



General  
Osteopathic  
Council



QAA

# **General Osteopathic Council review of osteopathic courses and course providers**

## **Monitoring review**

Master of Osteopathic Medicine (M.Ost)

**North East Surrey College of Technology**

**November 2015**

## Foreword

Under the *Osteopaths Act 1993* the General Osteopathic Council (GOsC) is the statutory regulatory body for osteopaths and osteopathic education providers. The GOsC advises the Privy Council on which programmes of osteopathic education merit Recognised Qualification (RQ) status. The Privy Council grants RQ status to programmes where the governance and management of the course provider and the standards and quality of the programme meet the requirements laid down by the GOsC. In particular, students must meet the practice requirements of GOsC's Osteopathic Practice Standards.

Decisions concerning the granting, maintenance and renewal of RQ status are made by the Privy Council following reviews of osteopathic courses and course providers. The Quality Assurance Agency for Higher Education (QAA) manages certain aspects of these reviews on behalf of GOsC. The role of QAA, by its conduct throughout the UK of reviews of higher education provision and providers, is to maintain public assurance that the standards and quality of higher education are being safeguarded and enhanced. In developing its methods for reviewing higher education provision, QAA has published the UK Quality Code for Higher Education (Quality Code) and associated materials designed to provide a background against which scrutiny can take place.

## GOsC review

GOsC review is a peer-review process. It starts when institutions evaluate their provision in a self-evaluation document. This document is submitted to QAA for use by a team of review 'visitors' who gather evidence to enable them to report their judgements on governance and management, the clinical and academic standards, and the quality of learning opportunities. Review activities include meeting staff and students, observing teaching and learning, scrutinising students' assessed work, reading relevant documents, and examining learning resources. Full details of the process of GOsC review can be found in the *GOsC review of osteopathic courses and course providers: Handbook for course providers*, QAA 2011.

GOsC review may take one of three forms:

- review for the purpose of granting initial RQ status
- review for the purpose of renewal of RQ status
- review for the purpose of monitoring the operation of governance, management, standards and quality. Such 'monitoring review' normally explores the content of an annual report on provision, the fulfilment of conditions attached by the Privy Council to RQ status, or some important development in the provider or the osteopathic programme.

In monitoring review, visitors make one of the following recommendations to GOsC:

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| <ul style="list-style-type: none"><li>• <b>approval without monitoring conditions</b></li><li>• <b>approval with monitoring conditions</b></li><li>• <b>approval denied.</b></li></ul> |
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The recommendation made is that of the review visitors to the GOsC. In making its own recommendation to the Privy Council the GOsC may choose not to follow the recommendation of the visitors.

In some monitoring reviews the GOsC does not require the visitors to make a formal recommendation for the programme.

## Introduction

The Surrey Institute of Osteopathic Medicine (SIOM) at the North East Surrey College of Technology (also known as NESOCOT) currently provides the following recognised qualifications (RQs), which are due to expire on 31 October 2018:

- a Bachelor of Osteopathic Medicine
- b Master of Osteopathic Medicine
- c BSc (Hons) Osteopathic Medicine

SIOM is making some significant changes to its RQ Master of Osteopathic Medicine (M.Ost) provision by introducing a certification of prior learning (CPL) pathway. The CPL process would be applied by SIOM on a case-by-case basis for any applicant to its RQ M.Ost. However, SIOM has mapped a CPL pathway for the typical diplomates from the International College of Osteopathic Medicine (ICOM), Italy. SIOM anticipates that ICOM diplomates will comprise the majority of CPL applicants.

This report presents the findings of a monitoring review at North East Surrey College of Technology (the College). The purpose of the review is to provide assurance that the College's proposed CPL changes are designed to ensure that the RQ M.Ost will maintain the delivery of the *Osteopathic Practice Standards (OPS)*, patient safety and public protection at SIOM for all students (that is, students taking the new CPL pathway and students taking the standard entry pathway - SEP) and patients. The areas of focus for the monitoring review are: certification of the prior learning process; support for entry and integration for CPL students; standard entry pathway students; staff capacity and expertise; patient numbers and diversity; and quality assurance.

