GOsC Education Quality Assurance
Renewal of Recognised Qualification Report

This report provides a summary of findings of the provider's quality assurance 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:	University College of Osteopathy
Date of visit:	16-18 May 2023
Programme(s) reviewed:	Bachelor of Osteopathy (BOst)
	Integrated Masters of Osteopathy (MOst)
	MSc Osteopathy (Pre-Registration) (MScPR)
Visitors:	Dan Golder, Stephen Hartshorn, Sue Kendall-Seatter
Observers:	Chloë Johns, Banye Kanon

Outcome of the review

Recommendation to PEC:

☐ Recommended to renew recognised qualification status

☒ Recommended to renew recognised qualification status subject to conditions

☐ Recommended to withdraw recognised qualification status

Abbreviations

AQF	Academic Quality Framework
CIF	Course Information Forms
CMAWG	Competition and Markets Authority Working Group
CPD	Continuous Professional Development
EDIC	Equality, Diversity and Inclusion Committee
FTE	Full-time equivalent
GOPRE	Graduate Outcomes for Osteopathic Pre-registration Education
GOsC	General Osteopathic Council
HIV	Human immunodeficiency virus
MOst	Master of Osteopathy
MScPR	MSc Pre Registration
NSS	National Student Survey
OPS	Osteopathic Practice Standards
PDR	Performance and Development Review
PPIG	Patient and Public Involvement Group
PRAG	Policy, Regulation and Audit Group
QA	Quality assurance
RPL	Recognition of Prior Learning
SET	Standards for Education and Training
SMT	Senior Management Team
SSLCG	Student Staff Liaison Consultation Group
ToRs	Terms of Reference
UCO	University College of Osteopathy
UK	United Kingdom
UIF	Unit Information Forms
VLE	Virtual Learning Environment
VR	Virtual Reality

Overall aims of the course

The University confirm the following aims of the courses within the mapping tool:

For the MOst (Full-Time and Part-Time) course the overall aims are:
1) To enable students to attain the capabilities and qualities of a UCO Graduate and in so doing to meet the OPS and the GOPRE published by the GOsC. This includes but is not limited to the essential knowledge base, interpersonal, cognitive, clinical and hands on skills expected of a UCO graduate osteopath. To support this skillset, the course also aims to develop attributes within UCO graduates of critical enquiry, self-reflection, professionalism, ethical caring and respect that characterises a competent, confident and capable osteopath.
2) The course also aims to provide an approach to teaching and learning that embodies the effective management of change and uncertainty and development of practical skills, and encourages a commitment to self-managed, lifelong learning within students. Utilizing these attributes, skills and knowledge the course aims to enable students to successfully practise in primary osteopathic care and be eligible to apply for registration with the GOsC.

For the MSc Osteopathy (Pre-registration) course the overall aims are:
1) To enable students to apply for registration with the GOsC, through successful completion of an accelerated learning pathway that recognises and embraces their pre-existing academic and professional competence.
2) To enable students to achieve the GOsC's OPS competence profile required for autonomous osteopathic clinical practice.
3) To promote an approach to teaching and learning that embodies effective management of change and the ability to operate within the context of clinical uncertainty that encourages a commitment to self-managed, lifelong learning.
4) To enable students to develop the professional capabilities required to integrate osteopathy with their existing professional clinical practice.

Overall Summary

The visit to the University was undertaken over three days between the Borough High Street location and the clinic site at Southwark Bridge Road. Visitors were able to meet with a diverse range of relevant groups to support work in relation to the visit specification, these groups included staff, students and patients. Meetings held across the three days were held in an open and honest way to support the visitors with triangulation. The University was also effective in providing additional evidence where required during the visit.

Strengths and good practice (summary from report)

It was evidenced the focus the University places on EDI is a strength, with the following as examples:

- The University have a culturally diverse student population. (1i)
- The University has the UCO's Equality, Diversity & Inclusivity Committee and the All@UCO Curriculum Inclusivity Group to support inclusive policies at the University. (1i)
- The University attracts and retains a diverse teaching and support team which supports their vision of being an inclusive University. (1i)
- The organic development of a series of community groups to ensure representation for staff and students is a good initiative and provides a conduit into the EDIC. (2i)
- The creation and inclusion of the All@UCO Curriculum Inclusivity Group has challenged the ideology of a 'normal person' in the UK allowing for a conversation around culture and diversity in education at the University. (3iii)

We are confident the University's approach to staff development is a strength at the institution, which is demonstrated through the following examples:

- We saw there is a culture at the University to support staff through their educational delivery career path and staff are guided through the process and only undertake this if it is relevant to their own career development within the University. (1iv)
- There is evidence of a complete reflective cycle where in February 2023, during the staff conference, there was a workshop on clinical examination skills and feedback presented for discussion by all. (1v)
- It was evidenced all staff have undertaken equality and diversity training, which is stated as complete in March 2023. (3iii)
- The PDR process includes a preparation form for meetings with line managers and it provides the opportunity to reflect across the range of the staff member's role, wellbeing and plans for the future. (8i)

The work the University completes in relation to patient engagement and inclusion is seen as a strength which is demonstrated through the following examples:

- We were assured of the work of the University, and particularly the Clinic Reception Manager, to create and manage the PPIG enables the growth of the group and gains a wider insight to its patients. (1vi)
- Patients from the PPIG note there has been a shift in clinical education with more junior year students now more involved with the clinical delivery of care to the patient whilst also respecting their level of education. (3vi)

The strength of resources which the University provides to staff and students:

- The University has demonstrated an agile response to gathering student feedback through the roll out of Pulse surveys throughout the term. (1vi)
- It is evidenced each student year group has one folder with all relevant assessment documents stored for easy access on the VLE. (1viii)

- There is parity in teaching staff between the full-time and part-time programmes. (1ix)
- Regular changing of promotional material in the notice boards around the campus help to inform students of their inclusion into the University during their time of studies helping them to know how they can report issues and also get the help needed to assist their studies. (3ii)
- The Learning Hub offers students access to a range of facilities within a flexible, collaborative and informal learning environment. The integration of Learning Advisors ensures that students have easy access to learning support. (5i)
- The VR suite offers novel ways for students to access interactive anatomy software and offers an excellent platform to enhance the overall student learning experience. (5i)
- There are facilities and support to encourage students to create digital media for delivering a modern marketing campaign. (5i)
- The University is responsive to providing inclusive learning environments for students through UCO's Occupational Health and reasonable adjustment processes. (5iii)

It was evidenced that the University has management processes in place which can be seen as a strength through:

- The University is undergoing a review of its committees' effectiveness, with operational plans required and monitored systematically. (2i)
- A rigorous and systematic system is in place to monitor both academic and professional standards. (2vi)
- The inclusion of the University's values in the strategic plan help to create an environment which supports students effectively through their education. (3i)
- The University has a robust and reflective quality enhancement programme in place. (3iv)
- The responses to External Examiners' feedback are of a very high standard, with Course Tutors using the response mechanism to evaluate and inform changes. (4iv)

The University provides a wide range of external clinical settings giving their students a breadth of clinical experiences during their time at the University. (3v)

The University has acknowledged that communication is an evolving process and as such is in the process of updating its consent guidance for students in class and for patients. (9i)

Areas for development and recommendations (summary from report)

Although EDI is a general strength at the University, specific focus on the student pathway was not clear and therefore we recommend the following:

- The MScPR course is committed to acknowledging students who have prior learning in a similar healthcare field such as physiotherapy. It would be beneficial for the University to consider how a student's prior knowledge and experience can be encouraged and supported in the teaching and learning environment. (1iii)
- To ensure teaching is aligned to expected assessment level in relation to the MScPR and to support the student experience, the University should ensure staff are appropriately aware, and if needed trained, on the needs of the students (from the student perspective) within each class where there are mixed levels present. (1viii)

We did not see evidence of clear assessment criteria which provides details of all grade boundaries and therefore recommend that:

- The University should review and update marking grids to ensure all grade boundaries are expressed and clear to students. (1viii)

- It would be beneficial for the University to review the expectations for practical examinations highlighting in a way that students can clearly understand and experience how they can achieve the higher grades. (1viii)

We were not fully assured of the remit and representation of the committee structure at the University and have therefore identified the following recommendations:

- The University should ensure committee remits are reviewed according to the systematic schedule. (2i)
- The University should review the effectiveness of the community groups to ensure a shared understanding of their remits and frequency of meetings and share the impact of their contributions. (2iv)

The feedback, complaints channels and mechanisms in place for students, patients and external stakeholders at the University were unclear, as a result we have identified the following recommendations:

- The student representative system requires further consideration to ensure students feel comfortable to raise issues and know how their feedback is acted upon. (2iii)
- Formal and informal channels for raising complaints or issues should be made clearer to students and monitored to ensure the effectiveness. (2iii)
- The triaging and escalation of complaints in clinic could be more transparent and standardised. The University should conduct a review into this approach to ensure the processes documented are fully embedded. (2iii)
- The University should review how patient complaints and comments are triaged and recorded at the clinic. (2iv)
- In order to increase response rates, the University should consider the use of alternative mechanisms to gain student and external stakeholder feedback. The University may wish to consider using more informal qualitative tools. (4i)
- The University should review the efficacy of the student communications plan, including reviewing the mechanisms for monitoring the impact of its introduction into practice. (6v)

Although the University has a suitable safeguarding policy in place, we were not fully assured that people are confident in the safeguarding procedures and have therefore identified the following recommendations:

- The Safeguarding Officers and safeguarding procedures should be made more visible to the student population, to ensure familiarity with the process across the University. (2iii)
- To ensure safeguarding policies are fully embedded in the delivery of the programmes, the University should review the day-to-day operation of the safeguarding process to ensure all students and patients are aware of the process and feel confident to use the mechanism to raise concerns. (9ii)
- The University should ensure all students are aware of their rights and responsibilities with patients and safeguarding; students who express concerns about a patient or about treating a patient should be listened to, supported and acted on appropriately. (9v)

The development, review and implementation of some policies across the University could be further improved and refined, we have therefore identified the following recommendations:

- In order to maintain momentum and monitor sustainability of provision, the development and progress of the new strategic plan should be reported via the GOsC Annual Report. (2i)
- The University should report on the implementation of the new Academic Standards and Quality Report in the next GOsC Annual Report. (2vi)

- The University should conduct a review of the VLE and SharePoint to ensure it is clearer for staff and student to locate documents. (3i)
- 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. (3iii)
- The University may find it beneficial to reflect on the number of policies or guidance documents related to safety, accessibility or quality of the learning environment and may consider combining some guides making it easier for staff and students to access the relevant information. (3iv)
- In order to manage the development and monitoring of policies on an ongoing basis, the University should seek to streamline the process to reduce bureaucracy. This may include rationalising or merging documents and a more rigorous clustering of policies into different areas and delegating responsibility and accountability for their review. (4iii)
- It would be beneficial 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. (6iv)
- As the PDR process has been introduced relatively recently, the University should review its implementation including the take up of mandatory online training courses and report these in the GOsC Annual Report. (8i)
- As the review of the Change Management project was delayed by a long-term vacancy the University should report on this via the GOsC Annual Reporting process and it is advised that this is linked to the review of staff communications. (8iv)
- Following its update, the University should provide an update on the revised consent guide within the GOsC Annual Report. (9i)

We acknowledge that the periodic review remains outstanding and therefore have the following recommendations which cover the periodic review and wider course reviews:

- The University should complete the periodic review process for the MOst and MScPR programmes, as planned, to ensure the University's internal QA processes are met. (1vi) and 1(vii)
  The University should update original course documentation which refers to the QAA Osteopathy benchmark statement. (1vii)
- The periodic review process is extensive and resource intensive. The University may wish to consider ways to make this less onerous on the Course Team by streamlining the documentation requirements. It would be useful to explore holding a live Self Evaluation Document which is added to systematically. (4i)

We recognise the strength of the University's staff development programme, however we have identified the following recommendations to strengthen this provision further in response to feedback heard during the visit:

- Communication was highlighted as an area for development in feedback from the training events as well as by staff and students met on the visit. In developing communications strategies, the University should reflect on the change management process and how staff and students perceive the formality of the ways of working compared to their experience of small and informal ways of working. (8ii)
- To support staff progression within the clinic, the University should review the staff progression pathway to ensure the documentation is aligned to the expectations and outcome desired by the organisation and the individuals. (9i)
- The University should reflect and monitor the effectiveness of the three-tier educational delivery within the clinical setting, to ensure it creates the supportive environment desired. (9i)

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. (3vi)

It is recommended that the University produce a comprehensive project plan for the implementation of the new clinic management system. This will offer an excellent vehicle for communicating the initiative to staff, students and patients, and offer a platform for engaging key stakeholders in the change management components required for the successful delivery of the project. (5iii)

The University should conduct a review on the implementation of the process of research projects undertaken at the University as part of the final year of study, to ensure the process which is implemented aligns with validation documentation and meets the requirements of a Masters degree. (9vi)

Conditions

To provide assurance that the University has staff available for students feel able to raise complaints and concerns in clinic (2iii), sufficient staff-student ratios that provide safe, accessible and appropriate quality of learning (5ii and 9iii), sufficient number of experienced educators (8iv), and an appropriate standard of patient safety within clinic (9i) the University must conduct a review of staff-student ratios in clinic and provide evidence of sufficient staff-student ratios.

