Public Meeting of the Policy and Education Committee

Wed 22 October 2025, 13:00 - 15:30

Osteopathy House, 176 Tower Bridge Road, SE1 3LU

Please declare any conflicts of interests against agenda items.

Agenda

13:00 - 13:05
5 min

1. Welcome and apologies

Information *Patricia McClure*

For info

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

13:05 - 13:10
5 min

2. Minutes and matters arising from the meeting of 10 June 2025

Decision *Patricia McClure*

For approval and to note decisions made in Admincontrol since last Committee meeting.

- Public Item 2 - Policy and Education June 2025 Public Minutes - Unconfirmed.pdf (18 pages)

13:10 - 13:30
20 min

3. Research Strategy

Discussion *Dr Stacey Clift*

For discussion

- Public Item 3 - Research Framework FINAL.pdf (6 pages)
- Public Item 3 - Annex Research Framework FINAL.pdf (15 pages)

13:30 - 13:45
15 min

4. Artificial Intelligence - joint regulatory statement on education

For noting *Paul Stern*

For noting

- Public Item 4 AI update FINAL.pdf (8 pages)
- Public Item 4 - Annex A Draft inter-regulatory statement on AI use in healthcare professional education FINAL.pdf (3 pages)

13:45 - 14:00
15 min

5. Transition to Practice

Discussion *Dr Stacey Clift*

For discussion

- Public Item 5 - Transition into practice FINAL.pdf (8 pages)
- Public Item 5 - Annex Recent graduate persona and journey mapping workshop resources.pdf (1 pages)

14:00 - 14:15
15 min

6. UCO College of Osteopathy: Health Sciences University - Recognised Qualifications review (reserved)

Decision *Steven Bettles*

For approval

- Public Item 6 - HSU - Recognised Qualification FINAL.pdf (11 pages)
- Public Item 6 Annex B -HSU_RQ_Report_Final.pdf (73 pages)

14:15 - 14:30
15 min

7. College of Osteopaths -Agreement to RQ specification (reserved)

Decision *Steven Bettles*

For approval

Public Item 7 - College of Osteopaths RQ Specification FINAL.pdf (8 pages)

14:30 - 14:45
15 min

8. Apprenticeship Standard update (oral item)

Information *Fiona Browne*

For noting

14:45 - 15:05
20 min

9. Update from Observers

Information *Patricia McClure*

For information

15:05 - 15:15
10 min

10. Any other business

Information *Patricia McClure*

15:15 - 15:30
15 min

11. Date of next meeting 12 March 2026

General Osteopathic Council

The 31st meeting[1] of the Policy and Education Committee to be held in public on Wednesday 22 October 2025 commencing at 13:00. Lunch will be available before the meeting from 12:00pm. The meeting will be hosted by the General Osteopathic Council in the Council Chamber, Osteopathy House, 176 Tower Bridge Road, London, SE1 3LU.

Agenda

1.	Welcome and apologies		13:00 to 13:05
2.	Minutes and matters arising from the meeting on 10 June 2025 To note the formal record of decisions made electronically since the last Committee meeting including: - Shortened annual reports for BCNO, LSO, Marjon and Swansea, HSU	For approval	13:05 to 13:10
3.	Research Strategy	For discussion	13:10 to 13:30
4.	Artificial intelligence	For noting	13:30 to 13:45
5.	Transition into Practice	For discussion	13:45 to 14:00
6.	UCO School of Osteopathy within Health Sciences University – Recognised Qualifications review (reserved)	For agreement	14:00 to 14:15
7.	College of Osteopaths – Agreement to RQ specification (reserved)	For agreement	14:15 to 14:30
8.	Apprenticeship Standard oral update		14:30 to 14:45
9.	Updates from Observers • COEI • iO • OA • NCOR	For noting	14:45 to 15:05

[1] This is also the 111st meeting of the Education Committee

10. Any other business

11. Date of next meeting 12 March 2026

General Osteopathic Council

Policy and Education Committee

Minutes of the 30th Policy and Education Committee held in public on Tuesday 10 June 2025, at Osteopathy House, 176 Tower Bridge Road SE1 3LU and Go-to-Meeting online video conference.

Unconfirmed

Chair: Professor Patricia McClure (Council, Lay)

Present:
Gabrielle Anderson (Council Associate)
Dr Daniel Bailey (Council, Registrant)
Gill Edelman (Council, Lay)
Professor Debra Towse (Council, Lay)
Arwel Roberts (Council Associate)
Kate Kettle (Independent, Lay)
Jayne Walters (Independent, Lay)
Andrew MacMillan (Independent, Osteopath)
Patrick Gauthier (Independent, Osteopath)

Observers with Speaking Rights:

Sharon Potter, Council of Osteopathic Educational Institutions
Santosh Jassal, Secretary to the Osteopathic Alliance, [online]
Matthew Rogers, Associate Director of Professional Development, Institute of Osteopathy.

In attendance:
Steven Bettles, Head of Education and Policy
Fiona Browne, Director, Education, Standards and Development
Nerissa Allen, Executive Assistant to the Chief Executive and Registrar
Lorna Coe, Governance Manager
Will Shilton, Mott MacDonald (QA provider)
Hannah Warwick, Mott MacDonald (QA provider)
Liz Niman, Head of Communications, Engagement and Insight
Darren Pullinger, Head of Resources and Assurance
Paul Stern, Senior Research and Policy Officer
Matthew Redford, Chief Executive and Registrar

Observers with No Speaking Rights:

Sally Gosling, Institute of Osteopathy [online]
Fiona Hamilton, Council of Osteopathic Educational Institutions
Neil Hayden, Chair, SCCO (online) [1000-1130]

Item 1: Welcome and apologies

1. The Chair welcomed all to the meeting and confirmed that all were happy that the meeting would be recorded.

2. Special welcomes were extended to:

   a. Lynne Chambers and Janet Rubin from Praesta, the company that has been undertaking the Board Effectiveness Review.

   b. The 4 new independent members who joined from 1 April 2025: Kate Kettle (Lay), Jayne Walters (Lay), Andrew MacMillan (Osteopath) and Patrick Gauthier (Osteopath).

   c. All members of the committee and staff present introduced themselves.

3. Apologies were received from:

   - Dr Jerry Draper-Rodi, National Council for Osteopathic Research.
   - Jo Clift, Chair of Council GOsC.
   - Banye Kanon, Senior Quality Assurance Officer

Item 2: Minutes and Matters arising.

4. The minutes of the meeting of March 2025 were agreed as an accurate record of the meeting subject to the following amendment:

   a. Typo on page 6, item 17 Paragraph P to be amended.

Item 3: CPD consultation analysis:

5. Stacey Clift, Head of Research, Data and Insight introduced the item. The key messages were:

   a. Most osteopaths understood the changes being proposed to the Continuing Professional Development (CPD) guidance and peer discussion review (PDR) Template and could not identify any gaps.

   b. It was considered that both the consultation version of the CPD Guidance and the PDR documents could be improved.

   c. The paper considered the findings of the consultation around fundamental elements of any CPD scheme: mandatory elements, reflective practice, sufficient evidence base for change and accessibility or inclusion considerations and some potential options for progressing in terms of an inclusive approach.

d. The paper asked the committee to consider a set of reflective questions (see paragraphs 16, 17, 22, 35 and 39 in the report) around implementation of next steps concerning:

   I. Strengthening trust among the contrasting views within the profession on this area.

   II. Mandatory, encouraged, building an evidence base for change or Right Touch elements (or a combination of these) for effective CPD and practice.

   III. Right touch reflective practice, which encompasses the individual Learner, inclusivity and innovative changes.

6. In discussing and considering the questions asked of it and considering next steps following the consultation which proposed introducing mandatory elements of CPD (in the areas of maintaining and establishing professional boundaries and equality, diversity, inclusion and belonging (EDIB)), the Committee looked at the 4 options provided in the report and debated extensively which was the most appropriate one:

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

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

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

   d. **Option 4:** Introduce both elements as 'Encouraged elements' while we work on developing resources and the narrative for EDIB evidence base beyond education and into practice, given some respondents cannot see the

correlation between the UrG[1]Ent project and wider practice as an osteopath with the view to introducing these elements as mandatory on a set date in the future.

7. The Committee debated the options and concluded that it agreed EDIB and boundaries were important elements but, in line with GOsC values, it needed more evidence about how the scheme would work for osteopaths to consider making them mandatory. It was noted that usually, the Committee would agree the guidance first and then would work on the package of resources to support osteopaths to do that. However, in this case, it was proposed that the team would bring back a more complete package of resources for both the boundaries and EDIB elements, developed collaboratively with osteopaths, students and others, so that the Committee could decide at that stage whether to make the elements mandatory. This would also include a more layered approach to the CPD guidance so that the requirements of CPD would be the same, but alongside the core guidance, there would be a number of different accessible ways for osteopaths with more or less detail as required. This layered approach would also incorporate appropriate reflection. The Committee agreed with this approach and therefore Option 4 was the preferred option however a decision to whether or not they would be mandatory in the future would be considered at the October meeting.

8. In coming to this conclusion, it was noted that involving students early in this process via the OEIs would be valuable.

9. It was pointed out that it would be how the materials around the CPD guidance would be presented that was layered and not the guidance itself.

Considered: Committee considered the CPD consultation analysis findings and the implications for next steps (There are specific questions for the committee to consider in paragraphs 16, 17, 22, 35 and 39).

Agreed: Committee agreed the approach to further development of the CPD Guidance and resources based on Option 4 outlined at paragraph 25 with consideration of whether or not it should be mandatory to be discussed at October Committee.

Agreed: Committee agreed the approach to the further development of the PDR template as outlined in paragraphs 36 to 39

[1] https://www.hsu.ac.uk/urgent-project/

Item 4: Standards Queries and Osteopathic Practice Standards (OPS) review call for feedback

10. The Senior Research and Policy Officer introduced the item and provided a summary which is start to the review of the Osteopathic Practice Standards (OPS). The key messages and following points were highlighted:

    a. The purpose of this paper was to provide an analysis of the issues raised with GOsC by osteopaths and other stakeholders and their application to the OPS over the past 13.5 months, as well as setting out the plan to start the review of the OPS through a call for feedback in late Summer/Autumn.

    b. The OPS was last reviewed and updated in 2018. Good practice suggests that standards should be reviewed at approximately 5-year intervals. Given the current standards are just over 5 years old, it was felt that it was right time to start the review process which was the reason for the paper to committee.

    c. As part of the preparatory work, Professional Standards have analysed the 91 ethical and standards queries received from osteopaths and members of the public between 23 March 2024 and 14 May 2025.

    d. The main issues raised were in relation to osteopaths' management of records, osteopaths' undertaking activities sitting outside the typical scope of practice and how to manage difficult situations with patients and colleagues.

    e. Consideration should be given as to whether there was anything further needed in these areas, whilst also considering issues such as, the rise of artificial intelligence (AI) and its impact on practice; boundaries issues between osteopaths, patients and their colleagues; and osteopaths' use of social media.

    f. In order to ensure a wide range of views and to hear from all stakeholders with an interest in osteopathy, the next step would be to launch a call for feedback later this year. Considering what was missing in terms of further guidance that might be helpful.

    g. There were a high number of queries on:

        I. Patient records and what registrants should do when they sell their business or retire, or members of the public asking how they could access their records in those instances.

        II. Patient confidentiality regarding AI transcripts or use of WhatsApp.

        III. Adjunctive therapies e.g. Injection therapy, Botox, infant feeding advice, diagnostic imaging.

    h. The Committee was asked for feedback on the research on the enquiries and whether it considered there were any gaps in the guidance.

11. In discussion, the following points were made and responded to:

    a. The Committee asked the executive if those responding to those queries felt able to answer the questions coming in or whether there were areas where there was no guidance or that were more challenging.

       It was also asked if, having responded, people were generally satisfied with the responses.

       The Senior Research and Policy Officer advised that in the main, the executive was able to respond to the queries and there was little that was not covered in the standards, however, there were a few that needed more consideration before responding e.g. how to deal with a challenging patient such as one who was breaking the boundaries and a registrant wanted to know their responsibilities. Responses were always sent with the offer to come back if there were more queries which the majority do not. Speaking in person was most helpful as it reduced any anxiety.

    b. The Head of Policy and Education pointed out that GOsC could not give legal advice and could not tell osteopaths what to do, rather, the executive would give them information and point them to legal advice or insurance etc. depending on the situation. The Committee suggested that the pre-engagement work would include other organisations such as the iO or insurers to triangulate what could potentially be a rich set of data on such queries and could inform GOsC's work on the review of standards of practice.

    c. The Committee queried where cultural competence within the delivery of practice would sit within the standards and questioned if it was missing because there were no queries coming from osteopaths on this or whether it was part of wider development of the profession.

       The executive advised they were not aware of specific queries coming through but there were communication and patient partnership elements in the guidance but GOsC would need to ask the patients what was missing.

    d. The Committee explored the issue with some members surprised to see non-surgical cosmetic treatments and feeding advice for example and wondered how a member of the public knew an osteopath was trained in those approaches, what was considered appropriate training and how the public knew it was safe practice.

       It was discussed that scope of practice was different for everyone with enhanced and advanced practice being very different than novice, therefore, the scope of practice needed to be wider to cover everyone.

       Committee concluded the guidance on adjunctive therapies would be included in the call to feedback to consider all the points made.

e. The Committee noted how this project was a great example of how GOsC was living its values as it was collaborative, respectful, evidence informed and it would be influential in changing practice by amending Osteopathic Practice Standards.

Noted: Committee noted the findings from the analysis of the queries received from osteopaths between March 2024 and May 2025.

Agreed: Committee agreed that GOsC launch a call for feedback in late Summer/Autumn 2025 and that this included the adjunctive therapies guidance.

Item 5: Quality Assurance

12. The Head of Education and Policy introduced and explained the process for new members of the Committee.

13. The key messages and following points were highlighted:

    a. The Committee were asked to agree an updated version of the annual report template for 2024-2025.

    b. The Committee should prescribe the format of the annual report requirement in good time in accordance with the 'general conditions' attached, the recognised qualification approvals or the agreed action plans (for OEIs without an expiry date) and in accordance with s18 of the Osteopaths Act 1993.

    c. The report will be sent out in August/September and returned in late November/early December for analysis. The analysis reports will be presented to the Committee in March 2026.

    d. The template was similar to previous years with a focus on delivery of the Standards for Education. Further detail was requested this year around student protection plans, the qualification and training/development approaches of education providers for teaching staff and curricula. In the data sheets, the question was asked about the ratio of clinical educators to patients, as well as students.

    e. The analysis would be carried out in-house for the first time.

14. In discussion, the following points were made and responded to:

    a. The Committee queried how GOsC would ensure, when moving the process in-house, that it was dealt with fairly, transparently with no bias etc. and whether it had approached the OEIs to involve them.

The Head of Policy and Education advised that GOsC had not firmed up on the moderation process yet but was considering using RQ visitors in a moderation capacity and that the template would remain the same as was used by Mott MacDonald. How the process developed over time would continue to be done with input from the OEIs.

b. The Committee discussed the requirement for a student protection plan, noting it was timely to include that. It was suggested that GOsC should clarify the intention and whether that was for institutions to share their standard student protection plan or whether it would be a specific plan to ensure students could transfer from one osteopathy course to another. The latter would negate potential issues of fairness for larger versus smaller institutions and if that was the intention it should be made very clear to institutions so they did not just share the larger student protection plan.

   The Head of Policy and Education advised this would come out in the analysis. There was a duty on GOsC to support students in these situations and at the present time the focus was about making sure institutions had considered what they would do in the event a course was cancelled part way through.

Agreed: Committee agreed the annual report template for the 2024-2025 academic year, including the updated educator data collection proposals.

Item 6: Apprenticeship Standard

Due to conflicts of interest Patrick Gauthier, Daniel Bailey, Andrew MacMillan and Sharon Potter stepped out the room.

Caroline Guy, Member of Council had been co-opted for this particular item and had joined the call online. Approval had been received from Council.

15. The Director of Education, Standards and Development introduced the item. The key points were:

    a. The paper asked the Committee to make the following decisions:

        i. To agree that the draft osteopath apprenticeship standard attached at Annex A is aligned with and capable of delivering the Graduate Outcomes as demonstrated by the mapping and the overarching requirements statement.

        ii. To note that any qualifications developed to deliver the osteopath apprenticeship standard will be subject to usual quality assurance arrangements to inform the Education Committee's statutory recommendations about recognition to Council in accordance with the Osteopaths Act 1993.

b. The paper explained that the development of the employer owned apprenticeship with the Institute for Apprenticeships and Technical Education (Ifate) is aligned with the GOsC strategy previously agreed by Council.

c. The paper explained that the decisions the Committee was being asked to make are in line with its statutory duties and roles as outlined in the Osteopaths Act 1993 and the General Osteopathic Council (Recognition of Qualifications) Rules 2000.

d. Matthew Rogers and Sally Gosling were present to answer any questions.

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

a. The Committee noted that GO70, 71 and 72 had not been mapped across to the apprenticeship standard and questioned the reasons for that.

Mathew Rogers, Associate Director of Professional Development, Institute of Osteopathy provided the background. The trail blazer group was putting together the apprenticeship standard which was the knowledge, skills and behaviours that employers told them they would want to see in an osteopath who had graduated through an osteopathy apprenticeship to demonstrate to show that they are employment ready.

In a regulated profession any provider would have to assure GOsC that those students who graduated out of an apprenticeship programme met the same graduate standards as other routes. It would not be in the same language though, as Ifate and Skills England had a language convention so they would not fully reflect the same wording in the Osteopathic Practice Standards (OPS) but the quality assurance process would be the same as for existing programmes.

The version presented was a draft version and there was time to make amendments.

b. The Director, Education, Standards and Development advised there were some of the Graduate Outcomes which were not capable of being translated into knowledge, skills and behaviours because they were experiential and therefore related to the delivery of the course rather than the content. They would instead be picked up as part of the QA process.

c. Sally Gosling, Institute of Osteopathy added there were a number of duties and knowledge, skills and behaviours that made overt reference to the GOsC Graduate Outcomes and then by definition the Osteopathic Practice Standards. Education providers' proposals to deliver an apprenticeship would go through GOsC RQ process.

The Chief Executive stated that this item should have been reserved (for Committee members only) and apologised for Observers with speaking rights that they could not contribute to the discussion on this item.

d. The Director of Education, Standards and Development advised that it was helpful for Committee to be aware that there was feedback from the ODG around specificity of osteopathy and whether there was sufficient osteopathy in the Apprenticeship Standard. She understood that this was being taken into account as part of the development process.

   The question for Committee was whether the draft Apprenticeship Standard presented mapped across to our Graduate Outcomes which did make reference and were agreed as sufficient in osteopathy (in particular paragraph 16). There was one view there was not enough osteopathy in the draft Apprenticeship Standard and this was now being updated to incorporate this. GOsC's view was that the draft was sufficient as it referenced the Graduate Outcomes both through the mapping document and through a 'catch all' statement. GOsC would review the delivery of the Graduate Outcomes as part of the quality assurance process. In order to be a 'recognised qualification (RQ) registrable with GOsC, subsequent qualifications developed in response to the Apprenticeship Standard must deliver the Graduate Outcomes and the Standards for Education and Training.

Agreed: Committee agreed that the draft osteopath apprenticeship standard aligned with and was capable of delivering the Graduate Outcomes.

Noted: Committee noted that any qualifications developed to deliver the apprenticeship standard would be subject to the usual quality assurance arrangements to inform recommendations about recognition to Council in accordance with the Osteopaths Act 1993.

BREAK 1136 - 1148

Item 7: BCNO Group – Initial Recognition of new RQ (reserved)

17. The Head of Policy and Education/ Senior Quality Assurance Officer introduced the item which was the visitor report that contained recommendation for initial recognition of the BSc (Hons) Osteopathic Medicine (full-time three-year course) with five conditions.

18. The key messages from the report were:

a. A draft RQ specification was approved by the Committee at its June 2024 meeting and in October 2024, the Committee agreed a team of three Education Visitors under s12 of the Osteopaths Act 1993 to undertake the review.

b. Following the BCNO Group's decision to cease recruitment to its London campus, the Committee agreed in January 2025 (via email) to proceed with the review, limited just to the proposed new three-year programme. The updated RQ specification as a result of this late change is attached as Annex A. A review of the remaining, existing provision will take place towards the end of 2025.

c. The visit took place from 18-20 February 2025.

d. The Action plan has been submitted to visitors for their comments so it is in hand and it was suggested that we request an update on all the conditions for the October meeting.

19. Hannah Warwick, Mott MacDonald added that there was a lot going on at BCNO at the time of the visit, but they were welcoming, very open and reflective about the areas that were identified. The visit focused on their readiness for change and the new programme. They had been thinking about some things that could cause issues for the student experience and making sure delivery of the programme would not negatively impact students.

20. A revised version of the report titled 'initial' rather than 'renewal' would be sent by Mott MacDonald.

21. In discussion, the following points were made and responded to:

a. The Committee suggested that condition 7 around advising GOsC of any proposed or substantial change should be higher up and questioned whether, for a new course, a change in student numbers should be advised sooner than a 20% variance, in order to be more of an early warning sign.

The Head of Policy and Education advised that there were general conditions, but the Committee could ask for much more detail on monitoring of student numbers if it wanted to.

The Director of Education, Standards and Development advised that there was an opportunity to reflect on the general conditions now that GOsC was taking Quality Assurance in-house and that the placement of each one could be reviewed as part of that.

b. The Committee discussed the requirement for a visit to be conducted in the second year of a new programme and whether that was proportionate

noting that there was one visit in February, another in November and a third the following year.

The Head of Policy and Education explained that the reason for the February and November visits was that BCNO had asked if the review visit could be done separately from the initial visit for the new programme.

The Director of Education, Standards and Development noted that the conditions should relate to the Standards of Education and Training and suggested the executive considered how to reword that to capture the concern rather than the process. The Committee could then make a decision on the visit at later date.

c. The Committee commented that in Annex B p5 regarding areas for development and recommendations regarding staff undertaking PDR should be compulsory rather than a recommendation.

d. The Committee commented on the requirement for all relevant course materials to be reviewed and questioned whether that was the validation documentation rather than all teaching and learning material which would be extensive and difficult to provide.

e. The Committee also raised a question in relation to condition 2 around producing the strategic plan for the next three to five years and wondered about the intent and proportionality of that request i.e. whether it was an action plan, a business continuity plan or a business case to support a new course showing how it would be delivered and sustained in the future.

f. The Director of Education, Standards and Development clarified for the Committee that its role was not to redo the visit as such as they had appointed Visitors to examine all the evidence at the schedule of the Report and triangulate this with live feedback from students, staff and patients. Rather it was for the Committee to check that the report justified the conclusions. For example, was there a disconnection or lack of consistency between the visit report and the evidence cited within it and the conditions and then question that.

g. The Committee discussed the proposed expiry date – the requirement was that there had to be a RQ visit one year before the expiry date of a new course but, if the Committee considered that another visit at the proposed time was disproportionate in this instance, noting it was an existing provider, it could decide to extend the expiry date to 1 January 2031 and review the position when they get the next RQ report towards end of 2026.

The Committee agreed to extend the expiry date to 1 January 2031.

Agreed: Committee agreed to recommend that Council recognise the BSc (Hons) Osteopathic Medicine awarded by The BCNO Group subject to the

conditions set out in paragraph 19, from 1 September 2025 to 1 January 2031 subject to the approval of the Privy Council. Subject to:

1. **The executive rewording the condition around the requirement for another visit in year 2 in line with Committee discussions.**

To request an update in relation to the action plan to be reported to the October 2025 Committee meeting. At that time the Committee will take a view about the date of the next visit.

Item 8: Swansea University – Renewal or continued recognition of RQ (reserved)

Jayne Walters and Sharron Potter stepped out the meeting for this item due to conflict of interests.

22. The Head of Policy and Education introduced the item and the key messages were:

    a. A renewal of recognition review took place in relation to the Swansea University M.Ost in February 2025.

    b. The visitor report contained recommendation for renewal of the recognition of the M.Ost qualification with no conditions.

    c. As there was no expiry date on the RQ, no decision by Council was necessary. However, the publication of the RQ report and the Action Plan would be reported to Council for information.

    d. Will Shilton of Mott MacDonald added it was a very detailed report and it had been a very successful visit in a very busy environment, lots of passionate students in osteopathy there and visitors saw state of the art resources. Lots of strengths of practice and whilst there were no conditions, the OEI responded really quickly to the recommendations.

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

    a. The Committee commented on the areas of good practice and wondered if it could be highlighted specifically to the profession as an exemplar.

       The executive would consider how that could be done in a way that was fair and appropriate, ensuring that it was not promotion but that it could be used to show the profession the value of regulation.

Agreed: Committee agreed to publish the Swansea University RQ Visitor report which provides evidence to continue the recognition of the Masters

in Osteopathy (M.Ost) awarded by Swansea University with no conditions and no expiry date.

Agreed: Committee agreed that the action plan should be updated as outlined in paragraph 17 and published.

