

Public Meeting of the Policy and Education Committee 12 March 2026

Thu 12 March 2026, 13:30 - 16:00

General Dental Council Offices, 37 Wimpole Street, London, W1G.

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

Agenda

13:30 - 13:35 **1. Welcome and apologies**

5 min

Information *Patricia McClure*

 Public Agenda - March 2026 - FINAL.pdf (1 pages)

13:35 - 13:40 **2. Minutes and matters arising from the meeting on 22 October 2025**

5 min

Decision *Patricia McClure*

For approval

 Public Item 2 - Unconfirmed Minutes of the Public Meeting of Policy and Education October 2025.pdf (9 pages)

13:40 - 14:00 **3. CPD Guidance and resources**

20 min

Decision *Steven Bettles*

For decision

 Public Item 3 - CPD Guidance FINAL.pdf (9 pages)

 Public Item 3 - CPD Guidance - Annexes A B C and D .pdf (40 pages)

14:00 - 14:15 **4. OPS Review update**

15 min

Decision *Steven Bettles*

For decision

 Public item 4 - OPS Review Update FINAL.pdf (11 pages)

14:15 - 14:30 **5. Liverpool John Moores University – RQ specification (reserved)**

15 min

Decision *Steven Bettles*

For decision

 Public Item 5 - Liverpool John Moores University - Initial Recognition Review Specification FINAL.pdf (7 pages)

14:30 - 14:40 **Break**

10 min

14:40 - 15:00 **6. University of Derby Recognised Qualification Visit – Visitor approval and any update of specification and planned exit (reserved)**

20 min

Decision *Steven Bettles*

For decision

 Public Item 6 - University of Derby Recognised Qualification Specification 20260226.pdf (14 pages)

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15:00 - 15:20 7. BCNO Group – Recognition of RQ (reserved)

20 min

Decision Steven Bettles

For decision

 Public Item 7 - BCNO Group Recognised Qualification FINAL.pdf (20 pages)

 Public item 7 - Annex B - BCNO Final Report Nov 2025.pdf (77 pages)

15:20 - 15:40 8. Update from Observers

20 min

Information Patricia McClure

For noting

15:40 - 16:00 9. Any other business

20 min

Information Patricia McClure

For noting

16:00 - 16:00 10. Date of next meeting 2 June 2026

0 min

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The 32nd meeting¹ of the Policy and Education Committee to be held in public on Thursday 12 March 2026 commencing at 13:30. Lunch will be available before the meeting. The meeting will be hosted by the General Osteopathic Council in the General Dental Council Offices, 37 Wimpole Street, London, W1G.

Agenda

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|-----|---|--------------|----------------|
| 1. | Welcome and apologies | | 13:30 to 13:35 |
| 2. | Minutes and matters arising from the meeting on 22 October 2025 | For approval | 13:35 to 13:40 |
| 3. | CPD Guidance and resources | For decision | 13:40 to 14:00 |
| 4. | OPS Review update | For decision | 14:00 to 14:15 |
| 5. | Liverpool John Moores University – RQ specification (reserved) | For decision | 14:15 to 14:30 |
| | BREAK | | 14:30 to 14:40 |
| 6. | University of Derby Recognised Qualification Visit – Visitor approval and any update of specification and planned exit (reserved) | For decision | 14:40 to 15:00 |
| 7. | BCNO Group – Recognition of RQ (reserved) | For decision | 15:00 to 15:20 |
| 8. | Updates from Observers | For noting | 15:20 to 15:40 |
| | <ul style="list-style-type: none">• COEI• iO• OA• NCOR | | |
| 9. | Any other business | | |
| 10. | Date of next meeting 2 June 2026 | | |

¹ This is also the 112th meeting of the Education Committee



Policy and Education Committee

**Minutes of the 31st Policy and Education Committee held in public on
Wednesday 22 October 2025, at Osteopathy House, 176 Tower Bridge
Road SE1 3LU and Go-to-Meeting online video conference.**

Unconfirmed

Chair: Professor Patricia McClure (Council, Lay)

Present: Dr Daniel Bailey (Council, Registrant)
Professor Debra Towse (Council, Lay) [online]
Kate Kettle (Independent, Lay)
Jayne Walters (Independent, Lay)
Andrew MacMillan (Independent, Osteopath)

Observers from Council:

Arwel Roberts (Council Associate)
Gabrielle Anderson (Council Associate)
Sandie Ennis (Council, Registrant)
Amanda Cheesley (Patient Partner)[online – left 1320]

Observers with Speaking Rights:

Fiona Hamilton, Council of Osteopathic Educational
Institutions [online]
Nikky Godfrey, Council of Osteopathic Educational Institutions
[online]
Sally Gosling, Institute of Osteopathy [online]
Santosh Jassal, Secretary to the Osteopathic Alliance, [online]
Dr Jerry Draper-Rodi (NCOR) [online joined 1330]

Observers without Speaking Rights:

Jane Easty, SCCO [online]

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
Will Shilton, Mott MacDonald (QA provider) Item 6

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Liz Niman, Head of Communications, Engagement and Insight
(online)
Paul Stern, Senior Research and Policy Officer

Item 1: Welcome and apologies

1. The Chair welcomed all to the meeting and confirmed that all were happy the meeting would be recorded for the purposes of the minutes only.
2. Special welcomes were extended to:
 - a. The new Member of the Committee David Propert, Osteopathic Member of Council and all present introduced themselves.
3. Apologies were received from:
 - Gill Edelman (Council, Lay)
 - Matthew Redford, Chief Executive and Registrar
 - Jo Clift, Chair of Council GOsC.
 - Darren Pullinger, Head of Resources and Assurance
 - Patrick Gauthier (Independent, Osteopath)
 - Dr Stacey Clift, Head of Research, Data and Insight

Item 2: Minutes and Matters arising.

4. The minutes of the meeting of June 2025 were agreed as an accurate record of the meeting.
5. Matters arising noted a formal record of the decisions made electronically since the last Committee meeting including:
 - a. Shortened annual reports for BCNO, LSO, Marjon and Swansea, HSU.

Item 3: Research Strategy:

6. The Director of Education, Standards and Development advised the purpose of this was to ensure that research and evaluation was embedded in GOsC activities.
7. In discussion the following points were made and responded to:
 - a. Stacey's work in bringing all the aspects together on one document was commended.
 - b. The Committee suggested given a number of registrants, service users, educators and students resided in Wales, GOsC may get more meaningful

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feedback from this part of UK if there was Welsh language represented within it.

- c. Committee provided some feedback on specific areas:
- i. Page 4 point c – was cross-professional or profession wide meant latter considered better to make sure research always applicable to the whole profession.
 - ii. Page 4 point b – it was noted it was really important that outputs were made accessible to the osteopathic profession through open access as they will have funded it.
 - iii. Page 6 point about evaluation would benefit from more detail on how success evaluated in terms of research output – whether it was the tender process, methodology suitability, collaboration of researchers, quality of data, applicability of the data etc. For example, it may have been a good project, but did it achieve its intended aims?
 - iv. Page 11 – regarding the future research the executive anticipated happening it was suggested the executive highlight the internal research that has been undertaken e.g. the staff survey.
 - v. Point 14 about how the profession and their contact details were used for research – need to consider how their consent is to be obtained for that research in line with GDPR requirements, rather than just obtain consent at point of registration.
- d. The Committee asked for a justification for the £35K ceiling limit for procurement.

The Governance Manager confirmed that this was the Procurement Process as outlined in the Governance Handbook.

- e. Committee raised a question if there was an approval process for considering the ethics of the research.

The Director of Education, Standards and Development noted that most of the research did not need to go through ethics but would reflect on how that was expressed better in framework.

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- f. A question had been submitted about the framework sufficiently limited the scope of funded research to ensure only that which was relevant to the regulation of the profession was funded.

The executive noted this could be made more explicit in the framework.

Decision: The Committee provided feedback on the Research Framework to help us further shape a future paper to Council, for either November 2025 or March 2026

Item 4: Artificial Intelligence (AI) Update

8. The Senior Research and Policy Officer provided an update on the work being carried out in respect to AI. Particular mention was made of the aim to publish a joint statement with other regulators on the use of AI in healthcare professional education, a rapidly moving area of innovation.

It was essential that innovation supported patient safety and excellent osteopathic care and to that end, the executive has been working to ensure the safe and ethical use of AI in osteopathy while promoting innovation.

- a. Engaging with other regulators - not all will sign up to it as some needed to go through their own governance processes or were not ready but aiming for January next year. There was a desire to be clear to educational providers what our position is.
 - b. The executive will be speaking to OEIs in November about how they might consider these principles within the direct statement as part of the inspection process.
 - c. Interim guidance had been out since May (what osteopaths should be thinking about if using AI in their practice) and positive feedback had been received. Work is underway on case studies and a blog.
 - d. Internally AI has been used in a limited capacity with human oversight and the executive was in the process of developing appropriate governance around that and are aiming to start a pilot on the use of AI.
9. In discussion the following points were made and responded to:
 - a. The Committee commended Paul's leadership with other regulatory bodies.
 - b. The Committee enquired as to plans to offer guidance to registrants about confidentiality, valid or appropriate prompts to be used in generative AI and to be clear what was acceptable in a standard consultation environment and what is not.

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The executive was working on a case study to cover these points to assist in being clear to patients when transcription software was being used and giving them the opportunity to opt out.

- c. The Committee suggested expanding the section on Page 2 re staff needing appropriate skills and knowledge e.g. understanding bias, sources, potential for hallucinations etc.
- d. The Committee noted how the use of AI could assist with equity where non-neuro-typical individuals could access more by using AI.

Decision: Committee noted the information in this paper and the annex about the work on the use of artificial intelligence in osteopathic education, practice and in our own work.

Item 5: Transition to Practice

- 10. The Director of Education, Standards and Development explained the progress on the transition into practice work since publishing the research on this in 2023 and the updated paper to the Policy and Education Committee in June 2025 explaining the stakeholder engagement undertaken since then.
- 11. An initial workshop, with postgraduate, undergraduate and professional body representation, took place on 14 October and was really positive and collaborative.
- 12. The following feedback was provided:
 - a. Everyone designed their own persona and thought what their challenges would be, what success might feel like and how they might measure that success.

At the end of the day, the tables considered what they most wanted to take forward. These included:

- I. A practitioner charter to help graduates with principles and expectations of what would be used in practice.
 - II. A career development framework to provide clearer pathways and support graduates to better plan their career path.
 - III. Upscaling of mentorship schemes.
 - IV. A specific graduate clinic that would be supervised and considered how that might be funded and evaluated to develop further.
- b. There will be a second workshop in the new year and many have signed up to this.

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- c. Sally Gosling (iO) took part in the afternoon session and concurred that it was a very positive day with a strong level of consensus of what it would be valuable to do. Sally felt it was an inclusive approach that had benefits for the public and patient perspective with the aim to support newly qualified osteopaths and consolidating professional capability hopefully leading to retention of registrants within the profession.
- d. Jane Easty, SCCO advised it was a fantastic event with great transparency and honesty and she was looking forward to some of the constructive projects coming out of it.
- e. Santosh Jassal, OA felt it was a really good day but was concerned lot of information might get missed so would be focussing on what the common goals or themes were as opposed to individual projects.

One graduate at her table was upset because of challenges they were having and suggested there was a need to understand how many others felt the same.

The OA have completed a research paper and were in the process of going through that along with the findings from the workshop to see where the OA could support the work.

Decision: Committee considered the progress of the development of the transition into practice work and reflected on the workshop's intended outcomes.

Item 6: UCO School of Osteopathy within Health Sciences University – Recognition of Qualifications review (reserved)

Due to Conflict of interests Dr Daniel Bailey, Andrew MacMillan and Dr Jerry Draper-Rodi left the meeting at 1346

- 13. The Head of Policy and Education advised the paper presented the visitor report in relation to the teaching of the existing MOst Recognised Qualification at the Health Sciences University Bournemouth campus. Previously the qualification had only been delivered at the London campus and this was the first time that an osteopathic qualification would be delivered in Bournemouth. The report recommended continued recognition on this basis with no conditions.
- 14. Mott MacDonald had arranged the final QA visit and advised it was a successful visit. Visitors met with current students of health courses (chiropractor) to understand how students would fare on campus and the leadership team provided a detailed plan for integrating the osteopath cohort. No conditions were proposed, strengths and good practice were noted as well as some areas for development.
- 15. The following points were made and responded to in the discussion:

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- a. The Committee commented that, as there were no osteopathic students on site yet, whether some additional criteria around supporting them in the new environment would be expected.

Mott MacDonald advised there was also a meeting with support staff at the university that included responsibilities for student welfare so the visitors were able to ask how the students would be integrated, what facilities were available to them and what support they would get from a wellbeing perspective.

The university was also accustomed to taking on small modules so they felt confident in integrating the students.

The need to ensure there was a consistent experience across both campuses and developing an osteopathic clinic in what was currently a very chiro-based clinic, was reflected in the RQ specification.

Ongoing annual reporting will monitor this looking at student feedback, experience, progression rates, dropout rates and any particular issues experienced by the cohort.

Decision: Committee agreed to publish the Health Sciences University RQ Visitor report which provided evidence that the existing Recognised Qualification – Master of Osteopathy (MOst) awarded by Health Sciences University (HSU), may also be delivered from the HSU Bournemouth campus with no conditions and no expiry date.

Dr Daniel Bailey, Andrew MacMillan and Dr Jerry Draper-Rodi returned at 1400.

Item 7: College of Osteopaths – Agreement to RQ specification (reserved)

16. The Head of Policy and Education/ Senior Quality Assurance Officer advised this fell within the standard cycle of reviews. The visitors had not yet been appointed but that would be advised at next Committee.

Decision: Committee agreed the review specification at the Annex in relation to the review of the College of Osteopaths RQ programme:

- **Bachelor of Osteopathy (B.Ost) part time**

Item 8: Apprenticeship Standard oral update

17. The Director of Education, Standards and Development and Sally Gosling from the Institute of Osteopathy provided an update.

- a. The apprenticeship standard has been submitted to Skills England and once all their processes are complete it will be put forward to the Secretary of State

for Education which it was hoped would be before the end of the year.

- b. At that point it was suggested it would be useful to have a collaborative discussion around how the standard might be delivered by the education providers that were interested in the apprenticeship and how the profession might engage with it. Any proposal would go through GOsC RQ process.

Decision: Committee noted the update.

Item 9: Update from Observers

18. Nikky Godfrey of COEI provided an update. COEI's strategic plan and various projects had been approved by its Board looking at student retention and recruitment, wider educational support for osteopathic educators, AI in Education and quality of education. Once fully formed, the project plan would be shared with iO and GOsC to take forward.

19. Sally Gosling provided an update from the Institute of Osteopathy (iO) –a professional development framework will be presented at the iO convention next month with a view to members of the profession testing it out in real time.

20. Santosh Jassal, OA provided an update:

- a. The Osteopathic Children Centre had opened and was doing well with lots of patients.
- b. The OAR was looking at opening up free half day shadowing opportunities for graduates.
- c. The research project, into new graduates within first three years of practice to explore how they felt about their practice, training and identify any gaps the OA could fill, was complete and more will follow once internal meetings help considering areas of collaboration.

21. Dr Jerry Draper-Rodi, NCOR provided an update:

- a. 2 surveys open in Germany for paediatric osteopaths and educators in paediatrics and should be opening in UK soon.
- b. NCOR was recruiting a new chair and new trustee members and would welcome support in sharing the social media campaign.
- c. AGM held 2 weeks previously and was well attended – Dr Daniel Bailey presented interim results of research of first and second year students what led them to train as osteopaths, the costs involved, facilitators and obstacles.

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- d. NCOR are looking at funding a PHD studentship that will use the NCOR research network infrastructure.
- e. Over last year NCOR has published 14 manuscripts, held 15 research hub meetings, contributed to 5 iO workshops, delivered webinars and interacted with members of NCOR research network.
- f. Planning for the iO convention in November – NCOR are responsible for research stream.
- g. September saw the end of the Strengthening Osteopathic Leadership Research (SOLR)5-year programme hosted in Sydney Australia.
- h. The Consent and Complaints report was being completed and would be presented to Council early 2026.
- i. Qualitative study underway, interviewing osteopaths who have left the register in the last 2 years.
- j. 3 research studentships, 2 undergrad and 1 post-grad which have been very successful and looking at continuing that.

Item 10: Any other business

- 22. The Committee thanked Will Shilton for all the work Mott MacDonald have done over the last 5 years and since the contract ended. It has been so helpful and the support was appreciated.
- 23. Will thanked the Committee and executive for making Mott MacDonald feel so welcome.
- 24. Committee recorded the decision made on Admincontrol to appoint a replacement visitor and update the RQ specification in relation to programming governance for BCNO and the visit would be going ahead on 11-13 November.

Item 11: Date of the next meeting:

- Policy and Education Committee Wednesday 12 March 2026

Meeting closed at 1423.