The review was undertaken by visitors appointed by GOSc in accordance with its regulatory responsibilities for safeguarding RQ criteria under the *Osteopaths Act 1993*. A prime focus of the review was the relationship of the programmes to the OPS (professional competence standard of GOSc). The review was completed in the academic year 2015-16. The review visitors were Mrs Jill Lyttle, Mr Graham Sharman and Mr Michael Ridout (Review Coordinator).

## A Formal recommendations

The recommendation given below is the recommendation of the review visitors to the GOSc. In making its own recommendation to the Privy Council the GOSc may choose not to follow the recommendation of the visitors.

The recommendation of the visitors for the M.Ost programme is:

- **approval with monitoring conditions**

In the case of 'approval with monitoring conditions' the conditions are:

- initially use the CPL route and associated processes only for graduates of ICOM, and that this condition be reviewed at the next RQ renewal (paragraphs 20 and 36)
- ensure effective arrangements are in place for students to be able to travel to offsite clinics where these clinics form part of students' critical clinical experience (paragraphs 53)
- regularly monitor, analyse and report patient numbers to ensure that patient numbers and their diversity is sufficient to meet actual demand of CP and SEP students, while ensuring continuity for postgraduate practitioners and osteopathy

services to patients are not compromised when student demand for patients falls (paragraph 57).

## **B Findings**

The following is a summary of the visitors' main conclusions:

### **Strengths**

- the strong working relationship that has been developed between the College and ICOM, which underpins the CPL pathway (paragraphs 16, 17 and 33)
- the robust approach to the CPL process, based on GOsC processes supported by the University's oversight (paragraphs 12, 13 and 27)
- the extended Year 3 induction to prepare ICOM students for clinical practice (paragraph 35).

### **Good practice**

- the appointment of postgraduate practitioners, and the mentoring provided, in developing and supporting clinic activity (paragraphs 47 and 57).

### **Areas for development**

- the College monitors the time needed to process CPL applications and factor sufficient time into its workload planning (paragraph 18)
- Kingston University enters into a progression agreement that also includes, in this specific case, providing quality oversight of the ICOM provision (paragraph 19)
- the College structures clinical activity so it is not at the end of the day, to ensure CPL students are alert and maintain OPS integrity (paragraph 26).

## **C Description of the review method**

The following section gives a general description of the GOsC review method. The full method is given in the *Handbook for course providers*.

The GOsC monitoring review method combines off-site consideration of written evidence by the visitors with at least one visit of one day to the provider.

The visitors are selective in their lines of enquiry and focus on their need to arrive at findings and a recommendation against clearly stated criteria. They refine emerging views on the provision against as wide a range of evidence as possible. For example, the perceptions expressed in meetings by students or by staff are tested against other sources of evidence.

A protocol exists for staff, students and patients to submit unsolicited information about the provision to the visitors. Submissions can remain anonymous to the provider if preferred. The College publicised the protocol appropriately, but no unsolicited information was received.

Meetings with students are strictly confidential between the students attending and the visitors; no comments are attributed to individuals. Teaching and learning observation is governed by a written protocol.

Visitors respect the principle of proportionality in their enquiries and emerging conclusions.