By the beginning of the next academic year, the University must have all core policies (including staff policies and procedures) reviewed, adopted and published in line with their review dates to provide assurance that relevant and appropriate policies and procedure are in place, and that educators are provided with the resources to meet their responsibilities. Once all policies are up to date, a policy review schedule must be reported and monitored annually to ensure sustainability and to provide assurance that policies and procedures are reviewed regularly. (4iii)

The University must 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. (7ii)

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

It was evidenced the University has a clear admissions policy that is published on its website in the recruitment section (www.uco.ac.uk/courses/how-apply). As stated by the University this is then easily accessible to the wider community. We heard that the University has a Course Recruitment Group which makes suitable recommendations in relation to the widening participation subcommittee which is then overseen by the University's Academic Council.

The University has the relevant policies in place to assist a logical and open recruitment process (course information forms 1ia to 1ih) and the expected entry requirements are similar to other universities in this sector.

There is a mixed pathway for applicants depending on their intended course. MOst full-time students follow the standard UCAS route of application. Whereas the MOst part-time and MScPR pathway is via direct application to the University. Application forms are suitable and only ask for relevant information to allow the admissions team to review and process each student as required.

All students are interviewed in person using set interview questions to ensure suitability for the course and to assess their English skills, although this assessment consists of two questions. This again is in line with the expectations of other similar programs and institutions. This has been acknowledged by the University as a potential area for bias, but as mitigation the University has ensured all staff have undertaken relevant culture and diversity training to reduce bias during the student recruitment process. The University demonstrates it provides a range of training to staff on EDI, such as through the UrGEnT forum, which supports the student recruitment process. To support the EDI training of staff further, the University could consider the inclusion on unconscious bias within the training.

All students are also required to provide original documents referring to previous qualifications; again, a this is in line with student recruitment and assessment in the sector.

The outcome of this inclusive recruitment practice is evidenced with the diversity of the student population across the University.

Strengths and good practice

We saw that the University have a culturally diverse student population and have acknowledged some of the subsequent challenges such as students who are not willing to undress in practical classes, which is respected by the University. The University also has the UCO's Equality, Diversity & Inclusivity Committee and the All@UCO Curriculum Inclusivity Group to support inclusive policies at the University.

It should also be noted that the University also attracts and retains a diverse teaching and support team which supports their vision of being an inclusive University.

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

We were assured the University has an equality, diversity and inclusivity policy which is available via their website; it was reviewed and republished in February 2021. This policy is likely being reviewed within the next academic year to ensure it is kept up to date and is aligned to the University strategy.

From discussions with various teams during the onsite visit it is clear there is a passion for outreach into communities to attract students from all areas into osteopathy and the University. This is demonstrated from their own literature "each student is considered on their own merits".

The University have created an access and participation plan, which has been approved by the Office for Students, and is looking at assisting the University to increase participation from minority groups.

Strengths and good practice

The commitment the University has for community outreach to support with student recruitment is seen as a strength.

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

It was evidenced that the University has two processes in place for the recognition of a student's prior learning. First there is the entry application to the University directly in the MScPR, where a student must show they are eligible to enter a medical professional level masters qualification. The second RPL policy is in relation to the undergraduate programme where, once identified, a student may apply to the RPL committee. These policies are published on the University website for applicants to access.

It was evidenced that once a student has entered the programme their engagement is monitored by the Engagement and Monitoring Group, who were renamed in 2022 from the Student Attendance and Retention Group. This group looks at all student attendance and engagement with their online platform Bone, which is the University's Moodle based VLE platform.

During the onsite visit, we heard staff speak confidently that they encourage a difference of opinion in the classroom, so those coming from other healthcare service providers are encouraged to give their viewpoints. However, from discussions with students we heard that some felt they were discouraged from giving examples from their prior work experiences or training and instead feel they should only discuss what they have seen and been shown within the University.

Strengths and good practice

None reported.

Areas for development and recommendations

The MScPR course is committed to acknowledging students who have prior learning in a similar healthcare field such as physiotherapy. It would be beneficial for the University to consider how a student's prior knowledge and experience can be encouraged and supported in the teaching and learning environment.

Conditions

None reported.

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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 2021/22 annual report narrative that the University indicates that all staff have undertaken a range of mandatory training courses during their induction and probation period. These include training in equality and diversity, health and safety at work, safeguarding and PREVENT, as well as more job specific training on the VLE system (Bone) and University teaching expectations, including University policies. Therefore, we were assured that all staff have been trained in all policies at the University.

We heard that a lot of this training is now available to all staff through an online staff training provider (IHASCO) and that staff were given until March 2023 to complete their mandatory training. Some staff may require more enhanced training, and the University has suggested this will be agreed by relevant line managers and would form part of an individual's self-development.

Strengths and good practice

We saw evidence of a culture at the University to support staff through their educational delivery career path. Staff are supported in undertaking the in-house teaching qualification, which is guided towards a more clinical and practical educational environment helping staff to have more confidence in managing clinical education. Staff only undertake this if it is relevant to their own career development within the University.

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

We were assured that the University has a logical and robust academic quality structure with course leaders, deputy leaders and unit leaders, which works to monitor module developments within the University. There is some crossover or duplication of roles and responsibilities provided within the role descriptions from the University; this may give staff opportunities to divide relevant work between course leaders and deputy leaders. Recently the University added members of senior management to this course team group which seems logical and is justified as relevant by the University. To support with efficiencies within the module review process, the University may wish to consider alternative mechanisms for minor module changes, such as being administered through an annual module review format happening in conjunction with module boards.

Strengths and good practice

We saw evidence of a complete reflective cycle where in February 2023, during the staff conference, there was a workshop on clinical examination skills and feedback presented for discussion by all which is seen as a strength.

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

We were assured the University has the expected engagement groups to create a feedback mechanism for a complete annual review process of their delivered programmes. The University acknowledged many challenges in gaining feedback from students. These challenges included poor engagement from the student body, a consideration that giving feedback has no or little impact on current delivery and students fearing being labelled as a 'troublemaker'. These are common barriers perceived or experienced by both students and staff at universities across the UK.

The University has implemented student engagement groups of the SSLCG, module feedback and an open door tutor policy. The University has reflected that all of these processes have come with their own

challenges. During the visit we heard of dissatisfaction from students in their experience of feedback mechanisms at the University.

We heard that the open door policy of staff has led to unrealistic expectations by students of when they could contact staff, particularly for part-time staff. This has now been modified to drop-in availability sessions to give clarity and expectations from both sides.

Module evaluations have been notoriously poorly completed by students, not providing teaching staff with an appropriate level of reflective information which they can act upon. This has been noted as similarly frustrating by the students, acknowledging that it may only help the next year group of students and would not help the individual raising the issue at the time. Students also highlighted concerns about a perception that there is a lack of confidentiality when completing evaluations due to this being a small institution. the University have brought in Pulse surveys, which provided an increase in feedback responses. These Pulse surveys are small snapshot digital surveys sent out a few times each term on small aspects of educational delivery and are based along the lines of similar questions to the NSS.

The University have acknowledged a disappointment with the recent NSS evaluation scores. In response to these scores, the University have created a relevant action plan of improvement and we heard the University is working hard in all areas to gain better student insight to drive programme improvements.

The PPIG is a long running group of patients who engage with the University to assist in helping to support the University in its primary business strategy of providing osteopathic education in London. It should be acknowledged that these groups are difficult to recruit to and the Clinic Reception Manager is working hard to ensure this group is effective. We heard the PPIG met many challenges during the COVID-19 pandemic with only online meetings taking place; a fire within the clinic space at the University put additional pressure on meeting room availability. The University should be encouraged to continue its work with the PPIG to further develop this for the future.

At the time of the visit the University had an incomplete periodic review of its programmes. Furthermore, PCR self-evaluation documentation provided prior to the onsite visit was not up to the expected standard, as reflected on by the University. It is acknowledged that this is an enhancement activity at the University, as is the transparency the University provided on this process.

Strengths and good practice

We were assured by the work of the University, and particularly the Clinic Reception Manager, to create and manage the PPIG enables the growth of the group and gains a wider insight to its patients.

The University has demonstrated an agile response to gathering student feedback through the roll out of Pulse surveys throughout the term.

Areas for development and recommendations

The University should complete the periodic review process for the MOst and MScPR programmes as planned to ensure the University's internal QA processes are met.

Conditions

None reported.

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vii. the programme designed and delivered reflects the skills, knowledge base, attitudes and values, set out in the Guidance for Pre-registration Osteopathic   ☒ **MET**

Education (including all outcomes including effectiveness in teaching students about health inequalities and the non-biased treatment of diverse patients).

☐ **NOT MET**

Findings and evidence to support this

We heard from the University that their programmes are mapped to the OPS, the GOPRE and SET. However, it should be noted that the periodic review is a time to ensure this is correct, and the University are yet to complete their internal periodic review audit. We also saw that the UCO documents refer back to the QAA Osteopathy benchmark statement which needs to be updated.

The course review was supposed to be completed by the 14 February 2023 but remains incomplete at this time.

Strengths and good practice

None reported.

Areas for development and recommendations

The University should update original course documentation which refer to the QAA Osteopathy benchmark statement.

The University should complete the periodic review process for both the MOst and MScPR programmes as planned to ensure all areas meet the relevant standards set out in the GOPRE and OPS.

Conditions

None reported.

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

We were assured that the University run their assessment and marking process in line with the sector standard. We saw evidence that their process involves a range of first marking, second marking and oversight from an External Examiner who provides comments in relation to the QA of this process. We were assured the relevant policies are provided to the public via the University website where appropriate.

We heard that practical examinations are recorded for future training, moderation and External Examiner approvals to ensure these are also quality assured the same as written pieces of work.

The External Examiners provide the relevant feedback which allows module leaders and course leaders to complete an annual review process and ensure there is a high level of consistency across the course.

Staff are provided with specific examiner training; this is highlighted around clinical practice where practice educators are given specific workshops on examiner training during the summer period. There was also examiner and assessor training included within the staff conference in February 2023.

We heard from staff that where practical examinations were undertaken by multiple examiners due to the class sizes questions would be agreed beforehand and staff should follow set lines of questioning. It is also noted that these examinations are recorded for student feedback, staff moderation and the External

Examiner. However, during the onsite visit we heard from some students that on occasion staff may have not followed this practice in full. Students also indicated that assignment briefs did not always contain enough detail or the full expectation of the assignment within them, which results in some students gaining extra guidance from students in more senior years in regard to assignment expectations. As a result, on balance we do not have full confidence that assessment methods are consistently reliable and valid, impacting the student experience.

We also heard from students that MScPR students during their first-year attend classes at level six but are then assessed at level seven. Students highlighted some concerns that staff delivering these level six sessions seemed unaware some students would then be assessed at a different level. The University confirmed during the visit that each MScPR student is known to the staff and individual needs can be taken into account, however this does not seem to transfer into practice in this area as some students reported feeling there was a lack of understanding of what support MScPR students require. We heard from the University that MScPR students are provided with scheduled seminars as part of their course to provide additional information to support the transition to level seven assessments.

Strengths and good practice

Each student year group has one folder with all relevant assessment documents stored for easy access on the VLE.

Areas for development and recommendations

To ensure all grade expectations are clear to both staff and students, the University should review and update marking grids to ensure all grade boundaries are expressed and clear to students.

It would be beneficial for the University to review the expectations for practical examinations highlighting in a way that students can clearly understand and experience how they can achieve the higher grades.

To ensure teaching is aligned to expected assessment level in relation to the MScPR and to support the student experience, the University should ensure staff are appropriately aware, and if needed trained, on the needs of the students (from the student perspective) within each class where there are mixed levels present.

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

We were assured that the University have the relevant teaching staff in place delivering the relevant subjects. Through observations over the three-day visit period all clinical staff and practical staff are registered osteopaths, and we heard the University expects all staff to maintain their registration if they wish to stay within these roles.

The University have staff interested in research, delivering sessions on research and scholarly activities where expected. The University aims to utilise key strengths of their staff with research related modules, such as research methods, being delivered by the staff in the research department. For the outreach clinics

where students are engaging with patients, they are supervised by registered osteopaths ensuring students are supported in providing osteopathic treatment both on site and off site.

We heard that the University have reflected on their staff structure and considered a realignment across full- and part-time delivery arms of the osteopathy programme. It is evidenced that the same people delivering an element on the full-time programme also deliver this on the part-time programme, which we were assured ensures parity across the programmes.

Strengths and good practice

There is parity in teaching staff between the full-time and part-time programmes.

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

We were assured the University has in place a suitable platform for students to raise complaints; the policy is published on their website suggesting it is available for all to access when and if needed. We heard from the University that all students are aware of the policy and reminded of this during induction each year.

The Head of Student Services is available to assist any student in making a formal or informal complaint about the University or a member of staff. It was evidenced that these complaints are recorded and reported to the Academic Council for actions and tracked through this group.

A summary of student complaints has been provided as part of the visit, although specific details have been omitted to maintain anonymity of students. We saw evidence there has been a drop in student complaints that the University has suggested is due to a more proactive stance with students identifying issues and raise concerns early.