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Policy and Education Committee
12 March 2026
CPD Guidance and Resources

Classification	Public
Action	Decision
Purpose of the paper	To present the revised CPD guidance and associated resources developed following the 2025 CPD consultation, summarise the findings from recent focus group testing, and seek agreement to introduce mandatory CPD on Professional Boundaries and EDI (Inclusive, Welcoming Practice: Equity, Diversity and Belonging).
Strategic Priority implications	Supports delivery of the GOsC's strategic priorities relating to patient safety, professionalism, inclusive practice and maintaining public confidence in the profession.
Standards of Good Regulation implications	Strengthens clarity, accessibility and proportionality within the CPD scheme and aligns with emerging cross-regulator expectations on inclusive, anti-discriminatory practice. 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.
Communications implications	Clear communication will be required to support registrants in understanding the layered guidance, selecting the appropriate version, and preparing for the introduction of mandatory CPD in boundaries and EDIB.
Financial, resourcing and risk implications	Minor resource implications associated with finalising materials, updating the website and supporting implementation. Risks relate primarily to misunderstanding or perceived burden among registrants, mitigated through clear communication and phased introduction.
Patient perspectives	Mandatory CPD in boundaries and EDI strengthens patient safety, supports inclusive and respectful care, and aligns with public expectations of professional behaviour. Patients were consulted as part of the CPD Consultation in 2025.
Diversity implications	Directly supports the advancement of equity, diversity and belonging within the profession by providing a layered

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	approach. Aligns with the Mann Review on antisemitism and the cross-regulator Workforce Race Equity Principles.
Welsh language implications	Materials will need to be made available in Welsh in line with the GOSc's Welsh Language Scheme
Annex(es)	<ul style="list-style-type: none"> • Annex A: Detailed CPD Guidance • Annex B: Intermediate CPD Guidance • Annex C: Quick-read CPD Guidance • Annex D: Illustration of the refinement work in progress as prepared by our Expert in equality diversity, inclusion and belonging, Agnes Fletcher.
Author	Dr Stacey Clift, Paul Stern, Fiona Browne and Steven Bettles
Background reading	<ul style="list-style-type: none"> • CPD Consultation Analysis Report (PEC, June 2025, Item 11) • Rule 4(6) of The General Osteopathic Council (Continuing Professional Development) Rules Order of Council 2006 as amended by The (Continuing Professional Development) Amendment Rules Order of Council 2018 (made under sections 6, 17, 35 and 36 of the Osteopaths Act 1993) provides that the Council must issue CPD Guidance. This paper is dealing with this CPD Guidance.
Recommendation	<ol style="list-style-type: none"> 1. To agree to recommend to Council that: <ol style="list-style-type: none"> a. CPD on Professional Boundaries and Inclusive, Welcoming Practice: Equity, Diversity Inclusion and Belonging become mandatory within the CPD scheme. b. the revised CPD guidance, subject to further refinement including the concise, standard and detailed versions, and the adoption of a layered approach is recommended to Council to publish. 2. To note the development and testing of the new CPD resources and the refinements to be incorporated ahead of publication.

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Key messages

- The CPD consultation highlighted the need for clearer, more flexible guidance and stronger support for reflective practice, particularly in relation to professional boundaries and EDI.
- In response, a layered set of CPD guidance has been developed (detailed, intermediate and quick-read versions) to support different learning styles while maintaining consistent expectations.
- Focus group testing shows strong support for the layered approach and confirms that the new resources improve clarity, usability and reflective depth, with refinements now being incorporated.
- Since the consultation began, the external regulatory landscape has strengthened significantly, including the Mann Review on antisemitism and the cross-regulator Workforce Race Equity Principles, increasing expectations on regulators to embed inclusive, anti-discriminatory practice.
- To align with these expectations and support safe, professional and inclusive osteopathic practice, CPD on Professional Boundaries and EDI (Inclusive, Welcoming Practice: Equity, Diversity, Inclusion and Belonging) should now become mandatory.
- The Committee is asked to approve the layered CPD guidance and agree to the introduction of mandatory CPD in these two areas.

Background

1. Since the introduction of the revised CPD scheme in 2019, the GOsC has gathered annual feedback from osteopaths about their experience of meeting the scheme's requirements. Survey findings indicated that while the scheme was valued, several elements were perceived as difficult to navigate. Registrants reported that the Peer Discussion Review (PDR) template was complex and time-consuming, and that the CPD guidance was repetitive, difficult to navigate, and lacked clarity in key areas.
2. In early 2025, the GOsC launched a public consultation to explore potential improvements to the scheme. The consultation sought views on simplifying the PDR template and strengthening guidance in areas including professional boundaries, equality, diversity and inclusion (EDI), range of practice, the use of artificial intelligence, accessibility, and opportunities for community and peer engagement.
3. The consultation generated a wide range of views. Respondents welcomed the intention to improve clarity and usability but highlighted contrasting concerns:

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some felt the proposed changes might increase the overall workload of the scheme, while others were concerned that simplification could reduce the depth of reflection. Views on introducing EDI and professional boundaries as mandatory elements were similarly mixed. While many supported this direction, others emphasised the need for clear rationale, evidence, and practical resources to support meaningful engagement.

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4. Feedback also identified the need for clearer definitions, stronger support for reflective practice, improved accessibility across formats, and greater flexibility to accommodate different learning styles and levels of experience. A consistent theme was that a single, uniform approach to guidance and templates would not meet the needs of all registrants.

Discussion

5. Following the CPD consultation undertaken in early 2025, the GOsC has progressed a significant programme of work to strengthen the clarity, accessibility and relevance of the CPD scheme. This work has focused on addressing the issues raised through the consultation, including the need for clearer guidance, more flexible templates, stronger support for reflective practice, and improved resources relating to establishing and maintaining professional boundaries and equality, diversity, inclusion and belonging (EDIB).

Development of the CPD Resources

6. In response to the consultation findings, the GOsC developed a suite of six new resources designed to offer a more flexible, layered approach to meeting the CPD requirements. These include:
 - Layered CPD Guidance (quick-read, intermediate and comprehensive versions)
 - Peer Discussion Review (PDR) Template Options (concise, standard and detailed versions)
 - Choosing the Right Guidance & Template decision-support tool
 - PDR Assessment Matrix to support fair and consistent peer judgements
 - Professional Boundaries Workbook
 - EDI Resource Suite, including an EDI case-based discussion workbook, microaggressions CBD template and microaggressions quiz
7. These resources were designed to accommodate different learning styles, levels of experience and preferences for depth of engagement, while maintaining consistent expectations across the scheme.
8. If you would like to view the suite of six resources, they are available on request. Please contact Fiona Browne on fbrowne@osteopathy.org.uk.

Testing Through Focus Groups

9. To assess the usability and clarity of the new materials, two focus groups were held on 19 January and 27 January 2026 with osteopaths representing a range of experience levels and practice contexts. Participants reviewed the layered guidance, PDR templates and the boundaries and EDI workbooks. We also ran a

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dedicated CPD session on boundaries and EDIB for the Cheshire regional group on 17 January 2026, where we also sought views on this layered approach.

Layered Guidance (Annex A-C)

10. Participants across the groups welcomed the layered approach and agreed that offering three versions of the guidance supports flexibility and choice. More experienced osteopaths tended to prefer the simplest version, while others valued the intermediate or comprehensive versions. Participants emphasised the importance of clear communication to ensure osteopaths understand that:
 - they only need to select one version
 - all versions meet the same requirements
 - choosing a simpler version does not disadvantage them
11. Some participants suggested that the decision-support tool could be shorter with the comparison tables to the end seeming more helpful and that the following pairing of documents would improve useability:
 - quick-read guidance with the quick-read template
 - intermediate guidance with the intermediate template
 - comprehensive guidance with the comprehensive template

PDR Templates and Assessment Matrix

12. Feedback on the PDR templates was mixed. While the layered structure was appreciated, participants identified areas for improvement, including:
 - inconsistencies in prompts
 - formatting issues and conversion problems across software
 - a desire for clearer links to the standards, particularly Standard 1

Although, it must be noted that these versions had not been professionally designed and were presented as 'concept designs' or 'prototypes,' rather than the finished products.

13. One participant noted that they would continue to use their own spreadsheet-based system, highlighting the need for templates that are both flexible and intuitive.
14. The PDR Assessment Matrix received strong positive feedback. Participants felt it supported fair, consistent and collaborative peer judgements and helped clarify expectations around evidence and reflection.
15. A minor refinement was suggested regarding the declaration wording in the PDR templates, with a recommendation to reverse the statements so that the osteopath confirms completion and the peer confirms participation.

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Professional Boundaries and EDI Resources

16. The Professional Boundaries Workbook was highly valued, particularly for its relevance to patient safety, practitioner wellbeing and the frequency with which boundary issues arise in complaints and legal cases. Participants appreciated the reflective scenarios and the opportunity to explore personal responses.
17. Feedback on the EDIB resources was a little more varied. Some participants found the case scenario materials thought-provoking and helpful, particularly the microaggressions quiz, which supported self-reflection on language and behaviour. Others questioned the relevance for very experienced osteopaths but agreed the resources would be valuable for newer practitioners. Several participants noted the need for further reading after each scenario would be a helpful addition and more training opportunities in this area.

Navigation, Accessibility and Support

18. Participants highlighted ongoing challenges with navigation on the CPD website and suggested improvements to layout, formatting and cross-referencing between documents. Some noted that CPD can still feel daunting, particularly for those who have completed multiple cycles, and suggested that CPD groups could play a role in supporting engagement and understanding.

Supplementary Survey Feedback: Tell us what you think about the CPD Resources

19. Two participants¹ also completed a short follow-up survey. While the number of responses was small, the results were consistent with the themes identified in the focus groups. Respondents split evenly between the quick-read and comprehensive guidance, emphasised speed, clarity and balanced detail in terms of what matters most when using guidance and expressed confidence in choosing the right level of guidance. Both respondents preferred the concise or standard PDR templates and reported high confidence in using the PDR Assessment Matrix. Scenario-based learning for EDIB and boundaries was viewed as useful, and respondents felt confident applying this learning to practice. One respondent highlighted the need for clearer support on reflective practice and the importance of ensuring EDI training has meaningful learning outcomes.

Accessibility

20. Given the specific focus on accessibility from the CPD consultation, we also emailed registrants and asked those who were neurodiverse to review the resources to provide feedback specifically on this issue to help us to be assured that the updated documents were accessible. Through this process we undertook a further focus group on 13 February and also some interviews. We

¹ As of 3 February 2026

also commissioned an expert in disability to provide feedback for us.

21. Feedback included:

- The approach taken with the different levels of guidance was supported but there was feedback about the design including:
- Some of the documents seem very text heavy
- Would be good to either have a cover sheet for each or potentially bullets of what is covered in each section - anything that helps to improve navigation.
- Anything that requires jumping around between sections is problematic.
- Need to be consistent in use of either bullets or ticks (reference to the resource that helps you to decide the right type of PDR template or guidance)
- Needs to be tested on document readers to ensure they are accessible.

22. The feedback from our expert consultant addresses some of this feedback into account to make the document clearer and more accessible. We will take time to analyse the feedback received in detail and to prepare a final version of the layered guidance for Council in May.

Refinements Identified

23. The focus groups identified several refinements to be made before publication, including:

- improving consistency and clarity across templates
- strengthening links between guidance and templates (with the pairing suggestions highlighted in Point 9)
- simplifying the decision-support tool (drawing on the comparison tables earlier in the document as highlighted in Point 10)
- addressing formatting and conversion issues
- removing outdated references (e.g., to the GOsC diary and replacing this with the iO CPD Diary and the GOsC Keeping CPD Records template/workbook)
- providing clearer guidance on audit and reflective practice

24. These refinements will be incorporated into the next iteration of the materials which Council will be asked to agree in May.

Evolving External Context

25. Since the CPD consultation began in early 2025, the wider regulatory landscape has continued to evolve, particularly in relation to EDIB. Two developments are of particular relevance:

The Mann Review on Antisemitism

26. The Mann Review has highlighted the need for stronger action across healthcare to address antisemitism and ensure that professionals understand how

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discrimination based on religion or belief can affect patients and colleagues. This reinforces the importance of ensuring registrants engage meaningfully with EDIB-related learning.

Workforce Race Equity Principles

27. The GOsC has been invited, alongside other health and care regulators, to endorse the Workforce Race Equity Principles, jointly developed by the CQC, GMC, NMC and the NHS Race and Health Observatory. These principles require regulators to:
- name and address racism explicitly
 - embed race equity within standards, policies and regulatory decisions
 - strengthen education and learning approaches to support understanding of structural, institutional and interpersonal racism
 - ensure transparency and accountability in demonstrating progress
28. These principles explicitly include discrimination based on religion or belief, including antisemitism and Islamophobia, and emphasise the need for impactful learning approaches. This creates a clear expectation that regulators take active steps to ensure registrants understand and can apply inclusive, anti-discriminatory practice.

Implications for the CPD Scheme

29. Taken together, the consultation findings, the development and testing of the new resources, and the evolving external context indicate that:
- the layered approach and new resources are broadly supported but will benefit from a little more refinement before publication
 - clearer communication and improved usability will be essential for successful implementation
 - mandatory CPD relating to professional boundaries and EDI is increasingly aligned with sector-wide regulatory expectations
 - the GOsC has an opportunity to strengthen public confidence and support safe, inclusive practice by embedding these requirements within the CPD scheme

Recommendations

1. To agree to recommend to Council that:
 - a. CPD on Professional Boundaries and Inclusive, Welcoming Practice: Equity, Diversity Inclusion and Belonging become mandatory within the CPD scheme.
 - b. the revised CPD guidance, subject to further refinement including the concise, standard and detailed versions, and the adoption of a layered approach is recommended to Council to publish.
2. To note the development and testing of the new CPD resources and the refinements to be incorporated ahead of publication.

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Layered CPD Guidance

- 1. Quick-read version**
- 2. Intermediate version**
- 3. Comprehensive version**

These three documents contain the same guidance, presented at different depths so you can choose the format that suits you

1. Quick-read version

SECTION	KEY INFORMATION
Basic Requirement	<p>90 hours of CPD every 3 years (minimum 45 hours learning with others)</p> <ul style="list-style-type: none"> • Maintains your registration and demonstrates continuing fitness to practise • Must include reflection on learning and impact on practice
What is CPD?	<p>Any learning that maintains, enhances and develops your osteopathic practice:</p> <ul style="list-style-type: none"> • Courses, seminars, e-learning, reading, research • Discussions with colleagues, practice meetings • Mentoring, Peer Discussion Review <p>Critical: Reflection transforms activity into learning – document what you learned and how it changed your practice</p>
Range of Practice	<p>Cover all four themes of the Osteopathic Practice Standards:</p> <ul style="list-style-type: none"> • Theme A: Communication and patient partnership • Theme B: Knowledge, skills and performance • Theme C: Safety and quality in practice • Theme D: Professionalism <p>Must reflect breadth of your work (clinical, teaching, research, management)</p>
Objective Activity	<p>Complete at least one activity with external feedback, then reflect on it:</p> <ul style="list-style-type: none"> • Patient feedback • Peer observation • Clinical audit • Case-based discussion • Patient Reported Outcomes Measures (PROMs) <p>Non-clinical roles: Teaching observations (educators), 360-degree feedback (managers), peer review (researchers)</p> <p>Not currently practising: Case studies with colleagues, simulated activities with feedback</p>
Mandatory CPD (Benefiting Patients)	<p>Complete learning in three mandatory areas</p> <ul style="list-style-type: none"> • Communication and consent • Establishing and maintaining professional boundaries • Equality, diversity, inclusion and belonging (EDIB) <p>These are higher-risk areas – complete early in your cycle if possible</p>

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SECTION	KEY INFORMATION
Keep Records	<p>Document CPD activities and reflections on impact to practice:</p> <ul style="list-style-type: none"> • iO CPD Diary • GOsC Diary template • Own reflective diary • Electronic records (Word, Google Docs, Dropbox) • E-portfolio platforms (Pebblepad, Mahara, etc.) <p>For each activity record: What prompted the learning, what was new/surprising, how it changed your practice, impact on patient care</p>
Peer Discussion Review (PDR)	<p>Towards end of cycle (usually Year 3): 1-1.5 hour structured conversation with peer</p> <p>Your peer can be: Another osteopath or health professional you're comfortable with</p> <p>Find peers through: Educational providers, regional groups, Osteopathic Alliance, Institute of Osteopathy, GOsC</p> <p>Complete PDR template covering how you met all four requirements, strengths, development areas, plans for next cycle</p> <p>Choose your peer early (Year 1 if possible) for ongoing discussions</p>
Annual Registration Renewal	<p>Each year you will be asked to declare:</p> <ul style="list-style-type: none"> • Hours of CPD completed (total and "learning with others") • Which OPS themes covered this year • Whether objective activity completed • Whether mandatory topics completed • Whether peer identified / PDR completed (Year 3) <p>You should keep a record of what you have declared each year for your records</p>
Verification & Audit	<p>GOsC randomly selects 5-10% monthly – approximately 1 in 15 chances of being selected, if completing cycle</p> <p>If selected (28 days to submit):</p> <ul style="list-style-type: none"> • CPD records showing 90 hours (45 learning with others) • Evidence across all four OPS themes • Objective activity documentation and reflection • Evidence of mandatory CPD (communication/consent, boundaries, EDIB) • Completed PDR form (if end of cycle) <p>Purpose: Supportive process focused on learning and improvement, not punishment</p>

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SECTION	KEY INFORMATION
Evidence Examples	<p>Objective activity: Summary of results, completed reflection templates, case discussion notes</p> <p>Mandatory topics: Course certificates, reflection forms, reading notes</p> <p>General CPD: Attendance certificates, meeting notes, study materials, reflective diary entries</p>
Key Principles for Success	<p>Reflect deeply: Document learning prompts, surprises, practice changes, patient impact</p> <p>Plan ahead: Spread activities across cycle, don't leave to Year 3</p> <p>Complete mandatory topics early: Higher-risk areas for patient concerns</p> <p>Identify peer in Year 1: Allows ongoing discussions throughout cycle</p> <p>Be honest: Reflections must be your own work (AI can help format, not create)</p>
Using AI Responsibly	<p>Your CPD records and reflections must be your own work</p> <ul style="list-style-type: none"> • AI may help format or organize thoughts • Reflections must genuinely represent your thinking • Never use general AI tools (ChatGPT) for patient-identifiable information • Ensure AI tools comply with data protection laws if processing any patient info • Always verify AI-generated clinical information against reliable sources
Spreading CPD Across 3 Years	<p>Example approach:</p> <p>Year 1: 30 hours (15 with others) – Objective activity + other activities, identify peer</p> <p>Year 2: 30 hours (15 with others) – Mandatory topics (communication/consent, boundaries, EDIB) + other activities</p> <p>Year 3: 30 hours (15 with others) – Complete coverage of all OPS themes and practice roles + PDR</p> <p>Alternative: Complete all mandatory activities in Year 1, continue self-directed CPD in Years 2-3</p>

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SECTION	KEY INFORMATION
<p>If You Can't Meet Requirements</p>	<p>Contact GOsC as early as possible: cpd@osteopathy.org.uk or +44 (0)20 7357 6655</p> <ul style="list-style-type: none"> • GOsC has statutory power to extend/vary requirements for good reason • Must apply in writing with supporting evidence • Failure to comply without good reason risks registration removal • Don't wait until last minute – we're here to help you succeed
<p>Getting Help & Resources</p>	<p>Email: cpd@osteopathy.org.uk Phone: +44 (0)20 7357 6655 CPD resources: cpd.osteopathy.org.uk Standards: osteopathy.org.uk/standards Templates available: Objective activity reflection, PDR template, keeping records workbook, planning templates</p>
<p>Remember</p>	<p>CPD isn't just about meeting requirements or attending events – it's about thoughtful reflection on your practice, being part of a learning community that puts patients first and continuously improving the quality of osteopathic care through considered professional development.</p>

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2. Intermediate version

What You Need to Know

As a registered osteopath, you must complete **90 hours of CPD every three years** (minimum 45 hours learning with others) to maintain your registration.