Key features of GOsC review include:

- an emphasis on the professional competencies expected of osteopaths and expressed in GOsC's Osteopathic Practice Standards
- peer review: review teams include currently registered osteopaths and, frequently, at least one lay visitor with higher education interests
- a focus on the students' learning experience, frequently to include the observation by visitors of clinical and non-clinical teaching
- flexibility of process to minimise disruption to the provider; there is negotiation between QAA and the provider about the timings of the review and the nature of evidence to be shown
- a process conducted in an atmosphere of mutual trust; the visitors do not normally expect to find areas for improvement that the provider has not identified in its own self-evaluation document
- an emphasis on governance and management, to include the maintenance and enhancement of standards and quality
- use of the self-evaluation document as the key document; this should have a reflective and evaluative focus
- an onus on the provider to supply all relevant information: any material identified in the self-evaluation document should be readily available to visitors
- a protocol for unsolicited information
- evidence-based judgements
- ensuring that the amount of time taken to conduct a review is the minimum necessary to enable visitors to reach robust findings and recommendations
- providing transparency of process through the use of published GOsC criteria
- the role of the Institutional Contact, a member of the provider's staff, to assist effective communication between the visitors and the provider
- the facility to engage a further specialist adviser where necessary
- close monitoring by QAA officers.

## **D The overall aims of the provider**

1 The College is a general further education college located in the London borough of Ewell and Epsom. It was founded in 1950 as Ewell Technical College, becoming North East Surrey College of Technology (NESCOL) in 1974. It provides both further and higher education programmes. Most of its higher education programmes, including those in Osteopathy, were validated by the University of Surrey and, more recently, the validating partner is Kingston University. Within the College as a whole, there are 450 students registered on higher education programmes. The Surrey Institute of Osteopathic Medicine (SIOM) was established by the College in 2001 to provide osteopathic education, following the dissolution of a previous agreement with the John Wenham College of Classical Osteopathy.

2 The College is approved to offer three recognised qualifications that include the Master of Osteopathic Medicine (M.Ost) and Bachelor of Osteopathic Medicine (B.Ost). In September 2014 Kingston University replaced Surrey University as the validating partner. Surrey University continues responsibility for existing Year 3 and 4 students until they graduate. The College also offers two non-recognised qualifications that include MSc Osteopathy and BSc (Hons) Osteopathy (Level 6 progression).

3 The specific aims of the M.Ost programme are to:

- produce a graduate who has the theoretical, practical and professional competence required to practise as a registered osteopath

- produce a graduate who has the necessary reflective, self-evaluative and critical thinking skills necessary to be a safe, caring, ethical and effective osteopath
- develop a graduate who has a commitment to lifelong learning and an appreciation and understanding of the importance of research and evidence-based practice to their professional development
- prepare a graduate for employment by developing their business, entrepreneurial, problem solving and key (transferable) skills
- develop a graduate who has the critical thinking skills and breadth of knowledge to be able to synthesise information and propose innovative ideas and solutions
- enable students to write a journal-ready research paper.

## **E Commentary on the provision**

### **Area of focus: Certification of prior learning process**

#### **Summary**

4 Over the last five years, the College has delivered its non-RQ BSc and MSc Osteopathy programmes to Diplomates of the International College of Osteopathic Medicine (ICOM), Milan who wish to gain a university-validated degree. ICOM is a private monotechnic college providing osteopathy training.

5 The College now intends to offer osteopathy diplomates entry with advanced standing onto its existing RQ M.Ost programme after successfully completing an application for the recognition of certified prior learning (CPL). The M.Ost qualification will give ICOM graduates greater employment flexibility at home. Although prospective students may seek direct UK registration, this also provides a pathway for students to apply for registration outside the EU. While the College intends that this pathway will be open to all EU and non-EU applicants, it proposes specifically to offer this from April 2016 to ICOM Diplomates graduating in March 2016 and to subsequent cohorts.

6 In developing the process, the points of reference have been the GOsC application for registration procedure: EU/EEA national applicants, Kingston University accreditation processes and the College's experience of the European process (osteopathy). Kingston University's approval for the College's proposed CPL process has been produced in collaboration with Kingston University Liaison Officers to ensure that it meets the requirements of the University's academic regulations. The faculty has approved the proposed process in principle, subject to GOsC approval.