We were confident the complaints process in place at the University is effective, with complaints acknowledged by the University, tracked and suitable outcomes reported as part of their annual review process.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

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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

We were assured of the academic appeals policy in place for students to make academic appeals. This policy is published on the University's website and is aligned to the good practice guide of the education sector. It is evidenced the number and content of appeals is reported to the Academic Council on an annual basis to allow an analysis of themes to feedback into the programme and form part of a reflective QA process.

We heard from the University there has been a general increase in the number of academic appeals. The University believe this is due to a range of adaptations made during COVID-19 which have now been removed. Through the annual reporting system, the University expect the number of academic appeals will reduce over the next academic year to pre-pandemic levels.

It is evidenced the University continues to monitor academic appeals and work to reduce these in highlighted common areas. The next expected report of academic appeal is due in Autumn 2023.

The University note that the policy was reviewed in 2022 and implemented this academic year (2022/23); the University should reflect how this revised policy will impact on the number of student complaints this academic year as this will be an area for the University to reflect on in the University's annual reporting QA processes as well as the GOsC Annual Report.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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2. Programme governance, leadership and management

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

☐ **NOT MET**

Findings and evidence to support this

We were assured the University has a clear established governance and management structure which is fit for purpose. We are confident there is an appropriate strategic plan in place which expires in 2023 but it has been agreed to extend this to cover the period of consultation and development of the new plan. Detailed work is underway at Board level with the establishment of a Strategic Planning Oversight Group to develop the next plan in response to changed opportunities and challenges in the sector. Continuity of provision is being well managed through the University's detailed operational plan.

With its degree-awarding powers and status, comes the requirement for an increased layer of governance, compliance and reporting, this places significant responsibility on a small group, with senior management colleagues being involved in a large number of committees.

It is evidenced the Board of Directors is well qualified to provide the strategic direction required and is actively engaged with the development of the University. Board members participate in a range of key committees including Academic Council, the EDIC and the Audit and Risk Committee. The structure is such that the University can be sure it is complying with legal, regulatory and educational requirements.

The Vice Chancellor's Group and the SMT provide both strategic and operational leadership and review and monitor the risk register. This governance structure is underpinned by clear Terms of Reference for each committee and appropriate reporting lines. The Governance structure has been updated to reflect the needs of the University College, with changes implemented in 2022/2023. Some of the committee remits require review, with their scheduled review dates having passed in 2018 to 2022.

We were assured the governance of educational requirements is managed appropriately for a University College. The academic governance structure facilitates the development, monitoring and review of the programmes, with student and Trustee membership as appropriate.

It was evidenced that the University is undergoing a review of its committees' effectiveness, with operational plans required and monitored systematically. This is good practice, though some of the response rates to surveys in this review are low and it is advisable that the quantitative data is supplemented with anonymised qualitative information to ensure cross stakeholder representation. Whilst the University has a mechanism via the Policy Review Group to review committees (ToRs, membership and effectiveness), the focus has been on the operational effectiveness of the Committees. Therefore, there is a need to ensure systematic and ongoing monitoring of ToRs alongside the operational focus.

Strengths and good practice

The organic development of a series of community groups to ensure representation for staff and students is a good initiative and provides a conduit into the EDIC.

The University is undergoing a review of its committees' effectiveness, with operational plans required and monitored systematically.

Areas for development and recommendations

In order to maintain momentum and monitor sustainability of provision, the development and progress of the new strategic plan should be reported via the GOsC Annual Report.

The University should ensure committee remits are reviewed according to the systematic schedule.

Conditions

None reported.

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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 fitness to practice policy was revised in 2022 to better align with the GOsC guidance. We were assured the policy and procedures are well understood by staff and monitored systematically by the Engagement Monitoring Group. We saw evidence of that summary reports of fitness to practice cases are monitored by the SMT, Teaching Quality and Standards Committee and Academic Council and reported accordingly to GOsC via annual reporting.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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iii. there are accessible and effective channels in place to enable concerns and complaints to be raised and acted upon.

☐ **MET**

☒ **NOT MET**

Findings and evidence to support this

We are confident the University has up to date and appropriate complaints policies and procedures for students and patients. It was evidenced these policies are enhanced by the complementary and supplementary procedures and systems which encourage staff and students to raise concerns. These mechanisms include 'our dignity at the UCO policy', managed support plans, student code of conduct and disciplinary procedures. The University report that their complaints have decreased in the previous year, and attribute this to a more proactive approach to managing issues at an early stage, but this will be monitored annually in a report to SMT. Staff have published office hours and students are able to make use of the 'open door' policy to raise concerns or complaints.

It was evidenced there is a student representative system which operates formally via the committee structure (the SSLCG) and more directly where the student representatives can raise issues with the Course Leader on behalf of their year group. During the visit, we heard from some students that they did not all have confidence in the effectiveness of this process and did not feel changes came about for their cohorts as a result of issues they had raised.

The University report they encourage staff and students to raise concerns relating to the duty of candour or the PREVENT duty by raising the matter with one of the Safeguarding Officers. We were assured the safeguarding policy is up to date and published and supported by a number of policies and procedures to support safety and wellbeing. However, we heard from students that they were unclear who the Safeguarding Officers were at the University, and some reported that they felt unsure how to access support during consultations in Clinic when patients became angry. We were therefore unable to confirm that that the documented policies were fully embedded and that the standard is being met. Whilst not all staff were able to identify the Safeguarding Officers during our discussions, they were clear how they would action any queries through their line management or senior colleagues.

We heard that patients are able to use the 'Compliments, Comments and Complaints' form to raise complaints or email or speak to the clinic staff. Clinic staff report dealing with matters as soon as possible, but we heard it was not always clear how the informal and low-level issues were triaged in order to escalate and identify trends across Clinic. Therefore it would be beneficial for there to be a systematic and transparent procedures in place for determining which issues are logged and how low-level issues are monitored for trends and patterns.

In meetings with some staff and students at the visit, we heard that the formal procedures and channels were not always used in favour of a preference for dealing with matters informally via 'a chat' with a known or trusted individual (for example, certain members of staff who they knew would listen or act). Whilst it is often a good thing to deal with matters at an informal level to diffuse them, it is important to ensure policies and procedures are understood and applied consistently to provide confidence that they are accessible and that effective channels are in place to enable concerns and complaint to be raised and acted upon.

Strengths and good practice

None reported.

Areas for development and recommendations

The student representative system requires further consideration to ensure students feel comfortable to raise issues and know how their feedback is acted upon.

Formal and informal channels for raising complaints or issues should be made clearer to students and monitored to ensure the effectiveness.

The Safeguarding Officers and safeguarding procedures should be made more visible to the student population, to ensure familiarity with the process across the University.

The triaging and escalation of complaints in clinic could be more transparent and standardised. The University should conduct a review into this approach to ensure the processes documents are fully embedded.

Conditions

To provide assurance that the University has staff available for students to feel able to raise complaints and concerns in clinic (2iii), sufficient staff-student ratios that provide safe, accessible and appropriate quality of learning (5ii and 9iii), sufficient number of experienced educators (8iv), and an appropriate standard of patient safety within clinic (9i) the University must conduct a review of staff-student ratios in clinic and provide evidence of sufficient staff-student ratios.

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

We heard from the University, that the establishment of a series of Community Groups (Black, CareGivers, Enable, Interfaith, Women and Out) is designed to provide a tension free space for staff and students who identify with a particular community, to meet, support and celebrate diversity at the University. Their remits include supporting an inclusive learning and working environment, proposing changes to policies and procedures and advising the Chair of the EDIC as required. This provides assurance that the culture is one where it is safe for all to speak up about unacceptable and inappropriate behaviour. However, it was evidence that the EDIC committee identified that the groups were at risk of losing momentum in March 2022 and would benefit from mentoring support. To date this has not happened, and staff and students spoken to had differing views about their purpose and effectiveness.

On meeting students, we heard most felt they were able to speak up about concerns, but these tended to be using the less formal channels. To that end, we were assured the UCO's 'open door' policy is effective in providing a safe space for students to raise issues, though some students expressed a concern that they did not want to raise too many issues at the University.

We heard that patients are able to use the 'Compliments, Comments and Complaints' form on the website or raise an issue by using the complaints policy. In meeting Clinic staff, we heard they provide an informal channel to receive and manage comments and complaints, though these are not always triaged and recorded.

Strengths and good practice

None reported.

Areas for development and recommendations

The University should review the effectiveness of the community groups to ensure a shared understanding of their remits and frequency of meetings and share the impact of their contributions.

The University should review how patient complaints and comments are triaged and recorded at the clinic to provide confidence that there is a culture where patients are able to speak up.

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.

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☐ **NOT MET**

Findings and evidence to support this

We heard from the University that staff and students are encouraged to report mistakes to their line manager, human resources (staff) or course tutor (students). We heard there is no formal recording of mistakes by human resources, 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, which provides assurance that this standard is met. It was evidenced 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 do not 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, which provides assurance that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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vi. 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

We were assured that there are thorough and robust policies and processes in place to provide assurance that students have fully demonstrated learning outcomes. It was evidenced 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 External Examiners are appropriately qualified, and combined, 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 Council via a newly introduced Academic Standards and Quality Report. Overall, this provides assurance that systems are in place to provide assurance that students have fully demonstrated learning outcomes.

Strengths and good practice

A rigorous and systematic system is in place to monitor both academic and professional standards.

Areas for development and recommendations

The University should report on the implementation of the new Academic Standards and Quality Report in the next GOsC Annual Report.

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

We were assured that the relevant policies are in place relating to the safety of all participants of the learning journey, staff, students and patients. This includes safeguarding policy, dignity at UCO policy, special circumstances policy, the managed support plan, fitness to practice policy, staff code of conduct, student code of conduct, safeguarding against aggressive patients' policy, health and safety policy, student welfare policy, infection control policy, security policy and incident reporting procedure to name a few.

In the previous strategic plan, it was evidenced the University adopted a set of values which are published along with their mission, vision and strategic plan (which is now out of date), which the University suggests has helped to unite its staff in a collective focus. Again, these values bring together its work for staff, students, patients and research in the field of osteopathy.

Whilst at the University, it was seen there is a culture where the staff care about the students, each other, and the programmes they deliver. This shows that the policies and values relating to the organisation are lived by the organisation and provides confidence that there is a caring and compassionate culture.

Although it was evidenced all of these policies are in place and should be easily available for staff and students, it has been acknowledged by both current students and recent graduates that it is not always clear where relevant documents might be located as the University seems to have two places to store documents, one being the VLE (Bone) the other being a SharePoint site.

Strengths and good practice

The inclusion of the University's values in the strategic plan help to create an environment which supports students effectively thorough their education.

Areas for development and recommendations

The University should conduct a review of the VLE and SharePoint to ensure it is clearer for staff and student to locate documents.

Conditions

None reported.

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

☐ **NOT MET**

Findings and evidence to support this

The University has an annual intake of around 80 students across three programmes; this initiates a close and supportive relationship from staff to students. This was observed during practical class delivery with staff able to easily interact and understand each student's needs within the classroom and provides confidence there is a culture of openness and respect between staff and students.

It was evidenced the University has in place the relevant guidelines for staff and student behaviour and practice as expected, and the University has tracked its complaints and disciplinaries for both students and staff through its annual course review and reporting mechanism. This provides assurance that the University cultivates a culture of openness, candour, inclusion and mutual respect.

We saw evidence of potential duplication of policies across the University, as students have their code of conduct, student practice standards and the dignity at UCO policy while staff have the staff code of conduct policy, as well as the dignity at the UCO policy to engage with.

For the size of the institution, we saw evidence that the University seems to have a high number of disciplinary cases against staff. The Staff Disciplinary Annual Summary Report provided by the University does not go into specific details as to the case to preserve anonymity of individuals, but it does show the outcome with some staff being dismissed from their positions at the University. We were assured the register is managed by human resources and reported to senior management.

We heard the University includes regular staff training through the staff conference, which recently included training on active bystander and anti-racism training. The University also promotes its stance on poor behaviour and reporting through posters across its campus; the Head of Student Services regularly changes these displays to keep an interest from the students as they pass which provides assurance of the cultivation of a culture of openness and inclusion.

Strengths and good practice

Regular changing of promotional material in the notice boards around the campus help to inform students of their inclusion into the University during their time of studies helping them to know how they can report issues and also get the help needed to assist their studies.

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

It was evidenced the University has embarked on a programme of decolonising their curriculum; this is acknowledging that within the UK educational system the 'normal' person is now not representative of the British society. This feels particularly important for the University as their student, staff and patient profile is from a culturally diverse population and it is evident that the University want to acknowledge this through their education delivery. We heard the University have initiated a student voice to assist with this; students are invited to participate in the All@UCO Curriculum Inclusivity Group to ensure the voice of the students is considered throughout this process. This provides assurance that the learning culture is fair and inclusive at the University, and it based on the principles of equality and diversity.

We saw evidence that the University have had an increase in occupational health student cases post-pandemic, which it has been attributed to students being more aware of their own health, and also an increase in individual learning needs by students. We heard that the University has acted on this by increasing their provision of resources in this area. We also heard that the University have increased the number of relevant staff involved with student case discussions, sitting on the occupational health committee to ensure all relevant staff are aware of particular student needs through their education. Therefore, we were assured there is a universal awareness of inclusion, reasonable adjustments and anticipating the needs of diverse individuals.