Item 9: Marjon – Renewal of Marjon RQ

Gabrielle Anderson left the meeting for this item due to a conflict of interest.

24. The Head of Policy and Education introduced the item and the key points were:

a. The visitor report contained a recommendation for renewal of the recognition of Marjon qualifications with two conditions.

b. A recommendation was made that the programmes be recognised without an expiry date. On this basis, the specific conditions recommended by the visitors alongside the general conditions applying to all recognised qualifications would be dealt with within a published action plan (Annex D).

c. Plan to update Committee in October as a lot of this would have happened by that point but team have been assured they are doing what they needed to do.

d. Will Shilton, Mott MacDonald added that the visitors were made to feel very welcome and teaching staff were very passionate, offering students a positive experience. The University benefitted from strong shared services and resources. There was evidence of good practice in supporting staff in their development needs. Although there was an ongoing discussion on one condition generally, they responded really quickly to the conditions.

e. The Head of Policy and Education explained there was an expiry date on the course despite the aim being to not have that as standard. The executive considered that the conditions to remove the expiry date had been met so suggested it be renewed with no expiry date.

Agreed: Committee agreed to recommend that Council recognises the Master of Osteopathy (MOst) (4 years full time) and Master of Osteopathy (MOst) (6 years part time) awarded by Marjon from 1 February 2026 with no expiry date subject to the approval of the Privy Council.

Agreed: Committee agreed to publish an action plan as set out in Annex D, subject to any further modifications to the Action Plan following Visitor feedback.

Requested: Committee requested an update from Marjon in relation to the implementation of the action plan for the two specific conditions recommended in the Visitors' report

Item 10: Exploring recognition pathways between the UK and New Zealand

25. **The Chief Executive introduced the item and the key points were:**

a. The GOsC has a three-stage international application pathway for any internationally qualified applicant wanting to register with GOsC.

b. The pathway cost an applicant £2,290.

c. Based on records from 2006, no applicant from New Zealand had failed the three-stage international application pathway.

d. New Zealand has a similar regulatory model to the UK and similar registration requirements to register.

e. The paper set out a comparison of the two models and suggestions of how to ensure that the systems always remained in line with each other.

f. The paper asked the question as to whether the GOsC and the Osteopathic Council of New Zealand could agree a system of mutual recognition of registration, reducing regulatory burden on osteopaths and streamlining the pathway making mobility between jurisdictions easier.

g. It demonstrated to regulators in other jurisdictions that progress could be made to ease the pathway to gain access to the register where the levels of regulatory systems were comparable. There are ongoing discussions in Australia around this point.

e. Questions for the committee to consider included the following:

a. How reasonable was it for GOsC and OCNZ to explore a system of mutual recognition of registration between our jurisdictions?

b. What would be the advantages and disadvantages of a system of mutual recognition of registration?

c. What were the mechanisms both GOsC and OCNZ could introduce to ensure our regulatory systems continued to align to support a system of mutual recognition of registration?

d. If a system of mutual recognition of registration was introduced, how frequently should such a system be reviewed?

f. In discussion, the following points were made and responded to:

a. Generally, the Committee felt this was a positive step and one that was innovative and fitted well with the GOsC values. It was felt that if this was successful it could serve as a template for other possibilities in the future but that there could be some resource implications longer term.

b. It was suggested that the GOsC consider a review process with a series of expiry dates so both parties had the opportunity to initiate a review as appropriate. Regular review of this item internally was also advised.

c. The Committee suggested looking for evidence that was already out there in other healthcare professions that could inform how GOsC takes this forward.

d. The Committee noted that one point of differentiation was that New Zealand had a clear scope of practice and pathways for advanced practice which the GOsC did not.

   The Chief Executive advised that in Section 4 New Zealand regulator had provided the wording around their competence authority pathway programme and GOsC was the only one that fitted within that. Therefore, they had not identified the scope practice and pathways for advanced practice as an issue.

e. Santosh Jassal, Secretary to the Osteopathic Alliance commented on the wider implications cost and longer-term effects in terms of costs and implementation of this with other countries. The OA had seen, through sister colleges in other countries, that there was a vast difference in basic standards in practice which would be a risk.

f. Santosh Jassal, Secretary to the Osteopathic Alliance also questioned what would happen with change – if regulators changed policies based on government, would the UK then have to align to international politics? It was suggested that another option would be to reduce the 3-year process to make that more user friendly rather than risk getting stuck in something that we cannot get out of if there is a change that GOsC did not like.

Discussed: Committee discussed the possibility of a system of mutual recognition of registration between the General Osteopathic Council and the Osteopathic Council of New Zealand.

Item 11: Policy and Education Committee Annual Report

27. The Director of Education, Standards and Development introduced the item and the key points were:

a. The role of the Policy and Education Committee was to contribute to the development of Council policy across the breadth of its work including in education, professional standards, registration and fitness to practise.

b. The Committee performed the role of the statutory Education Committee under the Osteopaths Act 1993. The Committee has a 'general duty of promoting high standards of education and training in osteopathy and keeping provision made for that training under review'. It also had a key role in giving advice to the Council about educational matters including the recognition and withdrawal of 'recognised qualifications' (see Sections 11 to 16 of the Osteopaths Act 1993).

c. The terms of reference of the Committee could be found at the end of the report at the annex.

d. The Director of Education, Standards and Development added that the executive would check the attendance records for observers with speaking rights as it had been highlighted that the OA had attended four out of four meetings.

Agreed: Committee agreed the Policy and Education Committee Annual Report to Council for 2024-25

Item 12: Update from Observers

28. COEI provided an update:

a. COEI Strategy Day, would be on 21st July 2025 in London and COEI would be reaching out to stakeholders with invites. The purpose was to look at how COEI could work with other stakeholders in a better way.

b. Redrafting COEI articles of association.

c. Relationship and strategy and how to invite other institutions to be part of meetings.

d. Noted thanks to GOsC for including COEI in the new QA process.

29. Matthew Rogers provided an update from the Institute of Osteopathy (iO):

a. The incumbent CEO had retired and Dr Alison Robinson Canham had been appointed as the new CEO and started on Monday 9th June. Her background was in education and PhD which linked to the educational role of professional bodies.

b. iO convention would be held on 21-22 November in London and would be a chance for the profession to come together and build the community. All were invited to consider joining this event.

c. The iO had been delivering a leadership course in conjunction with institute of leadership, 56 had joined and 5 had taken on non-executive roles as a result.

d. The iO had been working with GOsC on the transition to practise and was grateful to be involved in that process.

e. GOsC removed its CPD diary tool – the iO would now be providing a CPD tool instead and had been working with GOsC on that. Osteopaths could now upload their evidence that supported their CPD diary to that same platform.

29. OA provided an update:

a. The Osteopathic Children centre was piloting a paediatric Patient Recorded Outcome Measures (PROMS).

b. The OCC will be launching a new clinic as they are changing premises and there would be a launch party.

c. OA had undertaken a small study targeted at new graduates within the first three years of practice to explore how they felt about their practice, training and what gaps the OA could fill. The purpose was to provide some data on how the OA could support them better and it did provide some rich data in terms of practice, undergraduate training, what kind of things were supporting them in their current teaching at post-graduate level which included mentoring and teaching clinics.

30. Daniel Bailey provided an update in the absence of Jerry Draper-Rodi from NCOR:

    a. Dr Philip Bright was stepping down as Chair as he was taking a role at HSU but would remain on the Board for the transition of the incoming chair. New nominations had been invited.

Item 13: Any other business

31. The Committee thanked Mott for all work over the years and good team to work with and valuable contributions to the meetings and work on transition. Mott MacDonald would attend the next meeting.

Item 14: Date of the next meeting:

- Policy and Education Committee Wednesday 22 October 2025

Meeting closed at 1247

General Osteopathic Council

Policy and Education Committee
22 October 2025
Research Framework

Classification	Public
Action	**Discussion**
Purpose of the paper	This Framework allows the Committee to: a) understand the way we have commissioned research in the past and intend to do so in the future b) deliver our statutory obligations c) inform and aid conversations about funding research, particularly above a certain financial threshold
Strategic Priority implications	All three strategic priorities, as this is an organisational wide framework.
Standards of Good Regulation implications	Standard 1: *The regulator provides accurate, fully accessible information about its registrants, regulatory requirements, guidance, processes and decisions*. Standard 2: *The regulator is clear about its purpose and ensures that its policies are applied appropriately across all its functions and relevant learning from one area is applied to others*. 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*.
Communications implications	We will publish the research framework when agreed.
Financial, resourcing and risk implications	Commissioned research is currently funded from designated reserves agreed by Council. The research projects currently underway with the National Council for Osteopathic Research relate to the risk of sustainability and this was commissioned in accordance with the principles outlined in this paper by Council. Research is also undertaken in-house research. The future research we anticipate happening will involve a mixture of these two approaches.
Patient perspectives	Patient engagement perspectives are contained within the Research Framework as deliverables
Diversity implications	Equality and diversity issues are contained within the Research Framework as deliverables.
Welsh language implications	None

Annex(es)	A. **Research Framework**
Author	Dr Stacey Clift, Matthew Redford and Fiona Browne
Background reading	1. **Our Strategy 2024-2030** https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/our-strategy-2024-2030/ 2. **Governance Handbook 2025** https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/governance-handbook-2025/
Recommendation	To provide feedback on the Research Framework to help us further shape a future paper to Council, for either November 2025 or March 2026

Key Messages

- There are key benefits to incorporating Research Frameworks in regulation (see **Table 1**).
- A broad definition of the term 'research' is being used within the framework (see **Figure 1**).
- The GOsC draft Research Framework has a clear interrelationship between the GOsC Strategy and the current Business Plan (see **Figure 2**).
- The Research Framework consists of four key areas: governance, current and future research, evaluation and dissemination (see **Figure 3**).
- This paper aims to help the Committee and in due course Council to understand the way we have commissioned research in the past and intend to do so in the future, deliver our statutory obligations and inform and aid conversations about funding research, particularly above a certain financial threshold as required by the procurement requirements outlined in the Governance Handbook.
- The draft Research Framework we are seeking feedback on is in **Annex A**.

Introduction

Why a Research Framework is important in regulation?

1. A research framework is essential for regulators to ensure their decision-making is evidence-based, consistent, and adaptable to evolving challenges, thereby fostering clarity, trust, and effective regulation within a specific domain. By providing structure and highlighting relevant factors, a research framework allows regulators to collect and analyse data systematically, leading to more reliable findings and better-informed policy recommendations that protect the public and facilitate beneficial innovation.

2. There are seven key benefits of the GOsC adopting a Research Framework. Three of these benefits specifically relate to the GOsC overarching values and strategy, the other remaining four are around having a systematic, focussed approach to research that is responsive to a changing regulatory landscape. (see **Table 1**):

Table 1: Benefits of incorporating a Research Framework in regulation

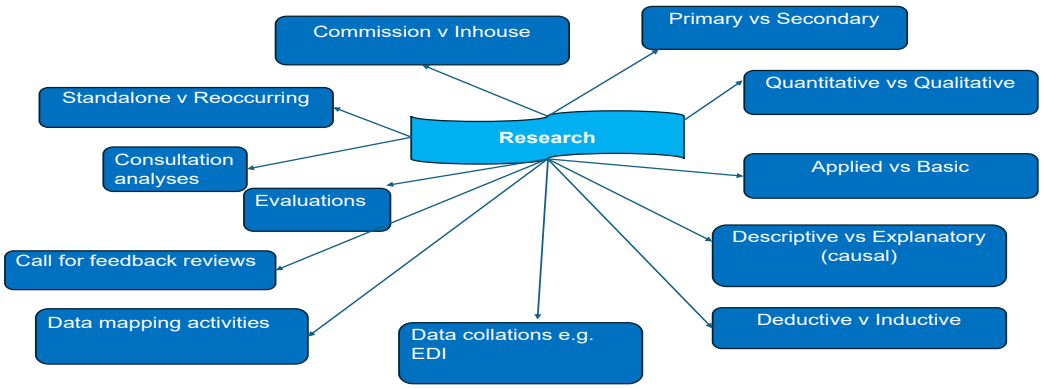
Benefit	Reason
Evidence-Based Decision Making	Provides a structured way to collect and interpret data, ensuring regulatory decisions are grounded in evidence rather than assumptions
Promotes Transparency and Trust	A clear and consistent research framework enhances transparency in the regulatory process, building public and stakeholder confidence in regulatory bodies.
Facilitates Innovation	By building on existing evidence and providing a structured approach, regulators can better assess the potential impacts of new technologies, services, and business models, promoting safe and rapid adoption
Clarity and Focus	Helps clarify the scope of regulatory issues and align research methods with the overall objectives, providing clear direction for research and policy
Systematic Planning and Execution	Guides the systematic planning and execution of research, ensuring that all relevant factors and stakeholders are considered
Reliability and Validity of Findings	By structuring the research process, frameworks enhance the quality and reliability of the findings, leading to more robust and trustworthy recommendations
Adaptability and Responsiveness	Designed to be flexible, allowing regulators to adapt to new challenges and incorporate evolving knowledge, ensuring the regulatory landscape remains relevant

Discussion

3. The GOsC draft Research Framework which we are seeking feedback on is set out in **Annex A** for comment.

4. When we talk about the term 'Research' in the context of this framework we have also explained how we all the research, data capture and insight work that we do as a regulator. (see **Figure 1**)

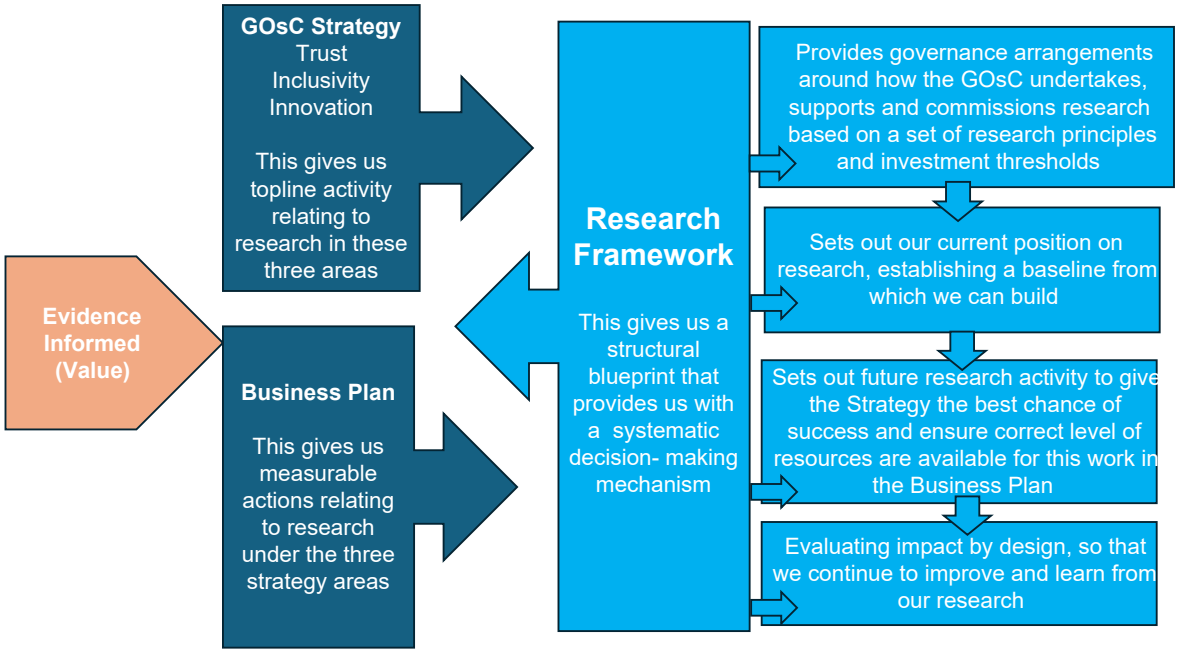
Figure 1: What do we mean by 'research' in the context of the Research Framework?



How does the Research Framework fit together?

5. This Research Framework intrinsically fits together to support the GOsC Strategy and the Business Plan with our research-based activity. (see **Figure 2**)

Figure 2: Research Framework relationship with GOsC values, strategy and business plan

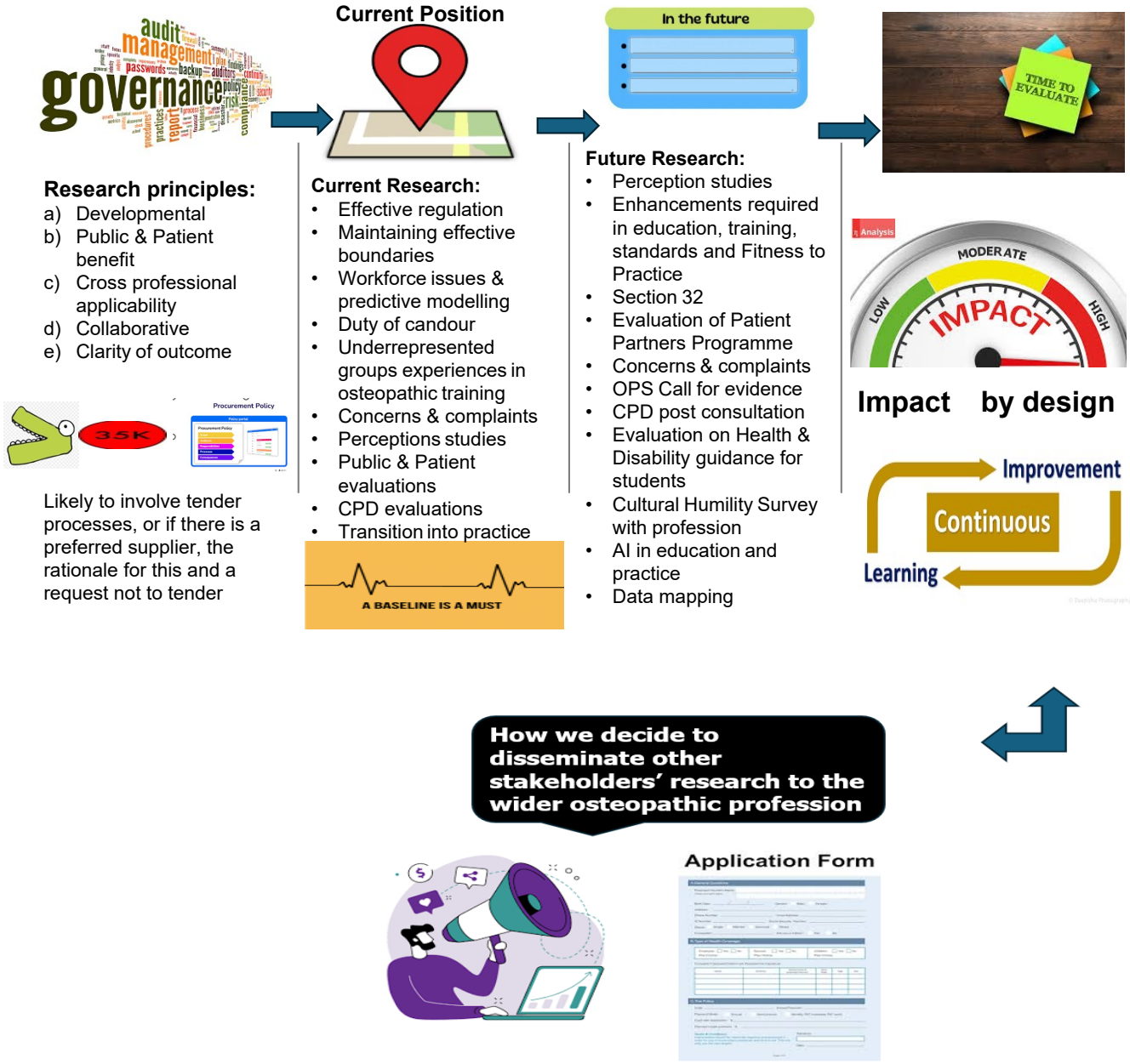


What does the Research Framework include?

6. The Research Framework contains the following key components, which are summarised in an infographic in **Figure 3**:

    - Our governance around how research opportunities are identified and commissioned
    - Our current position in relation to research
    - Future research activities we anticipate happening
    - How we evaluate research and bring learning back into the identification and commissioning of future research.
    - How we make decisions on whether to disseminate other stakeholders' research out to the osteopathic profession

Figure 3: Infographic providing overview of Research Framework



Executive view

7. Committee should be assured with both the production of this framework and the way it fits together with the GOsC Strategy and Business Plan.

Recommendation:

To provide feedback on the Research Framework to help us shape a future paper to Council, for either November 2025 or March 2026.

General Osteopathic Council

Draft Research Framework 2025-30

Introduction

1. On 1 April 2024, the General Osteopathic Council (GOsC) published a new Strategy, through to 2030. The Strategy has three key priority areas being:

    - Strengthening trust
    - Championing inclusivity
    - Embracing innovation

2. The Strategy sets out key areas of work under each priority area and actions we need to take in order to progress the strategy. Research is a key thread which runs through the Strategy.

3. Therefore, to underpin our approach to strategic delivery, a Research Framework has been developed to describe the types of research activities GOsC may wish to undertake or support in order to progress and implement the Strategy.

4. This framework sets out:

    - Our governance around how research opportunities are identified and commissioned
    - Our current position in relation to research
    - Future research activities we anticipate happening
    - How we evaluate research and bring learning back into the identification and commissioning of future research.
    - How we make decisions on whether to disseminate other stakeholders' research out to the osteopathic profession

Our Strategy: Vision and Priorities

Our Vision: to be an inclusive, innovative regulator trusted by all.

Our Priorities:

- **Strengthening Trust:** We will work to enhance and improve our relationships with those we work with so together we can help protect patients and the public.

- **Championing Inclusivity:** It is important to us that people who interact with us, or who work for us, can be their true selves and that we understand and break down any barriers which prevent them from doing so

- **Embracing Innovation:** We will continually seek out and take opportunities to improve what we do and how we do it, so we continue to improve as an organisation.

Our Values

Our values underpin the way we work now and in the future.

This includes how we work with patients and the public, osteopaths and stakeholders and how we work within our organisation in and across our teams.

We work **collaboratively** to be an **influential** and **respectful** regulator with an **evidence-informed** approach.

What do we mean by research?

Research is a systematic, purposeful, and creative inquiry that involves collecting and analysing data through carefully designed procedures to discover new facts, verify or refine existing knowledge, and achieve reliable solutions or interpretations through a planned, empirical, and critical examination.

Types of research can be broadly categorised by methodology (quantitative, qualitative, or mixed method approaches) or sources (primary or secondary). When we refer to research in this Framework, both commissioned and in-house research activities are included.

As an evidence-informed organisation, research underpins the work we do, to ensure that the best outcomes are reached. We also undertake work including data

insight and data capture activities that inform our policy work through evidence such as:

a. Consultation data analyses
b. Ongoing evaluations
c. Call for feedback reviews
d. Equality, Diversity, Inclusion and Belonging (EDIB) data collations
e. Data mapping activities

Our governance around how research opportunities are identified and commissioned

Our governance: to ensure research helps with the delivery of our Strategy, there are governance arrangements which sit around how GOsC undertakes, supports and commissions research.

Research principles

5. The GOsC has a set of funding criteria for research proposals which need to be met before any commitment to externally commissioned research is considered. These are:

   a. **Developmental**: the anticipated outcome would represent a clear development in osteopathic education, training or practice that aims to deliver a measurable and continuous improvement in the quality or safety of osteopathic healthcare.

   b. **Public and patient benefit**: the initiative represents a clear public or patient benefit in terms of the enhanced quality and safety of osteopathic care.

   c. **Cross-professional applicability**: the GOsC should support only projects that deliver developmental benefit that is applicable to the whole profession rather than for the benefit of a particular group or groups of practitioners.

   d. **Collaboration**: initiatives should not be those of a single organisation but involve multiple partners and there should also be defined contributions from those organisations whether financial or in-kind.

   e. **Clarity of outcome**: projects will only be considered for support if they include a clear plan for how the project outcomes are to be achieved and disseminated across the osteopathic profession.

6. Proposals should identify clearly the project deliverables, the project timeframe, a breakdown of costs, the individuals, agency or organisations who will conduct the work, and the process by which the lead osteopathic organisations will oversee

project management. An application for funding should identify the process by which any agency or other organisation will be selected.

Governance oversight

7. Research opportunities may be planned or may be opportunistic in nature. However, any research activity we commit to will help progress the work of the GOsC.

8. For research activities which require investment of funds over £35k, we will follow the procurement policy outlined in the Governance Handbook.

9. These proposals for research will be taken through the GOsC Governance structure with consideration normally, but not exclusively, by the Policy and Education Committee ahead of a recommendation to Council, who are the final decision makers. Such proposals are likely to involve tender processes, or if there is a preferred supplier, the rationale for this and a request not to tender.

   NB: depending on the nature of the research it may be that the Audit Committee or the People Committee consider the research proposal instead of the Policy and Education Committee.

10. For research activities which do not reach the threshold for requiring the decision to be approved by the governance structure, we will follow the procurement policy which will allow sign-off at the Executive level.