#### **Description of the College's proposed method for the certification of prior learning**

7 The College intends to evaluate individual applicants' prior learning using its Recognition of Certified Prior Learning Protocol (RCPLP). The College team will evaluate CPL applications. It will then determine modules to be completed, academic and clinical training timetable, assessment schedule and clinical training hours.

8 The RCPLP requires applicants to provide the following evidence:

- details of the osteopathy qualification
- an academic reference from the awarding institution
- an academic transcript relating to the application
- module or programme guides, programme handbook, programme specification
- academic regulations and quality processes

- programme teaching, learning and assessment strategies
- a CPL portfolio containing a clinical log, clinical mapping transcript, academic mapping document, OPS grid and six reflective pieces based on real patients.

9 Evaluative judgements are then made based on three key questions to be answered, underpinned by a series of 'criteria' questions to inform the judgement:

- whether the applicant provides evidence to support the attainment of a diploma in osteopathy
- how closely the applicant's diploma maps to the College's module learning outcomes and also maps against OPS
- whether the applicant provides evidence to demonstrate that their programme provides an appropriate level of clinical practice training.

10 The applicant's CPL portfolio provides finer detail of the personal clinical training milestones achieved within their programme. It also provides evidence to support their claim for the sufficiency of their clinical competence at graduation. The portfolio contains the following:

- a clinical log detailing each patient seen, sufficiently detailed to show the range of conditions and diversity of patients
- a clinical mapping transcript detailing patient numbers managed as new, returning, or observed for each year of their programme. This also details International English Language Testing Scheme (IELTS) levels, and overall patient numbers and tutors in the whole clinic
- an academic mapping document to provide evidence of the programme's teaching, learning and assessment strategy for scientific and professional studies, clinical professional studies and osteopathic clinical practice
- a grid that maps to applicants' clinical practice encounters, demonstrating how each OPS indicator is, or is not, met
- six critically reflective clinical case studies that the applicant has managed, demonstrating their clinical reasoning, treatment and management strategies
- the physical presence of external examiners at some of the practical assessments with real patients in the practical setting.

11 Concluding summary yes/no judgements are made as to whether the totality of the evidence provided is sufficient to demonstrate that CPL is recognised for each module within the College's M.Ost programme.

12 The visitors concur that the College has benefited from the experience of its staff in devising its RCPLP. This experience was gained as GOsC Assessors for its statutory overseas application process, Review of Non-UK Qualifications. The College has drawn on the initial stage of this process and has enhanced the robustness of its RCPLP by combining it with portfolio questions in a similar way to the GOsC's second stage. This second GOsC stage, called Further Evidence of Practice, is only activated when EU qualifications fall short of UK standards.

13 The visitors conclude that the College RCPLP is a sufficiently valid tool for determining the profile of applicants seeking entry with advanced standing into its M.Ost programme. It effectively evaluates applicants' competence profile, mapped against OPS, the Subject Benchmark Statement and the College's M.Ost programme learning outcomes. It is suitable for any level of entry into the programme up to a maximum two thirds credit. Oversight of the process will be provided by the College's Head of Higher Education and Kingston University's link tutor. The visitors conclude that this provides effective oversight of the process.

## **Recognition of CPL used for ICOM Diplomates**

14 The College has undertaken an evaluation of a generic ICOM Diplomate using its RCPLP pro forma. Judgements are supported by the following evidence:

- a Summary Mapping Document that maps ICOM module learning outcomes to the College's module learning outcomes
- a Summary Mapping of ICOM Learning Outcomes (Years 1 to 4) to OPS
- a Detailed Map of ICOM Diploma to The College M.Ost and OPS
- a generic ICOM Diploma Clinical Training Transcript.