The University note the ToRs for the occupational health committee were reviewed and approved in December 2022 (due for review 2025) by the Academic Council. It would be relevant to ensure these changes are monitored to ensure they are delivering as expected.

Strengths and good practice

All staff have undertaken equality and diversity training, which is stated as complete in March 2023.

The creation and inclusion of the All@UCO Curriculum Inclusivity Group which has challenged the ideology of a 'normal person' in the UK allowing for a conversation around culture and diversity in education at the University.

Areas for development and recommendations

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.

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 University annually monitor and report the following summaries through its annual reporting system; academic appeals annual summary, academic discipline cases, student misconducts, student fitness to practice, student complaints, student criminal convictions and cautions risk assessments, staff disciplinary and grievances, patient complaints, and public interest disclosures (whistleblowing). The University reports that an annual audit of this information assists in the development of policies and helps to improve overall practice. In addition, the University has a critical incident policy where more serious cases can be dealt with more quickly by the SMT. Therefore, we were assured that there are processes in place to identify and respond to issues which may impact the learning environment.

When a case is progressing through, the relevant committee is asked to give recommendations for educational enhancements to reduce the likelihood of this occurring again as part of a reflective cycle, which provides us with assurance that there are processes in place to reflect on and learn from things that go wrong. The University highlighted a case in March 2020 involving a student fitness to practise case, which resulted in a review of its fitness to practise policy and its support to study policy. This is as an example of a robust and reflective quality enhancement programme.

Strengths and good practice

The University has a robust and reflective quality enhancement programme in place.

Areas for development and recommendations

The University may find it beneficial to reflect on the number of policies or guidance documents related to safety, accessibility or quality of the learning environment and may consider combining some guides making it easier for staff and students to access the relevant information.

Conditions

None reported.

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

☐ **NOT MET**

Findings and evidence to support this

It was evidenced that students are guided through their academic pathway into the osteopathic profession successfully. Students are exposed to various aspects of the profession from level four through to graduation at level seven. The University run a spiral curriculum where material delivered at level four is added on through the remainder of the course. The University starts exposing students to the OPS from induction to the course as a preparation for graduation and professional working life. Overall, this provides us with assurance that students are supported to develop as learners and professionals during their education.

Students are informed of their need to comply with the University's social media policy which is a guide to suitable social media use during their studies. This is alongside the student code of conduct, and fitness to practise documents.

We heard that in the final stages of studying at the University students are enrolled onto the alumni website where they can access postgraduate support and CPD offerings. This has recently been relaunched in

March 2022. Although this has extensive offerings for students we heard that recent graduates are primarily interested in the relevant job opportunities that are available.

The University have acknowledged the potential change in available work for students upon graduating. We saw evidence of the University preparing their graduates for potential work within the National Health Service, which demonstrates their management of this risk. The University have linked this exploratory work to the periodic course review, which highlights the need for completion of this work as planned. It would be helpful to see updates of this work through the GOsC Annual Reporting.

It was evidenced that the University have a considerable number of outreach clinics to aid and support students to gain clinical experience during their clinical rotations. This is particularly important as we heard from some staff and students that patient numbers within the in-house clinic are lower on certain days or sessions of the week because of post-pandemic work patterns.

Strengths and good practice

The University provide a wide range of external clinical settings giving their students a breadth of clinical experiences during their time at the University.

Areas for development and recommendations

None reported.

Conditions

None reported.

vi. they promote a culture of lifelong learning in practice for students and staff, encouraging learning from each other, and ensuring that there is a right to challenge safely, and without recourse.	☒ MET ☐ NOT MET

Findings and evidence to support this

Through the clinical education the University have a group based clinical approach to the treatment and management of patient care. This is where one student will lead and have overall responsibility for the care of a patient but will be assisted and observed by a small peer group to aid and facilitate learning and feedback between students. At times this will be students from the same year group, and at times it will be students across year groups.

Patients at the PPIG stated there has been a shift in the interaction of junior level student practitioners. We heard that previously more junior students would only observe patient-osteopath interactions within the clinical setting; now students are involved via the clinical educators with level relevant questioning and support. Now a level five student in the clinical setting would be expected to contribute to patient conversations in relation to the patient's presentation on topics like anatomy, where the lead student, potentially a level seven student, will apply osteopathic treatment and advice for a patient. This is to help nurture an environment where all people are involved in patient care and interaction, and all can add to their learning journey assuring us that the University promotes a culture of lifelong learning.

We heard there are discussions about the inclusion of CPD training within the programme at level seven; this is aligned to the OPS and is considered to help develop lifelong learners in healthcare. However, as undergraduate osteopaths there may be concerns with undertaking CPD activities before they are ready to do so, potentially taking away from the delivery of the CPD itself and reducing its benefit to long standing practitioners. Although it should be acknowledged that the University are looking at ways of supporting their

new graduates into fulfilling the OPS, this may not be suitable as undertaking CPD is not applicable to the graduates for 12 months post-graduation. The University refer to this as part of their periodic review which remains outstanding.

Strengths and good practice

Patients from the PPIG note there has been a shift in clinical education with more junior year students now more involved with the clinical delivery of care to the patient whilst also respecting their level of education.

Areas for development and recommendations

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.

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

We were assured the University has an extensive and systematic set of mechanisms in place for the monitoring and review of programmes. These mechanisms are evidenced in the AQF and facilitate an annual review cycle at both unit and course level. These are reviewed by the Teaching Quality and Standards Committee and reported to Academic Council.

We are confident programmes are evaluated in greater depth every five years through the periodic review process. It was evidenced an extensive self-evaluation document is required which reflects on teaching and learning, student recruitment, retention, attainment and progression, sector developments and competitor analysis as well as student and stakeholder feedback. These documents are considered by a Periodic Review Panel which includes internal stakeholders and external experts. Evidence of this review process was submitted, and it was clear that there were some issues collating and submitting documentation to the deadline and that the Panel were unable to give assurance as a result of this. Though subsequently completed, it does indicate the size of the task for the Course Team.

We heard that it can be challenging to gain extensive external stakeholder input and student survey response rates are less than they would like. This is an area identified for further development.

It was evidenced student data on performance and progression, including those with protected characteristics, is collated and reviewed as part of the Annual and Periodic Review processes and reported via the Student Participation Plan and GOsC Annual Report.

Strengths and good practice

None reported.

Areas for development and recommendations

The periodic review process is extensive and resource intensive. The University may wish to consider ways to make this less onerous on the Course Team by streamlining the documentation requirements. It would be useful to explore holding a live Self Evaluation Document which is added to systematically.

In order to increase response rates, the University should consider the use of alternative mechanisms to gain student and external stakeholder feedback. The University may wish to consider using more informal qualitative tools.

Conditions

None reported.

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ii. external expertise is used within the quality review of osteopathic pre-registration programmes.	☒ MET ☐ NOT MET

Findings and evidence to support this

We were assured that external expertise is used systematically as part of the annual and periodic reviews of the pre-registration programmes. We are confident appropriately qualified and registered External Examiners are appointed to each pre-registration programme and report on the comparability of academic standards within the Higher Education Sector (as published by the QAA) and the professional requirements (as published by the GOsC).

It was evidenced the quinquennial Periodic Course Review process includes a space for the views of external experts in the evaluation of the existing provision as well as in the future development of the programme. The University reported that the numbers were lower than hoped for, but that this feedback was complemented by that from part-time staff working in the Clinic who also work independently as osteopaths, often employing former students.

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

We were assured the University have a systematic process in place for developing and managing policies and procedures. It was evidenced they hold a central Core Document Register which includes the AQF, committee ToRs, forms, handbooks and guidance and policies and procedures. This totals approximately 250 documents. Whilst acknowledging that this register includes some templates and standard forms which require minimal review, it does seem that the list of core documents is extensive and placing a considerable burden on a small team. The University has identified the need to rationalise this and is exploring which documents can be merged or removed. The Policy, Regulations and Audit Group is responsible for monitoring and reviewing the Register and reporting to SMT and the Teaching Quality and Standards Committee.

For a number of reasons, including senior posts remaining unfilled or long-term absence, a significant number of policies are past their review dates which does not provide us with assurance that relevant and appropriate policies and procedures are in place and are reviewed regularly to ensure they are kept up to date. We heard from the University that they are aware of the issues and know in detail what needs actioning, and are taking a pragmatic approach to dealing with the most important policies first. Whilst the SMT is monitoring this situation closely, and progress is being made, this remains a risk to the institution. The human resources policies have been outsourced to ensure legal compliance and the remaining policies are risk rated to ensure they are reviewed accordingly.

Strengths and good practice

None reported.

Areas for development and recommendations

In order to manage the development and monitoring of policies on an ongoing basis, the University should seek to streamline the process to reduce bureaucracy. This may include rationalising or merging documents and a more rigorous clustering of policies into different areas and delegating responsibility and accountability for their review.

Conditions

By the beginning of the next academic year, the University must have all core policies (including staff policies and procedures) reviewed, adopted and published in line with their review dates to provide assurance that relevant and appropriate policies and procedure are in place, and that educators are provided with the resources to meet their responsibilities. Once all policies are up to date, a policy review schedule must be reported and monitored annually to ensure sustainability and to provide assurance that policies and procedures are reviewed regularly.

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

We were assured the University has an ability to embrace change and innovation in the osteopathic and academic elements of their programmes. The Periodic Course Review process cited evidence of innovations to the programmes which included greater use of technology (the VR suite) in the theoretical and clinical settings, simulated clinical experiences earlier in the programme and a focus on personal wellbeing (explicit focus on wellbeing and self-care) and professional development (undertaking clinical audits to prepare for professional practice).

It was evidenced External Examiners are invited to comment on areas of good practice, and these responses are well used by the Course Team to reflect on current practice and changes for the future.

Strengths and good practice

The responses to External Examiners' feedback are of a very high standard with Course Tutors using the response mechanism to evaluate and inform changes.

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 University is situated over two sites that are within easy walking distance of each other. The clinical teaching centre, at Southwark Bridge Road, has 34 well equipped treatment rooms and three "Clinic Team Points" that offer an appropriate environment to facilitate student engagement with clinical teaching staff. The clinic has been recently refurbished, to a high standard, following a significant level of fire damage in November 2020 and offers an excellent facility for student learning.

In addition to the Southwark Bridge Road clinic, the University offer access to a number of specialist remote clinics that provide students with an opportunity to explore a more diverse patient community. These include an Expectant Mothers and Women's Health Clinic, a geriatric clinic and clinics for patients with HIV.

Teaching takes place at the Borough High Street campus. Whilst we heard there have been challenges in maintaining a building of this age and type, we saw it nevertheless offers a good range of learning facilities organised over four floors. These include two large lecture rooms, three teaching/seminar rooms and a number of rooms where the students can study and practice. All teaching areas have audio visual equipment which, in two of the teaching rooms, has recently been upgraded to allow for remote learning access.

During 2021, the library was transformed into a learning hub which, in addition to offering traditional library resources, provides students with a collaborative space for learning. Learning Advisors are based within the Learning Hub, giving students ease of access to support. We also saw within the Learning Hub, there is a

VR suite which offers novel ways to access to interactive anatomy software in order to support the students' overall learning experience.

Other areas of innovation include a recording suite where students can record themselves practicing technique or where advanced technique resources can be produced to support student learning. It was evidenced students are also supported and encouraged to create podcasts, which provides them with some of the tools for reaching a modern marketplace.

Overall, we were assured the University provides adequate, accessible and sufficient resources across all aspects of the programme which supports the delivery of all learning outcomes.

Strengths and good practice

The design and layout of the Learning Hub offers students access to a range of facilities within a flexible, collaborative and informal learning environment. The integration of Learning Advisors ensures that students have easy access to learning support.

The VR suite offers novel ways for students to access interactive anatomy software and offers an excellent platform to enhance the overall student learning experience.

Providing the facilities and support to encourage students to create digital media provides them with some of the key tools for delivering a modern marketing campaign, as they transition into professional practice.

Areas for development and recommendations

None reported.

Conditions

None reported.

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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 University report staff to student ratios of 1:12 for practical classes and one tutor for every four treatment rooms at clinic. The ratio of 1:12 for practical classes has been in place since 2016 and represents the fact that during practical sessions, some students will inevitably fail to arrive at class.

During an organised visit to the clinic, we saw staff to student ratios which appeared to be sufficient. However, with meetings with student representatives we heard a concern that on certain days, the ratio of one tutor for every four treatment rooms could fall below that expectation. The student representatives felt that this exposed them to an environment which sometimes lacked adequate support during their patient interactions. They reported that the impact of this reduced level of clinical supervision could be particularly significant when managing difficult patients, thereby exposing them to higher levels of stress. Therefore, we were not fully assured that sufficient staff-student ratios are in place within the clinic to provide training that is safe, accessible and of the appropriate quality, particularly in relation to student interactions with patients.

During observations of practical classes, the ratio of staff to student ratios appeared to be sufficient and this was corroborated in separate meetings with student representatives. Therefore, we have confidence that that the staff-student ratio is sufficient in practical classes.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

To provide assurance that the University has staff available for students to feel able to raise complaints and concerns in clinic (2iii), sufficient staff-student ratios that provide safe, accessible and appropriate quality of learning (5ii and 9iii), sufficient number of experienced educators (8iv), and an appropriate standard of patient safety within clinic (9i) the University must conduct a review of staff-student ratios in clinic and provide evidence of sufficient staff-student ratios.

