Assurance Services from 2025*

12. The Committee has continued to monitor the implementation of in house quality assurance services. The Committee noted progress including:
  - Observation of QA Visits facilitated by Mott.
  - Ongoing meetings with education providers
  - Progress on recruitment of the QA Manager (including the opportunity for the Council for Osteopathic Educational Institutions to be able to monitor the process)
13. The Committee also approved the updated interim QA Handbook (including updates about the GOsC values, the incorporation of the values, culture and behaviour statement which had been piloted previously).
14. In October 2025, the Committee noted a further update about the implementation of the in house quality assurance. This included:
  - Comprehensive training day with positive feedback from Visitors and lots of ideas about how the quality assurance process could be improved.
  - Ongoing engagement plans with osteopathic educational institutions to ensure feedback on the process.

#### *Continuous quality assurance process improvement*

15. The Committee considered the annual accounts from the osteopathic educational institutions and also reflected on mechanisms to strengthen the oversight and understanding of the sustainability of osteopathic educational institutions, how this was assessed and how risks were mitigated.
16. 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.

#### *Transition into Practice*

17. The Committee noted that an initial workshop took place on 14 October 2025 to take forward the findings and feedback about the transition into practice which has been positive and collaborative. The Committee considered the progress of the development of the transition into practice work and reflected on the workshop's intended outcomes.

#### *Registration processes: Enhanced Checks for Regulated Activity*

18. The Committee considered a registration policy discussion paper about the frequency of enhanced checks for regulated activity for registrants. The paper explained that the GOsC was the only regulator to require enhanced checks for regulated activity at the point of initial registration and the question was whether self-declaration after this was sufficient or whether the frequency needed to be increased. The Committee also noted the Bailey Review and discussions by the Professional Standards Authority in this context.

#### *Registration processes: routes to registration for internationally qualified graduates.*

19. The Committee considered alternative models to support the Registrar's decision making in relation to internationally qualified osteopaths.

#### *Osteopathy Apprenticeships*

20. The Committee agreed that the draft osteopath apprenticeship presented is aligned with and capable of delivering the Graduate Outcomes as demonstrated by the mapping and the overarching requirements statement.
21. The Committee noted that any qualifications developed to deliver the osteopath apprenticeship standard will be subject to the usual quality assurance arrangements to inform the Education Committee's statutory recommendations about recognition to Council in accordance with the Osteopaths Act 1993.
22. The Committee noted that the Apprenticeship Standard has been submitted to Skills England and once all their processes were complete that it would be put forward to the Secretary of State for Agreement.

#### *Advanced clinical practice*

23. The Committee noted the collaborative work with the Health and Care Professions Council to ensure a consistent message about the alignment in regulatory frameworks in relation to the fourteen allied health professions and clarity about the regulatory position with regards to advanced practice and patient safety. The Committee noted the proactive interested party engagement and clear messages about what the webinars were and what they were not.
24. It was noted that the webinars had had very positive engagement and feedback with more than 4 stars out of 5 and a significant number of registrants and managers registered to attend.
25. The Committee noted the GOsC / HCPC Advanced Practice Webinars and next stages planned for the project. The Committee considered feedback about the areas for discussion in the webinars and implications for the osteopathic profession.

#### *Review of the Osteopathic Practice Standards (OPS)*

26. In June 2025, the Committee noted an analysis of the ethical queries about the application of the Osteopathic Practice standards and agreed a plan for the next review of the Osteopathic Practice Standards and that this included the adjunctive therapies guidance.
27. The review of the Osteopathic Practice Standards was launched in December 2025 with a 'call for feedback' on the current version of the OPS.
28. In March 2026, the Committee considered an analysis of the feedback along with specific feedback from the Student Forum and the Patient Involvement Forum.
29. The Committee agreed the Terms of Reference for the Collaborative OPS Review Group and that Professor Patricia McClure should chair the group.

### *Continuing Professional Development (CPD)*

30. In June 2025, the Committee noted the analysis of the findings from the CPD consultation which took place from 6 December to 3 March 2024. Whilst the consultation findings had supported the proposed changes to include additional mandatory CPD in the area of establishing and maintaining professional boundaries and inclusive practice: equity, diversity, inclusion and belonging (EDIB), the Committee considered that further work needed to be undertaken on the development of resources to support CPD in these areas and for the guidance to be made more accessible using a 'layered' approach. The Committee agreed that CPD on boundaries and inclusive practice should be encouraged and that the guidance should be further developed for accessibility.
31. In March 2026, the Committee received updated CPD guidance which included concise, standards and detailed versions to take account of the different learning styles of the osteopath. The revised layered Guidance and the Professional Boundaries and inclusive practise (EDIB) resources were developed and tested with expert advice commissioned to assure accessibility and with specific feedback from osteopaths who were neurodiverse in order to ensure that the guidance and resources were fit for purpose. Additional supporting CPD materials had also been developed.
32. The Committee agreed to recommend to Council that Professional Boundaries and inclusive practice (equity, diversity, inclusion and belonging) became mandatory CPD elements. The Committee also agreed that the revised layered CPD Guidance (concise, standard and detailed versions) be published).

### *Artificial Intelligence (AI) and implications for osteopathic regulation*

33. The Committee considered an update on our work in Artificial intelligence and particularly the work on the use of artificial intelligence in osteopathic education and practice and in GOSCs work.

### *Research Strategy*

34. The Committee considered a Research Strategy which would ensure that research and evaluation were embedded into GOSc activities. The Committee provided feedback on the Research Strategy and a final version would be considered by Council later in the year.