11. Such proposals will still be reported to Council via our usual reporting mechanisms, including the Chief Executive and Registrar report and/or Business Plan monitoring report.

Our current position in relation to research

Our current position: by articulating our current position we will know the baseline from which we can build.

12. The annex to this Framework summarises our current position in relation to research activities and how they have informed our work. By articulating our current position, we will understand the base from which future research might be undertaken.

Future research activities we anticipate happening

Future activity: by describing the future research activity we wish to undertake we give the delivery of our Strategy the best possible chance of success whilst ensuring we have the right level of resources allocated for this work.

13. The annex to the Framework articulates the future research activity we wish to undertake against the three key strategic priorities.

How we evaluate research

Evaluation: so that we always improve on how we undertake, support or commission research, we will evaluate the success of the research and draw out learnings.

14. The annex to the Framework describes the process by which we evaluate the research that we have undertaken, supported or commissioned and how we learn from that research, so we are better in the future.

Annex to framework:

Our current position in relation to research

Type of research activity

This annex provides a description of research activity and, if relevant, why undertaken by that organisation/person/body:

Key independent pieces of research that have been commissioned by the GOsC

- **Warwick Business School (2015 and 2020)** – We commissioned McGivern and colleagues to better understand the most effective ways for a regulator to influence practice in accordance with standards, maintain and enhance the quality of care and patient safety, and provide assurance of continuing fitness to practise. McGiven and colleagues undertook this work for us after a selection process.

  Reports:
  A collaborative study – Exploring and explaining the dynamics of osteopathic regulation, professionalism and compliance with standards in practice (2015): https://www.osteopathy.org.uk/news-and-resources/research-surveys/gosc-research/research-to-promote-effective-regulation/

  Osteopathic Regulation Survey (2020) https://www.osteopathy.org.uk/news-and-resources/document-library/research-and-surveys/2020-osteopathic-regulation-survey/

- **Julie Stone Consultancy (2016, 2022) -** We are continually interested to explore how we might support and enhance good practice in creating and maintaining effective boundaries between healthcare practitioner and patients, as an inherent part of professionalism in healthcare. Thematic analyses of boundaries education and training within the UK's osteopathic educational providers was commissioned in 2016 and an update in 2022. Julie Stone undertook this work for us as she had done similar work with the PSA and had experience and a connection in that respect.

  Report: https://www.osteopathy.org.uk/news-and-resources/research-surveys/gosc-research/boundaries/

- **University of Huddersfield (2017) –** We commissioned Dr Michael Concannon and Samuel Lidgley to undertake a literature review on communication of touch in manual therapy, that looked at how touch is communicated in the context of manual therapy and supported the work we are doing to reduce concerns about issues related to maintaining effective boundaries and communication and consent. This research was commissioned alongside the General Chiropractic

Council and the University of Huddersfield undertook this work for us, after selection process.

Report: https://www.osteopathy.org.uk/news-and-resources/research-surveys/gosc-research/boundaries/

- **Middlesex University (2023) -** We commissioned researchers at Middlesex University to take an independent look at our key registration trends to enrich our understanding of the current patterns within the osteopathic sector in terms of student numbers entering on to osteopathy courses and the numbers of osteopaths joining and leaving the GOsC register. This also included predictive modelling of the osteopathic profession based on secondary source data that the GOsC holds to find out what the osteopathic profession might look like in 3-5 years' time. Middlesex University undertook this work as we required specialist expertise in predictive modelling which is primarily not used within the sector

  Reports:
  Tracking the profession report:https://www.osteopathy.org.uk/news-and-resources/document-library/research-and-surveys/tracking-the-osteopathic-profession-2009-2023-key-registration/

  Predictive modelling report: https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/report-2-predictive-modelling-report-by-middlesex-university/?preview=true

- **Community Research (2023)** - Osteopaths are required to be open and honest if things go wrong. This is known as the duty of candour and is set out in Standard D3 of the Osteopathic practice standards. GOsC aims to support osteopaths to carry out this duty. To help us do this, we commissioned research with the General Chiropractic Council (GCC) to better understand public perceptions of the duty and how it should be implemented in osteopathy. Community Research were chosen to undertake this work, due to their experience of bringing out 'voices' in their research work. We did not commit funds to this project, but instead, we committed expertise in the form of case studies.

  Report: https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/duty-of-candour-report-2024/

- **UCO (now known as HSU (2024) -** We contributed to the funding of the UrGEnT (Underrepresented Groups' Experiences in osteopathic Training) project alongside the Institute for Osteopathy (iO) and the Osteopathic Foundation. This project aimed to assess the cultural humility of osteopathic students and explore the training experiences of those from underrepresented groups. The overarching goal was to understand how to improve the training and support for osteopathic students from diverse backgrounds.

  Report: https://www.hsu.ac.uk/urgent-project/#summaries-and-conclusion

- **Open University Full-Time PhD Studentship (2024) –** Fiona Browne, Director of Education & Standards is on the supervisory team, as the industry specialist for a PhD student at the Open University alongside Professor Louise Wallace and Professor Gemma Ryan-Blackwell of the Open University. The PhD student is currently at literature review stage and currently the literature review question being explored is "What is known about how Osteopaths, Chiropractors and Physiotherapists manage professional boundaries within the therapeutic relationship?". The expected delivery date for this doctoral research is 2028 -29 as it is being undertaken on a part time basis. A literature review which includes interesting theories of boundaries and potentially a language to use when thinking about boundaries from the project has been accepted for presentation at the Professional Standards Authority Research Conference in October 2025 and the Institute of Osteopathy Convention in November 2025.

- **NCOR workforce related research projects (2025) –** We have commissioned NCOR to undertake three projects which build on the findings from the Middlesex University research report. NCOR is undertaking this work due to specialist profession-based knowledge and insight. These include:

    - Student enablers and barriers to studying or completing an osteopathy course (Summer 2025)
    - Qualitative explorations of GOsC register leaver reasons (Winter 2025)
    - Evaluation of GOsC Register resignations (Winter 2025)

Recurring independent pieces of research that the GOsC commissions on a regular basis:

- **NCOR Concerns and complaints (2013 – to date)** - The GOsC, the Institute of Osteopathy and the providers of osteopathic indemnity insurance have been undertaking a collaborative data collection initiative since 2013, with the aim of better understanding the nature and frequency of concerns raised about osteopaths and osteopathic services. The participating organisations have developed a common system for classifying concerns and apply this classification routinely in their case management. The organisations' aggregate figures are pooled annually and independently analysed by the National Council for Osteopathic Research. Data collected under this initiative are being used to inform osteopathic education and training, and to shape targeted information and guidance for osteopaths, patients and educators. NCOR periodically undertakes this research for us, as they are independent to all the other data contributors but also have specialist knowledge about the profession.

  Report: https://www.osteopathy.org.uk/news-and-resources/research-surveys/the-national-council-for-osteopathic-research/

- **Patient/ public perceptions (2014, 2018 and 2023) –** We commissioned YouGov to explore public confidence in healthcare professionals and the experience of patients when visiting an osteopath. The research aims to provide

an understanding and track changes in public and patient perceptions of osteopathic care and regulation over time. YouGov undertook this work after selection process.

Report: https://www.osteopathy.org.uk/news-and-resources/research-surveys/gosc-research/public-and-patient-perceptions/

- **Registrant's and student's perception study (2024) -** We commissioned an independent research company, DJS Research, to explore how osteopaths, students, educators and partner organisations perceive GOsC, including how we perform our role as the regulator for osteopathy. We wanted to know the extent to which the profession understands our role, and how they think we are performing as the regulator, to identify where we need to focus our resources, and where we need to make changes. We are likely to recommission at some point in time to assess whether perceptions have changed over time. DJS undertook this work for us after selection process. Future work will involve some pulse testing of key questions and then complete rerun of perceptions survey in due course

  Report: https://www.osteopathy.org.uk/news-and-resources/research-surveys/gosc-research/the-professions-perceptions-of-gosc/

In-house research that GOsC undertakes, because of staff research expertise:

- **CPD Evaluation surveys (2016 – to date) –** We undertake this work periodically to assess the impact of the CPD scheme, in terms of the three strategic objectives of the scheme and to see whether osteopaths are engaging with the scheme and using the Osteopathic Practice Standards (OPS), getting support from colleagues as part of the CPD scheme and creating networks of support and building a professional community. It is also so as to examine the role of the peer reviewer and osteopaths' experiences of the Peer Discussion Review (PDR) process.

  Report: https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/cpd-evaluation-survey-report-2024/

- **Public and patient engagement in osteopathic education (2018- 2023)** – Due to the strong evidence demonstrating the many benefits of involving patients, in 2018 the GOsC committed to working with osteopathic education providers to support the further development of patient involvement in education and training and between 2019 and 2023, the GOsC undertook a thematic review to explore the roles patients play in pre-registration osteopathic education in the UK and to what extent patients may further contribute to osteopathic education.

Report: https://www.osteopathy.org.uk/news-and-resources/document-library/research-and-surveys/a-thematic-review-of-patient-engagement-in-osteopathic/

- **Evaluation of GOsC Patient Involvement Forum (2023) -** In 2020, we developed our Patient Involvement Forum to improve the way that we engaged with patients and to make the patient voice central to our work. The forum is made up of patients from all across the UK who are helping to inform and enhance our work. In 2023, we surveyed forum members to understand their experience and the impact it has had for them. We then reflected on how we use the forum internally and evaluated its contribution to our work.

  Report: https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/evaluation-of-gosc-patient-involvement-forum/

- **Transition into Practice (2024) –** This research was undertaken because there is limited information about how best to support newly qualified health professionals training and working in the independent health sector. The purpose of this research was to better articulate the features that need to be in place for a successful transition into practice and to stimulate discussion in the osteopathic sector about how best to implement those features in the sectors where osteopaths work to enhance the experience of newly qualified osteopaths and to ensure patient safety. These research findings have led to commissioning engagement activity through independent facilitator workshop(s)

  Report: https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pec-june-2024-public-item-3a-annex-a-transition-into-practice/

Future research we anticipate happening

Strengthening trust

- Commissioning and publishing research to help us better understand the impact of regulation on trust via ongoing DJS perceptions work. (Direct from the published Strategy)

- Undertaking and assessing the results of regular osteopath, stakeholder and public/ patient surveys so we can measure the impact of our activities over time and take appropriate action via ongoing DJS perceptions work. (Direct from the published Strategy)

- Section 32 consultation analysis (June 2025)

- Ongoing evaluation of Patient Partners Programme (Post Oct 2025)

- Publish NCOR Concerns and Complaints report (Feb 2026)

- OPS Call for Feedback Survey (ongoing analysis of standards and ethical queries will also help inform this) (June- Mar 2026)

Championing inclusivity

- Increasing the quality of equality monitoring data held across the organisation and taking appropriate actions as a result. (Direct from the published Strategy)

- Collect, analyse, publish equality, diversity and inclusion data changes made, or mitigations put in place, where we have identified there is an undue impact on those with protected characteristics. (Direct from published 2025-26 Business Plan)

- Publish EDIB information, throughout the year, including but not limited to:

  - Registration renewal
  - Governance and appointments
  - Fitness to practise - registrants and complainants
  - Policy development and consultations.

- Complete consultation and analysis of results on updated CPD scheme strengthening communication and consent requirements through a focus on mandatory EDI and boundaries activities (June 2025).

- Ongoing support and resources for implementation of EDIB and layered CPD approach based on CPD consultation findings (Post June 2025).

- Collect data on awareness and use of health and disability guidance for students and publish evaluation of implementation of this guidance (March 2026).

- Begin initial discussions with NCOR about conducting a cultural humility survey with the profession

Embracing innovation

- Commissioning research to enhance the development of our work in education and training, standards and fitness to practise. (Direct from the published Strategy)

- Review the impact of changes in the delivery of healthcare including artificial intelligence on osteopathic education and osteopathic care and the use of artificial intelligence in health care for patients and to consider impact on osteopathic standards and regulation. (Direct from published 2025-26 Business Plan)

- Implement more streamlined approach to data mapping, collection, insight and analysis and actions. (Direct from published 2025-26 Business Plan)

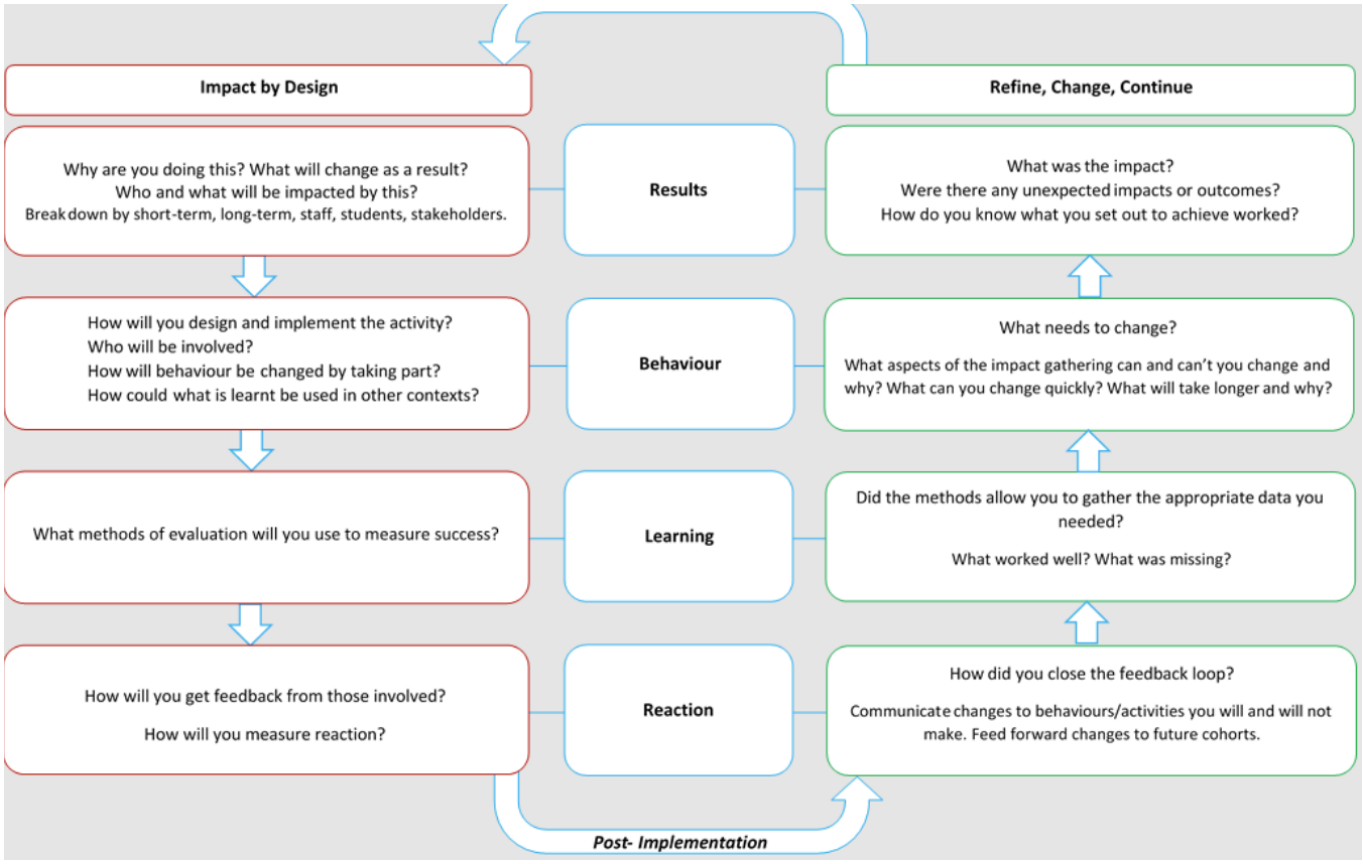
- Analysis of feedback on use of AI and agreement to statement about expectations and use of AI in education and practice (if possible, in collaboration with health professional regulators). (June 2025)

- Commission research to support ongoing understanding about use of artificial intelligence ongoing in osteopathic practice. (July 2025)

- Collate comprehensive data map across organisation and update privacy policy and collection notices. (May 2025)

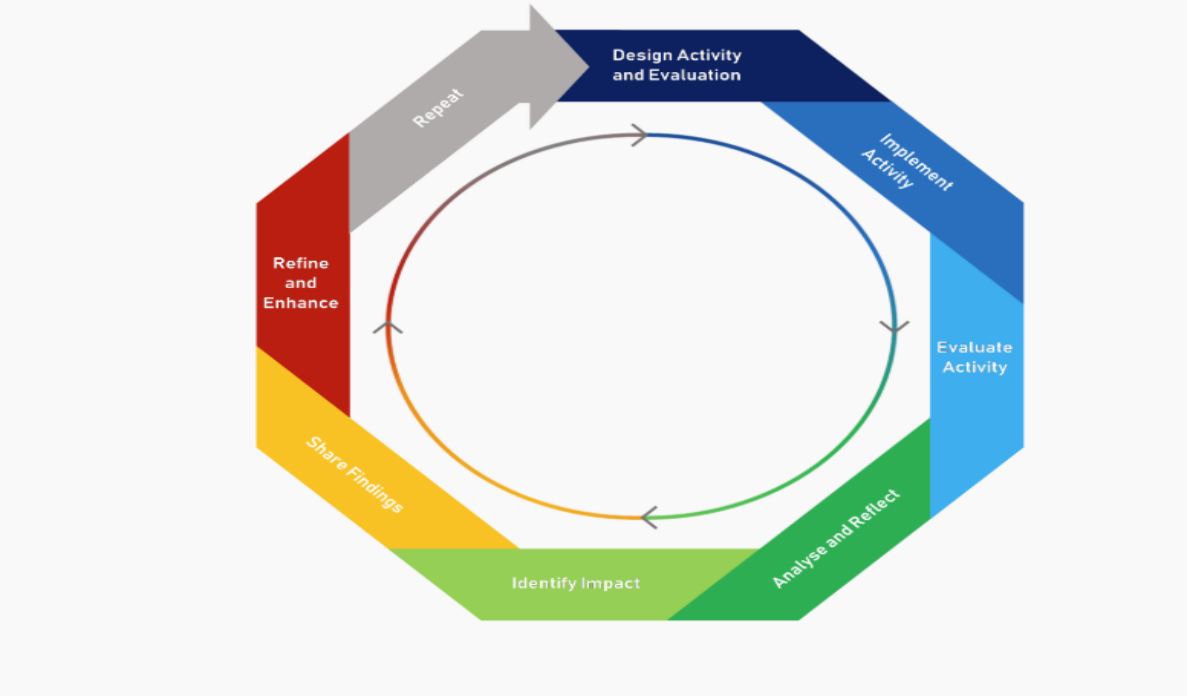
How we evaluate research and bring learning back into the identification and commissioning of future research.

- Our approach to evaluating research is to use an impact by design model, so that assessing impact of what we do is there from the outset:



Source: University of Reading and informed by Kirkpatrick model of evaluation, 1998

- This impact by design is then achieved by a cyclical approach of evaluation and impact:



How we decide to disseminate other stakeholders' research project requests to the wider osteopathic profession

As we are the only body to hold all contact details for all registered osteopaths, we regularly receive requests from students and organisations to disseminate surveys to the profession. The GOsC research project dissemination application form. This form is to be completed by any stakeholder or individual that makes a request for information about their research to be sent out to the wider osteopathic profession for participation. This is intended to give us a set of consistent criteria for assessing whether dissemination to the profession is appropriate, transparent and fair.

1. Project title:	
2. Lead researcher(s):	
3. Institution:	
4. Ethical approval:	□ Received □ Pending □ Not Required
	If received, provide approval number:
5. Project type:	□ Postgraduate □ Funded Research □ Other:
6. Research focus:	□ Osteopathy □ Patient Care □ Healthcare Regulation □ Other:
7. Relevance to UK osteopathic practice:	
8. Methodology summary:	
9. Participant information:	Time commitment:
	Recruitment process:

10. Data handling procedures:	
11. Funding source(s):	
12. Conflicts of interest:	
13. Proposed timeframe:	Start Date: End Date:
14. How does this project align with GOsC's regulatory objectives?	

Declaration:

I confirm that all information provided is accurate and complete.

Signature: _____ Date: _____

General Osteopathic Council

4

Policy and Education Committee
22 October 2025
Artificial intelligence update

Classification	Public
Action	**Noting**
Purpose of the paper	To update committee on the work being done in respect to Artificial Intelligence (AI) and in particular, our aim to publish a joint statement with other regulators on the use of AI in healthcare professional education because this is a key and rapidly moving area of innovation. It is essential that innovation supports patient safety and excellent osteopathic care. To that end, we have been working to ensure the safe and ethical use of AI in osteopathy while promoting innovation. We also provide a brief update about our own organisational approach.
Strategic Priority implications	Embracing innovation: • we are working jointly with other regulators to ensure a consistent approach to the safe and ethical use of AI in healthcare professional education. • we are supporting osteopaths to apply the Osteopathic Practice Standards to the safe and ethical use of AI in practice. • We are exploring ways to use AI as an organisation to improve the work we do.
Standards of Good Regulation implications	Standard 5 – *The regulator consults with and works with all relevant stakeholders across all its functions to identify and manage risks to the public in respect of its registrants*. We have worked with other regulators to ensure a joined up approach to manage risk with respect to the use of AI in healthcare professional education. Standard 7 – *The regulator provides guidance to help registrants apply the standards and ensures the guidance is up to date, addresses emerging areas of risk, and prioritises patient and service user centred care and safety*. We have already provided interim guidance on how to consider registrant use of AI in line with our standards.

	The joint statement also helps education providers meet our Graduate Outcomes and Standards for Education and Training through considering their application in their use of AI. Standards 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* and 9 – *The regulator has a proportionate and transparent mechanism for ensuring itself that the educational providers and programmes it oversees are delivering students and trainees that meet the regulators requirements for registration and takes action where its assurance activities identify concerns either about training or wider patient safety concerns*. We will be providing principles to education providers on what they should consider if using AI, to ensure the management of risks associated with academic integrity and the potential for future registrants entering the register without the skills and knowledge required to practice safely and effectively. The principles will be considered by education visitors as part of the quality assurance process.
Communications implications	We are in touch with the communication teams in the other healthcare regulators who are involved with the joint education statement. We will ensure that we are aligned on our publication date, approach and messaging. We will continue to utilise our communications channels to promote the interim guidance and any supporting materials we publish.
Financial, resourcing and risk implications	Our work on AI is being undertaken in house within existing budgets. Any research undertaken would be proposed through the use of designated funds for research. There will be costs associated through piloting AI within the organisation; however, there is potential for this to be covered through our existing innovation fund. Resourcing for other work outlined in the paper on AI has been undertaken by current staff.

Patient perspectives	Interim guidance on use of AI in osteopathic practice - Patient consultation is planned on our interim statement. We will also consult with patients when any decisions are taken on specific ways we wish to implement AI as an organisation.
Diversity implications	There are diversity implications from the use of AI. These include: inequalities in the availability of AI, the development of AI and the skills required to augment practice. We have drafted an equality impact assessment considering the impacts of any statement we make with regards to the use of AI in osteopathy.
Welsh language implications	Given the audience for the joint statement is education providers and students, it will be necessary to have the statement translated into Welsh. The other work we are doing on AI does not require a Welsh translation.
Annex(es)	Annex A - Joint statement draft
Author	Paul Stern, Stacey Clift, Steven Bettles
Background reading	Artificial intelligence and implications for osteopathic regulation (PEC, March 2025, Public Agenda). https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pec-march-2025-pec-agenda-and-related-documents-final/ Interim guidance on the use of Artificial Intelligence in osteopathic practice - https://www.osteopathy.org.uk/standards/guidance-for-osteopaths/artificial-intelligence/

Recommendation	To note the information in this paper and the annex about our work on the use of artificial intelligence in osteopathic education, practice and in our own work.
Key messages	

- Use of AI in healthcare is increasing and we have supported the sector through publishing guidance that helps osteopaths think about their use of AI in line with the Osteopathic Practice Standards. It has been well received.
- We have also been working with other health and care professional regulators to form a joint position on the use of AI in education. We aim to publish this in January 2026.
- We are exploring the use of AI as an organisation as a way of augmenting the work that we do.

Introduction

1. Stemming from our strategic priority on innovation, one of our business plan objectives is to "Review the impact of changes in the delivery of healthcare including artificial intelligence on osteopathic education and osteopathic care and the use of artificial intelligence in health care for patients and to consider impact on osteopathic standards and regulation."

2. Given the speed at which the technology is developing and the potential impact on osteopathic education, practice, as well as its impact on how we work as an organisation, we wanted to provide an update on our developing work in this area. This paper provides an overview of both external and internal work being undertaken in relation to AI since we last spoke to committee about this topic.

3. In particular, we have been working with other regulators to develop a joint position on the use of AI within healthcare professional education. This has taken the form of a joint statement, setting out guiding principles that education providers should consider in the design and delivery of their programmes. The draft version of the statement is included in Annex A.