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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

We were assured there are comprehensive mechanisms in place for managing the diverse needs of students. It was evidenced the consideration of student disability or learning need is monitored through the Occupational Health Committee and, where identified, appropriate provision put in place to ensure that students can meet their full potential. We heard of examples of adjustments such as support for visually impaired students, additional time for assessment, hearing loops in clinic and teaching facilities and technology such as text to speech software. Suitable provisions are made for students who wished to observe modesty protocols for religious reasons.

The University evidenced examples where adjustments had been made for visually impaired students. These included the use of brail signage throughout the teaching facilities and the inclusion of sensory tiles at the tops of staircases. Where necessary, students with visual impairment were able to use technology to record case notes, however the organisation currently records patient notes by hand.

The University are in the process of tendering for a new clinic system, which would include the recording of patient notes, however there were no distinct timescales for when the system would be implemented.

We are confident there is adequate access to electric couches for students with physical disabilities.

Strengths and good practice

The University is responsive to providing inclusive learning environments for students through UCO's Occupational Health and reasonable adjustment processes.

Areas for development and recommendations

It is recommended that the University produce a comprehensive project plan for the implementation of the new clinic management system. This will offer an excellent vehicle for communicating the initiative to staff, students and patients, and offer a platform for engaging key stakeholders in the change management components required for the successful delivery of the project.

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

Students at the University have access to a multifaith room, which is situated in a quiet area of the building. Notices advising students of the availability of this facility were clearly sited around the teaching facilities. Student Support Services are able to arrange a private space for breastfeeding mothers to feed their babies or to express milk which can be subsequently refrigerated onsite.

There are a number of areas that can be used by students for quiet contemplation or to meet with other students to practice technique.

Overall, we were assured there is sufficient provision in the institution to account for the diverse needs of students.

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 entrances to both the clinic and teaching facilities offer suitable access to wheelchair users and people with disabilities. The teaching facility has both stair and passenger lifts that facilitate easy access to all floors for students, staff and patients. The clinic facilities at Southwark Bridge Road are all located at ground level. Therefore, we were assured that buildings are accessible for patients, students and osteopaths.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

6. Students

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

We were assured students are provided with relevant information relating to course aims, learning outcome, regulation and structure through CIFs. Students are provided with further information regarding learning outcomes and assessment in UIFs. It was evidenced these documents are supplemented by the Student Handbook which offers a detailed overview of the course structure, teaching approaches and assessment strategies. This document also directs students to where they can find additional support and guidance during their studies. Therefore, we are confident students are provided with clear and accurate information relevant to their programme.

We were assured there is a systematic process in place to ensure that all policies and procedures remain relevant, which is overseen by the PRAG. However, we saw evidence during the visit that some student policies required updating.

It was evidenced there is a formal course modification process, which is overseen by the TQSC on behalf of the Academic Council. The CMAWG ensures prospective students are made aware of any changes to the curriculum and of any changes to teaching, learning and assessment methods. Through our observations of the VLE, we are confident students have access to documents relevant to their programme via the VLE, and the online Student Handbook has specific sections on policy information. However, students reported challenges in locating documentation on the VLE, with potential duplication between BONE and SharePoint.

Policies and procedures, relevant to the course, are made available to students via the University's website. We heard that prospective students are directed to these documents throughout the admissions process and during the student induction process. The CMAWG regularly reviews its competition and markets authority compliance annual cycle to ensure that prospective and existing student information is compliant and fit for purpose.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

☒ MET

☐ NOT MET

Findings and evidence to support this

We are confident the Student Support Team offer pastoral care and assistance to students in relation to their academic and welfare needs. Within the team, we saw there is a Mental Health and Disability Coordinator with responsibility for advising students on a range of issues relating to disability, finance, health, learning needs, personal issues and accommodation. Where necessary, we heard the Student Support Team will coordinate their activities with other departments within the University.

The team employ Learning Advisors who are able to provide students with targeted support in essay writing, exam technique, revision technique and time management. They deliver this support through one-to-one sessions or group seminars. They are based at the Learning Hub, which helps facilitate access to this service for students with support needs. We heard the Student Support Team also provides students with free access to qualified counsellors, which can be tailored to meet the individual needs of the student.

It was evidenced students are advised on a range of support services via the University's website, which is available to existing and prospective students. Students are introduced to the Student Support Team during the student induction process and are kept up to date via the Student Portal and through campaigns posted around the various campus sites.

We heard that student academic and welfare needs are regularly a focus of the various committees within the University and are the subject of a number of policies. These policies are available via a range of conduits within the organisation.

Overall, we were assured that students have access to effective support for their academic and welfare needs.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

Findings and evidence to support this

The University provides prospective students with information regarding the nature and demands of the course. It is made clear, for example on the University's website, that applications are welcomed from students with disabilities and health conditions. In addition to providing information relating to the type of support that the University can offer, students are encouraged to make contact with the Student Support Team to discuss their individual needs. It was evidenced they are also provided with information on the GOsC guidance for students with a disability or health condition. Therefore, we were assured that students have their diverse needs respected and taken into account across all aspects of the programme.

During the visit, we were able to observe examples of adjustments that had been made in order to support students with diverse needs. At meetings with student representatives, we heard examples were given of participation in community focus groups, where students who share a specific characteristic are given a forum in which to discuss and make recommendations to the EDIC.

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

We were assured there are a range of established processes at the University that aim to ensure that students receive appropriate feedback as they progress through their programmes. It was evidenced these processes are included in documents such as UIFs and the Student Feedback Handbook. We heard students are given feedback in the classroom, clinic and practical sessions and there is formative feedback given as part of each study unit. Summative feedback is given in line with a formal assessment feedback policy.

We were provided with examples of student feedback, which appeared appropriate. However, students have raised concerns, through a number of formal mechanisms which include the NSS, regarding the consistency

of marking and feedback. This was appropriately flagged as a high risk in the Annual Report 2021/22 and, as a result, it was evidenced additional staff training was delivered in order to improve the student experience in this area. Course literature was provided to the visiting team as evidence of this training.

We heard from student representatives that there remained a high level of dissatisfaction with the consistency of marking and feedback. As such, the majority of students represented at the meeting were yet to see the benefits of the additional staff training.

It was evidenced that the University had identified the issue of marking and feedback consistency as high risk in the 2021/22 annual report form, with a score of 16 (red risk), which following mitigation scored a 6 (amber risk). To mitigate against this risk the OEI implemented staff training . However, the University then removed the risk from the 2022/23 annual report, but it appeared under the assessment and marking section of the NSS, appearing with a score of 20 pre-mitigation and 6 post-mitigation. It is notable that both the likelihood and impact have been reduced through mitigation, it is unclear how the impact of the risk would have been reduced. As such reviewing alongside the student experience, it would be beneficial for the University to review their risk management review strategies, to ensure risks are not prematurely downgraded.

Strengths and good practice

None reported.

Areas for development and recommendations

It would be beneficial 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.

Conditions

None reported.

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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

We were assured that the University has made efforts to create an environment that allows students to provide programme related feedback and to raise programme related concerns. The SSLCG, which is co-chaired by the Students' Union President and the Head of Student Services, has at least one student representative from each year group across all programmes. We are confident this forum allows students to discuss, and monitor progress of, specific issues with relevant members of the faculty and report back to the broader student community.

It was evidenced the SSLCG meets once per term and provides feedback within two weeks of the meeting. The forum maintains an action list that allows for tracking of issues raised at the meeting. We heard students are also encouraged to raise concerns, either individually or as a group, as set out within Section 10 (The Student Voice) of the AQF.

However, during the visit, student representatives raised concerns regarding the efficacy of existing mechanisms for issue resolution. We heard students cite incidences where concerns that had been raised in

previous years remained unresolved and continued to affect subsequent cohorts. This theme was identified in the NSS, where only 34.38% of respondents felt that there was clarity on how student feedback had been acted upon (Section 8, item 25). Whilst the University have identified a need to produce a Student Communication Plan in response to this criticism, it is unclear how advanced this initiative is and as a result we are not confident the University has a plan in place to respond effectively to feedback.

Strengths and good practice

None reported.

Areas for development and recommendations

The University should review the efficacy of the student communications plan, including reviewing the mechanisms for monitoring the impact of its introduction into practice.

Conditions

None reported.

vi. are supported and encouraged in having an active voice within the education provider.	☒ MET
	☐ NOT MET

Findings and evidence to support this

The University has sought to increase student participation on several working committees constituted to oversee the functions of various key areas of the organisation. These include participation on the Board of Directors, Enhancement of Teaching Committee, Learning and Assessment Sub-Committee, Widening Participation Sub-Committee, Academic Council, Access and Student Success Committee, the EDIC and various community groups.

As previously discussed, students are also encouraged to have an active voice through their participation in the SSLCG and through the protocols set out within Section 10 (The Student Voice) of the AQF. Therefore, we were assured students are supported and encouraged in having an active voice within the education provider.

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

Students at the UCO are expected to achieve a minimum of 1000 hours of clinical experience and see a minimum of 50 new patients. It was evidenced their experience begins with clinic observations and develops, over the course of their training, to becoming lead practitioners in their final two years.

There are comprehensive and effective mechanisms in place, whereby student hours are recorded onto a register, and regularly monitored in order to ensure that students achieve a minimum of 1000 clinic hours prior to completion of the 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. It was evidenced the Student Attendance and Retention Group regularly monitor student attendance to identify potential problems with student clinic hours and offer the necessary support to bring the numbers back in line.

The Clinic Reception Team are responsible for the allocation of new patients. We heard they are provided with new patient priority lists which help ensure that new patients are allocated appropriately in order to enable students to meet their required new patient numbers. Whilst, during the last three years, the effects of the pandemic and clinic fire have caused numbers of new patients to fall slightly below the preferred number of 50 patients per student, these figures now appear to be back on track for level six and seven students.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

☐ MET

☒ **NOT MET**

Findings and evidence to support this

The community within which the University is sited helps ensure that students are exposed to a diverse patient demographic. Beyond the clinical experience that students gain at the Southwark Bridge Road Clinic, the University operate a number of community clinics that include the Blackfriars Community Clinic for the older adult, an Expectant Mothers and Women's Health Clinic and a number of clinics providing services for patients with HIV. Whilst some of these clinics are only just beginning to reopen, following the COVID-19

pandemic, meetings with clinic staff who work at the geriatric clinic in Blackfriars indicate a strong demand for services. This provides us with confidence that the clinical provision at the University's clinic and community clinics are effective means of ensuring that students gain sufficient access to the clinical experience required.

Whilst there are robust systems in place for monitoring student hours and patient numbers, we saw there are currently no systems for monitoring the diversity of patients that each student sees. The University report that it intends to put systems in place to capture this information, possibly as part of a clinic system procurement, however there are no distinct plans in place to indicate when this might happen.

We heard that the University operate a policy of allowing level six and seven students to accrue 20 hours of clinic time per year at sites external to the organisation. Whilst we heard there was a requirement for students to provide evidence of attendance at these external sites in the form of a letter from the external clinic, we were not assured how robust this system was and are not confident there is a process in place to ensure the relevance or quality of the student experience.

Notwithstanding the difficulties experienced following the pandemic and clinic fire, the University were able to demonstrate that the clinical experience they were able to offer exposed the students to a broad range of clinical experiences that allowed them to translate their clinical knowledge into practice. During the visit, a meeting with some of last year's full-time and part-time graduates confirmed that they were satisfied with their experiences of training at the University and felt that their training had adequately equipped them for professional practice.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

The University must 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.

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

It was evidenced that the recruitment and induction processes for staff at the University are well documented, and staff met who had been recruited within the last two years spoke positively of their experiences of induction. The staff recruitment policy (due for review 2018) and staff induction policy (due for review 2020) are currently awaiting delayed review and updating. Once revised they will form part of the new online Staff Handbook which will bring together all policies and procedures relating to their role.

We were assured that equality, diversity and inclusion are given prominence in the development of all staff. The University submitted evidence of staff conferences which focused on research led by University staff on diversity and inclusion and bullying and harassment within the osteopathic context. It was evidenced that the full programme of staff development and training indicated an extensive list of education and profession specific topics which were made available online and in person. Feedback from these events is collected and used to inform future provision, with the importance staff communication highlighted as an area of focus.

A new PDR process has been introduced in 2023. This process includes a set of core modules including 'Bullying and Harassment for Managers', 'Equality, Diversity and inclusion', 'Gender Identity and Expression' and 'Unconscious Bias for Managers' which are compulsory for all staff. Initial data indicates between 20% and 42% completion of these core modules since January 2023, and these are being monitored through review meetings with line managers.

Overall, we were assured that educators are appropriately and fairly recruited, inducted, trained and managed in their roles.

Strengths and good practice

The PDR process includes an excellent preparation form for meetings with line managers and it provides the opportunity to reflect across the range of the staff member's role, wellbeing and plans for the future.

Areas for development and recommendations

As the PDR process has been introduced relatively recently, the University should review its implementation including the take up of mandatory online training courses and report these in the GOsC Annual Report.

Conditions

None reported.