CPD is any learning that maintains, enhances and develops your osteopathic practice – courses, seminars, e-learning, reading, discussions with colleagues, mentoring, research, or any activities that advance your practice.

The critical difference: CPD isn't just about attending activities. You must reflect on what you've learned and how it changes your practice. Without reflection, CPD is just attendance. With reflection, it becomes professional growth.

Understanding Reflection

Reflection transforms activities into learning. For every CPD activity, ask yourself:

- What made me choose this activity?
- What challenged my existing thinking?
- How will I apply this learning in my practice?
- What would I do differently next time?
- How has this improved patient care?
- What further learning does this highlight?

Document your answers. This is your reflective record.

The Four Requirements (3-Year Cycle)

1. Range of Practice

Cover all four themes of the Osteopathic Practice Standards:

- **Theme A:** Communication and patient partnership
- **Theme B:** Knowledge, skills and performance
- **Theme C:** Safety and quality in practice
- **Theme D:** Professionalism

Your CPD must also reflect your work breadth – clinical practice, teaching, research, management, or adjunctive therapies you use. Essentially, if you do it as an osteopath, your CPD should cover it.

2. Objective Activity

Complete at least one activity where you receive external feedback about your practice, then reflect on it.

Options include:

- Patient feedback
- Peer observation
- Clinical audit
- Case-based discussion
- Patient Reported Outcome Measures (PROMs)

For non-clinical roles:

- **Educators:** Teaching observations, student feedback, peer review of materials
- **Researchers:** Peer review of papers/proposals, conference feedback
- **Managers:** Annual appraisal feedback, 360-degree feedback

Not currently practicing? Use case studies with colleagues, simulated activities with feedback, or peer discussions about clinical scenarios to keep skills current.

Key point: It's not just gathering feedback – it's deeply reflecting on what it tells you and how you'll act on it.

3. CPD Benefiting Patients (Mandatory Topics)

Complete learning in these three areas:

1. **Communication and consent**
2. **Establishing and maintaining professional boundaries**
3. **Equality, diversity, inclusion and belonging (EDIB)**

These are higher-risk areas for patient concerns. We strongly recommend completing these early in your cycle, even if you're partway through when this guidance comes into effect.

Reflect on how this learning has improved your patient interactions and care quality.

4. Keep Records

Document your CPD activities and reflections showing:

- What prompted this learning
- What you learned that was new or surprising
- How this changed your approach
- The impact on patient care

Recording options:

- iO CPD Diary
 - GOsC Diary template
 - Your own reflective diary
 - Electronic records (Word, Google Docs, Dropbox)
 - E-portfolio platforms (Pebblepad, Mahara, Padlet)
 - Paper records
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The Peer Discussion Review

When: Towards the end of your three-year cycle (usually Year 3)

What: A 1-1.5 hour structured conversation with a peer about how you've met all four requirements

Who can be your peer:

- Another osteopath (someone you work with, know, or don't know)
- Another health professional

Finding a peer:

- Educational providers
- Regional groups or advanced practice societies
- Osteopathic Alliance members
- Ask the Institute of Osteopathy or GOsC for help

Choose your peer early (ideally Year 1) so you can discuss learning throughout your cycle, rather than having one conversation at the end.

The PDR Template

We provide a template to guide your discussion. It's designed to be brief – not a lengthy document. Following your discussion, complete it together, covering:

- How you've met each of the four standards
- Strengths identified
- Areas for development
- Plans for your next cycle

Your peer signs off each standard and provides an overall declaration that you've met the requirements.

Important: The PDR focuses heavily on your reflections. Your peer wants to understand not just what you did, but how you thought about your learning and how it influenced your practice.

Download the template at: cpd.osteopathy.org.uk/resources

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Planning Your Three Years

You must complete all requirements by the end of Year 3. You can structure this however works for you, but here's a recommended approach:

Year 1:

- 30 hours CPD (15 with others)
- Complete your objective activity
- Identify your peer
- Start on mandatory topics if you wish

Year 2:

- 30 hours CPD (15 with others)
- Complete mandatory topics (communication/consent, boundaries, EDIB)
- Continue covering OPS themes

Year 3:

- 30 hours CPD (15 with others)
- Ensure all OPS themes covered
- Ensure all aspects of your practice covered
- Complete Peer Discussion Review

Alternative approach: Complete all mandatory requirements in Year 1, then continue with self-directed CPD in Years 2-3. The key is meeting all requirements by the end of Year 3.

What Counts as "Learning with Others"?

Activities involving interaction (giving and receiving information) with osteopaths, healthcare practitioners, or other professionals:

- Courses and seminars (in-person or online)
- Practice meetings
- Webinars with discussion
- Mentoring relationships
- Case discussions with colleagues

The interaction is the key element, not the location.

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Annual Registration Renewal

Each year, you'll declare:

- Hours of CPD completed (total and "learning with others")
- Which OPS themes covered in the past year
- Whether objective activity completed
- Whether mandatory topics completed
- Whether peer identified
- Whether PDR completed (Year 3)

The GOsC uses this to confirm you're on track. You can show these confirmations to your peer during your PDR.

You should keep a record of what you have declared each year for your records.

Verification and Audit

Who: GOsC randomly selects 5-10% of osteopaths monthly **Your chances:** Approximately 1 in 15 if completing your cycle

If You're Selected

You'll receive an email requesting evidence within 28 days:

- CPD records showing 90 hours (45 learning with others)
- Evidence across all four OPS themes
- Objective activity documentation and reflection
- Evidence of mandatory CPD
- Completed PDR form (if end of cycle)

Evidence examples:

- Course certificates
- Meeting notes
- Your reflective diary/log
- Objective activity summaries (feedback analysis, audit results)
- PDR template

The Process

- We review your evidence within 4-6 weeks
- We may contact you for clarification
- You'll receive feedback and confirmation of compliance
- If gaps exist, we'll work with you to address them

This is a supportive process focused on learning and improvement, not punishment. Contact us immediately if you have concerns about providing evidence.

Why We Verify

To ensure the scheme works effectively, identify where osteopaths need support, provide scheme feedback, and maintain public confidence in osteopathic standards.

Using AI Responsibly

Your CPD records and reflections must be your own work. AI tools may help format or organize thoughts, but reflections must genuinely represent your thinking.

Critical considerations:

- **Data protection:** Never use general AI tools (ChatGPT, etc.) for patient-identifiable information. Only use AI tools that comply with data protection laws and have appropriate security measures.
- **Fact-checking:** Always verify AI-generated clinical information against reliable sources before applying it to practice.

More information: osteopathy.org.uk/standards/guidance-for-osteopaths/artificial-intelligence

If You Can't Meet Requirements

Contact the GOsC **as soon as possible** during your cycle if exceptional circumstances prevent completion.

The GOsC has statutory power to extend or vary the three-year requirement if there's good reason. Apply in writing with supporting evidence.

Failure to comply without good reason puts your registration at risk of removal.

Don't wait until the last minute – we're here to help you succeed.

Key Success Principles

1. **Reflect deeply** – Document not just what you did, but what you learned and how it changed your practice
 2. **Plan ahead** – Spread activities across your cycle; don't leave everything to Year 3
 3. **Complete mandatory topics early** – These are higher-risk areas identified from patient concerns
 4. **Identify your peer in Year 1** – Enables ongoing discussions throughout your cycle
 5. **Be proportionate** – Your CPD should reflect how you spend your professional time
 6. **Keep evidence as you go** – Don't try to reconstruct three years of learning at the end
 7. **Be honest** – Your reflections must be your own work, genuinely representing your thinking
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Getting Support

Email: cpd@osteopathy.org.uk

Phone: +44 (0)20 7357 6655

Resources: cpd.osteopathy.org.uk

Standards: osteopathy.org.uk/standards

Templates available at cpd.osteopathy.org.uk/resources:

- Objective Activity Reflection Template
 - Peer Discussion Review Template
 - Keeping Records Workbook
 - Planning Templates
-

Remember

CPD isn't just about meeting requirements or attending events. It's about:

- **Thoughtful reflection** on your practice
- Being part of a **learning community** that puts patients first
- **Continuously improving** the quality of osteopathic care

The three mandatory topics (communication/consent, boundaries, EDIB) have been identified as higher-risk areas from patient concern data. Completing these demonstrates your commitment to patient safety and high-quality care.

Your CPD cycle dates are individual to you – find them on the ozone. Start planning now, identify your peer early, and contact us if you need any support.

This guidance is effective from [date]. We strongly recommend that even if you're partway through your CPD cycle when this guidance comes into force, you complete each of the mandatory activities before your cycle ends, as these have been identified as higher-risk areas for concerns.

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3. Comprehensive version

Introduction

This guidance supports osteopaths in meeting the General Osteopathic Council (GOsC) Continuing Professional Development (CPD) scheme requirements.

The CPD scheme is designed to promote engagement, professional support, discussion and 'learning communities' within osteopathy to support high quality patient care and patient safety.

What is CPD?

CPD is any learning that helps you maintain and improve your osteopathic practice or roles (and this includes your preparation for and doing the peer discussion review as a peer or an osteopath).

CPD helps you to

- stay up to date
- develop your skills
- provide the best possible care for patients and supports excellence in osteopathy, whatever your role
- plan to take on different roles including as an educator, a researcher, or as a more senior member of the team supporting colleagues
- support a successful return to practice if you have taken time out.

Crucially, CPD is not just about attending activities – you must reflect on what you've learned and how it changes the way you practice or prepares you for future practice. Reflecting on your activities with colleagues

Every three years, you **must** complete **90 hours of CPD** (with at least 45 hours involving learning with others) and declare this in your registration renewal to maintain your registration.

Key Terms Explained

Osteopathic practice: All aspects of your work as a registered osteopath – treating patients, teaching, research, management, or any role where your osteopathic qualification is relevant.

Proportionate to practice: Your learning should reflect all aspects of your professional time. For example, if you work 80% clinically and 20% teaching, your CPD should cover both of these areas and you should be able to explain how you are keeping up to date in both. .

Activities that benefit patients: Learning that directly improves patient care, safety, and experience. The three mandatory areas (communication/consent, boundaries, EDIB) have been identified from patient concern data both within and outside osteopathy as particularly important.

Impact on others: How your communication style, emotional responses, and behaviour affect patients, colleagues, and healthcare teams – and developing awareness to ensure this impact is positive.

Reflection: The Heart of CPD

Reflection is what transforms activities into learning and impact. For every CPD activity you undertake, you must:

- Reflect on your learning needs before starting
- Consider what you've learned during the activity
- Analyse how this learning will change your practice
- Review the impact on your patient care

Without reflection, CPD becomes just attendance. With reflection, it becomes professional growth.

Questions to Guide Your Reflection:

- What made me choose this CPD activity?
- What challenged my existing thinking?
- How will I apply this learning in my practice?
- What would I do differently if I encountered this situation again?
- How has this improved the care I provide to patients?
- What further learning does this highlight?

Using AI responsibly

Your CPD records and reflections must be your own work. While AI tools may help you format or organise your thoughts, your reflections must genuinely represent your own thinking about your practice and learning.

Some important considerations when using AI:

- **Data protection:** Ensure any AI tools that process patient information comply with data protection laws and have appropriate security measures. Do not enter patient identifiable information into general AI tools (like ChatGPT, Google Gemini or Claude.Ai).
- **Fact-checking:** Always verify AI-generated information against reliable sources before applying it to your practice.

For more information on using AI in osteopathic practice, see our guidance at:

osteopathy.org.uk/standards/guidance-for-osteopaths/artificial-intelligence

Building a Supportive Learning Culture

CPD works best when osteopaths support each other's learning. This means creating an environment where you can discuss your practice openly and learn from colleagues.

How You Can Contribute

Be genuinely interested in learning

- Approach CPD activities with curiosity
- Help colleagues feel valued when they share their experiences
- Be open about your own learning needs

Create safe spaces for discussion

- Share details of your practice honestly
- Give and receive constructive feedback respectfully
- Learn from every interaction with colleagues and patients

Take a proactive approach

- Encourage opportunities to engage with colleagues
- Value the knowledge and insights that others bring
- Learn from both formal and informal interactions

Our CPD Scheme Aims

By working together, we can:

Inspire and influence others – Create benefits for patients, practitioners, and colleagues both within and outside osteopathy

Stay alert to change – Keep up with changes in society, healthcare practices, and patient expectations to ensure our services remain relevant and effective

Develop excellent interpersonal skills – Recognize how your communication style, emotional responses, and professional behaviours affect patients, colleagues, and other healthcare professionals. This includes understanding when stress, frustration, or personal circumstances might impact your professional relationships and patient care.

This collaborative approach puts patients at the heart of everything we do, ensuring high-quality care and patient safety across the profession.

Your 3-Year CPD Cycle

Understanding Your Cycle Dates

Your CPD cycle dates are individual to you and are based on your initial registration or renewal dates. You can find your specific start and end dates on the ozone.

The Four Requirements You Must Meet

Over three years, you must complete:

1. Range of Practice You must cover all four themes of the Osteopathic Practice Standards:

- Communication and patient partnership
- Knowledge, skills and performance
- Safety and quality in practice
- Professionalism

Your CPD must also reflect the breadth of your work as an osteopath and aim to be proportionate to your practice. This includes keeping up to date with adjunctive therapies you may use, as well as osteopathic clinical practice. It must also include activities related to education, research, or management, depending on your roles.

You must reflect on how activities across all four themes have enhanced your understanding and improved your practice in each area.

2. Objective Activity You must complete at least one objective activity where you get external feedback about your practice, then analyse and reflect on it. This could be:

- Patient feedback
- Peer observation
- Clinical audit
- Case-based discussion
- Patient Reported Outcome Measures (PROMs)

The key is not just gathering feedback but deeply reflecting on what it tells you about your practice and how you will act on these insights.

Objective Activities for Non-Clinical Roles

If you're working in a non-clinical role, you can still complete objective activities that are relevant to your osteopathic practice. The key is ensuring the activity relates to you being an osteopath and provides external feedback you can reflect on.

Questions to guide you:

- Does what you're doing relate to you being an osteopath, even if it's not a patient-facing role?
- If so, how might you seek objective feedback on your performance in this role?
- How does this feedback help you develop as an osteopath?

If you're an educator:

- Undergo a teaching observation where you're observed delivering teaching
- Seek feedback from students or fellow educators on your teaching performance
- Request peer review of educational materials you've developed

If you're a researcher:

- Seek feedback from fellow researchers on your research methods or outputs
- Undergo peer review of research proposals or papers
- Request feedback on presentations at research conferences

If you're in a management role:

- Use your annual appraisal to get objective feedback on performance against set goals
- Seek 360-degree feedback from colleagues and direct reports
- Request feedback on specific management projects or initiatives

If you're not currently working as an osteopath:

If you're taking time out but intend to return to practice, you could:

Work through case studies with a colleague to help keep your clinical reasoning skills current

- Participate in simulated activities that provide feedback on what you would do when treating patients
- Engage in peer discussions about clinical scenarios

The aim is to keep your skills and knowledge current with a view to returning to practice. Your objective activity should demonstrate you're maintaining your professional competence even while not actively practicing.

Important note: If you're considering any practical activities (such as examination or treatment practice with a colleague), ensure you have appropriate registration status and insurance cover for the activity you're undertaking.

3. CPD Benefiting Patients You must complete learning in these areas:

- Communication and consent
- Establishing and maintaining professional boundaries
- Inclusive practice: Equality, diversity, inclusion and belonging (EDIB)

These areas have been identified from data about patient concerns, so they're particularly important for maintaining trust and providing excellent care.

Why these activities benefit patients: Continuing to focus on communication and consent helps you involve patients in decisions about their care. Continuing to reflect on the complexities of navigating professional boundaries with patients and helps your patients and you to feel safe. EDIB learning ensures that you can demonstrate to the public and to your patients that you provide inclusive, respectful care to all, regardless of their background.

You must reflect on how your learning in these areas has improved your patient interactions and enhanced the quality of care you provide.