Discussion

AI and education

4. The use of AI by teaching staff and students across a range of healthcare professions is significantly increasing. Education providers have their own approaches with some encouraging its use more than others. In response, education providers have been developing their own policies and approaches to AI use by students and staff and have been supported by organisations such as the Quality Assurance Agency for Higher Education (QAA) who have produced their own guidance in this area.

5. We have been working with other regulators involved in health and care professional education and training to form a joint approach to the use of AI within education and training given our shared interest in addressing common risks around AI and education.

6. To do this the GOsC has been chairing a joint regulatory group consisting of representatives from the following regulators:

    - General Chiropractic Council
    - General Dental Council
    - General Medical Council
    - General Optical Council
    - General Pharmaceutical Council

- Royal College of Veterinary Surgeons
- Social Work England

The Professional Standards Authority and the Office for Students have also attended some of these meetings.

7. There is agreement that whilst AI use brings many benefits, it also presents significant risks and that these issues are the same for each regulator at the top level. Therefore, it was agreed by the group that a joint approach could be valuable. This led to the development of a joint statement containing a set of principles that education providers should consider when delivering and developing their programmes.

8. Similar to the rationale for publishing the interim guidance on the use of AI in osteopathic practice, we feel that there is value in setting out regulator expectations given the potential risks presented by the increasing use of AI by students within osteopathic education. The statement provides clarity for education providers and students around regulator expectations with respect to their use of AI, removing fear around the potential for AI use to affect the recognition of their educational programmes.

9. Issuing a joint statement also reduces the potential for overlap between different expectations from regulators where education providers are offering multiple regulated health and social care professional courses within the one institution.

10. The aim of this statement is not to supersede existing guidance or standards that regulators already have in place. The latest draft of this statement is presented in Annex A of the document.

11. In developing these principles we have carried through the government's own principles around regulating the use of AI, together with a consideration for common themes that are covered within each individual regulator's standards that are directly relevant to the use of AI.

12. The principles have been arranged within four sections:

    - Accountability
    - Academic integrity
    - AI literacy for staff and learners
    - Preparation for practice

13. All regulators have shown a willingness to collaborate and the majority have played an active role in the statement's development. Some have indicated a willingness to sign up to the statement, subject to gaining approval through their own individual governance processes.

14. Although the focus of the statement is to support education providers, we also see this as a useful tool to assist our education visitors in thinking about AI and their role in ensuring that education providers continue to meet the graduate

outcomes and education and training standards as part of the quality assurance process. Artificial intelligence was covered during the recent visitor training on 24 September 2025 and we will continue to aid visitor understanding and knowledge in this area.

15. The statement will also provide a foundation for further discussion with the OEIs about how the Graduate Outcomes and Standards of Education and Training may need to develop in the future.

AI and Osteopathic practice

16. Following instruction from committee in March 2025, we published interim guidance on the use of AI in osteopathic practice. The purpose of the interim guidance was to provide support to osteopaths who are using or thinking of using AI in their practice by aiding their reflection on how the Osteopathic Practice Standards (OPS) can be applied in this area.

17. The interim guidance was published in May 2025. We have had little feedback so far, although the feedback we have received is positive and has led to us being seen as a leader in this area in terms of the regulation of healthcare professionals and use of AI as evidenced through invitations to speak at external conferences, for example, the Association of Regulatory and Disciplinary Lawyers and the Council of Deans.

18. The publication of the guidance was featured as the main article in the May 2025 ebulletin where it was the most clicked through article. It was also the most engaged with post on Facebook for that month. We are continuing to raise awareness of the guidance through our communications channels and have also produced a blog for the website, explaining our rationale for providing a clear position on the use of AI by osteopaths and its links to the OPS.

19. We plan to release further case studies and materials to support osteopaths over the coming weeks. This will help to ensure that the interim guidance continues to remain practical and relevant for osteopaths.

20. More broadly, we are aware of research currently being undertaken to understand what should be contained in professional ethical guidance to support healthcare practitioners in their use of AI[1]. We will be considering the findings of this research in the next update to the guidance.

Internal use of AI at the GOsC

21. As an organisation, we have been exploring how AI can improve what we do and how we do it. For example, we have been trialling Claude.AI to support the development of CPD guidance documents and templates following consultation feedback, all with human oversight.

[1] Smith, H., Ives, J. 'Developing professional ethical guidance for healthcare AI use (PEG-AI): an attitudinal survey pilot.' *AI & Soc* (2025). https://doi.org/10.1007/s00146-025-02276-z

22. Currently one staff member has access to Claude.AI, but we aim to extend our use of AI to a wider pilot. The findings from the pilot will inform the development of the evidence base to inform the greater implementation of AI across the organisation. We are also in the process of developing an appropriate governance infrastructure for AI to be used more widely across the organisation.

Executive view

We expect the committee to continue supporting our work in this area given the impact of AI on osteopathy and osteopathic education and its alignment with the strategic priority of enhancing innovation. This also includes the early stages of our work to integrate the use of AI within our organisation to augment our work.

Recommendation – To note the information in this paper and the annex about our work on the use of artificial intelligence in osteopathic education, practice and in our own work.

Draft statement on using AI in healthcare professional education

Introduction:

- As regulators for a number of health and social care professionals, we set the knowledge, skills, understanding and professional behaviours expected of health and social care professionals. Education providers are required to meet our education and training standards and professionals our professional standards.

- The education landscape is in a state of change. We know that learners are using Artificial Intelligence (AI)[1] in many different ways to support their learning journeys and if used appropriately, AI can be a positive tool for learners as they develop the skills and knowledge required for future practice.

- Whilst there are many benefits with the use of AI in education, such as improvements in efficiencies, use in simulations, its use as a personalised learning tool; there are also risks, which include over reliance on AI and the loss of core skills and the potential for biased or misleading outputs, which can all lead to increasing risks to patient safety.

- We want to ensure that learners who use AI in their education receive proper support and understand both the risks and benefits of the technology. Learners also need to understand how AI can be applied in their future practice and develop the skills necessary to use this technology ethically, safely and effectively. Ensuring that our standards are not compromised through the increasing use of AI is highly important to service users and the professions that we regulate.

- We know that education providers and other stakeholders will have their own guidance on the use of AI. The Office for Students is playing an important role setting out its position on AI that follows its principles based approach to regulation. Additionally, the Quality Assurance Agency has curated a range of resources relating to Generative AI and the ways it can be used as a positive tool while also maintaining academic standards.

- To ensure our standards continue to aid learners and education providers, we have produced a set of guiding principles for providers of health and social care education to proactively consider in the design and delivery of their educational programmes. The aim of this statement is not to supersede existing guidance, but to complement and provide clarity around regulator expectations as well as countering the risks associated with the use of the technology.

[1] Artificial Intelligence (AI) is the use of digital technology to create systems capable of performing tasks commonly thought to require human intelligence. https://transform.england.nhs.uk/information-governance/guidance/artificial-intelligence/

Principles

The following are a set of key principles that we, as regulators, believe all education providers we quality assure should consider in the delivery of their programmes. We recommend that these principles be considered centrally by education providers who offer multiple approved health and social care programmes.

Regulators have different approaches to considering how education providers are developing their capabilities linked to AI. We would welcome the opportunity through engagement activities to see how these principles have been considered.

Accountability

- Learners, education providers and staff should appropriately communicate where and how AI is being used.
- Learners are accountable for their use of AI and must understand and adhere to their institutions' AI policies.

Academic integrity

- Education providers must ensure that assessment methods continue to remain reliable and valid, with the increased accessibility of AI for learners.
- Even when using AI, learners must still meet the required learning objectives, which are linked to each regulator's professional standards.

Development of AI literacy for staff and learners

- Staff responsible for teaching and learning linked to AI must have appropriate skills and knowledge and be supported by their institution to meet their responsibilities and develop in their role.
- Staff developing and managing assessments should have sufficient knowledge and skills in AI to ensure assessments are in line with the 'academic integrity' area above.
- Learners and staff need to be supported in their use of AI, through a positive learning culture, the right to challenge and access to adequate resources, within their education and training.
- Staff and learners should be supported to develop skills to identify biased, inaccurate or misleading content in AI responses.
- Learners must understand the ethical use of AI in line with their profession's practice standards, including understanding how to comply with data protection legislation and guidance to maintain patient confidentiality.
- In line with ensuring equality and diversity in education, education providers should ensure equitable access to AI that does not amplify existing inequalities between learners from different backgrounds or discriminate with respect to protected characteristics.

Preparation for practice

- Learners should be prepared for appropriate use of AI in their future practice, understanding the practical, legal and ethical use of technologies available, including critical thinking skills required to become an autonomous professional.

- Learners should also be able to demonstrate AI explainability, that they understand how decisions are made and are equipped with the skills to explain their use of AI to service users or caregivers in a way that is clear and easy to understand, including the outlining of any risks.
- Education providers need to ensure that learners have the skills to develop their understanding of AI and similar technologies given the rapid pace of change once in practice.

General Osteopathic Council

5

Policy and Education Committee
22 October 2025
Transition into Practice

Classification	Public
Action	**Discussion**
Purpose of the paper	This paper will explain the progress on our transition into practice work since publishing our research on this in 2023 and our update paper to the Policy and Education Committee in June 2025 explaining the stakeholder engagement undertaken since then. It explains plans for the initial workshop which will take place on 14 October. A verbal update will also be provided at the Committee meeting.
Strategic Priority implications	Strengthening trust, because this is an externally facilitated workshop which we have invested in to support and facilitate relationships for a successful outcome. Successful transitions into practice are important for patient safety (ensuring that community and support are maintained throughout this period). Transition into practice is also one of a number of workstreams to support sustainability.
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*. Solutions generated in the workshop may include additional guidance or resources to support the implementation of standards. Standard 9: *The regulator has a proportionate and transparent mechanism for assuring itself that the educational providers 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 research has shown that some graduates do not have a positive transition into practice which can mean that they find it more difficult to seek help. This work will explore those issues in more detail and put in place actions to support more positive transitions into work.

	Standard 13: *The regulator has proportionate requirements to satisfy itself that registrants continue to be fit to practise*. The workshop may inform further specific resources for graduates to support their transition into practice.
Communications implications	None at present
Financial, resourcing and risk implications	We have contracted an external facilitator to run this workshop and one other for us. The total cost for this is £5525. The purpose of investing in an independent facilitator is to support understanding of different perspectives and consensus on the issues that are enablers and barriers to a positive transition in order to find meaningful solutions across the sector and different parts of the sector.
Patient perspectives	We will stakeholders in the next stages of our thinking as we develop our policy options post the workshops.
Diversity implications	Matters related to equality and diversity are being considered as part of this work and an Equality Impact Assessment has been commenced. Issues raised from an EDI perspective have been integrated into our research and will inform the development of our policy options. While the research work in this area has focussed mostly on the experience of new UK graduates, we also recognise that there will be others returning to practice who may also benefit from thinking, for example those on maternity or paternity leave or sick leave or those with international qualifications working for the first time in the UK for example. We will include such stakeholders in the next stages of our thinking as we develop our policy options post the workshops.
Welsh language implications	None
Annexes	**A: New graduate personas and journey mapping workshop resources**
Author	Dr Stacey Clift and Fiona Browne
Background reading	**Transition into Practice Research Report (2024)** https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pec-june-2024-public-item-3a-annex-a-transition-into-practice/

	Transition into Practice Update to Policy and Education Committee – June 2025

Recommendation	To consider the progress of the development of the transition into practice work and reflect on the workshops intended outcomes.

Key messages

- This paper will explain how we have been progressing this area which is important for patient safety, retention and sustainability.
- It explains the plans for the workshop which will take place on 14 October.
- The workshop is being facilitated externally, and we have invested in supporting and facilitating relationships for a successful outcome.
- A second workshop will also be independently facilitated towards the end of the year.
- The intended outcome is to discuss and reflect on the outcomes of the workshop and next steps..

Introduction

1. Various pieces of research and evidence generated by the GOsC and the Institute of Osteopathy (iO) have illustrated that new graduates can face challenges transitioning into practice. We have therefore decided to jointly bring together a range of up to 25 stakeholders to explore how to strengthen support for new graduates as they move into professional practice.

2. To support collaboration in this space, the GOsC are funding these two cross-sector workshops, totalling £5525.

3. The first of these workshops is scheduled to take place at Osteopathy House on 14 October (a date has not yet been set for the second workshop).

Discussion

About External facilitation

4. We held individual meetings with two possible external facilitators in June 2025 to discuss our needs for the workshop, both these facilitators submitted proposals to us based on the discussions we had with them.

5. It was important to us that we selected a facilitator that could work with our guided principles (see **Figure 1**):

Figure 1: Guided Principles for Transition into Practice workshop

1. **Shared Vision for a positive and supportive transition to practice for recent graduates:** Commit to improving the transition process from pre-registration osteopathic student to safe, competent, confident and reflective practitioner.
2. **Open Knowledge Sharing:** Transparently share research, best practices, and lived experiences – from inside and outside the sector - to inform solutions.
3. **Mutual Respect for Expertise:** Recognize the unique contributions of all stakeholders.
4. **Inclusivity and Representation:** Ensure representation from various career stages, educators (pre- and post-registration education), employers, professional body, regulator, special interest groups, CPD providers etc. for a well-rounded perspective.

5. **Active Engagement and Participation:** Encourage all stakeholders to contribute insights, offer feedback, and take ownership of tasks.
6. **Constructive Feedback and Learning Culture:** Promote a feedback-friendly environment that encourages learning from successes and challenges.
7. **Shared Accountability and Follow-Through:** Define clear roles, responsibilities, and timelines to maintain accountability and progress.
8. **Adaptability to Emerging Needs:** Stay responsive to evolving challenges in pre- and post-registration osteopathic education and workforce requirements.
9. **Impact-Driven Decision-Making:** Focus on creating sustainable, evidence-based solutions that are mutually beneficial for the osteopathic stakeholders.
10. **Embrace Diversity of Thought:** Foster an open and inclusive environment where ideas are given a chance to grow.

6. The external facilitator we selected and have since commissioned for these workshops specialises in impact management and strategy development, enabling aligned organisations to make the most positive impact that they can.

About the Discovery phase

7. The external facilitator began with conducting some 'Discovery Phase' interviews with key stakeholders (5 in total, plus meetings with the GOsC and iO), ahead of the workshop. This was so as to allow the facilitator to understand current thinking, explore priorities, and begin to build rapport and trust.

8. Through conducting these interviews identified that there are many different views on what the root causes are that new graduates face when entering into practice and as a result there was a lack of collective action across the osteopathic sector to tackle this issue (s).

9. Typically, the root causes cited during these interviews included:

- New graduates not being given enough support in clinical practice
- Undergraduate courses not sufficiently equipping them for practice
- Lack of business and marketing skills to sufficiently run a practice
- Similarities were drawn between new graduate osteopaths and first-time drivers in that a person can pass their driving test, but it doesn't necessarily make them a competent driver, that takes time and experience on the road.
- Where new graduates were going for their first job was considered 'patchy', in terms of whether a programme of support was provided or not.

- There are mentoring and shadowing opportunities going on within the sector for new graduates, but these were considered to be 'pockets' of provision
- The only programme around a graduate scheme that was cited was preceptorships.
- There was thought to be a clear split between 'new' and 'old' osteopaths and a 'Them and Us' culture, which has consequences for learning and development for both sets of osteopaths, new or old.
- This distinction between 'Them and Us' is thought to be a contributing factor of what it means to become an osteopath.
- There is a growing fear within the sector about an aging workforce coupled with fewer people coming through the education system to train to become osteopaths.

Participants invited to the workshop

10. We have invited the following key stakeholders to be part of this event:
    - Osteopathic graduates (0-2 years on the register), with lived experiences of transition challenges
    - Pre-registration educational providers
    - Post- registration providers
    - Practice owners (solo, group, NHS, private)
    - Institute of Osteopathy (iO) platform mentors
    - NCOR and a researcher in this field

11. The total number of attendees will be 25. At the time of writing 15 had secured their place at the event.

Design of the workshop

12. Our shared intent is to identify ways to improve the experience of recent graduates' transition into osteopathy practice, with the presence of an independent facilitator to create space for ideas to be shared, and alignment and energy built to move forward together.

13. The intention of the first workshop is to use a set of framing 'Problem, Vision, and Purpose' statements, so as to:

    - Develop a shared understanding of the needs of recent graduates, based on their experience of gaps in the support and provision currently available (including bringing the voices and experiences of those impacted into the room)
    - Collectively identify outcomes/opportunity areas ('what change do we hope to see in c. 3 years?')
    - Create some areas of initial alignment and shared commitment to act

14. We will be working on 2 tables for most of the sessions, supported by a co-facilitator.

15. An outline of the agenda for the workshop is as follows:
    a. Exploring issues affecting recent graduates – challenges using a journey mapping technique (see **Annex A**).
    b. Bringing a shared goal into focus – What do you hope will be different in 2030?
    c. Defining key measures of progress –What key metrics will help us to understand change and progress (Different ways of working to bring about change)
    d. Surfacing effective and innovative practice – What have we seen or heard of that could help to 'move the dial'?' – using 'speedo- type dial metric'
    e. Sharing back effective and innovative practice
    f. Next steps -Including an invitation to indicate your interest in continuing to work on this

16. This workshop design will allow us to:

    - Pool knowledge on the challenges faced by recent graduates into the profession
    - Explore a shared goal that responds to these
    - Identify meaningful measures of change towards a shared goal
    - Surface existing effective and innovative practice

17. Working together in this way has multiple benefits: it generates clarity around the changes (outcomes) that everyone is working towards and generates alignment and commitment around a series of actions. It also equips participants with an understanding of using a strategic change framework: thinking about *change*, rather than about problems.

Next Steps

18. To embed this work and generate continuity/action, we are also intending to run a second workshop, focusing on generating solutions. In the second workshop, the focus would be on the activities that would lead to change within a given time- period (e.g. 3 years), and the outputs or short-term outcomes/changes that would indicate that change was beginning to happen.

19. Beyond the first workshop, we will look more closely at some of the key actions to take forward and participants will be asked if they want to be part at that. Here we have the option of reducing the number of participants in the second workshop, if it is considered that more progress would be made with a smaller working group of 8-10 participants, responsible for enacting/delivering the activities.

Executive view

20. The committee can be assured at the approach being taken to build up gently towards solutions, so that we ensure collaboration, commitment and alignment.

Recommendation – To consider the progress of the development of the transition into practice work and reflect on the workshops intended outcomes.

Transition into Practice workshop – Recent graduate persona and journey mapping resources

Recent graduate persona (Example)

Their name Sarah

About (Demographics, where they are from, previous work/life experience)	Female graduate, 23, lives near Bath. Casual jobs only to date.
Why did they choose to study osteopathy?	Gymnast when at school, their experience as a patient of osteopathy led them to consider. Key motivation is to make a positive difference to peoples' lives.
When and what did they study?	Took 1 year out and then studied a 4 year course MOst at Swansea University, graduating 2024.
What is their experience of osteopathy practice so far ?	Has shadowed a local osteopath and is now looking for their first role.

What are their career hopes?	Wants to build her confidence to practice independently, starting with time in an established practice. Hopes to generate income to be able to buy a home by 30, hopefully in the South West of England. Wants to keep learning and is currently interested in continuing her studies but doesn't have funds to do anything formal.

Recent graduate journey

Their name_____

Stage	Finishing course	New graduate (0-12 months)	Settling (yrs 1-2)	Establishing (yr 3-4)	(Beyond – if needed)
What are they doing? (e.g. looking for first role / finding feet in first role)					
Key needs? (e.g. income, access to professional networks, mentoring)					
Their feelings (excitement, unconfident, frustration, enjoyment)					
Pain points / challenges (e.g. cost of further training, lack of autonomy)					
How are they engaging with the profession beyond work (e.g. networks or training)?					

General Osteopathic Council

6

Policy and Education Committee
22 October 2025
UCO School of Osteopathy within Health Sciences University – Recognition of Qualifications review (reserved)

Classification	Public
Action	Decision
Purpose of the paper	Consideration of the Recognised Qualification (RQ) review at the Health Sciences University (HSU), Bournemouth in relation to: • Master of Osteopathy (MOst)
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	We are required to maintain and publish a list of the qualifications which are for the time being recognised in order to ensure sufficient information is available to

	students and patients about osteopathic educational institutions awarding 'Recognised Qualifications' quality assured by us.
Financial, resourcing and risk implications	The RQ Visit was included in the 2024-25 financial schedule with Mott MacDonald, with a budget of c£22,000.
Patient perspectives	Patient perspectives are considered as part of the review process. The visitors met with existing patients of the HSU Bournemouth teaching clinic.
Diversity implications	Equality and diversity issues are reviewed as part of the RQ review process.
Welsh language implications	This paper does not have Welsh language implications
Annex(es)	A. The review specification B. The HSU RQ Visit Report
Author	Steven Bettles
Background reading	Policy and Education Committee - 4 October 2023 University College of Osteopathy – Renewal of Recognition of Qualifications (RQ) visit report

Recommendation	To agree to publish the Health Sciences University RQ Visitor report which provides 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.

Key messages

- This paper presents 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.) This is the first time that an osteopathic qualification will be delivered in Bournemouth.
- The report recommends continued recognition on this basis with no conditions.

Background

1. A draft RQ specification was approved by the Committee via email in November 2024.

2. The Committee agreed a team of three Education Visitors under s12 of the Osteopaths Act 1993 to undertake the review on and this is attached at the Annex A.

3. The visit took place from 7-8 May 2025.

Discussion

4. The visit report was drafted and sent to HSU on 16 June 2025 for a period of no less than one month in accordance with the Osteopaths Act 1993. The report deadline was 16 July 2025.

5. HSU responded on 9 July with some minor corrections.

6. The final report was sent to HSU on 9 July 2025. This is attached at Annex B. The recommendation of the Visitor for the programmes is to renew recognition. In this context, this was not intended as a renewal review of UCO/HSU's existing RQ programmes per se, but approval of a change to delivery of the MOst so that it may be taught from the HSU Bournemouth campus as well as from its London campus.

7. This was the first external review of the HSU delivery since the merger of The University College of Osteopathy and the Anglo European College of Chiropractic in 2024 (with the name changed to Health Sciences University shortly after that). The previous review of the UCO programmes took place in May 2023. The review in May 2025, although in relation to delivery of existing the RQ in Bournemouth, was also an opportunity for a revisit of some of the outcomes of the 2023 visit, providing assurance of continued delivery, and of subsequent updates, not least because of the changes made as a result of the merger.

Strengths and good practices

8. The report highlights the following strengths and good practices (the numbers referenced relate to the specific Standards for Education):

- The range of support available through the student services team with a particular emphasis on putting students first and supporting their mental wellbeing in all aspects of student life. (2iv, 3iii)
- The planned use of VR to simulate patient encounters with the aim to provide more detailed, relevant and quality feedback to students is an excellent example of how technology can enhance learning. (4iv)
- The transition to new processes for staff management and training was managed well. New processes are clear and easy to follow. (8i)

- The facilities at the proposed new clinic in Bournemouth, as well as professionalism and knowledge of the staff and management, were exemplary. (9i)

Recommendations

9. Recommendations may be made by visitors when they consider that '*there is an opportunity for improvement, but a condition is not necessary. These areas should be monitored by the provider and the recommendations implemented, if appropriate.*'

10. As will be seen, the visitors in this case made a number of recommendations within the initial draft report:

- The University should consider creating a detailed plan on how students, staff, and patients and in which areas will be involved in the design and development of the new MOst programme at Bournemouth to ensure relevant stakeholders' feedback is utilised. (1vi, 2i)
- The University should consider creating a detailed risk assessment and risk mitigations plans, including staff employment and mitigation plan, specific to the new MOst programme in Bournemouth identifying the possible academic and clinical issues of setting up a new programme and the actions to be taken to assure successful programme implementation. (2i)
- The University should consider how to implement appropriate and a variety of routes to collect and provide feedback anonymously from the future small initial cohorts of osteopathic students at Bournemouth, so they feel free and comfortable to raise concerns and/or complaints and students feel assure that their anonymous concerns or complaints are acted upon. (2iii)
- The University should consider how a wider range of students can participate in roles in the SU at Bournemouth to establish a presence for the osteopathic and other AHP students within a chiropractic strong campus. (3i)
- The University should consider how the historical resources in the London osteopathic library could be made more accessible to all students. (3iv)
- The University should consider how to implement cross campus PALs support in order for the small initial cohorts of osteopathic students at Bournemouth to be supported in developing their sense of professional belonging. (3v, 7i)
- The University should consider producing a detailed strategic plan outlining the necessary steps to provide the clinical experience needed in Bournemouth (including the access of Bournemouth students to London clinics) for the new osteopathic students and produce a contingency plan on which steps will be taken in the case that the patient recruitment is not what expected. (7ii)

11. These areas should be monitored by the provider and implemented if appropriate with updates reported in the next annual report process. A request will be made for HSU to provide a progress update with regard to these specific areas as part of its 2024-25 Annual Report submission.