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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 University's Staff Induction Procedure (due for review in 2020) and PDR processes are the main vehicle for identifying and addressing individual staff needs, which provides confidence that educators are able to ask for support and resources in their roles. New staff reported feeling well supported through the induction process with course leaders playing an important part in their day-to-day support across teaching and assessment. The PDR process was reported by both course leaders and staff as an important vehicle for identifying individual needs as well as reviewing aspects of the programmes. The University reported the opportunity for staff to seek funding for external courses, and these are considered in line with institutional priorities. Individual staff are also able to attend in-house CPD courses. This therefore provides us with assurance that staff are provided with the support and resources required to meet their responsibilities.

It was evidenced that staff development and training sessions are held regularly. The University cited a comprehensive list of events and topics made available to staff; these covered the breadth of the educator's role including teaching, learning, assessment and feedback. These sessions included content based on in-house research projects as well as external speakers. Feedback from these events rates their overall

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effectiveness as 4.2 out of 5, though communication has been identified as an area for ongoing development.

Staff requiring support to work flexibly are able to make use of the flexible working policy, though this policy requires updating.

Strengths and good practice

None reported.

Areas for development and recommendations

Communication was highlighted as an area for development in feedback from the training events as well as by staff and students met on the visit. In developing communications strategies, the University should reflect on the change management process and how staff and students perceive the formality of the ways of working compared to their experience of small and informal ways of working.

Conditions

None reported.

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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

We were assured that staff comply and meet relevant academic and professional qualifications. It was evidenced that osteopathic educators are registered with the GOsC, and all educators either hold or are working towards a teaching qualification. This data is recorded and monitored centrally. We heard the University is currently developing a Staff Handbook which will pull together all policies and procedures relevant to new and existing staff. Staff Terms and Conditions and the Staff Code of Conduct make clear the University's expectations for behaviours of staff in and outside work. We note the Code of Conduct requires updating and linking to the GOsC standards of behaviour.

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

It was evidenced the University has undergone a two-stage change management process which has seen the revising and upgrading of job descriptions and terms and conditions. The University now employs 26 FTE teaching staff across the pre-registration courses. 16.7 FTE are registered osteopaths who deliver osteopathic technique and theory, and 11 FTE are registered osteopaths who are Practice Educators delivering clinical education. The streamlining of the course management was positively reported by staff met on the visit, though unsolicited information questioned the revised staffing capacity in the Clinic. This was also raised by students who felt they did not always have immediate access to Clinic tutors when in an unsafe consultation. Therefore, we were not assured there are sufficient numbers of experienced educators with the capacity to teach, assess and support the delivery of the recognised qualification.

The change management process was begun in 2020, and was due for review from January 2022. Due to a key staff vacancy this was postponed but evidence at the visit suggests Senior Managers are monitoring the implementation.

Strengths and good practice

None reported.

Areas for development and recommendations

As the review of the Change Management process was delayed by a long-term vacancy the University should report on this via the GOsC Annual Reporting process and it is advised that this is linked to the review of staff communications.

Conditions

To provide assurance that the University has staff available for students to feel able to raise complaints and concerns in clinic (2iii), sufficient staff-student ratios that provide safe, accessible and appropriate quality of learning (5ii and 9iii), sufficient number of experienced educators (8iv), and an appropriate standard of patient safety within clinic (9i) the University must conduct a review of staff-student ratios in clinic and provide evidence of sufficient staff-student ratios.

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

It was evidenced that the University are committed to ensuring staff have a teaching qualification, are working towards one or have relevant recent teaching experience. Teaching staff contracts require educators without a teaching qualification to achieve this (or an equivalent) within two years of starting employment. We heard from staff during the onsite visit, the University implements a flexible approach where, although the

University strives for all staff to hold teaching awards, they acknowledge the challenges this timeline presents for part-time staff. While staff work towards gaining their teaching qualification, they are mentored by more experienced teaching faculty.

The University shows a nurturing environment through this process, where one member of staff confirmed they had been assisted through this process to gain their teaching award over several years and seemed to feel well supported by the University, with both parties clearly gaining from the supportive environment created. Therefore, we were assured that educators either have a teaching qualification or are working towards this.

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

Through clinic observations and staff-based discussions, we were assured that the University suitably considers patient safety, and it is at the top of their priority agenda. During clinic observations, we saw that there was a suitable number of clinical educators to provide support for students and ensure patient safety was maintained.

It was evidenced that the University have a three-tier hierarchy of educators for student support, which is keenly observed by staff with all seeming to know their roles in the clinical environment. There is documentation outlining a staff member's progression from Assistant Practice Educator to Educator which in parts are highly prescriptive and may limit the natural individuality that can benefit a student led clinical environment. However, we heard from staff during the visit that their experience of this journey was much different and contained many aspects of individualised support and guidance allowing an individual to grow within the University.

It was evidenced that the staff allocated to assist with external clinical provision are suitable and appropriate, ensuring patient care and student supervision continues to the expected standard outside of the University clinic. In all cases of external clinic provision, the student to staff to patient ratio is better than it needs to be. One example provided of a care home provision was working at a ratio of only two treatments for one Practice Educator, which is half of the expected one to four ratio. Therefore, this provides assurance that patient safety is paramount in community clinics.

However, the student voice indicated that at some times during the week it was difficult to gain suitable tutor time during a patient clinical interaction. Concerns were raised about patient safety due to staff numbers being low. This also correlated with the same days that the clinical supervision team suggested were low in patient numbers as well as recent staff illness. As a result, on balance we are not fully confident that patient safety within the teaching clinic is of an appropriate standard.

Strengths and good practice

The University has acknowledged that communication is an evolving process and as such is in the process of updating its consent guidance for students in class and for patients.

Areas for development and recommendations

To support staff progression within the clinic, the University should review the staff progression pathway to ensure the documentation is aligned to the expectations and outcome desired by the organisation and the individuals.

The University should reflect and monitor the effectiveness of the three-tier educational delivery within the clinical setting, to ensure it creates the supportive environment desired.

Following its update, the University should provide an update on the revised consent guide within the GOsC Annual Report.

Conditions

To provide assurance that the University has staff available for students to feel able to raise complaints and concerns in clinic (2iii), sufficient staff-student ratios that provide safe, accessible and appropriate quality of learning (5ii and 9iii), sufficient number of experienced educators (8iv), and an appropriate standard of patient safety within clinic (9i) the University must conduct a review of staff-student ratios in clinic and provide evidence of sufficient staff-student ratios.

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ii. Effective safeguarding policies are developed and implemented to ensure that action is taken when necessary to keep patients from harm, and that staff and students are aware of these and supported in taking action when necessary.	☒ **MET** ☐ **NOT MET**

Findings and evidence to support this

We were assured that the University has the relevant safeguarding policies in place to ensure the safety of all patients attending clinics, either on site or remotely from the University. It is evidenced the University has an online reporting mechanism for reporting and tracking safeguarding incidents across the University. We heard that any student involved in a safeguarding incident is directed to student support services for assistance.

During the visit, when staff were given a case scenario involving a safeguarding incident, not all staff were able to provide the relevant staff safeguarding reference point, instead they would revert to their direct line management and report to the clinical educator who will take the case to the appropriate person. During discussions with students they were not able to identify who the safeguarding lead person is in either the clinical or educational setting. Therefore, we are not fully confident of the day-to-day operation and implementation of the safeguarding policies at the University. Some student spoken to during the visit also

expressed feeling vulnerable within the Clinic with some patients and lacked confidence in the mechanisms to raise these concerns.

Strengths and good practice

None reported.

Areas for development and recommendations

To ensure safeguarding policies are fully embedded in the delivery of the programmes, the University should review the day-to-day operation of the safeguarding process to ensure all students and patients are aware of the process and feel confident to use the mechanism to raise concerns.

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

We saw that the University exceeds the expectations in regard to student numbers, staff numbers and patient consultation numbers with the three-tier staffing structure in the osteopathy clinic. As stated, by the University they meet a patient to staff ratio of 4:1. It is noted that the Senior Practice Educator is also available to step in and assist students during busy times when a Practice Educator feels they have a difficult case or that a student requires increased supervision.

However, we heard from students there is a concern around potential staff shortages during specific times and/or days of their clinical experience. We heard that some students have even felt increased vulnerability in clinic due to low staff availability during clinical education. We heard from staff that some days are low in patient numbers, possibly due to post COVID-19 pandemic working patterns, and this may correlate. Overall, we were not assured that the staff-student ratio within the clinic is sufficient to provide safe and accessible education of appropriate quality.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

To provide assurance that the University has staff available for students to feel able to raise complaints and concerns in clinic (2iii), sufficient staff-student ratios that provide safe, accessible and appropriate quality of learning (5ii and 9iii), sufficient number of experienced educators (8iv), and an appropriate standard of

patient safety within clinic (9i) the University must conduct a review of staff-student ratios in clinic and provide evidence of sufficient staff-student ratios.

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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

We were assured the University has the relevant student fitness to practise policies in place to ensure fitness to practise standards for students, as well as a reflective tracking to reduce further fitness to practise issues. It is evidenced the University have recently revised their fitness to practise policy to incorporate the managed support plan for roll out during the 2022/23 academic year. We heard the University believe this will help to identify early any student with a potential issue and put in place a support plan to assist them through their studies and ensure they avoid a fitness to practise case hearing in the future.

We were assured staff involved with patient interactions are expected to maintain their clinical registration with the GOsC; as this is written into their relevant staff policies. It is evidenced that staff submit their registration details to human resources which is then kept on record ensuring any fitness to practise case involving a clinical member of staff can be easily reported to the GOsC or any other statutory regulatory body at the relevant point.

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

We were assured that the University has appropriate fitness to practise policies in place that if followed would ensure the safety of students, staff and patients within the wider teaching and clinical environment. The University has widened its clinical reach with various outreach projects and community clinics which help to increase the clinical experience of its students. It was evidenced that these outreach practices are suitably resourced to ensure patients in these settings will receive the same expected level of care and student supervision as they would reporting to the main University clinic.

Patient consent is explored at all levels of the programme, and during a clinical encounter it was observed that consent is applied logically by the student practitioner in the clinical environment.

During the visit we heard from students that on occasion they felt like the expectations of the patient were considered above, and with no reference to, the safety of the student. This was only noted in one incident that had occurred within the University clinical setting.

Strengths and good practice

None reported.

Areas for development and recommendations

The University should ensure all students are aware of their rights and responsibilities with patients and safeguarding; students who express concerns about a patient or about treating a patient should be listened to, supported and acted on appropriately.

Conditions

None reported.

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vi. the needs of patients outweigh all aspects of teaching and research.

☒ MET

☐ NOT MET

Findings and evidence to support this

We were assured the University have in place the relevant policies and procedures including the student fitness to practise policy, the UCO dignity policy, and the UCO health and safety policy to ensure patient safety is paramount. It was evidenced that documents involving patient safety are available via the University website but are also on display at the clinic ensuring the information is available to a wider audience.

We heard from the research department that no undergraduate research was conducted with or on patients therefore any research involving patient groups would be undertaken by either the PhD students or the research department. The University has in place an ethics committee which must approve the research proposal and all patient involving research was only undertaken by postgraduate researchers.

It is evidenced through the validation document provided by the University that undergraduates can and do undertake research projects, however during conversations with the research department it was suggested that students can either create a study proposal or undertake a systematic review of relevant literature, but they would not undertake a full research project and thus would not be collecting any data from classmates, non-symptomatic individuals, or patients.

Strengths and good practice

None reported.

Areas for development and recommendations

The University should conduct a review on the implementation of the process of research projects undertaken at the University as part of the final year of study, to ensure the process which is implemented aligns with validation documentation and meets the requirements of a Masters degree.

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

We were assured that the University values align with the osteopathic values and lead with a patient centred care approach. It was evidenced that the University believes in a biopsychosocial model, which was observed being delivered to its year one students. Along with the osteopathic care model, patients are encouraged to a place of self-management. We saw that students are assisted through class-based activities and clinical educator supervision to provide patients with some tools. The selection of tools depends on the patient presentation, but these may be home exercises, talking therapies and basic self-relaxation techniques, to assist them in self-management.

Students have access to a digital patient exercise programme to assist them in the delivery of post-consultation care. During the visit, a student was observed giving basic but appropriate homework advice to a patient within the clinical setting. Overall, we were assured that patients are able to access and discuss advice and guidance which takes into account their particular needs and preferences.