4. Keep Records You must document your CPD activities and, most importantly, reflect on how they've improved your practice. Your records should show your thinking process – what you learned, how it challenged or confirmed your existing practice, and what changes you've made as a result.

Peer Discussion Review

Towards the end of your cycle, you must complete a Peer Discussion Review – a structured conversation with a peer (another osteopath or registered health professional) about your CPD. This usually takes about 1-1.5 hours and covers how you've met all four requirements.

This provides an opportunity for a respectful and supportive conversation about practice in a safe space where you can be open and honest about your learning journey.

The Peer Discussion Review focuses heavily on your reflections. Your peer will want to understand not just what you did, but how you thought about your learning and how it influenced your practice. Be prepared to discuss your reflective process as much as your activities.

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Using the Peer Discussion Review Template

We provide a Peer Discussion Review template to guide your discussion. This is designed to be a brief template that structures the conversation between you and your peer – it's not meant to be a lengthy document.

You must complete the template following your discussion. The template requires:

- Basic information about you, your peer, and the review arrangements
- Brief evidence that you've met each of the four CPD standards
- Your peer's confirmation that you've completed your CPD cycle
- A summary of strengths and areas for development
- Planning for your next CPD cycle

The template focuses on the key points of your discussion rather than extensive detail. Your peer will confirm that you have met the CPD requirements.

You can find the template and guidance on completing it at cpd.osteopathy.org.uk/resources

Planning Your CPD Across Three Years

You must complete all requirements by the end of your three-year cycle and you have the freedom to choose how you do this. Here's an example of how you might structure this:

Example Year-by-Year Breakdown

Year 1	Year 2	Year 3
30 hours CPD (15 hours learning with others)	30 hours CPD (15 hours learning with others)	30 hours CPD (15 hours learning with others)
Objective activity analysis and reflection, plus other activities. Identify your intended peer.	CPD in communication and consent, professional boundaries, and EDIB, plus other activities.	CPD across all OPS themes and all aspects of your practice, plus complete Peer Discussion Review.
Registration Renewal: Declare hours completed and elements completed. GOSc confirms you're on track.	Registration Renewal: Declare hours completed and elements completed. GOSc confirms you're on track.	Registration Renewal: Confirm that Peer Discussion Review has been completed (no need to submit unless this is requested by the registration team). Move to next cycle or receive warning if incomplete.
Reflection Focus: What are my learning priorities this year? How will I measure the impact of my CPD?	Reflection Focus: How has my practice evolved? What gaps still exist?	Reflection Focus: How has my three-year learning journey changed me as an osteopath? What are my priorities for the next cycle?

You may choose to complete all mandatory activities in Year 1 and continue with other activities in Years 2 and 3, but you must ensure all requirements are met by the end of Year 3.

What Counts as "Learning with Others"?

CPD "learning with others" must involve interaction (both giving and receiving information) with osteopaths, healthcare practitioners, or other professionals. This can be:

- Courses and seminars
- Practice meetings
- Online discussions and webinars
- Mentoring (as mentor or mentee)
- Case discussions with colleagues

The key element is the interaction with others, which may be online or in person.

Choosing Your Peer

You must select someone you're comfortable discussing your practice with openly. This could be:

- An osteopath you work with
- An osteopath you know but don't work with directly
- An osteopath you don't know
- Another health professional

You can find peers through:

- Educational providers
- Regional groups or advanced practice societies
- Members of the Osteopathic Alliance
- Through the Institute of Osteopathy Peer Matching Platform
- Ask the Institute of Osteopathy, the GOsC, or other organizations to help identify a peer

We recommend identifying your peer early in the cycle so you can discuss your learning throughout.

Recording Your CPD

You must keep a record of your CPD that shows you have completed a three-year cycle of a minimum of 90 hours, including a minimum of 45 hours of "learning with others" and all required elements.

Your CPD records must include evidence of reflection. For each activity, document:

- What prompted you to undertake this learning
- What you learned that was new or surprising
- How this has changed your approach to practice
- The impact on patient care or professional relationships

You can use:

- iO CPD DiaryGOsC Diary template
- Your own reflective diary
- Paper records containing CPD evidence
- Electronic records (MS Word, Apple Pages, Google Doc, Dropbox, Google Drive)
- E-portfolio platforms (Pebblepad, Folio Spaces, Padlet, Mahara)

Annual Registration Renewal

Each year when you renew your registration, you must declare:

- The number of hours of CPD completed in the past year
- The number of hours in the category "learning with others"
- Which of the four themes of the OPS covered
- Whether an objective learning activity has been completed
- Which mandatory topics have been completed
- Whether you have identified your peer
- Whether your Peer Discussion Review has been completed

Example Annual Renewal Declaration

Here's what the CPD section of your annual renewal looks like:

"You are required, over 3 years, to undertake 90 hours CPD of which a minimum of 45 hours must be learning with others. Over 3 years you will need to ensure you have undertaken activities across the four themes of the Osteopathic Practice Standards, an objective activity, an activity focused on communication and consent, and a peer discussion review towards the end of the three-year cycle."

In the past renewal year, I have undertaken: [32] hours of CPD, of which [18] hours are in the category of learning with others.

I have undertaken activities which cover: Osteopathic Practice Standards Theme A Osteopathic Practice Standards Theme B Osteopathic Practice Standards Theme C Osteopathic Practice Standards Theme D Objective activity Communication and consent I have identified my peer I have completed and recorded my peer discussion review

CPD Verification and Audit Process

Who gets audited and when?

We randomly select 5 to 10% of osteopaths each month to look at evidence of their CPD. This means if you're completing your cycle, you have approximately a 1 in 15 chance of being selected for verification.

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What happens if you're selected?

You'll receive an email asking you to submit evidence of your CPD activities within 28 days. The letter will outline what we will ask for. It may be one or more of the following:

- Your CPD records showing 90 hours completed (45 hours learning with others)
- Evidence of activities across all four OPS themes
- Documentation of your objective activity and reflection
- Evidence of mandatory CPD (communication/consent, boundaries, EDIB)
- Your completed Peer Discussion Review form

What evidence do you need to provide?

- Course certificates or attendance confirmations
- Notes from practice meetings or discussions
- Your reflective diary or CPD log
- Objective activity documentation (e.g., patient feedback summary, audit results)
- Any other records that demonstrate your learning and reflection

The review process:

- We'll review your evidence within 4-6 weeks
- We may contact you for clarification or additional information
- You'll receive feedback on your CPD and confirmation of compliance
- If there are gaps, we'll work with you to address them

Why we verify:

This process helps us:

- Ensure the CPD scheme is working effectively
- Identify where osteopaths need more support or resources
- Provide feedback to improve the scheme
- Maintain public confidence in osteopathic standards

Support during verification:

Remember, this is a supportive process. If you're selected:

- Contact us immediately if you have concerns about providing evidence
- We're here to help you understand what's needed
- The focus is on learning, support and improvement, not punishment

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What if there are issues?

If your evidence shows gaps in your CPD:

- We'll discuss what additional learning is needed
- You'll have the opportunity to complete missing requirements
- We'll agree on a reasonable timeline for completion
- Only persistent non-compliance after support leads to regulatory action

Difficulty Meeting Requirements

If exceptional circumstances will prevent you from complying, you must notify the GOsC as soon as possible during your CPD cycle.

The GOsC has statutory power to extend or vary the three-year CPD requirement if there is good reason. If you wish to make such an application, you must do so in writing providing supporting evidence.

Failure to comply with CPD requirements, without good reason, puts you at risk of having your registration removed.

Getting Support

If you're struggling to meet requirements, contact us early. Don't wait until the last minute – we're here to help you succeed.

Need help?

- Email: cpd@osteopathy.org.uk
- Phone: +44 (0)20 7357 6655
- Resources: cpd.osteopathy.org.uk

Remember: CPD isn't just about meeting requirements or attending events. It's about thoughtful reflection on your practice, being part of a learning community that puts patients first and continuously improving the quality of osteopathic care through considered professional development.

This guidance is effective from [date]. We strongly recommend that even if you are partway through your CPD cycle when this guidance comes into force, you complete each of the mandatory activities before your cycle ends, as these have been identified as higher risk areas for concerns.

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Annex D: Illustrative example of refined guidance (work in progress)

Continuing Professional Development Guidance - three versions

- 4. Concise version**
- 5. Standard version**
- 6. Detailed version**

These three versions contain the same guidance.

They offer options varying in length and detail.

You can choose the format that suits you.

Version 1: Concise - Essentials Only

Your Core Requirement (3-Year Cycle)

You must complete:

- 90 hours of CPD over three years.
- At least 45 hours' learning with others.
- CPD across all four Osteopathic Practice Standards (OPS) themes.
- One objective activity (external feedback).
- Learning in three mandatory topics.
- A Peer Discussion Review (PDR) at the end of the cycle.
- Reflection on every activity.

Osteopathic Practice Standards (OPS) Themes

Theme A - Communication and patient partnership.

Theme B - Knowledge, skills and performance.

Theme C - Safety and quality in practice.

Theme D - Professionalism.

Mandatory Topics (Higher-Risk Areas)

- Communication and consent.
- Professional boundaries.
- Equality, diversity, inclusion and belonging (EDIB).

Objective Activity (External Feedback)

You must complete at least one activity where someone else gives you feedback.

- Patient feedback.
- Peer observation.

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- Clinical audit.
- Case-based discussion.
- Patient Reported Outcome Measures (PROMs).

Peer Discussion Review (PDR)

A structured 1-1.5-hour conversation with a peer in Year 3.

Choose your peer early (ideally Year 1).

Using AI Responsibly

Use AI only to organize or format your records, not to generate content.

Do not input any information that could identify patients.

If you can't meet CPD requirements

Contact GOsC as early as possible: cpd@osteopathy.org.uk
or +44 (0)20 7357 6655

GOsC can extend or vary requirements for good reason.

GOsC can make “reasonable adjustments” to requirements.

Be aware that failure to comply without good reason risks registration removal.

Don't wait until last minute - we're here to help you succeed.

Verification

The GOsC carries out random checks of CPD evidence.

If selected, you will have 28 days to submit evidence.

The process is supportive and focused on improvement, not punishment.

Help and support

Email: cpd@osteopathy.org.uk

Phone: +44 (0)20 7357 6655

Resources: cpd.osteopathy.org.uk

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Standards: osteopathy.org.uk/standards

Templates available at cpd.osteopathy.org.uk/resources:

- Objective Activity Reflection Template
- Peer Discussion Review Template
- Keeping Records Workbook
- Planning Templates

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Version 2: Standard Guidance - Explanation and Examples

What You Need to Know

As a registered osteopath, you must complete 90 hours of Continuing Professional Development (CPD) every three years.

At least 45 hours must involve learning with others.

You must declare your CPD annually at registration renewal to maintain your registration.

What CPD Means

CPD is any learning that maintains, enhances, or develops your osteopathic practice.

This includes clinical work and non-clinical roles such as teaching, research, management, or adjunctive therapies.

Examples include:

- Courses and seminars.
- E-learning.
- Reading and research.
- Practice meetings.
- Discussions with colleagues.
- Mentoring relationships.
- Preparing for or participating in a Peer Discussion Review.

Critical point: CPD only counts when you reflect on what you learned and how it changed your thinking or practice.

Understanding Reflection (Keep It Manageable)

Reflection transforms activity into learning.

For every CPD activity, ask yourself:

- Why did I choose this activity?
- What did I learn or reconsider?
- How does this improve patient care, safety, or professional practice?

If helpful, also consider:

- What would I do differently next time?
- What further learning does this highlight?

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Reflection does not need to be academic writing. Bullet points are acceptable.

The Four Requirements (Three-Year Cycle)

1. Range of Practice

Across the three-year cycle, your CPD must include all four themes of the Osteopathic Practice Standards (OPS):

Theme A - Communication and patient partnership.

Theme B - Knowledge, skills and performance.

Theme C - Safety and quality in practice.

Theme D - Professionalism.

Your CPD must reflect the breadth of your professional work and be proportionate to how you divide your time.

2. Objective Activity (External Feedback)

You must complete at least one activity involving feedback from others, and you must reflect on it.

Examples include:

- Patient feedback.
- Peer observation.
- Clinical audit.
- Case-based discussion.
- Patient Reported Outcome Measures (PROMs).

For non-clinical roles, suitable alternatives include teaching observation, peer review of research, conference feedback, or appraisal feedback.

The key requirement is analysis and reflection on what the feedback tells you and how you will act on it.

3. Mandatory CPD (Benefiting Patients)

You must complete learning in all three of the following areas:

- Communication and consent.
- Establishing and maintaining professional boundaries.
- Equality, diversity, inclusion and belonging (EDIB).

These topics are identified from patient concern data and are considered higher-risk areas.

4. Peer Discussion Review (PDR)

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Towards the end of your cycle (usually Year 3), you must complete a structured 1-1.5 hour discussion with a peer.

Your peer can be another osteopath or a registered health professional.

You must complete the PDR template together, covering how you met each requirement, your strengths, development areas, and plans for the next cycle.

Annual Registration Renewal

Each year you must declare:

- Total CPD hours completed.
- Learning-with-others hours.
- OPS themes covered that year.
- Objective activity status.
- Mandatory topics status.
- Peer identified (Years 1-2) / PDR completed (Year 3).

Using AI Responsibly

Your CPD records and reflections must be your own work. Your reflections must represent your own thinking.

AI tools may help format or organise your thoughts, but reflections must genuinely represent your thinking.

Critical considerations:

Data protection: Never use general AI tools (ChatGPT, etc.) for patient-identifiable information. Only use AI tools that comply with data protection laws and have appropriate security measures.

Fact-checking: Always verify AI-generated clinical information against reliable sources before applying it to practice.

More information: osteopathy.org.uk/standards/guidance-for-osteopaths/artificial-intelligence

If You Can't Meet CPD Requirements

Contact the GOsC as soon as possible during your cycle if exceptional circumstances prevent completion.

The GOsC has statutory power to extend or vary the three-year requirement if there's good reason. Apply in writing with supporting evidence.

GOsC can make "reasonable adjustments" to requirements.

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Be aware that failure to comply without good reason risks registration removal.

Don't wait until last minute - we're here to help you succeed.

Failure to comply without good reason puts your registration at risk of removal.

Don't wait until the last minute - we're here to help you succeed

Verification

The GOsC randomly selects 5-10% of osteopaths each month for verification.

If selected, you will have 28 days to submit evidence.

The process is supportive and focused on improvement, not punishment.

Help and support

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Templates available at www.cpd.osteopathy.org.uk/resources:

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- Peer Discussion Review Template
- Keeping Records Workbook
- Planning Templates

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Version 3: Detailed - Full Context and Comprehensive Detail

Introduction

This guidance supports osteopaths in meeting the General Osteopathic Council (GOsC) CPD scheme requirements.

The CPD scheme promotes engagement, professional discussion, peer support, and high-quality patient care.

Legal Requirement

Every three years you must complete:

- 90 hours of CPD.
- At least 45 hours involving learning with others.
- CPD across all four Osteopathic Practice Standards themes.
- One objective activity involving external feedback.
- Learning in three mandatory areas.
- A Peer Discussion Review (PDR).
- Reflection on all activities.

What CPD Is Designed to Do

The CPD scheme aims to:

- Maintain safe and effective practice.
- Encourage professional discussion and learning communities.
- Support patient safety and public confidence.
- Help osteopaths adapt to new roles and changing expectations.

Key Terms Explained

Osteopathic practice: All aspects of your work as a registered osteopath, including clinical and non-clinical roles.

Proportionate to practice: Your CPD should reflect how you divide your professional time.

Activities that benefit patients: Learning that directly improves care, safety, and experience.

Impact on others: How your communication, behaviour, and professional decisions affect patients and colleagues.

Reflection - The Core of CPD

Reflection is what transforms activity into meaningful professional development.

For every CPD activity, you must consider:

- Your learning needs before starting.
- What you learned during the activity.
- How this learning changes your practice.
- The impact on patient care and professional relationships.

The Four Requirements (Three-Year Cycle)

1. Range of Practice

Across the three-year cycle, your CPD must include all four themes of the Osteopathic Practice Standards (OPS):

Theme A - Communication and patient partnership.

Theme B - Knowledge, skills and performance.

Theme C - Safety and quality in practice.

Theme D - Professionalism.

Your CPD must reflect the breadth of your professional work and be proportionate to how you divide your time.

2. Objective Activity (External Feedback)

You must complete at least one activity involving feedback from others, and you must reflect on it.

Examples include:

- Patient feedback.

- Peer observation.
- Clinical audit.
- Case-based discussion.
- Patient Reported Outcome Measures (PROMs).

For non-clinical roles, suitable alternatives include teaching observation, peer review of research, conference feedback, or appraisal feedback.

The key requirement is analysis and reflection on what the feedback tells you and how you will act on it.

3. Mandatory CPD (Benefiting Patients)

You must complete learning in all three of the following areas:

- Communication and consent.
- Establishing and maintaining professional boundaries.
- Equality, diversity, inclusion and belonging (EDIB).

These topics are identified from patient concern data and are considered higher-risk areas.

4. Peer Discussion Review (PDR)

Towards the end of your cycle (usually Year 3), you must complete a structured 1-1.5 hour discussion with a peer.

Your peer can be another osteopath or a registered health professional.

You must complete the PDR template together, covering how you met each requirement, your strengths, development areas, and plans for the next cycle.

Objective Activity - External Feedback

You must complete at least one objective activity involving external feedback.

Examples include:

- Patient feedback.
- Peer observation.
- Clinical audit.

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- Case-based discussion.
- Patient Reported Outcome Measures (PROMs).