Approval

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

13. The Committee is asked to consider the recommendations of the Mott MacDonald Report and this paper for the continuation of recognition for the existing qualification to include its delivery at the HSU Bournemouth campus:

    - Master of Osteopathy (MOst) (Bournemouth)

14. The visitor's report recommends continued recognition of qualification status with no specific conditions. This means that the visitors have determined that the course will deliver graduate who meet the Osteopathic Practice Standards.

15. All recognised qualifications with expiry dates are subject to general conditions (see below). Where there is no fixed expiry date, these are dealt with in a published action plan, and this is already therefore the case for the UCO/HSU existing RQ programmes:

General conditions	
1	Health Sciences University must submit an Annual Report, within a three month period of the date the request was first made, to the Education Committee of the General Council.
2	Health Sciences University must inform the Education Committee of the General Council as soon as practicable, of any change or proposed substantial change likely to influence the quality of the course leading to the qualification and its delivery, including but not limited to: i. substantial changes in finance ii. substantial changes in management iii. changes to the title of the qualification iv. changes to the level of the qualification v. changes to franchise agreements vi. changes to validation agreements vii. changes to the length of the course and the mode of its delivery viii. substantial changes in clinical provision

	ix. changes in teaching personnel x. changes in assessment xi. changes in student entry requirements xii. changes in student numbers (an increase or decline of 20 per cent or more in the number of students admitted to the course relative to the previous academic year should be reported) xiii. changes in patient numbers passing through the student clinic (an increase or decline of 20 per cent in the number of patients passing through the clinic relative to the previous academic year should be reported) xiv. changes in teaching accommodation xv. changes in IT, library, and other learning resource provision xvi. any event that might cause adverse reputational damage xvii. any event that may impact educational standards and patient safety
3	Health Sciences University must comply with the General Council's requirements for the assessment of the osteopathic clinical performance of students and its requirements for monitoring the quality and ensuring the standards of this assessment. These are outlined in the *Graduate Outcomes for Osteopathic Pre-registration Education* and *Standards for Education and Training*, 2022, General Osteopathic Council. The participation of real patients in a real clinical setting must be included in this assessment. Any changes in these requirements will be communicated in writing to Health Sciences University giving not less than 9 months notice.

Recognition period

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

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

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

- A new provider or qualification

- An existing provider with a risk profile requiring considerable ongoing monitoring.

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

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

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

17. The UCO/HSU MOst programme is currently recognised with no expiry date, and there is no reason for this not to continue with the addition of delivery at the Bournemouth campus.

Recommendations:

To agree to publish the Health Sciences University RQ Visitor report which provides 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.

Draft Monitoring Review Specification for University College of Osteopathy – School of Osteopathy within Health Sciences University Change of delivery to existing RQ Programmes.

Background

Review Specification

1. The UCO – School of Osteopathy currently deliver the following Recognised Qualifications:
    - Bachelor of Osteopathy (BOst)
    - Integrated Master of Osteopathy (MOst)
    - MSc Osteopathy (Pre-Registration) (MScPR)

2. These are recognised without an expiry date, and an RQ review of these was last conducted in 2023.

3. UCO completed its merger with AECC University College on 1 August 2024, to become Health Sciences University.

4. UCO has notified us of its intention from September 2025, to offer its existing RQ programmes for delivery at the Health Sciences University campus in Bournemouth as well as its current teaching and clinical sites in London.

5. The GOsC requests that Mott MacDonald schedules a review visit to consider issues around the delivery of the following RQ programmes at the Health Sciences University:
    - Bachelor of Osteopathy (BOst)
    - Integrated Master of Osteopathy (MOst) (full time and part time delivery)
    - MSc Osteopathy (Pre-Registration) (MScPR)

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

7. The format of the review will be based on the interim Mott MacDonald Handbook (2022) and the Graduate Outcomes and Standards for Education and Training (2022). The Committee would like to ensure that the following areas are explored:
    - Plans for delivery of the existing RQ programmes at the Health Sciences University Bournemouth campus.
    - How consistency in teaching across all teaching sites will be achieved to ensure that Graduate Outcomes are met and the Standards for Education and Teaching are delivered.
    - How an osteopathic provision will be developed and incorporated within the teaching clinic, so that this will be sufficiently developed to meet the clinical education needs of students as they progress through the programme.
    - How the distinctiveness of osteopathy as an approach to healthcare is maintained within a multi-disciplinary teaching and clinical environment in accordance with the Graduate Outcomes.
    - Plans to increase online teaching of some aspects of the programme – how has this been developed to take into account student feedback and preferences, and how consistency and quality of experience is assured.

8. The following Standards for Education and Training are highlighted as particularly important to consider in the context of teaching an existing RQ programme in a new site, but these are not inclusive and should be considered in the context of all the Standards for Education and Training and the whole provision. (UCO's courses underwent an RQ visit in May 2023, and thus have been considered within the last year in the context of the SET):

    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)
        - 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 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. Resources
    - they provide adequate, accessible and sufficient resources across all aspects of the programme, including clinical provision, to ensure that all learning outcomes are delivered effectively and efficiently.
    - the staff-student ratio is sufficient to provide education and training that is safe, accessible and of the appropriate quality within the acquisition of practical osteopathic skills, and in the teaching clinic and other interactions with patients.

e. 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.

f. 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

g. 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.

h. 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

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

RQ visit in TBC 2025

Month/Year	Action/Decision
June 2024	Committee agreement of initial review specification
October 2024	Statutory appointment of visitors
10 weeks before the visit TBC	Submission of mapping document
8-9 May 2025	Review takes place
5 weeks following visit	Draft Report to UCO for comments - statutory period.
TBC	Comments returned and final report agreed.
TBC	Preparation of Action Plan to meet proposed conditions (if any)
October 2025	Recommendation from the Committee to Council whether to make changes to the RQ programme approval (e.g., conditions or addition of an expiry date)
November 2025	Recognition of Qualification ongoing by the General Osteopathic Council
January 2026	Privy Council Approval

GOsC Education Quality Assurance
Monitoring of Recognised Qualification Report

This report provides a summary of findings of the providers QA visit. The report will form the basis for the approval of the recommended outcome to PEC.

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

Provider:	Health Sciences University – UCO School of Osteopathy
Date of visit:	7th – 8th May 2025
Programme(s) reviewed:	Masters in Osteopathy M.Ost (Bournemouth campus)
Visitors:	Ana Molares Bargiela, Dr Brian McKenna, Sandra Stephenson

Outcome of the review

Recommendation to PEC:	☒ Recommended to renew recognised qualification status ☐ Recommended to renew recognised qualification status subject to conditions being met ☐ Recommended to withdraw recognised qualification status
Programme start date:	September 2026
Date of expiry (if applicable):	
Date of next review:	

Abbreviations

AB	Academic Board
AHP	Allied Health Professional
AI	Artificial Intelligence
AQF	Academic Quality Framework
ASQC	The Access Standards Quality Committee
ASSC	The Access and Student Success Committee
BDA	British Dyslexia Association
CIF	Course Information Form
CPD	Continuous Professional Development
CT Scanner	Computed Tomography Scanner
DBS	Disclosure Barring Service
DSA	Disabled Students' Allowance
DVC	Deputy Vice Chancellor
EDI	Equality, Diversity, Inclusion
EE	External Examiner
Exec	Executive
FHEQ	Frameworks for Higher Education Qualifications
FTE	Full Time Equivalent
FtP	Fitness to Practice
GDPR	General Data Protection
GOPRE	Guidance for Osteopathic Pre-registration Education
GP	General Practice
HE	Higher Education
HESA	Higher Education Statistics Agency
HR	Human Resources
HSU	Health Sciences University
IPL	Inter-professional learning
IT	Information Technology
MDT	Multi Disciplinary Team
MOst	Masters of Osteopathy
MRI	Magentic Resonance Imaging
MScPR	Masters of Osteopathy Pre-registration
NHS	National Health Service

NSS	National Student Survey
OPS	Osteopathic Standards
PALs	Peer-Assisted Learning Scheme
PDR	Personal Development Review
PSRB	Professional Accreditation, Professional Statutory and Regulatory Bodies
QA	Quality Assurance
QAA	Quality Assurance Agency
QR Codes	Quick Response Codes
RAE	Research Assessment Exercise
RPCL	Recognition of Prior Certificated Learning
RPEL	Recognition of Prior Experiential Learning
RPL	Recognition of Prior Learning
RQ	Recognised Qualification
SEEC	Southern England Consortium for Credit Accumulation and Transfer
SET	Standards for Education and Training
SMG	Senior Management Group
SMT	Senior Management Team
SPACE	Sharing Patient and Community Experience
SRMG	Student Recruitment Management Sub-Group
SRSG	Student Recruitment Strategy Group
SSLCG	Student and Staff Liaison Consultation Group
SSS	Student Support Servicer
SU	Student Union
ToRs	Terms of Reference
UCAS	Universities and Colleges Admissions Service
UCO	University College of Osteopathy
VLE	Virtual Learning Environment
VR	Virtual Reality

Overall aims of the course

The Integrated Master of Osteopathy (MOst), to be delivered from the University's Bournemouth campus from September 2026, is an undergraduate programme that will enable graduating students to apply to the General Osteopathic Council (GOsC) for registration as an osteopath in the UK.

The programme is designed to deliver a fully integrated programme that covers the theoretical and practical knowledge and skills required to be an osteopath, and the course focuses on the theory and application of contemporary osteopathic practice.

The University confirmed the following aims of the new MOst course within the mapping tool:

1) Enable students to attain the capabilities and qualities of a HSU Graduate and in so doing to meet the OPS and the Graduate Outcomes published by the General Osteopathic Council (GOsC) by developing the essential knowledge base, interpersonal, cognitive, clinical, and hands on skills expected of a HSU graduate osteopath.

2) Support students to develop attributes of critical enquiry, self-reflection, professionalism, ethical caring and respect that characterises a competent, confident, and capable osteopath.

3) Provide an approach to teaching and learning that embodies the effective management of change and uncertainty, development of practical skills, and encourages a commitment to self-managed, life-long learning.

4) Enable students to successfully practise in primary osteopathic care and be eligible to apply for registration with the GOsC.

Overall Summary

The visit to the University was undertaken over two days at the HSU campus in Bournemouth. The RQ visit was limited in its purpose to reviewing the plans and suitability of the University offering a new MOst from its Bournemouth campus, including reviewing the suitability of the Bournemouth campus facilities.

Visitors met with a range of relevant stakeholder groups to support their work in relation to the visit specification. This included meetings with current patients of the chiropractic clinic in Bournemouth, current and past chiropractic (Bournemouth-based) and current and past osteopathy (London-based) students. The visitors also met with current osteopathic teaching staff at the London campus, as well as the SMT, the executive leadership group, Bournemouth-based clinic staff, support services, and members of the marketing team. The University had prepared well for the visit and meetings held across the two-days facilitated good understanding of the arrangements in place to support visitors with triangulation.

Strengths and good practice

The range of support available through the student services team with a particular emphasis on putting students first and supporting their mental wellbeing in all aspects of student life. (2iv, 3iii)

The planned use of VR to simulate patient encounters with the aim to provide more detailed, relevant and quality feedback to students is an excellent example of how technology can enhance learning. (4iv)

The transition to new processes for staff management and training was managed well. New processes are clear and easy to follow. (8i)

The facilities at the proposed new clinic in Bournemouth, as well as professionalism and knowledge of the staff and management, were exemplary. (9i)

Areas for development and recommendations

The University should consider creating a detailed plan on how students, staff, and patients and in which areas will be involved in the design and development of the new MOst programme at Bournemouth to ensure relevant stakeholders' feedback is utilised. (1vi, 2i)

The University should consider creating a detailed risk assessment and risk mitigations plans, including staff employment and mitigation plan, specific to the new MOst programme in Bournemouth identifying the possible academic and clinical issues of setting up a new programme and the actions to be taken to assure successful programme implementation. (2i)

The University should consider how to implement appropriate and a variety of routes to collect and provide feedback anonymously from the future small initial cohorts of osteopathic students at Bournemouth, so they feel free and comfortable to raise concerns and/or complaints and students feel assure that their anonymous concerns or complaints are acted upon. (2iii)

The University should consider how a wider range of students can participate in roles in the SU at Bournemouth to establish a presence for the osteopathic and other AHP students within a chiropractic strong campus. (3i)

The University should consider how the historical resources in the London osteopathic library could be made more accessible to all students. (3iv)

The University should consider how to implement cross campus PALs support in order for the small initial cohorts of osteopathic students at Bournemouth to be supported in developing their sense of professional belonging. (3v, 7i)

The University should consider producing a detailed strategic plan outlining the necessary steps to provide the clinical experience needed in Bournemouth (including the access of Bournemouth students to London clinics) for the new osteopathic students and produce a contingency plan on which steps will be taken in the case that the patient recruitment is not what expected. (7ii)

Conditions

None reported.

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 2023 visiting team found this standard to be met, with no areas of development or recommendations. Since the merger with HSU, the University has changed the UCO policies to the HSU admissions policies which are published on its website, effective from August 2024. Updated policies include the recruitment, selection, and admission policy and procedures.

These policies also set out the English language proficiency requirements, and the English Language entry criteria is set out in the course information forms, which will continue to be implemented for the MOst in Bournemouth. Responsibility and oversight of these policies will be that of the University's SRMG which is responsible for recommending the approval of any changes to this policy to the SRSG.

The intended new course in Bournemouth is the MOst full-time course whereby students will follow the standard UCAS route of application. The admissions team will review the information provided in relation to the requirements of the course and process each individual student application. The admissions team are responsible for the undergraduate applications and will be available to answer any questions from the prospective applicant.

The University states that for the new course in Bournemouth, online interviews will be offered to applicants and in-person interviews will take place if requested by the applicant. A meeting with student services will also be arranged if requested by the applicant. All applicants will need to meet the additional course requirements including DBS and occupational health checks prior to being offered a place.

The University states that due to the course being new they require a minimum of 15 students in the first cohort. In the case that the students have been offered a place and the course is cancelled due to a low number of applicants, the University will decide to notify the student of the cancellation of the course between January and June 6th. The University will offer an alternative course to the applicant, for example, the MOst London programme.

Based on the evidence seen, we are assured that this standard is met and will continue to be met for the new MOst programme in Bournemouth.

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 2023 visiting team found this standard to be met, with no areas of development or recommendations.

Following the merger, the UCO equality, diversity and inclusivity policy has been replaced by the HSU equality, diversity, inclusivity and belonging policy which is published on the University website, and that applies to both London and Bournemouth campuses.

It is the wider management group's responsibility to evaluate and oversee the equality, diversity, inclusivity and belonging policy, and to embed a culture of diversity and inclusion across the University. The University's policies are normally reviewed every two to three years.

The EDI policies and other policies like the religion and belief policy demonstrates the University's aim to create an inclusive learning and working environment. Compassionate communications training has been provided for staff to support their interactions with students.

The clinical/academic staff, students at Bournemouth and at London we met with confirmed that a respectful, supportive environment is in place, with reasonable adjustments and additional provision provided.

The University EDI policies, the University inclusive activities and approach and stage holder's meetings assure us that this standard is met and will continue to be met for the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

☒ MET

☐ NOT MET

Findings and evidence to support this

The 2023 visiting team found this standard to be met, with recommendations regarding RPL processes and the MScPR course. However, this was not under revision in this visit and the programme to be implemented in Bournemouth is the MOst programme.

Following the merger, the University has aligned to HSU's RPL process which is set out in its recruitment, selection and admission policy and procedure for taught courses which are published on its website. The University has two processes in place for the recognition of a student's prior learning - RPCL and RPEL.

Following the merger, the London and Bournemouth admission and student support teams work in conjunction to offer continued support to prospective students in their applications. We are therefore assured that this standard is met and will continue to be met for the new MOst programme in Bournemouth.

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

The 2023 visiting team found this standard to be met, with no recommendations or areas of improvement. This standard has been reviewed by the visiting team as new members of staff will be hired in Bournemouth by February 2026 to start preparing for the new MOst programme forecast to start in September 2026.

The University states that following the recent merger, it has reviewed and updated some of its policies, however, some historical UCO policies like the contractual policies have been continued during the transitional period. By September 2025 they envisage that only HSU policies will apply. Currently UCO staff policies are valid for UCO contracted staff and HSU policies are valid for HSU contracted staff. By September 2025 all University staff will be under HSU policies. For example, the HSU's staff development policy and procedure that will apply to the new hired staff in Bournemouth, as will the HSU's staff induction policy and procedure which ensures that new staff undertake appropriate induction activities for their role including mandatory training in safeguarding, Prevent duty, diversity and equality, GDPR, health & safety and personal resilience.

All educators at the University will be required to hold a postgraduate teaching qualification. If this is absent, they must complete an appropriate postgraduate teaching qualification within a year of joining the organisation.

The University indicates that, as with the London staff, all new Bournemouth staff will undertake a range of mandatory training during their induction and probation period and will be supported to identify development and training needs. These include more job specific training on the VLE system (Bone) and University teaching expectations, including University policies. The London staff that will teach online at the MOst programme in Bournemouth will require a more enhanced training on the new simulation centre that will be used for the online teaching. The technology simulation centre is planned to be launched by September 2025. The University has stated that, currently, some London staff have been trained in online teaching and the simulation centre. Further staff simulation centre training will be agreed by relevant line managers and would form part of an individual's professional self-development.

The University staff policies and induction, and the continuous training and development of staff assures us that this standard is met and will continue to be met for the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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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 2023 visiting team found this standard to be met, with no areas of development and/or recommendations.

The University has a quality structure with course leaders, deputy leaders and unit leaders, which works to monitor module developments within the University.

Regarding the new MOst programme in Bournemouth and the hiring of new members of staff for that course, the University has assured us that the course team will provide close support and supervision to manage the day-to-day running of the new MOst programme. The course team will oversee the day-to-day management of the course and reports to the University's ASQC.

We were assured that the University had recently added members of senior management to this course team to support course and unit leaders to conduct regular evaluations of the curricula and assessment to enhance alignment across Bournemouth and London course delivery. We are therefore assured that this standard is met and will continue to be met for the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The 2023 visiting team found this standard to be met, with a recommendation that the University complete the periodic review process for the MOst programme to ensure the University's internal QA processes are met.

As part of the University course approval and modification processes, the UCO's AQF sections and HSU's quality assurance policies, curricula and assessment review processes involve consultation with appropriate stakeholders. This includes the relevant course team, relevant staff, students, EEs and PSRBs.

During the visit, different stakeholder groups (students, staff, patients) stated that no feedback or consultation was collected from stakeholders regarding the new MOst programme in Bournemouth. The SMT and the QA team explained that the new programme must first be submitted to the quality committee for approval by July 2025. Once the programme is approved, stakeholder meetings will follow and a structured implementation plan will be created. The meetings are forecast to start in September 2025.

The University policies and assurance from the SMT and the QA team that stakeholders will be involve in the in the design and development of the new MOst programme at Bournemouth, assures us that this standard is met and will continue to be met for the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

The University should consider creating a detailed plan on how students, staff, and patients and in which areas will be involved in the design and development of the new MOst programme at Bournemouth to ensure relevant stakeholders' feedback is utilised. (1vi, 2i)

Conditions

None reported.

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The 2023 visiting team found this standard to be met, with recommendations that the University updates the original MOst course documentation which refers to the QAA Osteopathy Subject Benchmark Statement and that the University complete the periodic review process to ensure all areas meet the relevant standards set out in the GOPRE and OPS.

Regarding the new MOst in Bournemouth programme, the University assured us that it will mirror the existing MOst programme in London. Therefore, the new MOst programme in Bournemouth is mapped to the OPS and GOPRE outcomes. It is also benchmarked to the QAA Osteopathy Subject Benchmark Statement, QAA Master's Degree Characteristic Statement, the QAA Framework for Higher Education Qualifications, and the SEEC Credit Level Descriptors for Higher Education.

We are therefore assured that this standard is met and will continue to be met for the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The 2023 visiting team found this standard to be met, with recommendations made for the University to introduce clearer grade expectations, update marking grids, and ensure staff are aware, and trained, on the needs of the students within each class where there are mixed levels present.

During the visit, the University assured us that the assessment methods for the new MOst programme in Bournemouth are the same as the assessment methods for the MOst programme in London, and therefore, provide a fair measure of students' achievement and progression for the relevant part of the programme.

The University will continue applying the internal moderation processes set out in their academic quality framework and their double and second marking policy to ensure that assessments are fair, valid and reliable. The EEs will continue providing relevant feedback to module leaders and course leaders to ensure there is a high level of consistency across the course. As part of assessment scrutiny, the University will

continue engaging with the EE in their annual reports and also through the boards of examiners and student feedback.

Regarding the new MOst course in Bournemouth, we were assured by the University SMT that extra quality assurance measures will be added to the exams in Bournemouth to avoid possible bias due to potentially reduced numbers in the first cohorts for this programme. For example, practical examinations will be recorded for further moderation, extra examiners will be brought in from London for internal QA moderation, especially for practical exams, and – as with the exams in London – external moderation of assessments are marked, reviewed and fed-back by the EE to ensure that assessment processes and marking are fair, valid, and reliable.

In addition to the above, the University assured us that new Bournemouth staff will be provided with comprehensive training including training on assessments at the London site during the pre-course period (February 2026 to September 2026), to enable staff to effectively deliver academic and clinical assessments.

The University internal QA and assessment methods and the extra QA measures planed for the Bournemouth programme assure us that this standard is met and will continue to be met for the new MOst programme.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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ix. subject areas are delivered by educators with relevant and appropriate knowledge and expertise (teaching osteopathic content or supervising in teaching clinics, remote clinics or other clinical interactions must be registered with the GOsC or with another UK statutory health care regulator if appropriate to the provision of diverse education).

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The 2023 visiting team found this standard to be met with no areas of improvement and/or recommendations.

Regarding the new MOst programme in Bournemouth planned to start September 2026, the University has assured us that they have the relevant plan in place to hire GOsC registered staff by February 2026 depending on student registration. For the Bournemouth programme, osteopathic educators will be recruited in line with the HSU's staff recruitment and selection policy and procedure with clear role descriptions, assuring that teaching staff and lecturers, and practice educators, have the required knowledge and skills for the role.

The newly hired staff will deliver practical and clinically relevant subjects. The University is planning to train their staff on time to start for the new MOst in Bournemouth by September 2026.

For the future osteopathic clinic, whereby students are engaging with patients, newly hired registered osteopaths will be supported to build up an osteopathic clinic within the existing Bournemouth multidisciplinary clinic. This will ensure that students will be supported during osteopathic observations of treatments and supervision when students get to treating patients.

The new Bournemouth staff will receive regular supervision and management as well as training in the London clinics. That way the University expects to ensure parity across the London and Bournemouth programmes.

The University policies, the staff recruitment plan, and the planed staff management and supervision, assures us that this standard is met and will continue to be met for the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The 2023 visiting team found this standard to be met with no areas of improvement and/or recommendations identified.

The student complaints policy and procedure is published on the University website, always accessible to students. Prospective students are made aware of this policy during the application stage and new students are introduced to this policy at induction. Returning students are also reminded about this policy at the beginning of each new academic year.

Student services staff at Bournemouth assured us that they provide a variety of routes to assist students wishing to make an informal or formal complaint with support and guidance. The student services office opens longer on Thursdays and students can attend without an appointment at any time. The office has been moved to the ground floor close to the main entrance where students can see it and access it easily. This approach is trying to improve the students' voice and break the barrier between the management and students. Student services state that policies for students have been reduced to just one page, so that they can easily access the information in the policy and then, if they want more information, can refer to the full policy.

At both meetings with London osteopathic students and Bournemouth chiropractic students, students came across as well informed on complaints processes and confident in raising any issues that may arise. Both groups stated that the complaints response is fed back to them and acted upon if suitable.

Current Bournemouth chiropractic students corroborated that they feel supported by student services, and they feel welcome in their offices anytime.

Student representatives are well informed of the support available and trained to provide appropriate signposting to students in a supportive manner. The SU holds a monthly meeting with student representatives to make the support inclusive to all students at the University.

The University policies, the University support services, and stakeholders' meetings assures us that this standard is met and will continue to be met for the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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xi. there is an effective process in place for students to make academic appeals. ☒ **MET** ☐ **NOT MET**

Findings and evidence to support this

The 2023 visiting team found this standard to be met, with no areas of improvement and/or recommendations.

Following the merger, the UCO policy has been superseded by HSU's academic appeals policy and procedures.

The new HSU academic appeals policy for students is published on the University's website and is always accessible to students. The number and content of appeals is reported to the academic board on an annual basis to allow an analysis of themes to feedback into the programme and form part of a reflective QA process.

It is evidenced that the University continues to monitor academic appeals and works to reduce these in highlighted common areas.

As with student complaints, an annual summary of academic appeals is produced to record the number and nature of academic appeals received each year, enabling the University to identify themes or areas where practice or process could be enhanced.

The University states that students have been notified that policies and procedures have been updated since the merger in September 2024, which ensures that students have the relevant material information to make an academic appeal.