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

2020-2025 APP V1 Aug2020
2022-04-05 Core Doc Policy Review Consultation
2022-05-17 Core Doc Policy Review Consultation Feedback
2022-05-30 Core Doc Policy Review Consultation Feedback Response
2022-06-27 Core Doc Policy Review SMT Approval Chairs Action Approved
2022-2023 Committee Effectiveness Review Questionnaire Summary Results
AC-21-03-12 Pulse Surveys Proposal and Schedule Final Proposal
AC-22-01-12g Annual Summary Scrutiny Processes 2021-2022
AC-22-02-XX UCO_Consent_Guidance-Oct-2022 Draft
Academic Administration Manager Role Description Jan2023
Academic_Appeals_Policy_UCO_V8_Dec2019_FINAL
Academic_Appeals_Policy_UCO_V9_Jul2022_FINAL
Access Participation Plan 2021 - 2025 V1 Aug2021 FINAL
Admissions_Policy_Procedure_UCO_V6_Dec2019_FINAL
All@UCO ToR Draft Mar 2023
Allocation_Patients_to_Students_UCO_Aug2017_FINAL
Annual Summary 2021-2022 Whistleblowing FINAL
Annual Summary Academic Appeals 2021-2022
Annual Summary Academic Discipline 2021-2022
Annual Summary Patient Complaints 2021-2022
Annual Summary Scrutiny Processes 2021-2022 AC-22-01-12g
Annual Summary Staff Disciplinary & Grievances 2020-2021
Annual Summary Student Complaints 2021-2022
Annual Summary Student DBS Cases 2021-2022
Annual Summary Student Fitness Practise 2021-2022
Annual Summary Student Misconduct 2021-2022
Annual Summary Whistleblowing 2021-2022
APE-1yr-Review-PE-Job-Descriptor-Feb-2023
Appraisal_PDR_Policy_UCO_V5_Jan2019_FINAL
AQF04_2021-2022_Approval_Mods_UCO_V7_Aug2021
AQF04-17 Minor Modification Form V4 Aug2021
AQF04-18 Major Modification Form V4 Aug2021
AQF05_2021-2022_AMR_UCO_V7_Aug2021
AQF05-01 UAR Template V3 Jul 2021
AQF05-02a CAR UG Courses Template V3 Jul 2021
AQF05-02b CAR PG Courses Template V3 Jul 2021
AQF06_2021-2022_PR_UCO_V7_Aug2021
AQF07_2021-2022_AcademicRegs_UCO_V8_Aug2021

AQF07-02 Assessment Brief Template V2 Jul2022
AQF07-03 Exam Paper Template V2 Jul2022
AQF07-04 Marking Criteria Template V2 Jul2022
AQF07-05 Assessment Scrutiny Checklist V2 Jul2022
AQF07-06 EE Scrutiny Verification Form V1 Jul2022
AQF09_2021-2022_LearnerSupport_UCO_V7_Aug2021
AQF10_2021-2022_Student_Voice_UCO_V7_Aug2021
AQF10_2022-2023_Student_Voice_UCO_V8_Jul2022
AQF10-02 Unit Experience Questionnaire V2 Sep2013
AQF10-03 Student Experience Questionnaire V4 Sep 2018
AQF11_2021-2022_External_Examining_V7_Aug2021
AQF11-03 EEAR Form 2021-2022 V6 Aug2021
AQF12_2021-2022_Boards_Examiners_V7_Aug2021
AQF13_2022-2023_Staff_Recruitment_Development_UCO_V8_Jun2022
ARC Clinic Experience Income High Level Risk Report Nov2022 - ARC-22-02-06c
ARC High Level Risk Register Jan 2023 ARC-22-03-A30
ARC Student Recruitment High Level Risk Report Nov2022 - ARC-22-02-06d
ARC-150 22-02-06d – HL Risk 5
ARC-22-02-06c HL Risk 4
Assessment Feedback Examples
Assessment Feedback Sampe for RQ Visit - May 2023
Assistant Practice Educator Role Description 2021
BAO Clinical Assessment Training 2022-2023
BCP Clinic V2 Jun2021 FINAL
BCP CPD V2 May2021 FINAL
BCP DPFIO V2 May2021 FINAL
BCP Estates V2 May2021 FINAL
BCP Finance V2 Jun2021 FINAL
BCP HR V1 Nov2019 FINAL
BCP ICT V1 Nov2019 FINAL
BCP Marketing V2 May2021 FINAL
BCP Overarching V2 May2021
BCP QA V2 May2021 FINAL
BCP Registry V1 Nov2019 FINAL
BCP Research V2 May2021 FINAL
BCP Room Hire V2 May2021 FINAL
BCP Student Services V2 Jun2021 FINAL
Board Paper A4b DEEP DIVE UCO Strategy 2023
Board Paper A4c DEEP DIVE UCO Values Project Supporting Strategic Plan Development
Board Paper A8 UCO Operational Plan
Board_Code_Conduct_UCO_V1_Jun2021_FINAL
Changes to Terms and Conditions Email to Prospective Students

Clinic Action Plan and KPI Monitoring Jan 2023
Clinic Annual Operational Report Action Plan Oct 2022
Clinic Critical Incident Report Form
Clinic Strategy Action Plan Oct2022
Clinic_Consent_Intimate_Area_Form_April_2021_FINAL
Clinic-Action-Plan-KPI-Monitoring at April 2023
CMA Compliance Annual Cycle Sep2021
CMA Mapping Updated June22 CMAWG-21-03-08
Code_Conduct_Disciplinary_Procedure_Students_UCO_V6_Dec2019_FINAL
Code_Conduct_Policy_Staff_UCO_May2018_FINAL new cover
Code_Conduct_Policy_Staff_UCO_V3_May2018_FINAL
Committee Effectiveness Review Action Plan TEMPLATE Feb2023
Committee Effectiveness Review Questionnaire 2022_2023 - Template
Committee Terms of Reference
Complaints_Policy_Procedures_Students_UCO_V8_Nov2021_FINAL
Conduct_Disciplinary_Policy_Students_UCO_May2018_final new cover
Copy of Annex A Student Data - 2021-2022 TO COMPLETE
Core Doc Policy Track Changed Comments for Consultation
Core Doc Reg Report to ARC Aug 2021 ARC-21-01-06a
Core Document Register LIVE 2023-04
Core_Doc_Management_Development_Review_Policy_UCO_V1_Jun2022
Course Staff Role Descriptions
Critical Incident Report Form
Dignity_UCO_Policy_UCO_V4_Jan2021_FINAL
Director for TLA Role Description 2022_Redacted
Disability_Policy_Students_UCO_V4_Jun2019_FINAL
Disciplinary_Capability_Procedure_Staff_UCO_V4_May2018_FINAL
E01 Form - FT4 RAE DIss - EE Completed 22
E01 Form - PT5 RAE DIss - EE completed 22
EDIC Minutes 24 Mar 2022
EO1 Form - FT3 Prof Career Development Plan - Completed MB
EO1 Form - PR2 RAE Research Papers COMPLETED BY EE
Equality_Diversity_Inclusivity_Policy_UCO_V3_Feb2021_FINAL
Equality_Impact_Assessment_Guidance_UCO_V1_Dec2017_FINAL
Example MOst FT BAO1 Unit Assessment Stats
Example MOst FT FH1 Unit Assessment Stats
Example MOst FT PC1 Unit Assessment Stats
Example MOst FT RAE1 Unit Assessment Stats
Example SMT-Clinic-Update-for-April-2022-Meeting
Example UIF - MOstFTYr1_UIF_BAO1_2021-2022_V5
Fitness_Practise_Policy_UCO_V5_Sep2019_FINAL
Fitness_Practise_Policy_UCO_V6_March2022_FINAL

Flexible_Working_Request_Policy_Procedure_UCO_V1_Dec2017_FINAL
FT3 PC OSCPE 1 Feedback Sheets- [Student 1]
FT3 PC OSCPE 1 Feedback Sheets- [Student 2]
FT3 PC OSCPE 1 Feedback Sheets- [Student 3]
FT3 PC OSCPE 1 Feedback Sheets- [Student 4]
Health_Policy_PreReg_UCO_V2_Aug2017_FINAL
Health_Policy_Students_UCO_V3_July2022_FINAL
Health_Safety_Policy_UCO_V6_Mar2022_FINAL
Incident_Reporting_Procedure_UCO_V7_Jan2022_FINAL
Infection_Control_Policy_UCO_V6_Feb2023_FINAL
Information Governance Policies
Interim PDR Process 2022-2023 Jun2022
iO Osteopathy Professional Census May 2022
Laser Learning Awards Reapproval Confirmation Letter UCO Jun22
Managed_Support_Plan_V3_Jul2022_FINAL
Mental Health Disability Coordinator Role Description Nov2022
Mini-Case Study of Policy Development
MOst 2021-2022 BAO PC Prof Units EE Annual Report PUBLISHED
MOst 2021-2022 BAO PC Prof Units EE Annual Report Response MB
MOst 2021-2022 Course Annual Report with Appendices
MOst 2021-2022 FH FT & PT Units EE Annual Report Jan2023 PUBLISHED
MOst 2021-2022 FH FT & PT Units EE Annual Report Response SM
MOst 2021-2022 NSS Annual Report V1 Oct2022
MOst 2021-2022 RAE FT & PT Units EE Annual Report Response
MOst 2021-2022 RAE FT Units EE Annual Report Jul22 PUBLISHED
MOst 2021-2022 RAE PT Units EE Annual Report Jul22 PUBLISHED
MOst Action Plan 2022-2023 Nov 2022 - ARC-22-02-06k
MOst and MScPR New Student Registration Packs
MOst Deputy Course Leader and Unit Leader RAE Units CV - AMacMillan
MOst Deputy Course Leader CV - CWilliams
MOst FT and PT RPL Handbooks
MOst FT PT Interview Questions and Checklist 2022-2023 V1 Sep22
MOst MScPR Course Handbooks 2021-2022
MOst MScPR EEARs 2021-2022
MOst MScPR GOsC GOPRE 2015 Mapping Final
MOst MScPR GOsC OPS 2018 Mapping Final
MOst MScPR Senior Practice Educator CV - AGaunt_Redacted
MOst MScPR Senior Practice Educator CV - SBansal
MOst MScPR Senior Practice Educator CV - SBourne
MOst MScPR Senior Practice Educator CV - YFabusuyi
MOst MScPR Unit Information Forms 2021-2022
MOst PCR SED Appendix 04 External Benchmarking Mapping Feb23 - DRAFT

MOst PCR SED Feb 2023 Resubmitted 04May2023
MOst Unit Leader BAO L4-5 Units CV - SDavid
MOst Unit Leader BAO L6-7 Units CV - CWilkes
MOst Unit Leader FH L6 Units CV - FHendry
MOst Unit Leader PC Units CV - CThomas
MOst Unit Leader Professionalism Units CV - MPendry
MOst_PT_Application_Form_V1_Sep22
MOstFT Induction Schedule 19 Sep 2022
MOstFT_CIF_2021-2022_V4
MOstFT_CIF_2022-2023_V5_Aug2022
MOstFT_CIF_2023-2024_V1_Jan2023
MOstFTYr1_UIF_BAO_Level 4_2022-2023_V1_Jan2023
MOstFTYr2_UIF_BAO_Level 5_2022-2023_V1_Jan2023
MOstFTYr2_UIF_Prof_Level 5_2022-2023_V1_Jan2023
MOstFTYr3_UIF_BAO_Level 6_2022-2023_V1_Jan2023
MOstFTYr3_UIF_Prof_Level 6_2022-2023_V1_Jan2023
MOstFTYr4_UIF_BAO_Level 7_2022-2023_V1_Jan2023
MOstFTYr4_UIF_Prof_Level 7_2022-2023_V1_Jan2023
MOst-MScPR PCR Panel Guidance V1 Jan2023 - Redacted
MOstPT Induction Schedule 23 Sep 2022
MOstPT_CIF_2021-2022_V5
MOstPT_CIF_2022-2023_V6_Aug2022
MOstPT_CIF_2023-2024_V5_Jan2023
MOstPTYr1_UIF_BAO_Level 4_2022-2023_V1_Jan2023
MOstPTYr2_UIF_BAO_Level 4_2022-2023_V1_Jan2023
MOstPTYr2_UIF_Prof_Level 5_2022-2023_V1_Jan2023
MOstPTYr3_UIF_BAO_Level 5_2022-2023_V1_Jan2023
MOstPTYr3_UIF_Prof_Level 6_2022-2023_V1_Jan2023
MOstPTYr4_UIF_BAO_Level 6_2022-2023_V1_Jan2023
MOstPTYr4_UIF_Prof_Level 7_2022-2023_V1_Jan2023
MOstPTYr5_UIF_BAO_Level 7_2022-2023_V1_Jan2023
MOstPTYr5_UIF_Prof_Level 7_2022-2023_V1_Jan2023
MSc PCR SED Feb 2023 Resubmitted 30Mar2023
MScPR 2021-2022 Course Annual Report with Appendices
MScPR 2021-2022 EE Annual Report Nov2022 PUBLISHED
MScPR 2021-2022 EE Annual Report Response Form Feb2023
MScPR 4 Week Induction Schedule 22 Aug 2022
MScPR Course Leader and DTLA CV - MWaters
MScPR Interview Questions V1 Sep2022
MScPR PCR SED Appendix 04 External Benchmarking Mapping Feb23 - DRAFT
MScPR Unit Leader BAO and FH CV - JJones-Bateman
MScPR_Application_Form_V1_Sep22