15 Evaluative commentary concerning the congruence between ICOM's learning outcomes and those of the College supports the judgements made as to whether there is sufficient evidence that CPL and clinical training is recognised for each M.Ost module. Clinical evaluations focus on clinical training hours, composition of students' clinical teams, teaching and learning methods, student to tutor ratios, clinical patient throughput, patient variety and scope of tutors' clinical experience. Opportunities for inter-professional clinical practice experience is also evaluated.

16 The College provides additional evidence to support its contextual knowledge of ICOM Diplomates' likely competence profile on graduation. It notes the 'very strong professional relationships between itself and ICOM'. This has informed its understanding of ICOM's Diplomate programme. This, together with the College staff's examiner role for the ICOM Final Clinical Competence exams, and that 70 per cent of the team have delivered teaching to ICOM, has further enhanced its understanding of the detail of the ICOM programme. The College notes that its involvement has also enhanced ICOM's clinical training, teaching and assessment, consistent with UK Osteopathic Education Institution standards. The College claims that this is reflected in these graduates' MSc achievement data, and the external examiner's report for the BSc and MSc 2014-15 is positive. ICOM's arrangements for informal external examiner oversight, supplied by the University of Bicocca, enhance its internal quality assurance processes.

17 The visitors conclude that the College's application of its RCPLP tool to a recent generic ICOM Diplomate, together with evidence of its close involvement with ICOM, gives sufficient confidence that the results can be relied upon to determine the likely entry point into the M.Ost programme for ICOM Diplomates graduating in March 2016. Notwithstanding this evaluation, students will individually apply to the College's M.Ost programme.

## **Operation of RCPLP specifically in relation to ICOM**

18 An estimated 40 students comprise the likely initial ICOM cohort, starting on the programme in May 2016. The College anticipates that each portfolio will require two hours to evaluate and make a judgement. It anticipates that applications will be available when there is no internal M.Ost marking. The visitors note that three hours per portfolio is likely to be more realistic, given the added workload associated with evaluating the six reflective pieces.

19 The visitors note that, given the number of students expected to enter the M.Ost by this route, Kingston University expects to enter a progression agreement with ICOM. University representatives indicated that such an agreement might also, in this specific case, include quality oversight of the ICOM provision. The visitors concur that such a progression agreement, together with quality oversight by Kingston University, would provide additional assurance to the University, the College and the GOsC to support the College's RCPL process. This would enhance the reliability of the process.

20 The visitors note that this RCPL process requires significant development across several areas of the College's existing M.Ost provision. In consideration of widening access



to other non-ICOM applicants from within and outside the EU, the RCPLP is likely to determine that those individual applicants will have incoming competence profiles significantly different from one another and from those of the generic ICOM Diplomate. There may also be different language and cultural challenges to manage. Thus, each of these applicants will likely require a different programme of study. The visitors consider this to be logistically too problematic at this early stage in the development of this proposal.

### **Proposed programme of study based upon RCPLP for generic ICOM applicants**

21 A learning pathway has been proposed and this programme of study has been approved by Kingston University. On the basis of the RCPLP tool, as applied in this instance, CPL is recognised for all Year 1 Level 4 and Year 2 Level 5 modules. It is also recognised for two out of four Year 3 Level 6 modules. For the remaining Year 3 modules, Developing Scope of Practice (OS6702) and Developing Professional Practice (OS6704), the University requires the College to deliver the same learning outcomes, assessments and teaching hours as described in its Key Information Set. Students will not be required to attend clinic, as all 399 hours will have been completed at ICOM, and this falls outside the Key Information Set requirements.

22 CPL is not recognised for any Year 4, Level 7 modules. However, students will have their clinical training recognised for 239 out of 389 hours in the module Advanced Professional Practice. This leaves a balance of 150 hours to be completed at the College, as ICOM students will have already completed 850 hours. All the OPS areas will be assessed relatively through the two Year 3 modules and Year 4 modules.