For non-clinical roles, suitable options include teaching observation, peer review of research outputs, conference feedback, appraisal feedback, or 360-degree feedback.

The key requirement is reflection and analysis of what the feedback shows about your practice.

Mandatory Topics - Higher-Risk Areas

- Communication and consent.
- Professional boundaries.
- Equality, diversity, inclusion and belonging (EDIB).

These areas are identified from patient concern data and are considered particularly important for maintaining trust and safety.

You must reflect on how learning in these areas improves your patient interactions and professional judgement.

Peer Discussion Review (PDR)

Towards the end of your cycle, you must complete a structured discussion with a peer.

This discussion typically lasts 1-1.5 hours.

You will review:

- How you met each CPD requirement.
- Your reflections and learning journey.
- Strengths identified.
- Areas for development.
- Plans for the next cycle.

Your peer confirms that you have met the CPD requirements.

Recording Your CPD

You must maintain records that demonstrate:

- Completion of 90 hours over three years.
- At least 45 hours involving learning with others.
- Coverage of all four OPS themes.
- Completion of one objective activity.
- Completion of the three mandatory topics.
- Completion of the PDR (at the end of the cycle).

For each activity, your record should include:

- What prompted the learning.
- What you learned that was new or surprising.
- How your approach changed.
- The impact on patient care or professional relationships.

Planning Your CPD Across Three Years

You must complete all requirements by the end of your three-year cycle and you have the freedom to choose how you do this. Here's an example of how you might structure this:

Example Year-by-Year Breakdown

You may choose to complete all mandatory activities in Year 1 and continue with other activities in Years 2 and 3, but you must ensure all requirements are met by the end of Year 3.

Year 1	Year 2	Year 3
30 hours CPD (15 hours learning with others)	30 hours CPD (15 hours learning with others)	30 hours CPD (15 hours learning with others)
Objective activity analysis and reflection, plus other activities. Identify your intended peer	CPD in communication and consent, professional boundaries, and EDIB, plus other activities.	CPD across all OPS themes and all aspects of your practice, plus complete Peer Discussion Review.

<p>Registration Renewal: Declare hours completed and elements completed. GOsC confirms you're on track.</p>	<p>Registration Renewal: Declare hours completed and elements completed. GOsC confirms you're on track.</p>	<p>Registration Renewal: Confirm that Peer Discussion Review has been completed (no need to submit unless this is requested by the registration team). Move to next cycle or receive warning if incomplete.</p>
<p>Reflection Focus: What are my learning priorities this year? How will I measure the impact of my CPD?</p>	<p>Reflection Focus: How has my practice evolved? What gaps still exist?</p>	<p>Reflection Focus: How has my three-year learning journey changed me as an osteopath? What are my priorities for the next cycle?</p>

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You may choose to complete all mandatory activities in Year 1 and continue with other activities in Years 2 and 3, but you must ensure all requirements are met by the end of Year 3.

Using AI Responsibly

Your CPD records and reflections must be your own work. AI tools may help format or organise thoughts, but reflections must genuinely represent your thinking.

Critical considerations:

Data protection: Never use general AI tools (ChatGPT, etc.) for patient-identifiable information. Only use AI tools that comply with data protection laws and have appropriate security measures.

Fact-checking: Always verify AI-generated clinical information against reliable sources before applying it to practice.

More information: osteopathy.org.uk/standards/guidance-for-osteopaths/artificial-intelligence

Annual Registration Renewal

Each year you must declare:

- Total CPD hours completed.
- Learning-with-others hours.
- OPS themes covered that year.
- Objective activity status.
- Mandatory topics status.
- Peer identified (Years 1-2) / PDR completed (Year 3).

If You Can't Meet CPD Requirements

Contact the GOsC as soon as possible during your cycle if exceptional circumstances prevent completion.

The GOsC has statutory power to extend or vary the three-year requirement if there's good reason. Apply in writing with supporting evidence.

Failure to comply without good reason puts your registration at risk of removal.

Don't wait until the last minute - we're here to help you succeed.

Verification and Audit

Who gets audited and when?

We randomly select 5 to 10% of osteopaths each month to look at evidence of their CPD. This means if you're completing your cycle, you have approximately a 1 in 15 chance of being selected for verification.

What happens if you're selected?

You'll receive an email asking you to submit evidence of your CPD activities within 28 days. The letter will outline what we will ask for. It may be one or more of the following:

- Your CPD records showing 90 hours completed (45 hours learning with others).
- Evidence of activities across all four OPS themes.
- Documentation of your objective activity and reflection.
- Evidence of mandatory CPD (communication/consent, boundaries, EDIB).
- Your completed Peer Discussion Review form.

What evidence do you need to provide?

- Course certificates or attendance confirmations.
- Notes from practice meetings or discussions.
- Your reflective diary or CPD log.
- Objective activity documentation (e.g., patient feedback summary, audit results).
- Any other records that demonstrate your learning and reflection

The review process:

We'll review your evidence within 4-6 weeks.

We may contact you for clarification or additional information.

You'll receive feedback on your CPD and confirmation of compliance.

If there are gaps, we'll work with you to address them.

Why we verify:

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This process helps us:

- Ensure the CPD scheme is working effectively
- Identify where osteopaths need more support or resources
- Provide feedback to improve the scheme
- Maintain public confidence in osteopathic standards

Support during verification:

Remember, this is a supportive process. If you're selected:

- Contact us immediately if you have concerns about providing evidence.
- We're here to help you understand what's needed.
- The focus is on learning, support and improvement, not punishment.
- What if there are issues?

If your evidence shows gaps in your CPD:

- We'll discuss what additional learning is needed
- You'll have the opportunity to complete missing requirements
- We'll agree on a reasonable timeline for completion
- Only persistent non-compliance after support leads to regulatory action

Key Success Principles

1. Reflect deeply - Document not just what you did, but what you learned and how it changed your practice.
2. Plan ahead - Spread activities across your cycle; don't leave everything to Year 3.
3. Complete mandatory topics early - These are higher-risk areas identified from patient concerns.
4. Identify your peer in Year 1 - Enables ongoing discussions throughout your cycle.
5. Be proportionate - Your CPD should reflect how you spend your professional time.
6. Keep evidence as you go - Don't try to reconstruct three years of learning at the end.
7. Be honest - Your reflections must be your own work, genuinely representing your thinking.

Getting Support

Email: cpd@osteopathy.org.uk

Phone: +44 (0)20 7357 6655

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Resources: cpd.osteopathy.org.uk

Standards: osteopathy.org.uk/standards

Templates available at cpd.osteopathy.org.uk/resources:

- Objective Activity Reflection Template
- Peer Discussion Review Template
- Keeping Records Workbook
- Planning Templates

Remember

CPD isn't just about meeting requirements or attending events. It's about:

- Thoughtful reflection on your practice
- Being part of a learning community that puts patients first
- Continuously improving the quality of osteopathic care

The three mandatory topics (communication/consent, boundaries, EDIB) have been identified as higher-risk areas from patient concern data. Completing these demonstrates your commitment to patient safety and high-quality care.

Your CPD cycle dates are individual to you - find them on the ozone. Start planning now, identify your peer early, and contact us if you need any support.

This guidance is effective from [date]. We strongly recommend that even if you're partway through your CPD cycle when this guidance comes into force, you complete each of the mandatory activities before your cycle ends, as these have been identified as higher-risk areas for concerns.

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Policy and Education Committee
12 March 2026
Osteopathic Practice Standards Review Update

Classification	Public
Action	Decision
Purpose of the paper	To provide an update on our progress in reviewing the Osteopathic Practice Standards and to agree the arrangements for progressing the review.
Strategic Priority implications	The review process touches on all three strategic priorities and if done transparently, coherently and in a consultative way, will ensure that we can strengthen trust with our stakeholders. Engaging in the right way will help to champion inclusivity and we will embrace innovation through identifying where the standards need to change to keep up with changes in society.
<u>Standards of Good Regulation</u> implications	<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> <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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Communications implications	<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 later this year on a set of revised standards.</p> <p>We have a OPS Review web page which we intend to keep updated with the progress of the review.</p>
Financial, resourcing and risk implications	<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>
Patient perspectives	<p>The review of the standards will be discussed at the patient forum development day at the end of March and they will be involved in our Collaborative OPS Review Reference Group.</p>
Diversity implications	<p>Interested parties have been able to give their views on the current standards through a variety of different ways.</p> <p>We have a working draft of an Equality Impact Assessment for this work.</p>
Welsh language implications	<p>Welsh speaking stakeholders also have the opportunity to feed into the review of the standards. During the full consultation on revised standards we will ensure that there are means for Welsh speaking stakeholders to engage.</p> <p>The final version of the standards will also be issued in Welsh.</p>
Annex	<p>Annex A – Timetable for review of the osteopathic practice standards Annex B – Terms of reference for the Osteopathic Practice Standards reference group</p>
Author	<p>Paul Stern, Steven Bettles, Fiona Browne</p>
Background reading	<p>For a summary of the queries that are typical raised with the GOsC in respect to the Osteopathic Practice Standards, please see Policy and Education Committee October 2025 -</p>

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	Public item 4 - Standards queries and Osteopathic Practice Standards review call for feedback.
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Recommendation(s)	<ol style="list-style-type: none"> 1. To agree the terms of reference for the Collaborative OPS Review Reference Group. 2. To agree Professor Patricia McClure should chair the group. 3. To note the early findings of feedback on the current version of the OPS.
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Key messages

- We have commenced the review of the Osteopathic Practice Standards by issuing a call for feedback survey during the winter 2026/27.
- Overall respondents indicated that they were generally positive about the OPS, but have suggested areas where it can be improved.
- We also plan to form a Collaborative OPS Review reference group, which will include a wide range of interested parties to support our review of the standards.
- We will work with this group to prepare a set of revised standards, taking into account the feedback received to date along with review of current standards and analysis of current issues in healthcare.
- We aim to bring a draft OPS to the committee and Council over the summer 2026.

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Introduction

1. The Osteopathic Practice Standards (OPS) set out the standards of conduct, ethics and competence required of osteopaths. With guidance from the OPS, osteopaths are trained to exercise their professional judgment to make independent decisions in partnership with patients in providing osteopathic advice and care.
2. Every few years, it is good practice to review standards to ensure that they reflect changes in law, society and public expectations as well as developments in osteopathic practice and training. We started the review of the current standards at the end of last year.
3. We are bringing this paper to committee to provide an update on our progress to date on reviewing the OPS as well as our future plans.

Discussion

4. The timetable for the review is contained in Annex A and has been [shared on our website](#). We are currently in the information gathering phase of the review and concluded a call for feedback on 1 March 2026 to gather the views of stakeholders on the current standards.
5. In addition, we will start some desk based research looking at the changes other healthcare professional regulators have made to their standards over the past 2-3 years as well as a review of wider issues in healthcare. This will help us understand areas where our standards may also need updating. We will also look at trends in fitness to practice cases and complaints data, as well as the queries we receive from osteopaths about applying the standards in their practice to help provide further evidence for where we may make changes.
6. We are also now at a point where we plan to form a multi-stakeholder working group, known as the Collaborative Osteopathic Practice Standards Review Reference Group to consider the feedback that we have received, as well as our desk based research, and consider any changes that we should make to the standards.
7. We have developed a terms of reference for the group at Annex B.
8. The purpose of the group is to comment on the development of revised draft standards, inform development of our consultation strategy and advise on key consultation questions.
9. There is benefit in forming a multi-stakeholder group as it will help us to:
 - Gather a wide range of perspectives and allow for broad consideration of the issues and evidence
 - Apply a co-production approach supporting understanding and support for any changes from key interested parties in the profession
 - Ensure that the process and perception of the process is fair and without bias

10. The group will include representatives from a range of stakeholders, including the Council of Osteopathic Educational Institutions, the Institute of Osteopathy, the Osteopathic Alliance, Sutherland Cranial College of Osteopathy, osteopathic students, the National Council of Osteopathic Research, and members of the GOsC Patient Involvement Forum. Meetings of the group will run through April to June 2026.
11. To ensure that discussions are balanced and to mitigate any perceptions of bias, we are proposing that the working group has an independent chair. As such, we are proposing for Professor Patricia McClure, chair of the Policy and Education Committee as chair.
12. The chair will be supported by the Senior Research and Policy Officer, who will be the policy lead for this work along with the Head of Education and Policy who will be the project lead. Both will be responsible for drawing together feedback from the group informing changes to the standards.

Initial feedback on the current OPS

13. A call for feedback survey was launched on 17 December 2025 where we asked stakeholders for their views on the current OPS. The survey closed on 1 March 2026.
14. The survey asked for stakeholders views on:
 - The current OPS;
 - How useful the standards are in practice;
 - What works well and what doesn't; and,
 - Whether anything important is missing (including coverage of contemporary issues)
15. At the time of writing this paper (25 February 2026), we had received 29 responses to the survey. Responses were received from a broad section of stakeholders including osteopaths in private practice (90%), employed osteopaths (10%), osteopaths in undergraduate education (3%), osteopaths working in research (7%), undergraduate educators (7%), postgraduate educators (21%). Respondents are evenly spread from less than 2 years in practice to over 4 years in practice but they are all based in England.
16. There were gaps in survey responses from students, patients and other healthcare professionals. Focus groups with students and patients will take place or have taken place by the end of March. Further work is to be undertaken to get the views of other health professionals, although our desk based research will go some way to address this. There are also gaps from osteopaths working in Scotland, Northern Ireland and Wales and we will need to address this in our pre-consultation work.

17. Initial results from the survey are:

- Most respondents are familiar with the OPS.
 - Respondents feel that the OPS is effective or very effective in protecting patients from harm, but less effective at supporting professional development.
 - Most think the standards in the OPS adequately cover each of the behaviours, competencies and knowledge requirements set out under each of the themes.
 - Overall they are positive about the current OPS, they think they cover the right aspects of practice and like the themes they are organised under.
 - In relation to gaps, some respondents felt that the OPS needs to provide greater reference to osteopath's use of emerging technology, such as AI, as well as speaking up about inappropriate colleague behaviour.
 - Some respondents felt that the standards were too broad and more detail was required in certain areas, such as equality, diversity and inclusion. Alternatively, some respondents also cautioned against the standards becoming too detailed or prescriptive.
 - Almost all respondents did not have difficulty in understanding or applying the current standards.
 - Respondents also provided some useful suggestions on how we can best engage osteopaths in the review process, such as through focus groups, webinars, regional groups and face to face meetings and we will use this to inform how we involve osteopaths in this work as we move forward.
18. We also received many free text comments on how each of the standards can be improved, what works well and less well, areas where the standards are outdated and where there are gaps. We are currently in the process of analysing these responses.
19. On 16 February 2026 we also spoke with osteopathic students about the current OPS to get their views. Overall they told us that some of the areas for us to consider strengthening standards or guidance are around:
- Online professionalism, social media conduct, and patient interactions.
 - Remote consultations and digital boundaries.
 - AI use in patient and treatment documentation, triage, and clinical reasoning.
 - Speaking up, workplace culture, and safeguarding colleagues.
 - Expectations around ethical marketing and managing patient misinformation.
20. Based on the timetable we have set out in the annex, we plan to report back to committee the changes we are proposing to the OPS in June.

Executive view

The approach outlined in the paper is collaborative and evidence informed and we ask the Committee to endorse it and to make the decisions requested as outlined in the recommendations.

Recommendation

1. To agree the Chair of the Working Group is Professor Patricia McClure.

2. To agree the terms of reference for the Working Group.
3. To note the early findings of feedback on the current version of the OPS.

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Current timetable for review of the Osteopathic Practice Standards

Date	Activity
01 March 2026	Call for feedback concludes
April to May 2026	Feedback analysed and first draft considered by working group (including osteopaths, students and patients)
June / July 2026	Draft considered by our Policy and Education Committee and Council and agreed for formal consultation
September 2026	Formal consultation launched along with comprehensive engagement programme
December 2026	Conclusion of consultation
January and February 2027	Consultation feedback analysed and final draft prepared in conjunction with working group
March / April or June / July 2027	Final consultation draft considered by Committee and Council
August 2027	OPS Published
August 2028	OPS comes into effect.

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Collaborative Osteopathic Practice Standards Review (2026) Reference Group terms of reference

Purpose and role

1. The Osteopathic Practice Standards (OPS) incorporate the core standards required of osteopaths registered with the General Osteopathic Council (GOsC). The current OPS took effect in September 2019, and these are now subject to review.
2. The group will act in an advisory capacity to inform the development of:
 - Revised osteopathic practice standards, underpinning guidance and any subsequent learning resources.
 - Our consultation strategy and questions for consultation on a revised draft of the OPS.

Terms of Reference

3. To revise the OPS, taking into account:
 - Contemporary changes in healthcare regulation and legislation.
 - Feedback from patients, osteopaths, and other stakeholders.
 - Results of the GOsC's recent call for feedback, research undertaken with respect to the [duty of candour](#), [the public perceptions report](#) undertaken by YouGov, and [the NCOR concerns and complaints report](#).
 - Patterns and trends in fitness to practise cases.
 - Standards of practice issued by other healthcare regulators.
 - Any other relevant information.
4. To support the development of questions for consultation relating to a revised draft of the OPS.
5. To advise on the consultation strategy.
6. To advise on any other matters relevant to revising the OPS, including whether any supplementary guidance or other learning resources are required.
7. To ensure that equality and diversity matters are considered and integrated in the course of the work undertaken by the Group.