We are therefore assured that this standard is met and will continue to be met for the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

2. Programme governance, leadership and management

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The 2023 visiting team found this standard to be met, with recommendations made in relation to reporting the development and progress of the new strategic plan via the GOsC Annual Report and conducting a review of the committee remits.

This standard has been reviewed by the Bournemouth visiting team alongside the plans for the MOst in Bournemouth because, since the last visit, UCO has become a school within the University and as such their programme governance and leadership processes have changed.

The University has the governance mechanisms and management to comply with legal, regulatory, and educational requirements. The Vice-Chancellor's group is responsible with the board of governors for the strategic direction of the University. Parallel to that, the SMT is responsible for leading the daily operation and strategic direction of the School of Osteopathy and reporting on these to the board of governors.

Staff management and committee structures have been amended to enable compliance to continue alongside merger work started in September 2024. Several information governance policies were reviewed in 2023-2024 to ensure they reflected current legislation and remained fit for purpose. The University assured us that it is undergoing a review of its policies post-merger and therefore, all UCO and HSU policies will merge into a single University policy including the HSU information governance policies that will replace UCO's by September 2025.

In the same manner, there is not yet established a merged policy on risk management, and the University will continue to refer to the UCO risk management and the HSU risk management policies as needed, until a unified risk management policy has been implemented by September 2025.

With regards of the new MOst programme in Bournemouth, there is not an adapted risk assessment plan identifying possible academic and clinical issues. Likewise, there isn't a clear mitigating plan of actions or a risk management monitoring plan for this new programme. The SMT and the quality assurance team explained that the new programme must first be submitted to the quality committee for approval by July 2025. Once the programme is approved, stakeholder meetings will follow, and a structured implementation plan will be created; the meetings are forecast to start in September 2025.

On further enquiring, the SMT and QA teams provided a provisional strategic and operational plan on how they plan to review and monitor the possible academic and clinical issues regarding the new MOst programme in Bournemouth. This included monitoring and auditing the actual multidisciplinary clinic patient list to provide a sufficient variety of patients for the future osteopathic students. It also sets out the minimum number of students needed to run the course and a minimum number of staff to cover for all educational requirements. The online teaching and simulation centre in London will cover both sites, and the continuous conversations between sites to duplicate student services will make sure that the student experience is similar at both campuses.

Course approval, like the new MOst programme in Bournemouth, requires input from both internal stakeholders and external experts during the design phase, assuring academic quality and standards. Following the merger, new course development is undertaken in line with the University's course design framework and course approval policy and procedure. The new osteopathy course will be designed and approved consistently with appropriate stakeholder representation and external engagement. However, no student, staff representatives or EEs have been yet engaged in the new MOst programme in Bournemouth. The SMT has assured us that staff, students, and EE contributions are valued very highly, and that their representation will be included in the stakeholder meetings which are planned to be implemented for the new programme from September 2025.

The University's re-named equality, diversity and inclusivity committee, now the people and culture committee which has the responsibility for implementing the EDI and belonging policy, with oversight from the board of governors. During the merger discussions, this committee was tasked with safeguarding the unique identities of UCO and its predecessors; recognising and addressing the impact of organisational change; and ensuring appropriate support within reasonable constraints. During the staff meeting held as part of the visit, staff assured us that the merger has been better than they expected and that they have been able to give personal feedback to the University. They told us that they have been informed regularly by the University throughout the various steps taken as a result of the merger, and that their working environment has not been affected.

The Bournemouth and London student services office has merged and are jointly aiding students on any EDI matters. They have one person in each campus to assist students with any reasonable adjustment in advance before they start the course. They continue to support students throughout the course when needed. A student from London explained that when going through very difficult personal circumstances she received a great deal of support from the University which helped her to get her degree and manage personal life with study life. Students stated that they are well informed about the EDI policies and that they know where to go to get support if needed. The UCO's equality, diversity & inclusivity policy will be replaced by HSU's equality, diversity, inclusion and belonging policy by September 2025.

Based on the evidence seen across the visit, we are assured that this standard is met and will continue to be met for the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

The University should consider creating a detailed risk assessment and risk mitigations plans, including staff employment and mitigation plan, specific to the new MOst programme in Bournemouth identifying the possible academic and clinical issues of setting up a new programme and the actions to be taken to assure successful programme implementation.

The University should consider creating a detailed plan on how students, staff, and patients and in which areas will be involved in the design and development of the new MOst programme at Bournemouth to ensure relevant stakeholder feedback is utilised. (1vi, 2i)

Conditions

None reported.

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The 2023 visiting team found this standard to be met, with no recommendations or areas of improvement identified. This standard has been reviewed by the visiting team as the new MOst programme is planned to be implemented in the Bournemouth campus by September 2026.

Following the merger, the UCO's FtP policy has been replaced by HSU's student FtP policy and procedure and support to study policy respectively, which are both overseen by the University's academic board. The two policies are designed to address concerns regarding student conduct that could compromise patient safety or affect their ability to meet the OPS.

During the visit, the chiropractic Bournemouth students, the osteopathy London students, and the London clinical staff all stated they are well informed of any changes in the University policies and procedures as they receive regular emails with updates and training on current and changing policies. Staff training on the policies and updates are compulsory, and they must provide feedback after their training sessions. Staff also stated that they receive online training with mandatory videos on any changes to safeguarding or FtP policies with questions to be answered after the training.

The new Bournemouth MOst programme, in alignment with the MOst London programme, requires pre-admission health checks and DBS clearance, along with ongoing monitoring and referral mechanisms, ensuring compliance with professional standards. Students are required to self-declare any changes to their health or character status.

FtP cases are monitored by the SMT, academic standards and quality and committee, and academic board, and are reported accordingly to GOsC via annual reporting. The SMT assures us that if any FtP cases arise within the Bournemouth MOst students, these will be dealt with anonymously to ensure impartiality and fairness, as it is possible that the first cohorts will have a small number of students.

The policies in place, the FtP and safeguarding reporting, and the procedures and updates to students and staff, all assure us that this substandard is met and will continue to be met for the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

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 2023 visiting team found this standard was not met, with the condition that the University were required to have staff available for students to feel they can raise complaints and concerns in clinic, provide sufficient experiences, and to ensure that staff-student ratios provide a safe, accessible, and appropriate quality of learning, and an appropriate standard of patient safety within clinic. Additionally, there were recommendations made for the University to improve the student representative system, with clearer formal and informal channels for raising complaints, safeguarding procedures, and the triaging of complaints in clinic.

The University at their Bournemouth site provide formal and informal avenues for students, staff, and patients to raise concerns. The University encourages staff and students to raise concerns, and the policies and procedures are comprehensive and accessible including safeguarding, student complaint procedures, and patient complaints policy. The UCO complaints and concerns policies were superseded by HSU policies in August 2024 and have been published on the University website.

Staff publish office hours and students can make appointments as well as use the 'open door' policy to raise concerns or complaints. Staff stated that every three months all staff get together to discuss points of interest, concerns, and complaints received and to incorporate any changes when possible.

The student support office in Bournemouth works conjointly with the office in London and is open every day of the week. The office is easily accessible on the ground floor for students to speak to an adviser with or without an appointment. Student support staff stated that the two University sites are working in conjunction to try to increase the students' voice and break the barrier between management and students. They encourage students to contact student support with any concerns or complaints, and they are open later every Thursday in Bournemouth to facilitate student access to the students support office. Additionally, the University has created a one-page complaint policy for students so they can easily access the information and then if they want more information can refer to the full policy.

In a meeting with the Bournemouth chiropractic students, some of whom were members of the SU at the Bournemouth campus, it was evident that students feel supported and encouraged to raise any concerns. They advised that they are aware of the raising concerns and complaints procedures and policies, and that the student support office is always open for them to discuss any concern. The student representative system operates formal meetings every month with the class representatives to discuss any possible concerns. This is felt to ensure that every cohorts' feedback, concerns, and complaints can be fed back into the student union network.

Students from both University sites stated that they felt heard when they raised a concern, complaint, or shared any feedback because they felt their comments were acted upon. For example, students asked for the addition of professionalism assignments centred in future practice and how to be an independent practitioner, and the module leader modified the tasks accordingly.

Some students told us that they did not have confidence in the effectiveness of the process of raising concerns anonymously because they are not able to find out if the anonymous feedback has been acted upon.

Patients at the Bournemouth clinic are able to use the 'Compliments, Comments and Complaints' form to raise complaints, email, or speak to the clinic staff. In the Bournemouth patient meeting, patients stated that

they feel very comfortable raising concerns. They told us that in all cases where they raised a concern it was acted upon quickly and they were informed of the actions taken regarding the concern.

Patients are aware of the feedback forms available in the clinical rooms and they are aware that the feedback can be anonymous. Patients are also aware of the information in reception for safeguarding, and the policies up in the notice boards in the clinic.

The policies in place, the accessibility of student services, the previous action on complaints by the University and the accessibility of patients to reporting any concern or complaints, assure us that this standard is met and will continue to be met for the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

The University should consider how to implement appropriate and a variety of routes to collect and provide feedback anonymously from the future small initial cohorts of osteopathic students at Bournemouth, so they feel free and comfortable to raise concerns and/or complaints and students feel assure that their anonymous concerns or complaints are acted upon.

Conditions

None reported.

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The 2023 visiting team found this standard to be met, with recommendations to review the effectiveness of the community groups and to review the triaged and recording of patient complaints.

At the Bournemouth site, student support services have developed a few strategies to create a safe and inclusive environment equal to all students. They run a Wednesday quiet space to help students in need of this type of environment: a project called ‘residential life’, whereby they host social events like cooking and caring for dogs; and a mental health project where senior advisers are available for consultations and to evaluate activities required to support students with mental health problems. They also run a companionate communications campaign, training for staff and students and encourage students to complete the mental health first aid course.

On meeting with students during the visit, they stated that they were able to speak up about concerns, and that they were aware and participate in the events run by the University. Students told us that the events help to create a community feeling. Students stated that the University 'open door' policy is effective in providing a safe space for them to raise issues.

Patients we met with as part of the visit stated that they feel very comfortable to raise concerns with any member of staff, all of whom are very approachable and happy to help. They are also happy to speak to clinic tutors who attend treatments on a regular basis. Additionally, every fourth treatment, patients fill out an online form where they are asked about any concerns, and also for good and bad treatment feedback to decide if it needs reviewing.

Since the University has grown in the last few years, patients stated that it took a while to get used to a bigger site, but they still feel as individually treated as before.

Patients explained that they have a patient group with 28 members called SPACE where they share patient and community experiences. SPACE members also participate in research, simulation teaching, and events within the University.

Patients consider that the University cares for people and its students. The University organises events to involve the community such as open evenings to inform on what the clinic offers. These events are run in the University grounds as well as outside of the University.

The University activities and their open door and support policies provides assurance that the culture is one where it is safe for all to speak up about unacceptable and inappropriate behaviour and assure us that this standard is met and will continue to be met for the new MOst programme in Bournemouth.

Strengths and good practice

The range of support available through the student services team with a particular emphasis on putting students first and supporting their mental wellbeing in all aspects of student life. (2iv, 3iii)

Areas for development and recommendations

None reported.

Conditions

None reported.

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The 2023 visiting team found this standard to be met, with no areas for development and/or recommendations.

We heard from the University that staff and students are encouraged to report mistakes to their line manager, HR (for staff) or course tutor (for students). We heard there is no formal recording of mistakes by HR, though line managers are encouraged to keep a record. The University provided a case study to illustrate how a mistake was identified, managed, and the learning that resulted. It was evidenced that

grievances and complaints are monitored and reported annually, and the University believes this to be evidence that mistakes are managed in a timely manner and without the need to escalate to formal procedures.

We heard from the University that students are encouraged to report mistakes (posters highlight what to do and that they will be supported) and tutors will support them to rectify them. Students reported that they knew where to seek support from tutors. This, along with the examples provided of how mistakes have been identified, managed, and learnt from, provides assurance that this standard is met, and will continue to be met for delivery of the new MOst programme in Bournemouth.

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

The 2023 visiting team found this standard to be met, with a recommendation to report on the implementation of the new Academic Standards and Quality Report in the next GOsC Annual Report.

We were assured that there are thorough and robust policies and processes in place to provide assurance that students have fully demonstrated learning outcomes. These procedures are set out in the AQF. This framework includes academic regulations including assessment and moderation of theoretical and practical examinations.

It was evidenced that EEs are appropriately qualified and create a team which is both academically and clinically competent to review the standards at the University. Their reports are in the main positive with endorsements that the standards achieved are in accordance with the higher education framework and the subject benchmarks as well as the OPS and GOPRE.

The three-tier board of examiner process is rigorous and thorough with the involvement of an external chair and with a summary performance report made to the academic board via a newly introduced academic standards and quality report. Overall, we were assured that that systems are in place to provide assurance that students are able to fully demonstrate learning outcomes.

We are therefore assured that this standard is met and will continue to be met for the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

3. Learning Culture

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The report for the 2023 visit found this standard to be met. One area for development highlighted was for the University to conduct a review of the VLE and SharePoint to ensure it is clearer for staff and student to locate documents.

A range of policies including safeguarding, dignity, and FtP are in place relating to the safety and wellbeing of students, patients, and staff. Annual safeguarding summary reports include safeguarding incidents and how they were addressed. Recommendations, including for ongoing staff training in identifying, reporting, and escalating are made. HSU policies will be used primarily as these are the institutional policies covering all students and provides the primary regulatory framework. There are still a small number of legacy UCO policies in use with a September 2025 date set for update and consolidation of all policies.

Safeguarding policies are in place, including HSU's online safeguarding policy. Students and staff confirm that all policies are available to them through the VLE and that they receive emails to alert them to any updates or amendments. Osteopathic students confirmed they had received notification of all updated policies and procedures following the merger. They told us they have input from the start of their first year on staying safe, for example on dealing with patients in the clinic. Within the Bournemouth Clinic – currently used for physiotherapy and chiropractic – we saw copies of the consent chaperone practice policy, complaints and safeguarding policies, which were displayed and accessible to patients.

Chiropractic and physiotherapy patients we met with told us that the University cares for the building, the community, and students. They told us that they are always asked for consent, they feel safe and are surveyed for feedback every fourth visit, with paper feedback forms and QR codes available in treatment rooms. Carers told us of a collaborative approach with good communication including working with support workers to enable them to undertake exercises at home, with constant feedback and reviews between clinicians.

Current AHP students we met told us lecturers treat them as peers and have an 'open door' policy to support them. All speak very highly of the range of services offered by the student support services team including academic study skills and mental health and wellbeing. As members of the SU, they confirmed the student engagement strategy with a lot of input from the University setting clear goals with defined roles to support the entire student body. Students vote for the SU representatives, and we noted the high number of chiropractic students may mean that other AHP cohorts are not represented at the Bournemouth campus. Although we were assured that the SU works extremely hard for all students across both campuses, including having osteopathic representatives in London, it was felt that consideration could be given to how opportunities for inclusion of the osteopath and other AHP students could be developed. Current London campus osteopathic students confirmed that the merger has significantly improved the SU impact.

The policies, procedures and guidance in place, as well as the case studies shared by stakeholders confirming review and development of the VLE and SharePoint, mean that we are confident that this standard is met and will continue to be met for delivery of the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

The University should consider how a wider range of students can participate in roles in the SU at Bournemouth to establish a presence for the osteopathic and other AHP students within a chiropractic strong campus.

Conditions

None reported.

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The report for the 2023 visit found this standard to be met with a strength noted on the regular changing of promotional material in the notice boards around the campus help to inform students how they can report issues and also get the help needed to assist their studies.

The EDI policy clearly sets out its responsibilities as an educational institution, employer and service provider. It details policies and procedures in place to not discriminate against applicants, students, staff and patients, in line with the Equality Act 2010. The policy sets out the equality, diversity and inclusion responsibilities of each individual at the University.

Bullying and harassment are a disciplinary offence covered by the harassment policy and procedure for students, and the code of conduct policies and disciplinary procedures for students and staff. If a student or staff member raises a complaint, the student complaints procedures or staff grievance procedures, or where appropriate the public interest disclosure (whistleblowing) policy, are followed. Complaints by a patient or any other service user will be investigated in accordance with the patient complaints procedures, or where appropriate the public interest disclosure (whistleblowing) policy. The EDI committee has a responsibility for ensuring that the University's aims for equality and diversity including monitoring its implementation and the equality scheme and action plan.

The dignity policy sets out the commitment to providing a safe, comfortable environment for all students, staff, service users, and visitors. It sets out the expectation that all stakeholders are treated, and treat others, with dignity and respect from all forms of discrimination, bullying, harassment and victimisation.

Patients, students, and alumni told us they were confident to be open and honest and would challenge anything they saw or experienced which concerned them. Current osteopathic students told us they cannot fault the learning culture with professionalism being developed throughout the course. They have a feeling of being free to be honest and are encouraged to be candid. They told us they follow the policies and procedures and know how to raise any complaint or concern. Bournemouth campus AHP students told us they access the VLE to share the three C's; concerns, complaints and compliments and are encouraged to be open and honest.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met and will continue to be met for delivery of the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The report for the 2023 visit found this standard to be met. An area for development was recommended that the University should monitor the impact of the changes to the occupational health committee, ToRs and report on the progress in the next GOsC Annual Report.

Documentation, including the CIF, shares the view that higher education should be accessible to all, regardless of background or financial status. They are committed to widening participation and welcome applications from under-represented groups including: those with a seen or unseen disability; black, Asian and minority ethnic groups; those who have been in care; those who are carers and care for a friend or family member who could not cope without their support; mature students; and those from a low higher education participation, household income, and socioeconomic status.

The ASSC oversees the development, implementation, and review of strategy, policies, and procedures to support the access, success, and progression of students from groups under-represented in higher education.

The University is approved to run the LASER Access to HE Diploma programme until 31st July 2027. The access to HE is a pre-entry course and will be available to any eligible applicants applying to the University.

Chiropractic and physiotherapy patients we met with confirmed that the students are not just a number but are treated as individuals and they recognise the value of students learning with each other and interacting across disciplines.

SU representatives told us there are disability and neurodiversity champions and an inclusive community working group. The SSS team provide a range of services to all across study skills, student wellbeing and counselling, and finances and accommodation, with the aim to mirror the offering across both campuses. Their study skills advisors work closely with the library team, offering academic study skills, referencing, and organisation, including a writing café. They told us that the library is a safe space to all. Triage appointments

by wellbeing advisors are used to signpost to services and can also prompt a referral to counselling. Additional follow-up appointments to the local community counselling group are supported with access to the hardship fund for those on low incomes. Bursaries and hardship funds, including the international student hardship fund, are in place to support students in a range of ways.

Work to support students with disability begins at application to UCAS with the development of the student learning plans to ensure reasonable adjustments are made in time for students' enrolment. In line with other universities, evidence of health or learning diagnosis is not now a requirement before implementing the needed support services.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met and will continue to be met for delivery of the new MOst programme in Bournemouth.

Strengths and good practice

There is a range of support available through the student services team, with a particular emphasis on putting students first and supporting their mental wellbeing in all aspects of student life. (2iv, 3iii)

Areas for development and recommendations

None reported.

Conditions

None reported.

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iv. processes are in place to identify and respond to issues that may affect the safety, accessibility or quality of the learning environment, and to reflect on and learn from things that go wrong.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The report for the 2023 visit found this standard to be met with the University having a robust and reflective quality enhancement programme in place. An area for development was for the University to reflect on the number of policies or guidance documents related to safety, accessibility, or quality of the learning environment and to consider combining some guides to make it easier for staff and students to access the relevant information.

The student complaints policy and procedures are in place to allow students to raise issues and concerns relating to the teaching and learning experience, including the quality of teaching, teaching facilities and personal tutor support, and academic services, including computing and library services and administrative services such as registry and finance. Complaints concerning student disciplinary matters are dealt with under the student code of conduct and disciplinary procedure or student FtP policy. Matters of public interest are dealt with under the public interest disclosure (whistleblowing) policy. Students can seek support from the SU and SSS to help them raise a complaint. A flowchart shows the process for stages 1 to 3 of the student complaints process.

Students (chiropractic in Bournemouth and osteopathic in London) told us their feedback is responded to. An example of this was that there was a lack of space to study at certain times of year and the University responded by providing additional spaces and utilising other spaces in the run up to exams.

Equity of experience across the campuses will be achieved through shared resources, standardised training for staff and the use of student voice. Clinic treatment room numbers are replicated at both campuses with a VR anatomy suite at London which can share resources with Bournemouth. The Bournemouth campus has a human cadaver lab and Anatomage table. Digital resources, including a digital osteopathic library, shared VLE, and practical handbooks allow for equity in resources. We were told that not all books would be available for inclusion on the digital osteopathic library, in particular historical books regarding the origins of the profession. Students we met expressed the view that access to these resources is important.

Leaders told us they intend to undertake early hiring of local educators who will receive in-depth inductions and ongoing support to prepare them for the students' arrival in September 2026. To support them with delivering online learning, all staff receive training from the learning tech team to upskill their digital capabilities. Any gaps are identified and tailored training is given where required. They also confirm that all policies will be reviewed and updated, and the implementation of the digital learning strategy will be in place for September 2025.

The same 3/2 timetable will be in place across the two campuses allowing flexibility and ability for focused learning at each campus with a 'flying faculty' from London for integration and support for staff, educators, and students. This allows for one day of shared online learning, one day of on-campus seminars, and one day of practical skills in Clinic, with two days of independent learning or flexible days for wellbeing or part-time work. An expanded course leadership in London will further oversee, monitor and support provision and quality of teaching and learning. We are told there is a strong QA team already in place at Bournemouth with the EE able to visit both campuses. The SSLCG is a school level group now working across the wider University.

Meetings with senior leaders told us that the proposal to add a new site of delivery to an already approved course is considered a modification and that outcomes from our RQ visit will be fed into the project plan.

Patient feedback is shared with senior managers and is also disseminated to clinic staff and educators and can be used as a learning point across the staff who work different shifts. Clinic staff told us that any complaints are entered onto an incident log and shared with the Clinical Lead who responds either by telephone or letter. The complaints log is discussed at the clinical governance meeting and wider management group. Safeguarding concerns are recorded on the significant event reporting form which is fed to the safeguarding lead for investigation.

The policies and guidance in place, as well as the case studies shared by stakeholders confirming a review and update of all policies following the merger, mean that we are confident that this standard is met and will continue to be met for delivery of the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

The University should consider how the historical resources in the London osteopathic library could be made more accessible to all students.

Conditions

None reported.

v. students are supported to develop as learners and as professionals during their education. ☒ **MET** ☐ **NOT MET**

Findings and evidence to support this

The report for the 2023 visit found this standard to be met with the University providing a wide range of external clinical settings giving their students a breadth of clinical experiences during their time at the University. There were no areas for development.

Each courses' student induction schedule provides an introduction to the course with further sessions including 'your student voice', assessment feedback as an ongoing dialogue, introduction to using the computer systems (Outlook, SharePoint, Microsoft Teams, BONE), and registration and finance.

In their final year, students can elect to undertake CPD courses in a range of practice areas based on their career development planning and in line with GOsC CPD requirements. The courses cover themes from communication and patient partnership, knowledge, skills and performance, safety and quality in practice, and professionalism of the OPS.

Study skills are supported from induction throughout the course through the SSS and library services team. Skills of observation, feedback, and reflection are developed throughout.

Current London-based osteopathic students told us professionalism is developed throughout the course with the understanding of the need to uphold the reputation of the OPS at all times emphasised even before enrolment. They confirmed that the University is very focussed on the importance of the osteopathic profession and that the addition of the course at the Bournemouth campus is a good thing for students and the local community. We were told of an active PALs system where higher year students share their experience of learning from the previous year with the new cohort. The visit team considered this cross-campus opportunity would support students at Bournemouth who would be starting a new course without the established earlier cohorts in place.

The policies and guidance in place, the case studies shared by stakeholders including the commitment to deliver a range of Bournemouth and south-west clinical provision, mean that we are confident that this standard is met and will continue to be met for delivery of the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

The University should consider how to implement cross campus PALs support in order for the small initial cohorts of osteopathic students at Bournemouth to be supported in developing their sense of professional belonging. (3v, 7i)

Conditions

None reported.

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The report for the 2023 visit found this standard to be met. It was recommended that the University should monitor and evaluate the process of including level seven students within CPD as they are still within undergraduate training and may not have the experience which might be needed to fully engage with some CPD events.

The EE state that RAE units are well designed to scaffold student understanding and engagement with research throughout the programme and to develop an appreciation for the relevance of RAE to clinical practice and healthcare more generally. Bournemouth AHP students told us they are supported to undertake research throughout the course with a fantastic Head of Research in place.

All students and alumni told us lifelong learning is promoted. Peer to peer feedback and reflection is central to their course, with the opportunity to learn from others, including across other health disciplines. University leaders are excited at the opportunities that the Bournemouth campus offers for IPL with 11 health disciplines already in place. The multiuse Clinic with MRI scanner, ultrasound, and CT scanner allows for students to understand the MDT and the patient's journey.