### **Year 3 modules**

23 Following one week's induction, starting April 2016, students will receive a further one week's teaching. After one month's break, Level 6 modules, Developing Professional Practice (OS6704) and Developing Scope of Practice (OS6702), will continue to be delivered over five weeks, followed by two weeks' assessments. An Examination Board will be held in July 2016, with retakes scheduled in August 2016.

### **Year 4 modules**

24 Year 4 modules will be delivered in two teaching blocks. All students will attend an initial two-week teaching block in August 2016 and the cohort will then be divided into two groups. Each group will attend for a subsequent 10-week combined teaching and clinic block. One will start September 2016, the other in February 2017. The rationale is to keep the programme intense in order to keep the students engaged. Two weeks of assessments will be held in May 2017, with the Exam Board sitting in June 2017.

25 Morning teaching sessions start at either 9.00 or 9.30, lasting three hours. Usually, afternoons are either three-hour teaching sessions or three and a half hour clinic sessions. Evening clinic sessions lasting three and a half hours occur four days per week. However, students will attend these only once per week, when their working day will last 11 and a half hours. The College confirms that ICOM students are used to working from 9:00 to 20:00 and planned actions to spread teaching over more rooms will reduce the requirement to work long days. Year 3 students will not be required to work long days. In a standard teaching week students will attend 20 hours of lectures and 10 and a half hours of clinic.

26 CPL students receive the same number of taught hours and the same assessments as their counterparts on the SEP in all modules. The visitors conclude that the proposed organisation and structure of the CPL students' timetable is coherent and that there is sufficient time allocated to those students preparing for reassessment. Notwithstanding this,

the visitors conclude that working an 11 and a half hour day, where clinical activities are located at the end of the day, represents a particular challenge for students whose first language is not English, together with ensuring that they are sufficiently alert in the clinic.

27 The visitors conclude that Year 3 students' clinical competence will have been effectively determined through the RPCLP. Furthermore, students must also demonstrate their competence in the non-CPL module assessments before progressing to Year 4. This will act as a safety net. Therefore, students should be sufficiently clinically competent to manage patients in Year 4, thus safeguarding the integrity of OPS. The visitors concur that the ICOM students will have completed 850 clinical hours at ICOM leaving a balance of 150 clinical hours to complete as sufficient. Furthermore, all OPS indicators are assessed within the Year 4 modules, thus protecting the integrity of the OPS in graduating students.

### **Area of focus: CPL students - support for entry and integration**

28 ICOM has implemented changes to its programme to facilitate Diplomate students' transition to the College's MSc and BSc Osteopathy programmes. This includes the delivery and assessment of some modules in English, a dedicated research department and greater emphasis on scientific and academic writing. Over the past five years the College has also gained experience of induction for the MSc programme while supporting students' cultural integration. The lessons learnt from this will be embedded within the new RCPLP proposals. In addition, the majority of staff have experience of delivering modules overseas and 75 per cent have delivered to ICOM.

29 There is a survey at the end of the induction programme and this will be monitored by the College and fed into the annual monitoring review process. There is also an opportunity in the staff development sessions at the end of the year to focus on particular higher education areas. This is demand led. This may be used for reflecting on the CPL process.

30 Students' one-week induction programme will cover the following areas:

- orientation to the College's facilities and resources, including learning support, finance, counselling, higher education student facilities and sports facilities
- course-specific orientation to the programme and its structure, including the academic handbook, module guides, assessment strategy, personal tutoring and personal development planning
- Learning Resource Centre-specific induction
- academic and institutional procedures and policies and how to access them
- student voice and the role of the student within the academic community
- induction from University staff.