Membership

8. The group will be chaired by Professor Patricia McClure, Chair of the Policy and Education Committee.

9. The Group will be constituted from GOsC’s stakeholders. This includes representatives of (but is not limited to):
- the osteopathic education institutions through the Council of Osteopathic Education Institutions (COEI);
 - the Institute of Osteopathy;
 - the Osteopathic Alliance;
 - the National Council for Osteopathic Research;
 - the Osteopathic Alliance;
 - the Sutherland Cranial College of Osteopathy;
 - osteopathic students; and
 - patients via GOsC’s Patient Involvement Forum.
10. Meetings will be convened by the GOsC and the group will be supported by the GOsC policy lead and other GOsC staff.

Quorum

11. The quorum will be five members and must include the Chair of the Group or their nominated deputy.

Method of delivery

12. Primarily through virtual meetings. At least one face-to-face meeting will be offered, though remote attendance at these may be possible for those unable to attend in person.

Timetable

13. The timetable envisaged is:

Activity	Date
Collaborative OPS Review Reference group established to collaborate on the development of revised OPS and supplementary guidance documents.	April-June 2026
Report to Policy and Education Committee	June 2026
Council approval of draft OPS and guidance for consultation	July 2026
Consultation	September to December 2026
Multi-stakeholder working group meets to consider consultation feedback	February-March 2027

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Activity	Date
Report to Policy and Education committee and Council for final signoff	Spring 2027
Publication and introduction	Autumn 2027
Preparation for revised OPS coming into force	Autumn 2027-Autumn 2028
Standards come into force	Autumn 2028

14. Any revisions to the OPS will be developed in the Spring 2026, so this will be instrumental. At least one face-to-face meeting will be required during this period, with additional communication via email and online. It is anticipated that full consultation on the revised *Osteopathic Practice Standards* will take place from September to December 2026 (though this may be subject to review). Separate supporting guidance may be developed alongside the revised standards

Reporting and Accountability

15. The Osteopathic Practice Standards Review Working Group is accountable to the General Osteopathic Council’s Policy and Education Committee and Council and will be provided with updates of their work.

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Policy and Education Committee
12 March 2026
Liverpool John Moores University - Initial Recognition of Recognised
Qualification (RQ)

Classification	Public
Action	For decision
Purpose of the paper	Liverpool John Moores University is seeking initial recognition of qualifications for the proposed: <ul style="list-style-type: none"> • Masters in Osteopathy (MOst)
Strategic Priority implications	Trust: 'Working in partnership with the sector to understand the issues and responsibilities connected to the recognition of professional qualifications.' Assuring the quality of education and entry to the register is an essential component of trust.
Standards of Good Regulation implications	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. 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 requirement for registration, and takes action where its quality assurance activities identify concerns either about training or wider patient safety concerns.
Communications implications	The review specification will be shared with LJMU and the visiting team when they are appointed, and it is publicly available.
Financial, resourcing and risk implications	The costs of the review will be budgeted for within the 2026-27 financial year.
Patient perspectives	Patient perspectives will be reviewed within the RQ visit. For an initial recognition, with a long lead in to delivery,

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	there may not be a functioning teaching clinic and patients to meet as part of the review, and this will be factored in to the outcome
Diversity implications	Equality and diversity issues are explored as part of the RQ renewal process and are explicitly referenced as part of the Graduate Outcomes and Standards for Education and Training (2022) and outlined in the Quality Assurance Handbook.
Welsh language implications	None
Annex(es)	Draft Recognised Qualification Specification
Author	Rekita Sparrow
Background reading	

Recommendation	To agree the Recognised Qualification Specification in relation to the initial review of the following programme to be offered by Liverpool John Moores University: <ul style="list-style-type: none"> • Masters in Osteopathy (MOst) four years full time
Key messages	
<ul style="list-style-type: none"> • Liverpool John Moores University wish to introduce a four year full time Masters in Osteopathy Programme (MOst). • This paper sets out the background and provides an initial Recognised Qualification Specification for Committee approval. • An initial review of the programme is being planned for December 2026 	

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Background

1. Liverpool John Moores University (Faculty of Health, Innovation, Technology and Science), has applied for initial recognition of the following qualification via submission of a declaration of intent:
 - Masters in Osteopathy (MOst)
2. The programme is proposed as a four-year full-time programme, with an anticipated start date of 11 September 2028. Publicity is expected to commence in January 2028, subject to successful validation and recognition.
3. Recruitment to the programme is proposed as follows:
 - Year 1: 20–40 students
 - Year 2: 30–40 students
 - Year 3 onwards: 40 students
4. It is important to note that the review will take place prior to the admission of students. This enables the GOsC to consider the university's plans at an early stage of development and to work with the provider to ensure that appropriate standards are embedded prior to programme commencement. The initial review will focus on programme and curriculum design, and plans for delivery including the establishment of a clinical resource.
5. For initial recognition of programmes by new providers, it is typical for conditions to be recommended to include further review of aspects of the course as delivery progresses. If approval is recommended, initial recognition would normally be granted for a period of approximately three years, allowing for a further formal visit with our Independent Visitors to take place prior to the graduation of the first cohort. However, we will also be working very closely at staff level with LJMU to support a good understanding of our Graduate Outcomes and Standards for Education and Training on a regular basis.
6. At the time of application, staffing numbers and clinical accommodation details are still being finalised.

Recognised Qualification – Initial review specification

7. A draft Recognised Qualification (RQ) initial review specification is included as the annex to this paper.

Recommendation: To agree 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

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 (MOst)
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.

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.
- 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.

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- 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.
5. 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.
 - external expertise is used within the quality review of osteopathic pre-registration programmes
 - d. Resources

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- 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.
6. The Standards for Education and Training will be applied as appropriate to the stage of development of the course.

Provisional Timetable

7. 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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RQ visit in December 2026

Month/Year	Action/Decision
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

12 March 2026

University of Derby Recognised Qualification Visit – Visitor approval and any update of specification and planned exit (reserved)

Classification	Private
Action	Decision
Purpose of the paper	The specification for the review of the provision at University of Derby for delivery of the <ul style="list-style-type: none"> • Bachelor of Osteopathy (BOst)
Strategic Priority implications	Strengthening trust - Working in partnership with the sector to understand the issues and responsibilities connected to the recognition of professional qualifications. 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.
Standards of Good Regulation implications	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. 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. Our quality assurance process as outlined in our Interim Handbook and the Osteopaths Act 1993 ensures that 'recognised qualifications' are only awarded to graduates meeting the Graduate Outcomes and the Osteopathic Practice Standards.
Communications implications	The closure of the College of Osteopaths was announced on 25 February 2026 and took effect from 1 March 2026.

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	Various announcements have been made on the GOsC website and the Office for Students' Website.
Financial, resourcing and risk implications	The budget for 2026/27 included provision for a Visit to the College of Osteopaths at a cost of up to £14 000 and this funding will now be applied to the University of Derby visit.
Patient perspectives	Standards of Education and Training in relation to patients are considered in the evaluation
Diversity implications	Standards of Education and Training in relation to equality and diversity issues are reviewed as part of the report analysis
Welsh language implications	This paper does not have Welsh language implications
Annex(es)	A. RQ Specification for review of University of Derby as provider of the BOST programme
Author	Steven Bettles and Fiona Browne
Background reading	Policy and Education Committee (Private agenda) - 22 October 2025 College of Osteopaths: – closure and monitoring Policy and Education Committee (Public Agenda) - 22 October 2025 – College of Osteopaths – Agreement to RQ specification

Recommendation	To agree the review specification at the Annex in relation to the review of the Bachelor of Osteopathy RQ programme.
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Key messages

- This paper summarises matters following the announcement by the College of Osteopaths on 25 February 2026 that it will close on 28 February 2026. A Student Protection Plan is in place and the University of Derby, the current awarding body, will take over delivery from 1 March 2026.
- The paper outlines ongoing actions to assure quality.

- The paper asks the Committee to agree the RQ specification at the Annex.

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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 provision may be summarised from 1 March 2026 as follows:

a. Courses with RQ status	BOst
b. Awarding body	University of Derby
c. RQ period	No expiry date
d. Last review date and next scheduled review date	A review visit is planned for Autumn 2026 but due to the circumstances ongoing and extensive engagement and review is being undertaken at staff level with the University of Derby.
e. Status of any specific RQ conditions attached to the course/s	No conditions
f. Other information	There is no year 1 cohort. Current cohorts are: Year 2 and 3 (Derby campus) – c 22 students Year 4/5 (Derby campus) – c22 students Year 4/5 (London campus) – c8 students.

Discussion

1. Published information is available as follows:
 - a. The [College of Osteopaths website](#) announces the closure and confirms that students will be continuing their studies with the University of Derby. It advises that patient appointments to 27 February 2026 will be honoured. Queries are directed to the General Osteopathic Council.

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- b. The [Office for Students website](#) announces the closure and confirms the following:
- Stoke students: 'teaching will continue to be delivered at the university's campus in Derby.'
 - Borehamwood: 'the University of Derby is working towards continuing delivery at the campus in Hendon. Students should continue to attend their upcoming teaching sessions unless communicated otherwise by the University of Derby.'
 - Clinical facilities in Stoke and Borehamwood: 'may have to close. The University of Derby is working with the General Osteopathic Council to identify suitable alternative locations for students to complete the clinical placement aspects of their award.'
 - Personal tutors: will be allocated to each student and 'will be able to provide support related to your individual academic circumstances.'
 - Student records: 'The University of Derby already holds securely full details of student records and academic progress, including details of learning enhancement plans.'
- c. The General Osteopathic Council website also has released a news story which can be accessed [via the news section of the website](#).

Staff

2. On 25 February 2026, Derby wrote to staff at the College of Osteopaths to advise them of the College closure and to invite them to continue in their roles with Derby University.
3. On 26 February 2026, the GOSc submitted a draft letter to all staff at the College of Osteopaths via the University of Derby, to advise on our position, to offer support and to offer a point of contact for any questions.

Students

On 25 February 2026, Derby wrote to all students to advise them of the College closure and to advise that their studies can continue at Derby University, at another provider or that they can have an exit award or certification of credits.

5. On 26 February 2026, the GOsC submitted a draft letter to all students, via the University of Derby, to advise on our position, to offer support and a point of contact for any questions.
6. We intend to visit the students and staff as soon as possible.

Patients

7. Patients have been notified via the website to address any queries to us in terms of finding osteopathic treatment locally.

Continued delivery of the RQ course

8. The programme itself will continue as is, however, the key issue is delivery of the clinical provision.
9. In discussion with Derby the following options have been identified for continued delivery of the course.
 - a. Delivery in a new clinic based in Derby.
 - b. Students complete training at another provider.
10. The current likelihood is that the existing student clinics will close.
 - a. Year 4 /5 students at Borehamwood (c8) – will most likely be offered to complete their clinical experience at another London RQ provider before graduating with a University of Derby degree.
 - b. Year 4 /5 students at Derby (c22) – will most likely be offered to complete their clinical experience at a newly set up clinic on the Derby campus or via simulated or remote experiences as permitted in the Graduate Outcomes. It is intended that the staff from the College of Osteopaths will be overseeing the set up of the new clinical provision and will be assuring the delivery of assessment accordingly. There are one or two students who need a final FCCA this week and they are also looking at clinic placements with existing clinic tutors to complete these with other FCCAs due later this year.
 - c. Year 2 and 3 students (c. 22 students) – will most likely be offered to complete their clinic hours in a newly set up Derby clinic.

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11. We are meeting weekly with Derby to assess progress on these options and we are monitoring key risks and mitigations. We are working closely with the University of Derby and they are open, collaborative and committed to delivering the necessary standards to support students to complete their course, gain their qualifications and to register with us. Further information on these meetings was outlined in the note to the Committee dated 26 February 2026.

Next steps

12. We are required to ensure that all RQs enable students to meet the Graduate Outcomes. It is important in all the circumstances that we are proportionate and pragmatic in terms of the way in which we do this to support students to complete their course and to meet the existing standards.
13. If at any point, we (the staff team) form the view that the new arrangements will not enable any cohort of existing students to meet the required standards, we are duty bound by virtue of section 16(1) of the Osteopaths Act 1993 to report this to the Committee and the Committee to Council.

See Section 16(1) which provides: '(1) Where, as a result of any visitor's report or other information acquired by the Education Committee, the Committee is of the opinion—

(a) that a recognised qualification is no longer, or will no longer be, evidence of having reached the required standard of proficiency,

(b) that a proposed qualification which has yet to be granted, but which was recognised by virtue of section 14(2)(b), will not be evidence of having reached that standard, or

(c) that a condition for the continued recognition of a qualification (imposed under section 15(4)) has not been complied with, it shall refer the matter to the General Council.

(2) If the General Council is satisfied that the circumstances of the case are as mentioned in subsection (1)(a), (b) or (c) it **may**, with the approval of the Privy Council, direct that the qualification is no longer to be a recognised qualification for the purposes of this Act.

(3) A direction under subsection (2) shall have effect from the date of the direction or from such later date as may be specified in the direction.

(4) In considering any matter referred to it under subsection (1), the General Council shall have regard to the information on which the Education Committee

formed its opinion together with any other relevant information which the Council may have.

(5) When requesting the approval of the Privy Council for the purposes of subsection (2), the General Council shall make available to the Privy Council the information to which it had regard under subsection (4).

(6) The Privy Council shall have regard to the information made available to it under subsection (5) before deciding whether or not to give its approval.

Preparing for the next RQ Visit

14. We have agreed with Derby University to expedite a visit to take place in October. An indicative timetable is outlined below:

Time	Activity
December 2025	Submission of College of Osteopaths Annual report with narrative and evidence about delivery of the course to meet the Graduate Outcomes and Standards for Education and Training. Analysis to be considered by the Policy and Education Committee in March 2026. The standards have been demonstrated as being met – the issue was cashflow finance.
March 2026	Submission of notification of major change documentation. Alongside regular meetings and discussion of plans, risks and mitigations; we have requested immediate summary narrative and evidence from Derby to confirm those discussions and provide assurance that risks to delivery of standards are being mitigated. Regular electronic reports will be prepared for the Education Committee to provide assurance of standards.
February / March 2026	Mapping document sent to Derby University.
April 2026	Confirmation of current clinic arrangements. Staff team visit to Derby Students and Staff.
June 2026	Submission of detailed mapping document and supplementary evidence.

April to October 2026	Ongoing extensive engagement and scrutiny of arrangements including staff team visits and observations and ongoing reporting to the Policy and Education Committee and Council.
October 2026	Independent Visitor RQ Visit
November / December 2026	RQ Report drafted and sent to Derby University.
February / March 2027	RQ Report considered by the Policy and Education Committee.
May 2027	RQ Report considered by Council.
June 2027	RQ Report considered by Privy Council.

Updated Recognised Qualification Review Specification

12. An RQ Specification in relation to the planned review of the BOst programme now being delivered by the University of Derby is included as an Annex to this paper. The Committee is asked to agree this specification, which now references the circumstances of the transition to Derby under the terms of the Student Protection Plan. The Specification is kept under review and may be amended should any circumstances change.
13. As outlined, we will continue to work closely with Derby in the build up to the review visit. Now that the closure of the College of Osteopaths is in the public domain, we are seeking visitors to undertake the review and will revert to the Committee for approval of these as soon as possible.
14. In light of the circumstances, we will continue to keep the Chair updated about progress at Derby with extra ordinary notifications to the Committee outside of the usual structure as necessary.

Recommendations: To agree the review specification at the Annex in relation to the review of the Bachelor of Osteopathy RQ programme.

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Annex to 6

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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Annex to 6

- 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**

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- are provided with clear and accurate information regarding the curriculum, approaches to teaching, learning and assessment and the policies and processes relevant to their programme.
- g. **Clinical experience**
- clinical experience is provided through a variety of mechanisms to ensure that students are able to meet the clinical outcomes set out in the Graduate Outcomes for Osteopathic Pre-Registration Education.
 - there are effective means of ensuring that students gain sufficient access to the clinical experience required to develop and integrate their knowledge and skills, and meet the programme outcomes, in order to sufficiently be able to deliver the Osteopathic Practice Standards
- h. **Staff support and development**
- there are sufficient numbers of experienced educators with the capacity to teach, assess and support the delivery of the Recognised Qualification. Those teaching practical osteopathic skills and theory, or acting as clinical or practice educators, must be registered with the General Osteopathic Council, or with another UK statutory health care regulator if appropriate to the provision of diverse education opportunities.
- i. **Patients**
- 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

Month/Year	Action/Decision
March October 2026	Committee agreement of initial review specification and

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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.
One month after draft report sent to College	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

12 March 2026

BCNO Group – Renewal of Recognition of Qualifications (RQ) (reserved)

Classification	Public
Action	Decision
Purpose of the paper	<p>Consideration of the Recognised Qualification (RQ) review at the BCNO Group in relation to:</p> <ul style="list-style-type: none"> • Masters in Osteopathy (MOst) • BSc (Hons) Osteopathy (modified attendance) • BSc (Hons) Osteopathic Medicine (a level 6 exit award for those unable to pass their dissertation within the MOst) <p>Update to action plan in relation to BSc Hons (three year programme)</p>
Strategic Priority implications	<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>
Standards of Good Regulation implications	<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 Interim Handbook and the Osteopaths Act 1993 ensures that</p>

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	'recognised qualifications' are only awarded to graduates meeting the Graduate Outcomes and the Osteopathic Practice Standards.
Communications implications	Reports are published on our website
Financial, resourcing and risk implications	This visit was managed in-house. The cost of the in house visit is budgeted at £13 000 and incorporated within existing agreed budgets.
Patient perspectives	Patient perspectives were sought as part of the review process.
Diversity implications	Equality and diversity issues are reflected with the Standards for Education and Training, and form part of RQ review processes.
Welsh language implications	None
Annex(es)	RQ Specification Visitors' Report
Author	Steven Bettles and Rekita Sparrow
Background reading	In relation to the BSc (Hons) Osteopathic Medicine, the Policy and Education Committee considered the Visitors' Report at its meeting on 10 June 2025 22 October 2025- Policy and Education Committee Private agenda: The BCNO Group – Notification of changes and impact on RQ specification – this included an update on the action plan in relation to the conditions affecting the BSc (Hons) Osteopathic Medicine

Recommendation(s)	<ol style="list-style-type: none"> To agree 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: <ul style="list-style-type: none"> Masters in Osteopathy (MOst)
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	<ul style="list-style-type: none"> • BSc (Hons) Osteopathy (modified attendance) • BSc (Hons) Osteopathic Medicine <p>2. To note 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.</p>
<p>Key messages</p> <ul style="list-style-type: none"> • This paper presents the outcome of the Recognised Qualification Review Visit in relation to the BCNO RQ programmes which are currently in teach-out phase. The visit took place from 11-13 November 2025. • The outcome was recommendation of renewal of recognition subject to conditions as outlined. • The paper provides an update on conditions in relation to the initial recognition of the BSc (Hons) Osteopathic Medicine 	

Background

1. A draft RQ specification was approved by the Committee at its October 2024 meeting and the Committee agreed a team of three Education Visitors under s12 of the Osteopaths Act 1993 to undertake the review which was originally planned for February 2025.
2. Following the BCNO Group's decision to cease recruitment to its London campus, the Committee agreed in January 2025 (via email) to proceed with the review of BCNO's new three year BSc programme in February 2025. The renewal visit of the existing BCNO programmes was postponed until November, by which time we had taken our Quality Assurance function in-house. The updated RQ specification as a result of this late change is attached as Annex A. Further, one of the approved visitors had to withdraw from the visit, and a replacement was agreed by the Committee via email.
3. The visit took place in from 11-13 November 2025.
4. The courses under review are subject to teach-out, and are not being recruited to. The only BCNO RQ course to which recruitment is taking place is the three year BSc taught at the Maidstone campus, which underwent initial review in February 2025, and which was reported to the Committee in June 2025.