Students tell us they are confident to challenge both in the academic and clinic space and are encouraged and enabled to do so, through policies and feedback opportunities.

The policies and guidance in place, as well as the case studies shared by stakeholders including osteopathic students feedback on the positive benefits of CPD, mean that we are confident that this standard is met and will continue to be met for delivery of the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

4. Quality evaluation, review and assurance

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The report for the 2023 visit found this standard to be met with extensive mechanisms in place for monitoring and reviewing programmes. Two areas for development were highlighted - one being that the process could be streamlined and the other seeking to increase response rates from students and external stakeholders.

Since 2023, and the subsequent merger with HSU, quality review policies and procedures have changed. The new process is documented in the course and unit monitoring and periodic review policy and procedure. This document states that unit monitoring is an ongoing process that aims to deal with issues that arise quickly and respond to learners following internal surveys. The purpose of annual review is to analyse, reflect on, and respond to core data on student outcomes (including progression and award data over the preceding 12 months). A course action plan is required to be drawn up as part of the review process and this remains a living document until the following review. The periodic review process is also documented. There are no timescales in place for periodic review. However, it is a requirement that a date for periodic review is identified when a course is approved.

On checking with management, they reported that this policy came into effect in August 2024. To date they have used the annual course and unit monitoring process once. This was a hybrid process where the documentation submitted for the review was UCO documentation, but the process followed was the HSU policy. This was necessary as up until the change data had to be collected using UCO processes. Management stated that the process worked well even with the hybrid approach as the data necessary for the review was similar in both cases.

The findings from the 2023 report, reviewing the new HSU documentation, and seeking assurance from management on how this process has worked so far provides us with assurance that the effective processes are in place to ensure ongoing monitoring and review of programmes that take into account student performance and progression and ensure courses are inclusive. To this end we are assured that this standard is met and will continue to be for delivery of the new MOst programme in Bournemouth

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

☒ MET

☐ NOT MET

Findings and evidence to support this

The 2023 visiting team found that this standard had been met, with external expertise being used systematically as part of the review process. As stated, since 2023 there have been some updates to the documentation with HSU policies being introduced after the merger in August 2024. The new course and unit monitoring and periodic review policy and procedure states that one of the main purposes of the periodic review process is that courses have been kept up to date and current, plus continue to align with key external frames of reference, including relevant qualifications frameworks and the FHEQ descriptors, relevant subject benchmark statements, the QAA UK quality code, and any PSRB requirements. EE reports and any feedback from professional bodies (where applicable) over the preceding 12 months should be used in the annual review process and course leaders should make the final version of the course annual monitoring report and course action plan available to the relevant EEs. Course annual monitoring reports should be made available by the course leader to relevant PSRBs as required by each PSRB.

Given the findings of the 2023 visit and a review of the updated documentation we feel assured that this standard is met and will continue to be met for delivery of the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

☒ MET

☐ NOT MET

Findings and evidence to support this

The management structure that was in place in UCO when the 2023 visiting team carried out their review is no longer in place. The management structure that is now in place has been shared with us. There are clear lines of responsibility and areas of oversight are highlighted. This includes detailing who is responsible for quality, review, and performance.

The visitor report of 2023 found this standard was not met as some policies were past their review period. Since then, the UCO made efforts to bring these up to date. However, due to the merger and its incorporation into the HSU, many of the identified UCO policies were due for replacement at the merge point in August 2024. As a result, 105 of the 240 policies subsequently went past their review date. In discussion with management, they reported that this was ongoing and being managed effectively by HSU and UCO with

policies being reviewed side by side and updates being made to the new HSU policy if it was found that the UCO policy contained better practice or ways of doing things. They report that this process will be complete by September 2025. All policies will now be reviewed using HSU policies.

Contractual policies and especially those that involve staff employment are currently being replaced by HSU policies. Management report that this process is underway but necessitates more time as they need to heavily involve staff and ensure fairness to all involved.

We feel that these processes are being handled well and as a result that there is an effective management structure with the necessary policies and procedures in place to provide assurance that this standard is met and we believe will continue to be met for delivery of the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The visiting team of 2023 found that this standard had been met and cited it as a strength noting that the response to external examiner feedback was of a very high standard.

The course leader and the virtual learning team shared with us their plans to use VR at the Bournemouth campus to facilitate learning by simulating patient encounters with the aim of providing better quality, more relevant, and detailed feedback to students. They plan to use their new digital suite at the London campus to teach across subjects in the new course that lend themselves to this modality and provide both synchronous and asynchronous learning to students at both campuses.

The clinic team shared with us their plans to install cameras in clinic rooms with appropriate safeguards that can be used for supervision and teaching.

Given the findings of the visiting team from 2023 and our findings at this visit we feel assured that the University is able to embrace and implement innovation in osteopathic practice and education. As a result, we feel this standard is met and will continue to be met for delivery of the new MOst programme in Bournemouth.

Strengths and good practice

The planned use of VR to simulate patient encounters with the aim to provide more detailed, relevant and quality feedback to students is an excellent example of how technology can enhance learning.

Areas for development and recommendations

None reported.

Conditions

None reported.

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 report for the 2023 visit found this standard to be met with a number of strengths including the Learning Hub, the VR suite and providing the facilities and support to encourage students to create digital media. There were no areas for development.

CIF confirms students' practical skills will be developed by an expert and diverse team of osteopathic educators working together across a range of osteopathic and supporting techniques.

Documentation states that the University's Learning Hub is the most extensive osteopathic library outside of the USA, with a unique collection of osteopathic texts, audio visual materials, anatomical models, and flexi-spines which is staffed by an experienced team of learning advisors. There is space for private study and group work and computers with internet access to academic resources and medical databases. Leaders confirm that Bournemouth students will have access to the Hub if they choose to visit the London campus, but that a digital osteopathic resource will be in place to allow equitable access to all.

The University VLE provides policies and procedures, study materials, lecture notes and other learning resources.

The VR anatomy suite specifically for osteopathic students focusing on the development of anatomy, histology, and physiology relevant to osteopathic practice allows osteopathic students to engage in VR self-directed learning guided tutorials. The Anatomage table and Human Cadaver lab is available at the Bournemouth site.

We are assured that Bournemouth students will have equity and opportunity of experience with regards to their learning. Simulation is available at Bournemouth with a dedicated team of facilitators to support both educators and students. In line with the GOPRE, simulation will be no more than 30% of the schedule. In the NSS students score, the provision and learning resources including IT access, library, access to textbooks and online resources score highly in line with national which gives us assurance of the University's commitment to access to quality resources.

EEs confirm that students have the necessary access to relevant information and knowledgeable staff to produce high quality work. They state that RAE units are well designed to scaffold student understanding and engagement with research throughout the programme and to develop an appreciation for the relevance of RAE to clinical practice and healthcare more generally. One EE found the clinical audit assessment to be highly relevant to clinical practice, offering students an opportunity to practise conducting statistical analyses, rather than simply learning theory. Leaders confirm that EEs will have the opportunity to visit both campuses.

One EE raised concerns over not knowing how the merger influences the resourcing and therefore the day-to-day life of the student, however London osteopathic students told us they were promised a 'frictionless merger' which they said has been achieved. Educators told us they were confident that with standardised ways of doing things, with teaching sessions recorded and shared with staff, students would have equity of provision.

The scheduling of teaching should allow for adequate access to the new students. The school recognise that there is extra pressure on room space in Bournemouth during exam times but work to mitigate this through

the library which displays the available rooms for students. The clinic and rehabilitation centre offer a range of treatment rooms, student rooms with computers, and breakout rooms. Physiotherapy students undertake external clinic sessions and chiropractic students do not undertake treatments with patients until their fourth year and so there is significant availability of clinic rooms for the addition of the osteopathy course. Room use statistics suggest they are currently at less than 60% capacity. Clinic staff, librarians, SSS and educators are confident that they can easily meet the needs of the incoming students in September 2026. They are experienced in this as they already have 11 health disciplines at the campus.

The policies, procedures and guidance in place, tour of facilities, and digital learning demonstrations as well as the case studies shared by stakeholders, mean that we are confident that this standard is met and will continue to be met for delivery of the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The report for the 2023 visit found this standard was not met, with a condition to provide assurance that the University has: staff available for students to feel able to raise complaints and concerns in clinic; sufficient staff-student ratios that provide safe, accessible, and appropriate quality of learning; sufficient number of experienced educators; and an appropriate standard of patient safety within clinic . The University were required to conduct a review of staff-student ratios in clinic and provide evidence of sufficient staff-student ratios.

EEs confirm that due to the available resources and guidance on BONE, the University's VLE, students have the necessary access to relevant information and knowledgeable staff to produce high quality work.

There is a plan to recruit local osteopaths as educators who would be able to support the development of the osteopathy course and osteopathic clinic in Bournemouth. We are told that two to four staff will be appointed dependant on the number of students enrolling, with staff receiving an enhanced induction process and appointed in February 2026 in order to be prepared for the September 2026 intake.

The CIF confirm that students' clinical practice will give them opportunities to care for a wide range of patients from a diverse range of backgrounds and different demographics. In the final year of the course there are opportunities to study practice specialisms at a more advanced level. These specialisms might include sports injury and rehabilitation, paediatrics, women's health, positive ageing, headache, GP clinics and specialist clinics or hospital outpatients. The leaders are committed to giving students at both sites equity of learning opportunities including the use of simulated patient sessions and live streaming patient

sessions and an aim to use the existing well-established links already in place for physiotherapy and chiropractic through the Clinic for developing networks and opportunities for osteopathy.

They hope that there will be opportunities for IPL across the Bournemouth campus and in time, at the London campus. This is one of the strengths of the University with the range of healthcare students. Through the Clinic and rehabilitation centre there are a range of ways of learning as part of a MDT.

The policies and guidance in place, meetings with senior leaders as well as the case studies shared by stakeholders, mean that we are confident that this standard is met and will continue to be met for delivery of the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The report for the 2023 visit found this standard to be met with a recommendation that the University produce a comprehensive project plan for the implementation of the new clinic management system.

The managed support plan and student learning plan are in place to provide a framework to enable staff to support students that may be affected by physical, mental ill-health, or disability which can impact on their health, wellbeing, or safety. In addition to referral by staff members, students can self-refer. Initial interaction may be informal with staff able to signpost students to support services available. The staff member will discuss their concerns and outcome of the discussion with SSS who record the event and ensure follow up actions are appropriate. The policy details formal processes and links to the FtP policy.

During the tour of the Clinic, it was confirmed that current AHP students have access to plinths which can be operated electronically, and electronic notes are used as standard. Where needed, talk to text to speech software is available. We were assured that osteopathic students will have access to the necessary equipment.

The 3/2 timetable which will be followed at Bournemouth, in-line with the London campus, allows for flexibility. Leaders told us that when surveyed, 90% of the London students liked the timetable. For example, day five is given to student wellbeing or part-time work.

The policies and guidance in place, as well as the case studies shared by stakeholders and tour of the Bournemouth clinic, mean that we are confident that this standard is met and will continue to be met for delivery of the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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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

The report for the 2023 visit found this standard to be met with no recommendations or conditions identified.

The HSU religion and belief policy demonstrates the University's aim to create an inclusive learning and working environment. It sets out the expectation that students and staff of all religions, beliefs, or no belief are all respected and tolerance is actively promoted.

The student registration pack includes a wide range of resources designed to support students in their transition to life as a student. The child and infants on premises policy confirms that students who wish to breastfeed babies on the premises are supported and the school is committed to creating an environment where this is easily possible. They will make reasonable efforts to provide suitable facilities for breastfeeding on premises for nursing mothers. If a space is not available where staff and students feel comfortable breastfeeding, they can contact SSS in order to arrange a suitable space on an individual basis. Current AHP students told us they were aware of the policy.

Breakout rooms for students to meet privately are provided. The faith room is in the library building on the ground floor.

The policies, procedures, and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met and will continue to be met for delivery of the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The report for the 2023 visit found this standard to be met with no recommendations or conditions identified.

The rehabilitation suite, clinic, and most buildings are completely accessible with lifts to all floors and automatic opening doors. There are some limitations due to three of the buildings being designated as Grade 2 listed and with tree preservation orders in place across more than 30 trees on campus. The library building which includes the library, faith room, and SSS offices has been granted listed building status to be adapted to include a lift. The lower floor of the library, SSS, and faith room are all located on the ground floor and so are accessible.

The policies and guidance in place and tour of facilities at the Bournemouth campus mean we are confident that this standard is met and will continue to be met for delivery of the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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6. Students

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

☒ MET
☐ NOT MET

Findings and evidence to support this

The report for the 2023 visit found this standard to be met with no recommendations or conditions identified.

Unit information forms provide students with clear and accurate information regarding the curriculum, approaches to teaching, learning, and assessment, and the policies and processes relevant to their programme. Assessment criteria are given for each learning outcome. Details of scheduled learning hours are broken down including lectures, seminars, tutorials, practical classes, and project supervision.

Each course has its own course handbook, revised annually to provide students with the essential information about their course. Bournemouth chiropractic and London osteopathic students told us that Moodle, an online learning platform, contains all the information they need and that they are also alerted to any amendments to policies and procedures. The University confirms that most policies are now HSU rather than UCO policies, with all to be reviewed and updated by the quality team by September 2025. All information regarding modules is detailed on BONE showing a week-by-week breakdown of the unit provided prior to the start of the term. Timetable and assessment schedules are shared a few months in advance, allowing students to plan ahead. For existing students, the timetables and assessment schedules are available in May or June prior to the new year commencing in September.

An EE has set the effect of the merger on the future teaching and learning as a key point of their next external examination.

The policies and guidance in place, as well as meetings with stakeholders, mean that we are confident that this standard is met and will continue to be met for delivery of the new MOst programme in Bournemouth.

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 report for the 2023 visit found this standard to be met with no recommendations or conditions identified.

The support to study policy clearly sets out responsibilities across the organisation to support students. It details their duty of care and includes the student services referral framework. This signposts staff in managing concerns regarding the wellbeing and mental health of students. There are three stages of emerging, continued, and acute concern.

The disability policy for students details a range of support and guidance for students. General advice and support are available for all students from the course lecturers, clinic tutors, and SU. Academic tutors help with personal and academic problems, including overseeing the development of the learning portfolio. HSU policies and procedures with regards to disability support have been rolled out post-merger and the students and staff have full access to them.

Wellbeing support is available, including a counsellor through the student counselling service. The Student Support Officer provides welfare and disability support and advice. They can assist students through the initial induction period to the University, liaising with other staff to help meet student needs. They can support with the DSA process including the co-ordination and ongoing monitoring of the support provided. Dyslexia screening can be provided with funding through the Access to Learning Funds for those screened as moderate to high possibility of dyslexia. 1:1 tuition with a dyslexia tutor may be available. A student we met told us of excellent support through a difficult time during the pandemic, with dyslexic screening provided and reasonable adjustments, such as additional time, provided.

The Student Learning Advisor offers study skills and learning support workshops and can offer 1:1 general advice or support. The library team and SSS work closely together to support academic skills. They told us they have no concerns about adding an additional course at the Bournemouth campus. Study skills tutors will liaise in advance with the lecturers prior to the first cohort's arrival to be properly prepared with knowledge of the course units and practice in order to support students from their first assessment. Accessibility options are available online, including eBooks with an accessibility bar to allow read out of text and the capacity to change background colour.

Research skills are supported through the library with two library services advisers available to help with research skills, such as sourcing materials and referencing. Students told us that different career pathways are highlighted through careers days, including visits from private clinicians and representatives from the NHS. Preparing for independent practice involves business planning, attending external CPD events, and follow-up reflections on these experiences. This is guided by the development of a revised CPD schedule and includes writing a reflective essay.

The student registration pack includes the Students Minds charity's transitioning to university document.

The policies, procedures, and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met and will continue to be met for delivery of the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

iii. have their diverse needs respected and taken into account across all aspects of the programme. (Consider the GOsC Guidance about the Management of Health and Disability). ☒ MET ☐ NOT MET

Findings and evidence to support this

The report for the 2023 visit found this standard to be met with no recommendations or conditions identified.

NSS scores for Bournemouth and London campuses for mental health, wellbeing and freedom of expression are all at national average, with support for mental wellbeing 10% above national.

A range of policies ensures EDI requirements are met. HSU's religion and belief policy demonstrates the University's aim to create an inclusive learning and working environment. It sets out the expectation that students and staff of all religions, beliefs, or no belief are all respected and tolerance is actively promoted.

The student engagement strategy aims to put students first. The DVC has a student engagement focus with an emphasis on student voice. Compassionate communications training has been provided for staff to support them in their interactions with all students. The SSS provides a range of support and activities throughout the year, including a resilience workshop, writing cafes, drop-ins, a Wednesday afternoon quiet classroom space and in response to need, specific sessions are provided, such as to support dealing with exam stress and anxiety.

Social days are held through ResLife and with student ambassadors holding events at accommodation sites to support a feeling of community.

All students and alumni we met with confirmed that a respectful, supportive environment is in place, with reasonable adjustments and additional provision provided.

The policies and guidance in place, as well as meetings with stakeholders, mean that we are confident that this standard is met and will continue to be met for delivery of the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

iv. receive regular and constructive feedback to support their progression through the programme, and to facilitate and encourage reflective practice. ☒ MET ☐ NOT MET

Findings and evidence to support this

The report for the 2023 visit found this standard to be met with one recommendation for the University to revisit their risk management strategies to ensure that they are effective, and to ensure that risks have been appropriately mitigated prior to downgrading the risk.

Examples of end of year assessment sheets and group presentations provide concise, supportive, and constructive feedback to students, identifying good practice and suggesting how performance could be enhanced further. Case study assessments and critical literature reviews are very detailed, directly referencing a range of areas across the piece so that the student can understand the reason behind their grade. Second marker is referred to. Examples seen show second markers adding to the recommendations made by the first marker and providing signposting, for example, using student support or the Learning Hub for proofreading. The EE highlights good practice with clear marking criteria in line with various learning outcomes. They note feedback given to students is clear and constructive, highlighting areas of good practice as well as areas for further improvement. They state materials available on the online platform are of very good quality too and in line with learning outcomes of the respective courses.

University responses to the EE's recommendations include, for example, exploring incorporating Turnitin's voice feedback feature into feedback processes to students with learning difficulties, providing an alternative to written feedback for improved accessibility and engagement.

NSS scores are lower than national for marking and assessment being fair with clear marking criteria. Scores are particularly low at Bournemouth as the University's London site worked to address their own lower scores in this area over the past few years. The transfer of BONE to both campuses will allow for the sharing of the week-by-week units and assessment schedule a term in advance. Students at Bournemouth confirmed they received marking rubrics and assessment feedback although this could be inconsistent across lecturers. Alumni we spoke to confirmed that everything they needed, including assessment criteria, was on Moodle but that but there was sometimes difficulty experienced by staff with the method of uploading.'.

Simulation provides learning activities followed by debrief and reflection. Larger groups can watch simulation live streams to enable note taking and reflection in larger seminar rooms. AI enabled learning is being delivered, supporting staff and students as a teaching and learning tool.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met and will continue to be met for delivery of the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The report for the 2023 visit found this standard to be met with one recommendation for the University to review the efficacy of the student communications plan, including reviewing the mechanisms for monitoring the impact of its introduction into practice.

The student experience committee oversees student feedback with responsibility to consider and respond to the outcomes of internal and external student surveys and evaluations.

Students can raise matters of concern, via their course representatives at course steering committees which are the main formal channel of communication between students and staff in academic and related matters.

Student feedback is sought through a range of surveys. Students have the opportunity to provide anonymous feedback for each course unit. Final years can complete the NSS. In addition, specific surveys may be undertaken to obtain feedback.

The University's S.O.C.I.A.L. series demonstrates their response to student feedback. Analysis of feedback showed students wanted more hands-on practise to feel fully confident for assessment. A series of technique workshops, specialist sessions such as 'using AI to enhance your studies' and integrated assessment question and answer sessions with tutors were provided. The course leader update letter to students thanks them for giving feedback, demonstrating the value placed on it by the University. Changes have been made, in direct response to student feedback given, such as later Sunday start time for part-time students at the London campus.

All students we met confirmed that feedback is actively sought, and student voice encouraged. AHP students we met with told us of requests for feedback by their lecturers in order for the University 'to do better'. A traffic light system presentation shared the University's response, highlighting action now, action in the future or where no change can be actioned and the reasons for this.

Current students told us of monthly cross-campus SU meetings with the post-merger SU having a much bigger impact for student experience. An SU representative interviewed the DVP for a 'Meet the Exec' session as part of their 'putting students first' initiative.

Through the SSLCG students give feedback and make requests for changes. Through the SSLCG students have requested additional online learning which has fed into the University's digital learning plan.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met and will continue to be met for delivery of the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The report for the 2023 visit found this standard to be met with no recommendations or conditions identified.

The HSU student engagement and feedback policy and procedures sets out the ways that students have a voice within the University. There is student representation at the board of governors, academic board, research and innovation committee, access and student success committee, course teams committee. NSS scores are broadly in line with national benchmarks for student voice.

Students are also represented through the SU with all students we met with confirming a strengthened SU body since the merger. The student champions scheme is designed to ensure that students from underrepresented areas voices are heard.

Student representatives undertake quality and enhancement activities in designing, developing, and approving new courses, reviewing existing courses and as part of professional body accreditation.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met and will continue to be met for delivery of the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

7. Clinical experience

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The report for the 2023 visit found this standard to be met with no recommendations or areas of improvement identified.

Students for the new MOst programme at Bournemouth must complete the minimum clinical hours per year as a regulatory requirement in accordance with SET and GOPRE guidance and as recommended in the QAA Osteopathy Subject Benchmark Statement to achieve at least 1000 hours of clinical training/experience and see a minimum of 50 new patients by the end of the course.

With regards to the new MOst Bournemouth programme, the student osteopathic clinic is not yet set up. The SMT has assured us that they are in discussions with the relevant teams in Bournemouth about the space and facility requirements, dependent on cohort sizes. The SMT also told us that they are working towards a planned start date of February 2026, which will allow osteopathic students starting at Bournemouth in September 2026 to observe from year 1.

Regarding clinical practice and learning, osteopathic tuition will mirror that in London, with students starting as observers in the student clinic. As the Bournemouth clinic will not have senior osteopathic students that junior students can observe, the SMT explained to us that new osteopathic clinicians will be hired in February 2026 and will develop the osteopathic clinic until students are at the right level to treat patients. Therefore, the aim is to build up an appropriate number of patients in the student clinic and to treat those patients for the first- and second-year students to observe.

As the programme develops, students will progressively increase their involvement in the Clinic and take more responsibility for patient care. The osteopathic clinicians as clinic tutors will help students to develop their skills in the osteopathic clinic. During the final phases students are expected to take responsibility for all aspects of patient care and also take responsibility for providing mentoring and leadership to junior students within their team. By the time students are in their final years, they will have junior students in the clinic to provide mentoring and leadership.

For the MOst programme at the Bournemouth campus as for the MOst programme in London, the board of examiners determine whether they have achieved the required level of clinical hours to progress to the next year of their course. Practice educators and senior practice educators also have a role in the monitoring of student attendance and, where necessary, to take appropriate actions such as contacting the student support team.

Patient numbers will be monitored at University's monthly clinic team lead meetings and marketing strategies will be reviewed to raise public awareness of the benefits of osteopathic treatment and the services of the Clinic to ensure that patient numbers remain sufficient for student intakes. The marketing team is confident they will be able to advertise and recruit enough patients for the osteopathic clinic as they have done this before with other disciplines at the Bournemouth clinic.

The marketing team has also developed in Bournemouth a new website for patients with different pathway options so that patients can find information about any type of therapy treatment available in the clinic including osteopathy. There is also a triage system carried out by the Director of Clinical Services and his

team to decide which therapy is best for the new patients in the clinic. The SMT stated that this system will ensure that osteopathic students get allocated enough patients to meet the clinical outcomes set out in the GOPRE.

The existing chiropractic and physiotherapy clinic space seen, the plan to hire new osteopathic clinicians, the marketing plan to provide students with their required number of patients, and clinical education gives us confidence that this standard is met and will continue to be met for the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

The University should consider how to implement cross campus PALs support in order for the small initial cohorts of osteopathic students at Bournemouth to be supported in developing their sense of professional belonging. (3v, 7i)

Conditions

None reported.

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The report for the 2023 visit found this standard to be not met, with a condition for the University to develop appropriate protocols for the management of students who are gaining clinical experience at external sites which contribute to their total clinic hours, in order to ensure student safety and to ensure the quality of the student learning experience.

This standard has been reviewed by the visiting team however there are no plans for osteopathic students at the Bournemouth campus to gain clinical experience at external sites to contribute to their clinical hours.

The new osteopathic clinic in Bournemouth is yet to be developed in a way that ensures that students are exposed to a diverse patient demographic. The University needs be able to explore a system which assures that students see a variety of existing and new patients with a range of presentations required to meet the course outcomes, develop and integrate their knowledge and meet the OPS.

