Action Plan in relation to: Plymouth MARJON University

Masters of Osteopathy (MOst)

Combined Action plan including specific conditions arising from Review Visit in December 2024, plus general conditions that apply to all Recognised Qualifications

Ref	Condition	Timeframe	Provider action and implementation	Action closed
Specific Conditions				
1	The University must immediately update their consent forms and privacy policy to ensure patients are fully aware of who can access their clinical information. (2i, 9vi)		**Key Updates and Outcomes** • **Updated Patient Consent Form:** The **Osteopathy patient consent form** has been comprehensively reviewed and significantly updated. The revised form now **explicitly clarifies** the circumstances under which Osteopathic students involved in patient care or learning may access data, ensuring full transparency at the point of consent.	Condition has been met – agreed by GOsC Policy and Education Committee (PEC) March 2026

			○ **Approval Status:** The updated form has been **CONFIRMED & AGREED** and approved by the Teaching, Learning, Assessment and Quality Committee (TLAQC). ○ **Implementation:** The new forms are fully implemented and in use as of **September 2025**, coinciding with the reopening of clinic facilities. • **Enhanced Data Processing Awareness:** To address the "Privacy Policy" aspect and enhance overall patient awareness, the University has ○ Integrated **links** into patient communications and platforms, directing patients to comprehensive resources on broader **data processing practices**. ○ **enhanced our feedback mechanism** within these resources for patients to comment on. • **Established Governance:** A clear, formal process has been put in place for the **ongoing management and modification of consent forms**, requiring authorisation from the Programme Lead, Dean of School, and the Clinical Governance team. These measures ensure that patients are comprehensively informed about data access and processing, effectively closing the requested action.	

2	In order to effectively manage the risk to patient data, the University must carry out an urgent review of the risks associated with the use of students' own IT equipment to access and record patient data both on site and off site as well as the risks associated with allowing students from other programmes access to osteopathic patient records. This should be done in conjunction with staff at the university who have expertise in IT and data protection. The University must develop and carry out a plan to implement the recommendations from the review. (2i, 9vi)		**Key Actions and Mitigations** 1. **New Clinical Software Solution: Clinic Office/space** ○ **Selection Rationale:** Following an extensive evaluation (including a previous assessment of "Write-upp"), **Clinic Office/space** was selected for its robust **data security and access control** features, serving as the new practice management software for all Mental Health & Wellbeing (MH&W) programs. ○ **Addressing Cross-Program Access:** Clinic Office /space allows for **enhanced data segmentation**, enabling patient notes to be **locked specifically to the Osteopathy Clinic**. This directly prevents access by students and staff from other programs, fully mitigating a key risk. ○ **Addressing Student IT Risk:** Access to Clinic Office/space will be linked to the **University's VPN**, providing an additional security layer and helping prevent unauthorised **off-site access**, thereby mitigating risks associated with personal IT equipment.	Ongoing monitoring by PEC until new system fully operational

			2. **Policy and Procedural Updates for Student Access** ○ **On-Campus Access Mandate:** The **Student Osteopathy Clinical Handbook** has been updated to require students to access the clinical software **only when on the University campus**. ○ **Restricted Access:** A new policy states students are **only authorised to access patient notes** during their clinical rotation, *on-site*, and *only if they are the practitioner responsible* for the management of that patient. ○ **Implementation:** These requirements are integrated into the clinical induction process starting **September 2025**. 3. **Interim Measures and Current Status** ○ **Current System:** Due to a delay in the full implementation of Clinic Office / space , the University is currently using **Cliniko**. ○ **Interim Risk Mitigation:** To manage risk during this transition, access to patient notes within Cliniko has been **restricted to the practitioner only**. **Rollout Plan:** The University was actively working to complete the full transition and implementation of Clinic Office by the end of 2025. The platform was rolled out, but there were IT issues affecting its function, and the system was recalled so that these can be addressed. While the final software rollout is delayed, Cliniko has been reinstated as an interim measure (with restricted	

			access) to ensure patient data is currently protected, addressing the core risks identified in the condition. **May 2026:** The IT issues that delayed implementation previously have now been resolved. The new system has not yet been introduced however, as it was felt that doing this when final clinical assessments were underway might lead to confusion for students and patients. The system will be rolled out during June 2026. The clinic closes over the summer, but this will allow time for testing and ensuring that the system works properly, ready for the return to clinic in September.	
General conditions that apply to all Recognised Qualifications				
1	Plymouth MARJON 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.	Annual reports are typically submitted in December each year	Report analyses are reported to the March Policy and Education Committee	
2	Plymouth MARJON 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	No such notifications received as at May 2026		

	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	Plymouth MARJON 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 BCNO Group giving not less than 9 months notice.	These requirements are considered in RQ reviews and ongoing annual reporting		