MScPR_CIF_2021-2022_V5
MScPR_CIF_2022-2023_V6_FINAL
NSS NSS Analysis Annual Report Nov 2022 - ARC-22-02-06j
NSS Report to ARC Nov 2022 - ARC-22-02-06h
Online Staff Handbook Prospective Welcome Page
Online Staff Handbook Staff Policies & Procedures Page
Online Student Handbook Contents Page
Online Student Handbook Downloadable Student Policies and Procedures Summary
Online Student Handbook Student Regulations, Policies & Procedures Page
Osteopathic_Technique_Practice_Policy_UCO_V6_Mar2019_FINAL
Partnerships Quality Manager Role Description 2022_Redacted
Patient_Complaint_Policy_GeneralClinic_UCO_Mar_2021_FW_Final
PDR 2023 Form
PDR 2023 Guidance
PDR 2023 Peer Observation Form for Academic Staff
PG Teaching Qualification and Online Training Data at Apr 2023
Policy_Development_Review_Procedure_UCO_V7_Dec2019_FINAL
PPIG Minutes 06 Apr 2022 - Names Redacted
Practice Educator Role Description 2021
PRG-2022-04-05 Minutes AGREED - PRG Consultation Extract
PRG-22-03-00 Agenda 25th Apr 2023
PRG-22-03-02 Minutes 17th Jan 2023 draft_ER
PRG-22-03-03 Matters Arising 17th Jan 2023 DRAFT
PRG-22-03-05 Core Document Register LIVE ending 2023-03
PRG-22-03-06 Report to TQSC & SMT at April 2023
PRG-22-03-06 Report to TQSC & SMT at April 2023 - Updated 17May2023
PRG-22-03-07a Committee Effectiveness Review Summary Report 2022-2023
PRG-22-03-07b Committee Review Questionnaire Results 2022-2023 - ALL Committees
PRG-22-03-07c Committee Effectiveness Review Action Plan Register
PRG-22-03-07di CER Action Plan - CMAWG Mar2023
PRG-22-03-07dii CER Action Plan - RAG Feb2023
PRG-22-03-07diii CER Action Plan - SMT Feb2023
PRG-22-04-02 Minutes 25th Apr 2023 draft_ER - Tracked hb
PRG-22-04-02 Minutes 25th Apr 2023 Draft_ER_V0
PT1 PC OSPE 1 Feedback – [Student 1]
PT1 PC OSPE 1 Feedback – [Student 2]
PT2 PC OSCPE 1 Feedback – [Student 3]
PT2 PC OSCPE 1 Feedback – [Student 4]
Public_Interest_Disclosure_Whistleblowing_Policy_UCO_V6_Sep2020_FINAL
Risk_Management_Policy_UCO_V6_May2021_FINAL
RPL_Policy_UCO_V6_Jul2019_FINAL
RQ Visit File Note Re Course Report Student Data 2021-2022

RQ Visit UCO Areas of Focus in Detail
Safeguarding_Aggressive_Patients_Policy_UCO_V3_Oct2022_FINAL
Safeguarding_Policy_UCO_V9_Nov2021 FINAL
SB37_2022-02-10_Incident_Report_Form_Ongoing_Risk_Assmt_Marketing
Security_Policy_UCO_V3_Aug2019_FINAL
Senior Practice Educator Role Description 2020
SMT Student Recruitment Report Feb 2023
SMT-2022-06-08 Minutes AGREED - Core Doc Policy Approval Extract
SMT-21-11-08a Core Doc Review Development Review Policy 30May2022 Tracked
SMT-21-11-08b Core Doc Review Development Review Policy 30May202 Review Checklist
SMT-21-11-08c Core Doc Review Development Review Policy 30May202 EIA
SMT-22-08-17 A26 - PRG Report at March 2023
SMT-Clinic-Data-2022-2023
Social_Media_Policy_UCO_V4_May2018_FINAL
Special_Circumstances_Policy_UCO_V5_July2022_FINAL
SSLCGFT Minutes 11 May 2022 AGREED - Redacted
SSLCGPT Minutes 21 May 2022 AGREED - Redacted
Staff Conference 2022 Attendance List 05Mar2022
Staff Conference 2023 Attendance List 25Feb2023
Staff Conference 2023 Planning Document
Staff Conference 2023 Summary Feedback
Staff Handbook Prospective DRAFT
Staff Recruitment Project ToR DRAFT
Staff Recruitment_Selection_Policy_Procedure_Staff_UCO_V3_Aug2017_FINAL
Staff Training Updates Summer 2022
Staff_Induction_Procedure_UCO_V2_Aug2017_FINAL
Strategic Plan Development Timeline 2023
Student Rep Handbook V7 Oct 2021
Student Rep Handbook V8 Sep2022
Student Rep Role Description V1 April 2021
Student_Welfare_Policy_UCO_V2_May2019_FINAL
Support_Study_Policy_UCO_V2_May2019_FINAL
Suspension_Studies_Withdrawal_Policy_UCO_V5_Nov2020_FINAL
TEF 2023 Submission UCO UKPRN 10000936 FINAL
Timetable 2022-2023 MOst V5
Timetable 2022-2023 MScPR V1
Timetable_Adjustments_Policy_UCO_V4_September2022_FINAL
ToR AC V9 Dec2021
ToR Access Student Success Committee V4 Dec2022
ToR Audit & Risk Committee V7 Mar2021
ToR BEs V5 Apr2021
ToR Board of Directors V5 Jun2021

ToR CMA Working Group V2 Feb2022
ToR Community Groups V1 Feb 2022
ToR Course Recruitment Groups V4 Oct2021
ToR Course Teams V6 Jun2022
ToR Course Teams V7 Dec2022
ToR EDIC V8 Dec2021
ToR Engagement Monitoring Group V7 Jun2022
ToR Enhancement of TLA Sub-Committee V1 Sep2019
ToR Health & Safety Committee V6 Sep 2022
ToR Occupational Health Committee V10 Dec2022
ToR Occupational Health Committee V9 Jun2022
ToR Policy Regulations & Audit Group V11 Oct2020
ToR PPIG V2 Dec2021
ToR Research Ethics Committee V5 Dec2019
ToR SARG V6 Mar2018
ToR SMT V7 Aug 2022
ToR SSLCGs V12 Nov2021
ToR TQSC V2 Dec2021
ToR Vice-Chancellors Group V5 Mar2021
ToR WPSC V2 Dec2021
TQSC-19-04-05 Fitness to Practice Recommendations
TQSC-21-02-11c Student Rep Engagement Paper Nov 2021
TQSC-21-04-06 Report-Student-Feedback-Clinical-Educators_Feb-2022
TQSC-21-05-11b Pulse Surveys Proposal & Schedule Final Proposal
TQSC-21-05-22 Note - PRAG Report to TQSC at April 2022
TQSC-22-01-06 ToR Course Teams V6 Jun2022 - TC Sep2022 - Post-TQSC
TQSC-22-02-09d ToR OHC V9 Jun2022 - REVISED DRAFT
TQSC-22-02-13c UCO SEQ 2021-2022 Report_V2
TQSC-22-02-13ci UCO UEQ 2021-2022 Report_V1_Nov22_draft_ER
TQSC-22-03-02 Minutes Excerpt 15 Nov 2022 DRAFT V0
Two Stage Change Management Plans
UCO Annual Report 2021-2022
UCO Careers Day Notification May 2022
UCO Committee Structure Diagram 2021-12-02 V10
UCO MOst PCR Event Outcome and Conditions 14Feb2023 V1 FINAL 01Mar2023 - Redacted
UCO MOst PCR Event Outcome and Conditions 14Feb2023 V1 FINAL 01Mar2023 - Redacted1
UCO MScPR PCR Event Outcome and Conditions 14Feb2023 V1 FINAL 01Mar2023
UCO Online Staff Handbook Landing Page
UCO Organisational Role Diagram 2021-2022
UCO Staff Conference Agenda 2022
UCO Staff Conference Day Agenda 25Feb2022
UCO Staff Conference Day Agenda 27Mar2021

| UCO Strategic Plan 2018-2023 FINAL |
| UCO TLA Strategy 2019 FINAL |
| UCO_Consent_Guidance_Sep2018 |
| UCO_General_Clinic_Patient_Information_Sheet_Oct2019 |
| UCO-GOsCReporting-ClinicHours-09 Feb-2023-FINAL |
| VC Group SMT Role Descriptions |

A.2   Additional evidence provided following the visit

| |
| 1ia UrGEnT Project Forum Agenda Apr2023 |
| 1iia 1ih ToR Access Student Success Committee V4 Dec2022 |
| 1va 019 AQF04_2021-2022_Approval_Mods_UCO_V7_Aug2021 |
| 1viiia 2022-2023 MOst FT1_FH1_OSPE_Assessment_Brief_Marking_Criteria_FINAL_V0 |
| 1viiia 2022-2023 MOstFT_BAO2_Portfolio_Based_Reflective_Essay_Assessment_Brief_FINAL_V0 |
| 1viiia 2022-2023 MOstFT_BAO2_Portfolio_Based_Reflective_Essay_Marking_Criteria_FINAL_V0 |
| 1viiia 2022-23 MOstFT_PC3_Case_Study_Assessment Brief PC3 Case Study V |
| 1viiia 2022-23 MOstFT_PC3_Case_Study_Marking_Criteria FINAL V0 |
| 1viiia 2022-23 MOstFT_Prof4_CDP_Project_Presentation_Assessment_Brief V0 |
| 1viiia 2022-23 MOstFT_Prof4_CDP_Project_Presentation_Marking_Criteria V0 |
| 1viiib MOstFTYr1_UIF_PC1_Level 4_2023-2024_V1_Jun2023_FINAL2 |
| 1viiib MOstPTYr1_UIF_PC1_Level 4_2023-2024_V1_Jun2023_FINAL2 |
| 1viiic Timetable 2022-2023 MScPR V1 |
| 1viiid MScPR 2021-2022 EE Annual Report Nov2022 PUBLISHED |
| 1viiie MOstFTYr1_UIF_PC1_2022-2023_V8_Jun2022 |
| 1viiie MOstFTYr2_UIF_PC2_2022-2023_V7_Jun2022 |
| 1viiie MOstFTYr3_UIF_PC3_2022-2023_V5_Jun2022 |
| 1viiie MOstPTYr1_UIF_PC1_2022-2023_V8_Jun2022 |
| 1viiie MOstPTYr2_UIF_PC2_2022-2023_V6_Jun2022 |
| 1viiie MOstPTYr3_UIF_PC3_L5_2022-2023_V6_Jun2022 |
| 1viiie MOstPTYr3_UIF_PC4_L6_2022-2023_V6_Jun2022 |
| 1viiie MOstPTYr4_UIF_PC5_2022-2023_V2_Jun2022 |
| 2ia Core_Doc_Management_Development_Review_Policy_UCO_V1_Jun2022 |
| 2ib ToR Policy & Regulations Group V12 Jun2022 |
| 2iiia 028 AQF10_2021-2022_Student_Voice_UCO_V7_Aug2021 |
| 2iiia 029 AQF10_2022-2023_Student_Voice_UCO_V8_Jul2022 |
| 2iiib 039 Student Rep Role Description V1 April 2021 |
| 2iiib 040 Student Rep Handbook V7 Oct 2021 |
| 2iiic 041 SSLCGFT Minutes 11 May 2022 AGREED - Redacted |
| 2iiic 042 SSLCGPT Minutes 21 May 2022 AGREED - Redacted |
| 2iiid 055 Complaints_Policy_Procedures_Students_UCO_V8_Nov2021_FINAL |
| 2iiie 059 Annual Summary Student Complaints 2021-2022 |
| 2iiig 083 Patient_Complaint_Policy_GeneralClinic_UCO_Mar_2021_FW_Final |

~~2iiih 104 Annual Summary Patient Complaints 2021-2022~~
~~2iiii Safeguarding_Policy_UCO_V9_Nov2021 FINAL~~
2iiii UCO Posters for BHS and SBR
3ia Student Comms - MOst Course Leader Talk Sep2022
3ib Student Comms - MOst Induction Presentation Sep2022
~~3iiia 3iiic All@UCO ToR Draft Mar 2023~~
3iiib ToR ALL@UCO V1 Jun2023
3iiic MOstFTYr1_UIF_PC1_2022-2023_V8_Jun2022
3iiic MOstFTYr2_UIF_PC2_2022-2023_V7_Jun2022
3iiic MOstFTYr3_UIF_PC3_2022-2023_V5_Jun2022
3iiic MOstPTYr1_UIF_PC1_2022-2023_V8_Jun2022
3iiic MOstPTYr2_UIF_PC2_2022-2023_V6_Jun2022
3iiic MOstPTYr3_UIF_PC3_L5_2022-2023_V6_Jun2022
3iiic MOstPTYr3_UIF_PC4_L6_2022-2023_V6_Jun2022
3iiic MOstPTYr4_UIF_PC5_2022-2023_V2_Jun2022
3iiic MScPR_Yr1_UIF_FH1_2022-2023_V3_FINAL
~~3vi 9va SMT-Clinic-Data-2022-2023~~
~~6iva 1viiic External Examiner Reports Responses 2021-2022~~
~~6ivb 7ie ARC High Level Risk Register Jan 2023 ARC-22-03-A30~~
~~6ivc e NSS Report to ARC Nov 2022 - ARC-22-02-06h~~
~~6ivd b MOst Action Plan 2022-2023 Nov 2022 - ARC-22-02-06k~~
~~6ive 24 MOst Course Annual Report 20212022 V4 Nov22~~
~~9iia UCO_General_Clinic_Patient_Information_Sheet_Oct2019~~
9va Reporting of Incidents and Critical Incidents in Clinic SharePoint Page
9via MOstFTYr4_UIF_RAE4_2022-2023_V2_Sep2019
9via MScPR_Yr2_UIF_RAE2_2022-2023_V1_FINAL
9vib 2022-2023 MScPR_RAE2_Research_Paper_Assessment_Brief_V01_FINAL
9vib 2022-23 MOstFT_RAE4_Research_Paper_Assessment_Brief V02 FINAL

*Duplications in table A2 compared with table A1 removed by strikethrough.