The marketing team assured us that they are used to developing strategies to gain patients for the already established students' clinic at the Bournemouth site. They collaborate in conjunction with the clinical team and engage with students and staff to support marketing and promotion. The marketing team works with the clinical team and each quarter they decide different channels to promote the clinic, for example: Google advertising, Facebook campaigns, pamphlets in GP surgeries to target older populations, free treatment for students, and discount rates for the University staff. They develop a different marketing strategy depending on the group they are targeting, while the clinical team continue to focus on a high-quality patient experience to ensure a high levels of patient retention.

One of the University's strengths in the London campus has been the diversity and range of our clinical experience, through specialist and community clinics, as well as the diverse patient population to support the student experience. However, that presents a challenge to mirror the experiences of students in London with the students in Bournemouth.

The London site has a range of specialist clinics, including a sport and performing arts clinic, expectant mothers and women's health clinic, a paediatric clinic, and community clinics. The SMT told us that there is a need to explore how they might enable students at both sites to have similar opportunities of specialist knowledge and experience. Therefore, the University is exploring a plan that might include the use of simulated patient sessions and live streaming patient sessions, as well as the potential in the future for placements at both sites. These will expose students to a wider range of patient settings, presentations, needs and experiences.

The existing chiropractic and physiotherapy clinic space seen, the marketing plans, and the University's ideas for students to be expose to a variety of patients presentation, assure us that this standard is met and will continue to be met for the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

The University should consider producing a detailed strategic plan outlining the necessary steps to provide the clinical experience needed in Bournemouth (including the access of Bournemouth students to London clinics) for the new osteopathic students and produce a contingency plan on which steps will be taken in the case that the patient recruitment is not what expected.

Conditions

None reported.

8. Staff support and development

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The visiting team of 2023 found this standard to be met with one recommendation and one area of good practice. The area of good practice noted was in the preparation for the annual review. The form that is required for staff to fill out in preparation for their annual review was shared with us. We found this to be appropriate for this purpose.

The recommendation was that the University should review the PDR implementation as it was a new process and to monitor the take up of online training. This process has now been superseded by their HSU annual review process and annual training is mandatory.

Since the merger, the HSU recruitment policy has replaced previous policies. The policy outlines the process by which educators and others are recruited. It sets out how vacancies are agreed, how job descriptions and person specifications are set out and the information that should be provided to candidates in any advertising. It refers to EDI at numerous points, reminding those involved in recruitment to be mindful of these issues at all stages of the process. The policy requires the monitoring of protected characteristics such as age, disability, and ethnic origin. It does not require blind shortlisting, but shortlisting is done against pre-determined criteria. It states that the university is a two-tick employer and as such will interview all candidates who declare a disability that meet the essential criteria.

Employers who use the two-tick symbol have agreed with Jobcentre Plus that they undertake a number of processes to ensure they are disability positive.

The policy states that if an appointee to a vacancy will be working in a regulated position, they will require an enhanced criminal records check.

All new staff will now be inducted using the HSU staff induction policy and procedure. This policy sets out what should happen at induction whilst acknowledging that there may be individual factors that are identified that are necessary for some roles and that this should be designed by the appointee's line manager. It states that mandatory eLearning is necessary but does not state what this eLearning is. Speaking with management and staff, the induction and annual training includes safeguarding, GDPR, data protection, and health and safety.

Staff are then managed according to the HSU annual review policy, academic framework and the staff development policy and procedure. Line managers have responsibility to ensure staff are appropriately supported in their personal and professional development. The development process is facilitated through various activities including induction, probation, mentoring, peer observation, staff development lectures, and workshops. All academic staff are supported to complete a HESA eligible teaching qualification normally within three years of joining the University.

The academic framework seeks to align staff to a set of expectations and thus make it clear how staff progress from lecturer, senior lecturer, associate professor, and professor. When speaking to UCO staff they were aware that the framework existed, how to access it and would use it if they wished to progress in that manner.

When speaking with staff who worked first for UCO and now HSU they were happy with the transition and spoke favourably about their online learning. They reported that they were happy with how they were being managed and stated that in many ways, the new processes were more streamlined. They were aware of the policy changes that affect their ongoing development, knew where to find them and felt happy to approach such matters if they felt it was necessary. Given that new staff will need to be recruited to the Bournemouth campus within the next year it was reassuring to hear how well this process has gone and how the new policies and procedures and training are more accessible.

We feel that, given the information supplied and in conversation with management and staff, that this standard is met and will continue to be met for the new MOst programme in Bournemouth.

Strengths and good practice

The transition to new processes for staff management and training was managed well. New processes are clear and easy to follow.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The visiting team of 2023 found that this standard had been met. They highlighted the need for good communication and to monitor the transition towards more formal ways of working. In discussion with staff, we found that they preferred the new, more formal ways of working.

The staff development policy states that resources for staff development are specifically identified as a heading in departmental budgets which ensures funds are available for development. Staff can apply for funding on an individual basis which is considered against set criteria. Staff are required to record their development for the year which they then take to their annual review and which includes the production of a personal development plan for the next year. They commented that many of the processes were clearer and more streamlined under the new policies and management structure.

The University provides in house courses and other staff development activities such as using AI and IT in education and all staff who require it will be provided with education in teaching online.

Educators undergo their annual review process in which they set their development needs. This offers them the opportunity to raise any issues at that time. There is a clearly written process within the HSU staff development process document which was supplied to the visiting team. This sets out how staff access additional learning and development. When speaking with UCO staff who transitioned to the new HSU policies they felt well supported in their roles and felt they could approach their managers for resources or training.

The policies we have reviewed, meetings with staff and management at this visit would indicate that the processes currently in use continue to support staff to meet their responsibilities as an educator and thus we feel this standard is met and we believe it will continue to be met for the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The visiting team from 2023 found that this standard was met at the time with no recommendations. The staff handbook that was in development at the time is now live on the VLE and has been populated with the University policies.

Educators who work in the Clinic and in technique classes are required to be registered with the GOsC. All staff are required to undertake a teaching in higher education qualification within three years of joining the University. The previous visit findings were that all staff either held or were working towards this goal at the time. The University report that their registration is checked yearly.

The HSU code of conduct policy is now in place which staff are required to adhere to. Staff reported that they were aware of the new policy and where to find them if they need to. Staff are required to be supportive and demonstrate the behaviours and qualities expected of a primary contact healthcare practitioner.

When speaking with staff they appeared to act in appropriately professional ways and current and past students reported feeling supported and stated their educators were professional and approachable.

Given the finding of the 2023 report and our findings at this visit it provides us with assurance that this standard is met and will continue to be met for the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

☒ MET

☐ NOT MET

Findings and evidence to support this

Concerns were raised by the 2023 visiting team regarding the numbers of educators especially in clinical areas which resulted in a condition being imposed around staff to student ratios and numbers of educators.

Since then, the University has increased the number of educators it employs. It stated that 28.1 FTE educators are now employed to teach across the University pre-registration osteopathic courses. 12.3 FTE who teach theory and practical classes are registered osteopaths. 11.2 are clinic tutors and 3.8 have dual roles. This is an increase on the numbers who were employed in 2023.

In discussion with management, we heard that new staff will be recruited to the Bournemouth campus in February 2026 in preparation for the launch in September 2026. The number of educators recruited will depend on the number of applicants which they estimate to be 15 in the first year. The number recruited will be in line with PRSB expectations and will be managed by a central team. Those recruited will be registered osteopaths and employed under the same terms as London-based staff. Furthermore, existing experienced staff from the London campus will be upskilled to deliver both synchronous and asynchronous teaching online in those subjects that lend themselves to delivery in that format. This should ensure that there are sufficient numbers of registered osteopaths available with the right skills and the capacity to support student learning.

The documentary information provided prior to the visit and the discussion with the course leader and senior management, has provided sufficient assurance to say that we feel this standard is met and will continue to be met for the new MOst programme in Bournemouth.

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

The new HSU staff development policy states that all academic staff will be supported to complete a HESA eligible teaching qualification normally within three years of appointment and after successful completion of a probationary period. This is now the default process for all new staff. The 2023 report found that all staff had, or were working towards, a teaching qualification and the new policy will continue to ensure that this standard is met.

When speaking with staff it was clear that support was given to junior colleagues by their senior colleagues, and they reported feeling supported by the University to develop in their roles.

Given the findings of the 2023 visit, the documentary evidence supplied, and in speaking with staff we feel assured that current staff and new staff recruited to the new teaching site in Bournemouth will either have, or be required to have, a teaching qualification and as such we feel this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

9. Patients

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

☒ MET
☐ NOT MET

Findings and evidence to support this

The visiting team of 2023 found that the University suitably considered patient safety, that student supervision continues to the expected standard outside of the University Clinic. However, they did attach a condition regarding the number educators which has been addressed.

On the current visit we did not have the opportunity to observe clinical interactions as no osteopathic clinic currently exits on the Bournemouth site. However, we did speak with current patients of the chiropractic clinic, current chiropractic and osteopathy students, past chiropractic and osteopathy students, and current osteopathic practice educators at the London campus.

The University currently has a number of educator roles that oversee student to patient interactions in their clinics. There are senior practice educators, practice educators, and assistant practice educators. Role descriptors were supplied which highlighted their role in patient care as a priority. Management stated that all practice educators are required to be registered with the GOsC and are required to comply with the OPS. Practice educators were spoken to and confirmed these priorities. When speaking with current patients of the chiropractic and physiotherapy clinics they stated that they felt safe with the clinical environment and felt the level of supervision was appropriate. Both past and current osteopathy students felt that they received a good level of support in order to keep patients safe.

If students, staff, or patients need to raise a concern it can be raised through a number of mechanisms. There is an online clinic incident reporting form which can be submitted anonymously.

We met with clinic and University management who stated that patient safety is paramount, and this is monitored through monthly clinical governance group meetings where all service team leads are invited.

We were given a tour of the proposed clinic site by clinic management, and we met with clinic staff. The facilities were exemplary, and we were impressed with the professionalism and knowledge of staff and management.

Physical safety measures at the proposed clinic site include: first aiders being available at all times; first aid equipment clearly displayed and easily accessible; and a defibrillator on site.

They have an infection prevention and control measures in place with hand wash facilities, non-porous flooring materials, and clear signage in each room. The proposed clinic facility was in an excellent state of repair.

There are no off-site clinics currently proposed at the Bournemouth site. Management stated that they do wish to start community clinics in the locality but that this would be based on local need. The findings of the 2023 report states that their current off-site clinics are run well and provide safety to patients and the experienced team involved. We feel it is likely that this good practice will be replicated at the Bournemouth site when they develop to the point where off-site clinics are required.

Given that the concerns of the 2023 visit have been addressed, and the findings from this visit would indicate that opening an onsite clinic with appropriately trained clinical supervisors would maintain patient safety, we

are assured that this standard is met and will continue to be met for the new MOst programme in Bournemouth.

Strengths and good practice

The facilities at the proposed new clinic in Bournemouth, as well as professionalism and knowledge of the staff and management, were exemplary.

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 visiting team from 2023 found that this standard was met. Since that visit UCO has become a school within HSU and all policies are or have been changed to HSU policies.

We were supplied with the new policies prior to and during the visit and had the opportunity to speak with students, patients at the chiropractic college, and visited the clinic where the osteopathic students will be gaining their clinical experience.

The HSU safeguarding policy contains all the elements you would expect to see is such a policy. It names the safeguarding team with a safeguarding lead and safeguarding officers. Under the new policy there is now a principal safeguarding lead for patients. The policy documents how safeguarding concerns are raised, the process which is followed, and what and who it covers. It states that training is carried out on induction but does not specify if this is student or staff induction or both. On checking with management, staff, and students, it was confirmed that they undertake yearly safeguarding training.

The policy provides examples of safeguarding report forms and states that an annual safeguarding report is produced by the safeguarding team each year, this is presented to the SMG and the board on an annual basis.

The safeguarding policy is displayed clearly in the proposed clinic, staff at the clinic are aware of it and knew what do in the event of a safeguarding concern being raised. One patient was aware of the policy; this patient was the chair of their patient feedback group. The other patient was not aware. It is usual for patients not to be aware of specific policies but to trust that they are there if needed. Students and staff were all aware of their safeguarding duty, the introduction of the new policy, how to find it and stated that they received annual safeguarding training.

We feel assured that this standard is met and, given that these processes are already being carried out at the proposed clinical site in Bournemouth, this standard will continue to be met in the delivery of the new MOst.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The visiting team of 2023 stated that staff, student, and patient consultation numbers exceeded expectations but that students at times felt vulnerable. They applied a condition to this standard regarding the number of educators available to help and supervise students. Since then, the University has employed more educators.

As stated, we were not able to observe in Clinic. Management are aware of how many educators are required in clinic and technique classes. They assured us that the requisite number of staff would be recruited based on the number of applications they receive in February 2026 to start in September 2026.

Past and present students stated that they felt there were enough educators to ensure they received the standard of supervision necessary to be safe. They felt that their educators were approachable and available for them when they needed and spoke enthusiastically about the levels of support they were given.

Based on student feedback and the increase in educator numbers, we feel that this standard is met and will continue to be met for the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

☒ MET
☐ NOT MET

Findings and evidence to support this

The 2023 review found this standard to have been met. Since then, the new University-wide FtP procedures have come into effect. The University provided us with the new HSU FtP policy and procedure and their support to study policy, and we met with management, staff, and students.

The FtP policy states the purpose and scope of the policy, and that the policy is related to both staff and students. It states that professional codes of conduct are used as the reference point in the FtP process to determine if a student's FtP is impaired and the PRSB should be informed of the outcome when appropriate.

The new HSU policies have only been in place since August 2024 so have not run for a full year cycle. However, the policies and processes seem to be robust and have been in place at the University for several years, so staff are familiar with the processes. UCO School of Osteopathy staff and students are aware of the changes and how to find the policies if necessary. They are aware of how to raise concerns if necessary. Feedback mechanisms exist to look for trends or weaknesses within the process by annual reporting.

Given the new policy, that students and staff are aware of the change and how to find the policy, and that the policy has been embedded in the wider University for a number of years, we feel assured that this standard is met and and will continue to be met for the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

☒ MET
☐ NOT MET

Findings and evidence to support this

The visiting team of 2023 found this standard to have been met. However, after the merger in August 2024 the University wide FtP processes came into effect. We were provided with this policy as well as their support to study policy. We also met with staff, students and management. Complaints and concerns about a student's conduct are usually initially investigated under the relevant general policy or procedure. These include the student disciplinary policy, sexual violence and misconduct policy, academic misconduct policy, or support to study policy. The outcomes of these procedures are referred to Stage 3 of the FtP procedures when the outcome is determined to be a major offence, or when the panel considers a non-major offence has implications on FtP.

The Academic Registrar prepares an annual review of student FtP cases across all awards. This is considered by the academic standards and quality committee and academic board, with a view to identifying trends and whether the policy needs updating.

The University state they are committed to ensuring that employees are fit to practice in their relevant profession and meet the professional standards of their professional body. They state that any concerns with FtP are raised with the employee and managed through relevant staff policies and then onto the FtP policy if there is a FtP issue.

Staff were informed of the change and were aware of how to find the new policy. They are aware of their duties in FtP and safeguarding when supervising students and were aware of how to raise concerns under the new policy.

Given the above we feel that this standard is met and will continue to be met for the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The 2023 report found that this standard had been met.

It was reported to us that students do not undertake research on patients.

Patients who currently attend the chiropractic clinic felt that they were treated well and stated that they felt safe and cared for at all times.

When speaking with clinical staff, they took seriously their role in supervision and patient safety and students felt well supervised and safe. The measures in place at the clinic regarding health and safety, first aid and safeguarding all attest to their desire to look after patients.

Given the above we feel that this standard is met and will continue to be met for the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The University state that they value and promote a patient centred care model that aligns with biopsychosocial principles, and that this often equates to patients being offered health and wellbeing advice. They further state that where patients declare something that would benefit from onward referral, this is done.

We were unable to speak with any osteopathic patents at the Bournemouth site, since this Clinic is not yet established. However, the review of 2023 found this standard to have been met and when we spoke with current UCO School of Osteopathy students, they stated they did give advice and had access to a digital patient exercise programme that they could use to prescribe exercises. Students at the Bournemouth campus will be afforded access to the same programme.

Overall, we feel that due to the above findings this standard is met and will continue to be met for the new MOst programme in Bournemouth.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

A. Evidence

A.1 Evidence seen as part of the review

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23 24 Autumn Term Student Feedback.pdf
23 24 Spring Term Student Feedback.pdf
Academic Framework Application Form.docx
5 Top Tips for Mental Wellbeing.pdf
5th January 2024. Course Team Meeting Minutes - Final.pdf
Absence Categories - Guidance.pdf
AC-23-03-05di Access Course Modifications Summary.docx
Accommodation help sheet.pdf
Adding a Timesheet - Daily Rate.pdf
Adding a Timesheet.pdf
Adding Personal Learning.pdf
Adding Sickness or Other Absence - Manager's Guide.pdf
Additional Resources - Technique Video Library.pdf
Advert Template.docx
Annual Review Form (UCO values).docx
Annual Review Form 2023-2024.docx
Annual Summary 2023-2024 Staff Disciplinary Capability.docx
Annual Summary 2023-2024 Staff Grievance Procedure.docx
Appropriate_Policy_Document_UCO_V2_Nov2023_FINAL.pdf
Assistant Practice Educator Role Description.docx
ATR Business Case template.docx
ATR Process.docx
Attendance_Policy_Students_UCO_V8_Jun2023_FINAL.pdf
Audit & Risk Committee ToR V8 Oct2022.pdf
Bank Details form.docx
BCP Area Cycle Routes Map.pdf
Board Nominations Committee ToR V6 Oct2022.pdf
Board of Directors ToR V5 Jun2021.pdf
Booking onto Learning Event.pdf
Capability Policy and Procedure.pdf
Career Break Application Form.docx
Career Break Application Form.pdf
Career Break Policy and Procedure.pdf
Casual ATR Process.docx
Change to Terms Form.docx
Children_Infants_UCO_Premises_Policy_UCO_V2_Mar2023_FINAL.pdf

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Closing Sickness & Adding Other Absence - Employee's guide.pdf
Code of Conduct for Staff.pdf
Combined NSS 2024 Analysis Annual Report.docx
Communication on VLE Updates Changes.pdf
Community Groups Activity 1.pdf
Community Groups Activity 2.pdf
Community Groups Activity 3.pdf
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Cycle to Work Scheme.pdf
Data_Protection_Policy_UCO_V3_Oct2022.pdf
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DBS - Recruitment of Ex-Offenders.pdf
DBS application form guidance for applicants (1).doc
DBS Policy and Procedure.pdf
Death in Service - Guide.pdf
Destressing Daily Planner.pdf
Digital Learning Suite Plan.pptx
Direct Debit Form.pdf
Disability Confident - Guidance Notes for Managers.pdf
Disability Confident - Guide for Line Managers.pdf
Disability Policy.pdf
DPIA_Policy_UCO_V3_May2021_FINAL.pdf
ELG Terms of Reference.pdf
EMPLOYEE SELF SERVICE Guide.pdf
Engaging Extended Workforce (IR35 and Employment Status Guidance).pdf
Equality, Diversity, Inclusion and Belonging Policy.pdf
ESS attach receipt to claim.pdf

ESS E-signature guidelines.pdf
Family Friendly Rights Policy.pdf
Feedback Student Q&A session Dec23 Jan24.pdf
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HSU Exceptional Personal Circumstances Policy v3.2 Aug2024.pdf
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HSU External Examiner Annual Report Form Sep2023.docx
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HSU Fitness-to-Practise-Policy-and-Procedures-v3.2 Aug2024.pdf
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New Starter Appointment Details.docx
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Online Staff Handbook Screenshot of Contents.pdf
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Pensions - Guide to Schemes (from 1 Apr 2022).pdf
People Manager Claims Guide.pdf
PEOPLE MANAGER Guide.pdf
people managers'guide to mental health at work.pdf
Personal Professional Practice Template v1.docx
Personal Relationships at Work Policy.pdf
Personal Research Plan template v1.docx
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Postdoctoral Research Fellow JD.docx
Practice Educator Role Description.docx
Prevention of Sexual Harrassment Policy and Procedure.pdf
Privacy_Notice_Patients_UCO_V2_Nov2020_FINAL.pdf
Privacy_Notice_Staff_Board_Members_FINAL_V5_UCO_Jan 2023.pdf
Privacy_Notice_Students_Applicants_FINAL_UCO_V4_Sep2020 (1).pdf
Privacy_Notice_Students_Applicants_FINAL_UCO_V4_Sep2020.pdf
Privacy_Notice_Supporters_UCO_V2_Sep2020.pdf
Privacy_Notice_UCO_Learning_Exchange_V1_Dec2023_FINAL.pdf
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PT3 PC OSCPE_Redacted.pdf
PT4 BAO Presentations_Redacted.pdf
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UCO MOst FT-PT EEAR 2023-2024 BAO PC Units DB Report.pdf
UCO MOst FT-PT EEAR 2023-2024 BAO PC Units PG Response.docx
UCO MOst FT-PT EEAR 2023-2024 FH Prof Units CC Report.pdf
UCO MOst FT-PT EEAR 2023-2024 FH Prof Units PG Response.docx
UCO MOst FT-PT EEAR 2023-2024 RAE Units EG Report.pdf
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UCO MOst PT Induction Presentation.pdf
UCO MOst PT Induction Schedule.pdf
UCO MOstFTYr1_UIF_BAO1_Level 4_2023-2024_V1_Jun2023_FINAL.pdf
UCO MScPR Annual Report 2023 2024.docx
UCO MScPR EEAR 2023-2024 MT Report.pdf
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UCO NSS Data Results 2024 vs 2023 vs Benchmarks.xlsx
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VLE-New Weekly Format.pdf
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Whistleblowing Policy v4.0.pdf
Work Experience Policy and Procedure.pdf
Work Through Your Worries - BUPA.pdf

General Osteopathic Council

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Policy and Education Committee
22 October 2025
College of Osteopaths – Agreement to RQ specification

Classification	Public
Action	**Decision**
Purpose of the paper	To agree the initial draft RQ Specification for the review of the College of Osteopaths programmes
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 is shared with the College of Osteopaths and will be shared with the visiting team when they are appointed, and it is publicly available.
Financial, resourcing and risk implications	The costs of the review will be within our 2026-2027 budget planning.
Patient perspectives	Patients are reflected in the consideration of the Graduate Outcomes and Standards of Education and Training as part of the review process.
Diversity implications	EDI implications are considered as part of the review process in relation to the delivery of the Standards of Education and Training

Welsh language implications	None in relation to this paper
Annex	Draft RQ specification
Author	Steven Bettles and Rekita Sparrow
Background reading	

Recommendation(s)	To agree 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

Key messages

- This presents an initial draft RQ visit in relation to the review of the College of Osteopaths existing RQ programme/s
- A date for the visit is not yet arranged, but is likely to be in the latter half of 2026. The Committee will be updated when a date is arranged and visitors need approval.

Background

1. The last review of the College of Osteopaths programmes took place in 2022 in relation to the following programmes:

Staffordshire University:
- Bachelor of Osteopathy (B.Ost part-time)
- Masters of Osteopathy (M.Ost part-time)

University of Derby:
- Bachelor of Osteopathy (B.Ost part-time)

2. The Staffordshire University validated programmes are now taught out, and all current students are on the BOst programme validated by University of Derby

3. The College of Osteopaths currently provides the following qualifications which are approved with no expiry date.
    - Bachelor of Osteopathy (B.Ost part-time)

4. The College of Osteopaths have suspended recruitment to the BOst for 2025-26, and are entering a teach out phase.

5. This paper asks the Committee to agree the review specification.

Discussion

Review specification

6. The review specification is included in the Annex. This reflects the current circumstances in relation to the College, with the teaching out of its existing RQ programme.

7. We do not have a date set for the renewal visit at the time of writing, but will be liaising the College and potential education visitors over this.

8. We will also be sharing review specification with the College of Osteopaths.

Recommendations

1. To agree 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

Review Specification for The College of Osteopaths - Renewal of Recognised Qualification Review. (As at October 2025)

Background

1. The College of Osteopaths currently provides the following qualification/s which is recognised with no expiry date:

    - Bachelor of Osteopathy (BOst) (part time) validated by the University of Derby.

2. Recruitment to the BOst has ceased, and a teach out phase has begun.

Review Specification

3. The GOsC will appoint Education Visitors to review and to report on the following qualifications:

    - Bachelor of Osteopathy (BOst) (part time) validated by the University of Derby.

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

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

5. The format of the review will be based on the 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 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.
- 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.
- How feedback from staff is gained to ensure that staff needs are addressed appropriately.

6. 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.
      - 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.
- 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

7. 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**
October 2025	Committee agreement of initial review specification and
March 2026	statutory appointment of visitors
10 weeks prior to visit	Submission of mapping document
TBC	Review visit takes place
5 weeks following visit	Draft Report to College of Osteopaths for comments - statutory period.
One month after draft report sent to College	Comments returned and final report agreed.
March 2027	Visitor report considered by Policy and Education Committee

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

Private Item 7 Annex A