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Discussion

5. The visit report was drafted and sent to BCNO on 19 December for a period of no less than one month in accordance with the Osteopaths Act 1993. The report deadline was 30 January 2026 (to take into account an extension due to the Christmas break).
6. BCNO responded on 30 January to confirm that there were no factual inaccuracies in the draft report.
7. The final report was sent to BCNO on 10 February 2026. OEIs are required to send an action plan within two weeks of receiving the final report for the Visitor's to review the proposed action plan ahead of Committee consideration.
8. The final visitors' report is attached at Annex B. The recommendation of the Visitor for the programmes is approval with four specific conditions. When we recognise an RQ, we also recognise in accordance with the general conditions which are also specified below.

Strengths and good practices

9. The visitors identified several specific areas of strength and good practices in the final report, including:
 - There was widespread recognition among students of the support provided by the management team and the effective resolution of issues. Students spoke highly of the new Head of College and the middle management team, noting increased visibility and more open communication, which had further strengthened student confidence. (1.ix)
 - The University includes more formatives and tutorials to review the expectations for practical examinations highlighting in a way that students can clearly understand and experience how they can achieve the higher grades.
 - The BCNO Group has developed a strong, positive relationship with UoP where feedback is valued and acted upon.

Recommendations

10. Recommendations may be made by visitors when they consider that 'there is an opportunity for improvement, but a condition is not necessary. These areas should be monitored by the provider and the recommendations implemented, if appropriate.'
11. The visitors in this case made a number of recommendations within the report.
12. These areas should be monitored by the provider and implemented if appropriate with updates reported in the next annual report process. A request

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will be made for BCNO to provide a progress update with regard to these specific areas as part of their 2025-26 Annual Report submission.

Conditions recommended by the Visitors

13. Four specific conditions have been identified in the report by the Visitors. These are:
- Given the impact of recent changes the BCNO Group must ensure the risk register is not just reviewed but also updated on a monthly basis. The governance section must be reviewed as a matter of urgency and brought fully up to date. (2.i)
 - Considering the importance of more clarity on the future direction of the organisation for interested parties including staff and students, a decision should be made by the Board by February 2026 regarding the strategic plan, and following this, a clear summary document be produced and communicated which sets out how the chosen options will be achieved up to 2028. The strategy should be reflected in an action plan with effective timeframes, costings, review dates, KPIs and areas of responsibility, so that progress towards the targets will be measurable. (2.i) (4.iii)
 - This academic year, the BCNO Group must ensure that all out of date policies are updated. and policy access centralised through a single repository, maintaining a simple central register (4.iii)
 - The BCNO Group should ensure that KPIs are regularly reviewed, recorded and updated at least each semester in order to measure progress and effectiveness of the Teach out plan. (2.i)
14. A draft action plan to outline how the conditions will be addressed and monitored was submitted by the institution on 24 February 2026, and at the time of writing is with the Visitors for comment. There is an existing action plan against the conditions agreed by the Committee in relation to the RQ Report relating to the BSc (Hons) Osteopathic Medicine from February 2025. Once this latest action plan is finalised, the two will be combined so that there is one plan relating to BCNO, albeit to some extent in relation to different programmes.
15. We provide an update below on the action plan relating to the initial review visit of the BSc (Hons) Osteopathic Medicine. Some of the issues being monitored there also relate to the conditions recommended by the visitors from the November 2025 visit, for example in relation to the strategic plan and decision making as to the future of the London campus. In relation to that condition which requires a decision to be made by February 2026, a statement was issued to staff and students in January 2026 which includes confirmation that following an extensive review process, the Board has reached conclusions which include:
- The London campus is no longer able to deliver a sustainable economic contribution to the charity in the long term.
 - Subject to the successful completion of the current teach-out, the Kent campus will become the Group's sole centre for undergraduate delivery from September 2028.

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- The Kent campus will operate as a Group campus, supporting the long-term future and identity of both the ESO and BCOM brands, rather than representing a continuation of any single institution alone.

16. We have, in addition, been provided with the following:

- BCNO Limited London Teach-out And Campus Strategy – This paper sets out BCNO Limited’s strategic, academic, and financial rationale for concluding higher education provision at the London campus (Frazer House), entering a managed teach-out, and securing the long-term sustainability of the organisation.
- Strategic Gantt 2025–26 to 2029–30 – an overview of the integrated action plan showing delivery, growth, and financial trajectory to break even (2029) and cash-positive performance (2030).

17. Due to the commercial sensitivities of these documents, they will be reported to the Committee on its private agenda. In addition, the Committee is in receipt of information about standards that has also been reported on the private agenda that has been managed under the Management of Concerns process. This has been designated as confidential by the Chair under the provisions of the Governance Handbook.

18. The action plans across all conditions will continue to be monitored and further reported to the Committee in June 2026.

Approval

19. As the Osteopaths Act 1993 refers to qualifications, we have in this section simply referred to the named qualifications rather than the descriptions of the different courses.

20. The Committee is asked to consider the recommendations of the Visitors’ Report and this paper for renewal of recognition for the qualifications:

- Masters in Osteopathy (MOst)
- BSc (Hons) Osteopathy (modified attendance)
- BSc (Hons) Osteopathic Medicine (a level 6 exit award for those unable to pass their dissertation within the MOst)

21. The visitor’s report recommends recognition of qualification status subject to conditions being met. This means that the visitors have determined that the course will deliver graduate who meet the [Osteopathic Practice Standards](#).

22. If the Committee agrees that specific conditions be imposed and recognition be agreed with an expiry date, then the conditions to apply would be as follows (including the general conditions that apply to all recognised programmes with an expiry date):

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CONDITIONS	
1	Given the impact of recent changes the BCNO Group must ensure the risk register is not just reviewed but also updated on a monthly basis. The governance section must be reviewed as a matter of urgency and brought fully up to date.
2	Considering the importance of more clarity on the future direction of the organisation for interested parties including staff and students, a decision should be made by the Board by February 2026 regarding the strategic plan, and following this, a clear summary document be produced and communicated which sets out how the chosen options will be achieved up to 2028. The strategy should be reflected in an action plan with effective timeframes, costings, review dates, KPIs and areas of responsibility, so that progress towards the targets will be measurable.
3	This academic year, the BCNO Group must ensure that all out of date policies are updated. and policy access centralised through a single repository, maintaining a simple central register
4	The BCNO Group should ensure that KPIs are regularly reviewed, recorded and updated at least each semester in order to measure progress and effectiveness of the Teach out plan.
6	BCNO Group must submit an Annual Report, within a three month period of the date the request was first made, to the Education Committee of the General Council.
7	<p>BCNO Group must inform the Education Committee of the General Council as soon as practicable, of any change or proposed substantial change likely to influence the quality of the course leading to the qualification and its delivery, including but not limited to:</p> <ul style="list-style-type: none"> i. substantial changes in finance ii. substantial changes in management iii. changes to the title of the qualification iv. changes to the level of the qualification v. changes to franchise agreements vi. changes to validation agreements vii. changes to the length of the course and the mode of its delivery

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

Recognition period

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

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

¹ [Mott MacDonald GOsC Interim Quality Assurance Handbook - General Osteopathic Council \(osteopathy.org.uk\)](https://osteopathy.org.uk)

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

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

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

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

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

24. BCNO Group programmes are currently recognised with an expiry date of 31 August 2026.
25. Given the context of the teach out of these programmes and the conditions recommended by the visitors, it is suggested that the Committee is likely to wish to recognise with a fixed expiry date for this new programme. We would suggest the expiry date of 30 September 2030, to allow sufficient time for teach out. The majority of students will be completed by September 2028, but recognition beyond this point will allow for those who take a break from studies or need to resit.
26. The Committee is asked to consider the Visitors’ Report and recommendations within the context of this paper.

Update in relation to action plan in relation to the February 2025 initial review of the BSc (Hons) Osteopathic Medicine

27. The initial review of this new programme took place in February 2025, and the visitors report was considered by the Committee at its June 2025 meeting, and by Council in July 2025. The programme commenced delivery in September 2025.

Updates to the action plan against the specific conditions agreed by the Committee were further reported in October 2025. A further update is now included below, with commentary in each case.

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Action plan update in relation to conditions agreed by Committee in relation to the initial review of the BSc (Hons) Osteopathic Medicine. NOTE when the action plan in relation to the November 2025 visit is finalised, the two action plans will be combined

Condition	Initial plan provided July 25	Updates	GOsC comment
<p>1. In the continued design of the new three-year programme, the BCNO Group must ensure comprehensive engagement with all areas of the organisation involved in or affected by its delivery. This engagement must thoroughly address student concerns about the increased pressures associated with completing the course in a condensed format and ensure that adequate resources are available to support their studies. Additionally, the BCNO Group needs to consider the perspectives of support staff, teaching staff, clinic tutors, and patients to ensure that the programme's design encompasses all aspects of delivery.</p>	<p>Created frequently asked questions, which will be distributed to stakeholders. The new course is being discussed at the Student Engagement, faculty engagement and revisited with patient engagement meeting. This will be followed up with information based on frequently asked questions to all groups and the mapping of assessments in a pictorial form to aid understanding. Material will also be added to the student newsletter and the staff newsletter. Students have already fed into the timetable around formative assessments. The Support staff have been involved in producing the new non-curricular information for students. Resources on the VLE will be reviewed for signposting</p>	<p>October 2025 - Completed - actioned through informal means through frequently asked questions, Head of department meetings, and faculty development day. Formally through committees such as student engagement, patient engagement, programme committees.</p> <p>February 2026 – Programme Lead has ensured modules containing clinic hours are presented with module changes to the validating university in line with their processing deadlines. Second year research module moved to semester 2 to balance credits appropriately in that year.</p>	<p>We have been provided with evidence in relation to the initial action plan in July, and from October 2025. In relation to the latest updates, we have seen copies of module changes to Professionalism and Clinical Integration 1. Level 4 - To mark the 65 clinical observation hours as compulsory. Research Methods (L5) Year 2 (L5) currently has 80 credits in Semester 1 and 40 credits in Semester 2. It is proposed to move this module to Semester 2 to balance the credit load across the academic year and to better support students, as well as institutional workload and staffing.</p>

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Condition	Initial plan provided July 25	Updates	GOsC comment
	of resources for the students to aid in teaching and		<p>The delivery of the BCNO5012 module will be moved from Semester 1 to Semester 2.</p> <p>These changes fall under the aim of management of delivery across this condensed programme. And in relation to Research, to balance credits more evenly across the academic year.</p>
<p>2. To allow staff and stakeholders to understand the changes that are taking place and to ensure there is a clear direction and milestones to increase accountability and the effectiveness of the management structure, the BCNO Group must produce a strategic plan document which gives an overview of their plans for development over the next three to five years showing clear timeframes, costings, and areas of responsibility.</p>	<p>Working groups set up by the Board that comprise of stakeholder groups to evaluate potential opportunities for BCNO going forward. The Senior management Team will once the opportunities have been considered will evaluate in terms of academic potential and finance potential</p>	<p>February 2026 - A formal Board-approved strategic statement was developed and communicated to regulators, staff, and students, providing clarity on institutional direction, delivery locations, and programme continuity. A detailed business and operational plan was produced to support the strategic direction, including academic delivery planning, resource allocation, financial sustainability modelling, and risk management.</p>	<p>We were provided with the BCNO Group five year strategic plan 2025-2030 in September 2025, and this was provided to the Committee in October 2026. This sets out some key aspirations and metrics for this period, but did not specify the final plans for the London campus beyond teach out of the existing programmes. There was mention, for example of the possible redevelopment of the site, and the creation of an integrated health and research centre or health</p>

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Condition	Initial plan provided July 25	Updates	GOsC comment
			<p>innovation hub. Since then we have seen a Board statement provided to staff and students in January 2026 on the future strategy of the BCNO. This states that subject to the successful completion of the current teach-out, the Kent campus will become the Group's sole centre for undergraduate delivery from September 2028, and will operate as a Group campus, supporting the long-term future and identity of both the ESO and BCOM brands, rather than representing a continuation of any single institution alone. To support this we have also been provided with BCNO Limited London Teach-out And Campus Strategy – Board & Regulator Business Plan and BCNO Limited – Strategic Gantt 2025–26 to 2029–30 which provides an overview of the integrated action plan showing delivery, growth, and financial trajectory to break even</p>

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Condition	Initial plan provided July 25	Updates	GOsC comment
			(2029) and cash-positive performance (2030).
3. The BCNO Group must ensure that all relevant course materials have been reviewed, approved, and are in place before the commencement of the new three-year programme.	Frameworks for module handbooks, quality handbooks, assessment briefs and mark sheets to be completed and sent to Teams. Teams to complete with schedules and assessments.	<p>October 2025: Frameworks completed - Documentation completed and on the VLE for students and staff</p> <p>February 2026: Programme Lead has improved Head of Dept communication and management by having regular team meetings.</p>	We have been provided with a range of evidence to support this activity, including module handbooks and course documentation, as referenced. We have also seen copies of agendas of Heads of Department monthly team meetings at which include student feedback and consideration of issues around course delivery.
4. The BCNO Group must increase student welfare monitoring in order to provide assurance that students are coping with the new course, able to engage in their clinical studies and ensure the BCNO Group can deal with any issues which may arise due to workload issues.	The academic team have created a document to assist students based on the QAA framework for the hidden curriculum. Currently with the academic and support team to review. This will be shared with students for feedback prior to being published. The assessments have been mapped across the three years to monitor load and shared with HoD. Also reviewing a mentor-type programme moving	October 2025: Ongoing - handbooks created for mentoring and PALS (peer assisted learning). Further gap analysis to be considered end of 2025/26 academic year following student, staff and faculty feedback both informal and formal feedback to ensure students feel supported within the programme. Student support and engagement discussed at faculty development day. Unit E will	We have been provided with the mentoring and PAL handbooks in October 2025, and some minutes of the SEG up to that point. The recent update indicates that the PAL system is not currently operational, and is under review. It's reported that BCNO is currently in review of Semester 1 modules, which will look at academic performance and student feedback. The Heads of Dept

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Condition	Initial plan provided July 25	Updates	GOsC comment
	forward. A report will be evaluated by the academic team and then a proposal will be sent to SMT and the academic governance committee.	be utilised for student attendance. February 2026: Regular student experience meetings and programme committee meetings provide student feedback.	meetings referenced above consider student feedback, but we have not seen the latest Student Engagement Group minutes.
5. BCNO Group must provide ongoing assurance as the programme progresses (for example, through student and staff feedback and responses to this) that students' academic and welfare needs continue to be met, given the compressed delivery of the three-year programme. (6ii)			We have started to consider with BCNO how we work together on addressing this condition through the 2026-27 academic year. Processes are in place to gain feedback from students and staff, but in order to specifically address the intent of this condition, additional means may be needed to gain direct insights from students in particular.

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28. These conditions will continue to be monitored, and will be combined into one action plan that includes any actions arising from the November 2025 visit. Sufficient narrative and evidence has been given to provide assurance that appropriate steps have been taken to meet the conditions thus far.

Recommendations:

1. To agree 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
2. To note 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.



Review Specification for BCNO Group - Renewal of Recognised Qualification Review (updated September 2025)

Background

1. The BCNO Group currently provides the following qualifications which are due to expire on 31 August 2026:
 - Masters in Osteopathy (MOst)
 - BSc (Hons) Osteopathy (modified attendance)
 - BSc (Hons) Osteopathic Medicine
 - Master of Osteopathy and BSc (Hons) Osteopathy, (validated by Buckinghamshire New University (BNU) awarded by the ESO)
 - Masters in Osteopathy (M.Ost) and Bachelors in Osteopathic Medicine (BOstMed), (validated by University of Plymouth (UoP) awarded by BCOM)
2. Recruitment to all of these courses has ceased, and a teach out phase has begun. For the BCNO London campus, this will lead to closure in 2028. For its Maidstone campus, delivery will focus solely on its three-year programme (subject to the outcome of the initial review process undertaken in February 2025). As the Maidstone campus was visited in February 2025, the intended focus of the renewal visit in late 2025 will be the London campus from a resource perspective, though issues in relation to delivery and teach out at both campuses will be addressed.
3. The programmes above validated by Buckinghamshire New University which were delivered by the European School of Osteopathy originally should see their final students graduate in 2025. Similarly, The MOst and BOst Med awarded by BCOM finish in 2025 and none of these require renewal.