### *Recognition of professional qualifications*

- The Committee noted that we are continuing to work with international interested parties to improve the recognition of UK qualifications in Europe and explore streamlined international registration routes.

35. This supports our work to address sustainability issues in the sector, helping us to continue to maintain standards and to continue to exercise our statutory functions.

### *Patients*

47. This year, our patient work has been reported to the Committee as an integrated part of other activities. For example:

- **CPD consultation** - We held a focus group with patients to gather feedback on the CPD Consultation early in 2025.
- Specific case studies for osteopaths in our inclusive practice workbook including: 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
- **Research Framework** - public and patient benefit is one of the criteria applied when deciding whether to fund a research proposal.
- **In Quality Assurance** - Patient perspectives are reviewed within RQ visits and annual reporting from education providers. The Graduate Outcomes that all students must meet prior to graduation include the theme Communication and Patient Partnership (see in particular paragraph 15). The Standards for Education and Training include a range of standards putting patients at the heart of education in Theme 9 Patients (see p22). In 2025-26 we also collected data on staff:patient ratios for the first time with committee advised of trends we have observed.
- **Section 32 consultation** – although reported direct to Council, patients were significantly involved in our work on the Section 32 'Protecting the osteopathic title' consultation. Patients were involved in designing the section 32 consultation and also gave their views as part of the consultation process.
- **Strategic development day** – patients attended and contributed to discussions during the GOsC and sector wide development day in January 2026.
- **Osteopathic Practice Standards (OPS) review** – patients are involved the review directly through being part of the OPS review reference group.
- **Additional activities** – We held our Patient Involvement Forum Development Day in March 2026, which included training in influencing skills, feedback on our Boundaries research and feedback on our role as a regulator and into our Osteopathic Practice Standards review. We received positive feedback from patients.
- **Testing the public website:** Patients have been involved in testing the usability of the proposed new website.

### Strategic Patient Engagement

36. The Committee welcomed the patient partners to the Committee as part of the Patient Partner Pilot.

*Committee Development Day 2025*

37. The Committee undertook a development day in January 2025 and the Committee considered the evaluation in June 2025. 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

38. The Committee reflected on the feedback from interested parties about the Development Day and compared this to the Strategy and Business Plan.

39. Committee members participated in a wider Strategic Sector Development Day in January 2026 alongside members of Council, students, patients, osteopaths, educators and representatives of sector organisations across the breadth of the osteopathic sector. The aims of the Development Day were to:

- Reflect on our collective strategic leadership in a context of change and uncertainty
- Facilitate dialogue, greater understanding, enhanced relationships and to improve trust and inclusivity between people and organisations
- Listen to each other about current priorities, opportunities, challenges and priorities for the sector, and how we work together, in the context of ensuring high quality patient care.

40. The keynote speaker was Brendan Hall. Brendan talked about leadership and his experience leading a winning race around the world in a yacht. Brendan discussed the tensions of leadership, emotional intelligence, the trust equation (See figure 1 below), psychological safety and the growth mindset, the blame cycle, mental health and wellbeing, ownership and empowerment,



41. The afternoon session focussed on how the sector should work together and signs of success and challenge. Feedback from the day was very positive and led to constructive actions.

#### *New members*

42. The Committee welcomed new co-opted members: Patrick Gauthier (external co-opted osteopathic member), Andrew MacMillan (external co-opted osteopathic member), Kate Kettle (external co-opted lay member) and Jayne Walters (external co-opted lay member) were appointed from 1 April 2026. An additional co-opted registrant member, Laura Turner, was appointed on 1 March 2026 to provide additional osteopathic input to the Committee.

#### *Membership*

43. During the period April 2025 to March 2026 the Policy and Education Committee membership comprised:

| <b>Name</b>                        | <b>Member details</b>      | <b>Meetings attended</b>         |
|------------------------------------|----------------------------|----------------------------------|
| Daniel Bailey                      | Council registrant member  | 3 / 3 and Sector Development Day |
| David Propert <sup>1</sup>         | Council registrant member  | 2 / 2                            |
| Gill Edelmann <sup>2</sup>         | Council lay member         | 1 / 2                            |
| Patrick Gauthier                   | External registrant member | 2 / 3 and Sector Development Day |
| Andrew MacMillan                   | External registrant member | 3 / 3 and Sector Development Day |
| Jayne Walters                      | Council registrant member  | 3 / 3 and Sector Development Day |
| Professor Patricia McClure (Chair) | Council lay member         | 3 / 3 and Sector Development Day |
| Kate Kettle                        | External lay member        | 2 / 3                            |
| Laura Turner <sup>3</sup>          | External registrant member | 1 / 1                            |

44. Observers with speaking rights attended public meetings:

| <b>Name</b>  | <b>Meetings attended</b> |
|--|--------------------------|
| The Council for Osteopathic Education Institutions | 3/3                      |

<sup>1</sup> David Propert was appointed to Council from 1 September 2025 until 31 March 2029.

<sup>2</sup> Gill Edelman resigned from Council from 17 December 2025.

<sup>3</sup> Laura Turner was appointed as an additional co-opted registrant member from 1 March 2026 to 31 March 2029.

|   |     |
|---|-----|
| The Institute of Osteopathy                   | 3/3 |
| The National Council for Osteopathic Research | 2/3 |
| The Osteopathic Alliance                      | 3/3 |

**Recommendation:** to agree the Policy and Education Committee Annual Report to Council for 2025-26

Allen, Nerissa  
27/05/2026 11:21:01

## 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 10

- 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.