Review Specification

4. The GOsC will appoint Education Visitors to review and to report on the following qualifications:
 - Masters in Osteopathy (MOst)
 - BSc (Hons) Osteopathy (modified attendance)
 - BSc (Hons) Osteopathic Medicine (a level 6 exit award for those unable to pass their dissertation within the MOst)
5. The aim of the GOsC Quality Assurance process is to:
 - Put patient safety and public protection at the heart of all activities
 - Ensure that graduates meet the standards outlined in the Osteopathic Practice Standards

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- Make sure graduates meet the outcomes of the Guidance for Osteopathic Pre-registration Education.
 - Identify good practice and innovation to improve the student and patient experience
 - Identify concerns at an early stage and help to resolve them effectively without compromising patient safety or having a detrimental effect on student education
 - Identify areas for development or any specific conditions to be imposed upon the course providers to ensure standards continue to be met
 - Promote equality and diversity in osteopathic education.
6. The format of the review will be based on the GOsC Quality Assurance Handbook and the [Graduate Outcomes and Standards for Education and Training \(2023\)](#). 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 programmes and how students and staff are supported through this transitional period **within an open and collaborative culture** to ensure the continued delivery of Graduate Outcomes and Standards for Education and Training.
 - Arrangements to manage current and future fallow years as programmes are taught out, including impacts on staffing and patients.
 - Any foreseen impact of the teach-out on clinical provision and the continued recruitment of sufficient patients to meet the educational needs of students.
 - The impact of the planned departure **of the current senior management team and the restructuring of this**, including how any risks from this are **identified**, mitigated, managed and monitored.
 - How feedback from staff is gained to ensure that staff needs are addressed appropriately.
 - How shared decision making with patients is embedded within the teaching clinics and how staff are trained and supported in delivering this.
7. The following Standards for Education and Training are highlighted as particularly important to review in terms of the teach out phase of existing RQs and the planned closure of the London campus, 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

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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. Learning culture
- Students are supported to develop as learners and professionals during their education
 - External expertise is used within the quality review of osteopathic pre-registration programmes
- d. Quality evaluation, review and assurance
- effective mechanisms are in place for the monitoring and review of the programme, to include information regarding student performance and progression (and information about protected characteristics), as part of a cycle of quality review.
 - external expertise is used within the quality review of osteopathic pre-registration programmes
- e. Resources
- they provide adequate, accessible and sufficient resources across all aspects of the programme, including clinical provision, to ensure that all learning outcomes are delivered effectively and efficiently.
 - the staff-student ratio is sufficient to provide education and training that is safe, accessible and of the appropriate quality within the acquisition of practical osteopathic skills, and in the teaching clinic and other interactions with patients.
- f. Students
- are provided with clear and accurate information regarding the curriculum, approaches to teaching, learning and assessment and the policies and processes relevant to their programme.
- g. Clinical experience
- clinical experience is provided through a variety of mechanisms to ensure that students are able to meet the clinical outcomes set out in the Graduate Outcomes for Osteopathic Pre-Registration Education.

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- 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

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

RQ visit in TBC 2025

Month/Year	Action/Decision
April 2025	Committee agreement of initial review specification and statutory appointment of visitors
10 weeks before the visit c August 2025	Submission of mapping document
11-15 November	Review visit takes place
5 weeks following visit	Draft Report to BCNO for comments - statutory period.
February 2026	Comments returned and final report agreed.
March 2026	Recommendation from the Committee to Council whether to renew recognition of programmes

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Annex to 7

May 2026	Recognition of Qualification ongoing by the General Osteopathic Council
July 2026	Privy Council Approval

This timetable will be the subject of negotiation with BCNO Group, to ensure mutually convenient times that fit well with the quality assurance cycle.

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GOsC Education Quality Assurance Renewal of Recognised Qualification Report

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

The review process is set out in detail within the GOsC [Quality Assurance Handbook](#)

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

Outcome of the review

-
- | | |
|-------------------------------|---|
| Recommendation to PEC: | <input type="checkbox"/> Recommended to renew recognised qualification status
<input checked="" type="checkbox"/> Recommended to renew recognised qualification status subject to conditions being met
<input type="checkbox"/> Recommended to withdraw recognised qualification status |
|-------------------------------|---|

Current recognition period: 1 September 2021 to 31 August 2026

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Abbreviations

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

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

Overall aims of the course

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

The aims as detailed in the programme specifications are below:

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

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Overall Summary

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

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

Strengths and good practice

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

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

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

Areas for development and recommendations

- For the final Clinical Competency Assessment, two assessors are present, and an independent moderator oversees the process to ensure fairness and subsequently produces a report. The External Examiner is invited to oversee the final Clinical Competency Assessment, but was unable to attend last year for the final Clinical Competency Examination, leaving a gap in the evaluation of the reliability and validity of that particular exam. It is recommended that The BCNO Group endeavour to ensure that an External Examiner is present at the Clinical Competency Examinations to provide to provide this additional assurance. (1.viii)
- Feedback from some students on the BSc programme indicated that they feel that BCNO sometimes struggles to recruit educators for weekend teaching, and that consequently, educators may be recruited at short notice and are not familiar with what they should be teaching. This impacts on consistency of teaching and student confidence. It is recommended that The BCNO Group take steps to manage staff recruitment and oversight adequately during weekends and ensure that educators are sufficiently supported to deliver material at the appropriate level. (1.ix)
- Although staff development is supported, there is still not a structured annual appraisal process to evaluate staff, provide feedback, and set development objectives. It was stated that there are plans to reinstate a system based on the previous 360 feedback appraisal process, and it is recommended that this be actioned as soon as practicable. (1.ix)

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- The BCNO Group should consider ways of incentivising students to become student representatives and attend all relevant meetings to ensure their voice is more effectively heard and consider additional ways of significantly improving student response rates to surveys and module feedback. (6.iv)
 - Although there are clear KPIs linked to the teach out plans, they are very ambitious and some may be difficult to accurately measure given student engagement levels. SMT should ensure that the KPIs in the teach out plan are regularly reviewed and recorded by SMT to help ensure any difficulties are addressed in a timely manner. (4.i)
 - The BCNO Group should ensure that the FTP policy (linked to UoP) is uploaded once it has been reviewed to replace the current version. (2.ii)
 - Although students said that they felt able to provide regular informal feedback and were happy with this, it is recommended that both formal and informal concerns and complaints are thoroughly logged so that SMT and AGC accurately review the concerns, see any patterns and respond to them on a more regular basis with the 'You Said We Did' approach. (1.vi) (1.x) (2.iii)
 - The BCNO Group might consider exploring other channels for feedback, such as organising structured, and documented, student user groups that can feed into formal engagement processes or incentivising students for their active participation. (6.v)
 - The BCNO Group should place the safeguarding information and other patient information throughout the clinic to increase visibility and therefore patient access to that information. (9.ii)
 - It was evident from patient feedback that the BCNO teaching clinics are much valued by the local communities. To address patient concerns regarding the future of the London clinic, once a decision is reached, it is recommended that The BCNO Group create a detailed communication plan to announce formally to patients and the community about the teach out and future of the London campus clinic. (9.vi)

Conditions

1. Given the impact of recent changes the BCNO Group must ensure the risk register is not just reviewed but also updated on a monthly basis. The governance section must be reviewed as a matter of urgency and brought fully up to date. (2.i)
2. Considering the importance of more clarity on the future direction of the organisation for interested parties including staff and students, a decision should be made by the Board by February 2026 regarding the strategic plan, and following this, a clear summary document be produced and communicated which sets out how the chosen options will be achieved up to 2028. The strategy should be reflected in an action plan with effective timeframes, costings, review dates, KPIs and areas of responsibility, so that progress towards the targets will be measurable. (2.i) (4.iii)

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3. This academic year, the BCNO Group must ensure that all out of date policies are updated. and policy access centralised through a single repository, maintaining a simple central register (4.iii)
 4. The BCNO Group should ensure that KPIs are regularly reviewed, recorded and updated at least each semester in order to measure progress and effectiveness of the Teach out plan. (2.i)
-

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Assessment of the Standards for Education and Training

1. Programme design, delivery and assessment

Education providers must ensure and be able to demonstrate that:

- i. they implement and keep under review an open, fair, transparent and inclusive admissions process, with appropriate entry requirements including competence in written and spoken English. MET NOT MET

Findings and evidence to support this

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

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

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

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

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

MET

NOT MET

Findings and evidence to support this

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

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

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

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

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

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

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

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Conditions

None reported.

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

MET

NOT MET

Findings and evidence to support this

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

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

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

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

MET

NOT MET

Findings and evidence to support this

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

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

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

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

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

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Conditions

None reported.

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

MET

NOT MET

Findings and evidence to support this

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

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

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

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

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

vi. they involve the participation of students, patients and, where possible and appropriate, the wider public in the design and development of programmes, and ensure that feedback from these groups is regularly taken into account and acted upon. MET NOT MET

Findings and evidence to support this

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

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

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

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

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

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

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

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

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

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

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

Conditions

None reported.

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

MET

NOT MET

Findings and evidence to support this

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

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

MET

NOT MET

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

Findings and evidence to support this

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

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

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

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

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

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

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

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

Strengths and good practice

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

Areas for development and recommendations

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

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

Conditions

None reported.

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

MET

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

Findings and evidence to support this

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

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

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

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

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

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

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

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

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

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

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

Strengths and good practice

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

Areas for development and recommendations

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

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

Conditions

None reported.

x. there is an effective process in place for receiving, responding to and learning from student complaints. MET NOT MET

Findings and evidence to support this

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

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

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

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

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

Recommendations:

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

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

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

Conditions

None reported.

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

MET

NOT MET

Findings and evidence to support this

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

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

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

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

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None reported.

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2. Programme governance, leadership and management

- i. they effectively implement effective governance mechanisms that ensure compliance with all legal, regulatory and educational requirements, including policies for safeguarding, with clear lines of responsibility and accountability. This should include effective risk management and governance, information governance and GDPR requirements and equality, diversity and inclusion governance and governance over the design, delivery and award of qualifications.
- MET
 NOT MET

Findings and evidence to support this

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

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

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

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

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

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

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

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

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

Conditions

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

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

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

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

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

MET
 NOT MET

Findings and evidence to support this

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

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

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

Strengths and good practice

None reported.

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Areas for development and recommendations

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

Conditions

None reported.

iii. there are accessible and effective channels in place to enable concerns and complaints to be raised and acted upon. **MET**
 NOT MET

Findings and evidence to support this

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

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

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

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

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

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

Strengths and good practice

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

Areas for development and recommendations

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

Conditions

None reported.

iv. the culture is one where it is safe for students, staff and patients to speak up about unacceptable and inappropriate behaviour, including bullying, (recognising that this may be more difficult for people who are being bullied or harassed or for people who have suffered a disadvantage due to a particular protected characteristic and that different avenues may need to be provided for different people to enable them to feel safe). External avenues of support and advice and for raising concerns should be signposted. For example, the General Osteopathic Council, Protect: a speaking up charity operating across the UK, the National Guardian in England, or resources for speaking up in Wales, resources for speaking up in Scotland, resources in Northern Ireland. MET NOT MET

Findings and evidence to support this

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

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

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

Findings and evidence to support this

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

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

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

NOT MET

Findings and evidence to support this

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

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

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

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

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

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

Strengths and good practice

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

Areas for development and recommendations

None reported.

Conditions

None reported.

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3. Learning Culture

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

MET

NOT MET

Findings and evidence to support this

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

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

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

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

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None reported.

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

MET

NOT MET

Findings and evidence to support this

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

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

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

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

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

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

Strengths and good practice

None reported.

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Areas for development and recommendations

None reported.

Conditions

None reported.

iii. the learning culture is fair, impartial, inclusive and transparent, and is based upon the principles of equality and diversity (including universal awareness of inclusion, reasonable adjustments and anticipating the needs of diverse individuals). It must meet the requirements of all relevant legislation and must be supportive and welcoming. **MET** **NOT MET**

Findings and evidence to support this

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

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

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

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

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Conditions

None reported.

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

Findings and evidence to support this

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

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

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

Findings and evidence to support this

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

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

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

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

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

MET
 NOT MET

Findings and evidence to support this

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

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

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

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

Coe, Lorna
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4. Quality evaluation, review and assurance

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

MET

NOT MET

Findings and evidence to support this

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

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

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

Conditions

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

MET

NOT MET

Findings and evidence to support this

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

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

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

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

Conditions

None reported.

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

MET
 NOT MET

Findings and evidence to support this

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

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

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

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

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Coe, Jorina
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Conditions

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

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

MET

NOT MET

Findings and evidence to support this

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

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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5. Resources

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

MET

NOT MET

Findings and evidence to support this

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

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

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

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

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

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

Strengths and good practice

None reported.

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Areas for development and recommendations

None reported.

Conditions

None reported.

ii. the staff-student ratio is sufficient to provide education and training that is safe, accessible and of the appropriate quality within the acquisition of practical osteopathic skills, and in the teaching clinic and other interactions with patients. **MET** **NOT MET**

Findings and evidence to support this

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

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

NOT MET

Findings and evidence to support this

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

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

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

MET

NOT MET

Findings and evidence to support this

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

MET

NOT MET

Findings and evidence to support this

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

6. Students

i. are provided with clear and accurate information regarding the curriculum, approaches to teaching, learning and assessment and the policies and processes relevant to their programme. **MET** **NOT MET**

Findings and evidence to support this

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

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

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

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Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

MET

NOT MET

Findings and evidence to support this

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

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

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

MET

NOT MET

Findings and evidence to support this

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

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

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

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

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Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

MET

NOT MET

Findings and evidence to support this

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

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

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

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Conditions

None reported.

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

MET

NOT MET

Findings and evidence to support this

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

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

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

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

Conditions

Coe, J. G. H. A.
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None reported.

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

MET
 NOT MET

Findings and evidence to support this

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

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

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

Conditions

None reported.

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7. Clinical experience

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

MET

NOT MET

Findings and evidence to support this

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

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

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

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

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

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

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

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

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Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

Findings and evidence to support this

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

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

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

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

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

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

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

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

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

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

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

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

Strengths and good practice

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

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

Areas for development and recommendations

None reported.

Conditions

None reported.

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8. Staff support and development

i. educators are appropriately and fairly recruited, inducted, trained (including in relation to equality, diversity and inclusion and the inclusive culture and expectations of the institution and to make non-biased assessments), managed in their roles, and provided with opportunities for development. MET NOT MET

Findings and evidence to support this

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

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

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

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

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

Conditions

None reported.

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

MET

NOT MET

Findings and evidence to support this

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

NOT MET

Findings and evidence to support this

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

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

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

iv. there are sufficient numbers of experienced educators with the capacity to teach, assess and support the delivery of the recognised qualification. Those teaching practical osteopathic skills and theory, or acting as clinical or practice educators, must be registered with the General Osteopathic Council, or with another UK statutory health care regulator if appropriate to the provision of diverse education opportunities. MET
 NOT MET

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Findings and evidence to support this

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

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

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

NOT MET

Findings and evidence to support this

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

9. Patients

i. patient safety within their teaching clinics, remote clinics, simulated clinics and other interactions is paramount, and that care of patients and the supervision of this, is of an appropriate standard and based on effective shared decision making. **MET** **NOT MET**

Findings and evidence to support this

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

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

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

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

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

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

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

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

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

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

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

ii. Effective safeguarding policies are developed and implemented to ensure that action is taken when necessary to keep patients from harm, and that staff and students are aware of these and supported in taking action when necessary. MET NOT MET

Findings and evidence to support this

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

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

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

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

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

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

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Strengths and good practice

None reported.

Areas for development and recommendations

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

Conditions

None reported.

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

MET

NOT MET

Findings and evidence to support this

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

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

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

Strengths and good practice

None reported.

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Areas for development and recommendations

None reported.

Conditions

None reported.

iv. they manage concerns about a student’s fitness to practice, or the fitness to practice of a member of staff in accordance with procedures referring appropriately to GOsC. **MET** **NOT MET**

Findings and evidence to support this

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

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

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

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

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None reported.

Conditions

None reported.

v. appropriate fitness to practise policies and fitness to study policies are developed, implemented and monitored to manage situations where the behaviour or health of students poses a risk to the safety of patients or colleagues. **MET** **NOT MET**

Findings and evidence to support this

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

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

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

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

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

Strengths and good practice

None reported.

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Areas for development and recommendations

None reported.

Conditions

None reported.

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

MET

NOT MET

Findings and evidence to support this

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

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

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

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

They noted that at the following session, the approach was adapted to prevent any further episodes of nausea or dizziness and that every student she saw would then follow the same protocol.

Regarding the teach out, the SMT team told us that patients are aware of the teach out through patient experience groups and the Media. However, there had not been a formal announcement or involvement of the BCNO with patients of the clinic regarding the teach out plans.

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

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

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

Recommendation:

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

Conditions

None reported.

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

MET

NOT MET

Findings and evidence to support this

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

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

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

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

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

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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A. Evidence

A.1 Evidence seen as part of the review

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

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

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

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

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

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

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

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

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

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

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

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

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

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