31 CPL students' induction will be tailored to international students with specific emphasis on areas such as criticality, reflection and orientation to the UK health sector. Critical reflective skills will be developed through the clinical portfolio at ICOM, and its clinical appraisal has been changed to introduce reflection. The CPL portfolio has six reflective case studies in which students must use a reflective theory. Students will also have online access via the virtual learning environment to more materials relevant for studying at Level 7, including reflection, critical evaluation and pre-reading materials on the UK healthcare system. This area is already live. Both CPL and standard-entry cohorts will attend GOsC and professional association outside speaker events. There is also a one-week clinical exchange opportunity for SEP students to visit ICOM, with which students are keen to engage. They are also positive about the opportunities they have to integrate with their Italian colleagues socially and in clinic and are looking forward to learning from them. There are also online

forums for students to contact each other and the College is strengthening (developing) its Students' Union.

32 While CPL students must have an IELTS score, or equivalent, of 6.5 overall with no module below 6, they can access additional academic English support through the Learning Resources Centre.

33 The contents of the two 30-credit Level 6 modules, Developing Professional Practice (OS6704) and Developing Scope of Practice (OS6702), have already been covered at ICOM. However, these will also be used to further develop students' understanding of the UK healthcare system. The opportunity will also be used to ensure that they are comfortable with the language of osteopathy. Within these two modules, students will also have the opportunity for role play in managing and handling patients.

34 While CPL students undertake their teaching blocks separately from SEP students in Year 4, their clinical training will be integrated with the latter. This will help students to work together in small teams, which will support peer-to-peer learning. As part of their induction into clinic, CPL students will not treat patients immediately. For the first two weeks they will observe their standard entry student colleagues to build their confidence and gradually expose them to technical language and patients' language. Students will also have the opportunity to generate practice referral letters as part of their clinical activities.

35 The College's level of understanding concerning cultural, language and osteopathic educational differences between the two institutions is underpinned by its staff's participation in ICOM's teaching, assessments and osteopathic educational support. It is clear that significant understanding of this provider has developed over the five years' operation of the MSc programme, used specifically for ICOM students in the UK. This contextual knowledge is clearly evident in the College's approach to its proposed ICOM CPL student induction. This is also evident in the process of students' ongoing OPS orientation within the UK context throughout the proposed Year 3 modules and into the two-week Year 4 clinical induction.

36 The visitors conclude that OPS integrity is secured both in relation to students' preparation to treat and manage patients but also in relation to patient safety. Notwithstanding the above, this contextual knowledge does not exist for applicants wishing to gain advanced standing in the M.Ost programme from other EU or non-EU institutions. Given the initially high organisational, training and logistical demands in implementing this new programme, mixed student cohorts (other than ICOM graduates) are considered to induce unnecessary additional strain on this new system and may threaten OPS integrity. It is fully acknowledged in making this judgement that the MSc students will have completed their programme before the first intake of the CPL pathway students.

### **Area of focus: 'Standard entry pathway' students**

37 No changes to the current SEP pathway are planned as a result of the introduction of the CPL pathway. The SEP pathway will continue to operate as usual and there will be no mixed-cohort classroom teaching.

38 Year 3 CPL students will be in attendance for several weeks only for induction, orientation and revision followed by assessment. There will be no formalised interaction with SEP students during this period, although there may be some social interaction, as there is currently with MSc students.

39 Year 4 CPL teaching will be delivered across 12 weeks, quite separate from SEP students. The remaining 10-week block will be delivered twice, once in autumn and once in

spring. The only potential formal interaction between SEP and CPL students will be during clinic activities.

40 Social interaction will be facilitated as all students will share dedicated common room space and all will be invited to attend osteopathy-related events, such as professional guest speakers. Currently, SEP students share higher education study and social space with ICOM students following the non-RQ MSc programme; in future they will interact with both groups of CPL students. Staff told the visitors that students considered this to be a positive development that would raise the profile of osteopathy at SIOM; the students with whom the visitors met confirmed that they welcomed this opportunity. Students also commented positively on the development of new clinics.

41 College staff have been teaching at ICOM for some years and senior SEP students have had the opportunity in the last three years to accompany staff during these visits. From next academic year, SEP students will be able to undertake a one-week clinical exchange visit to ICOM, supervised by College staff on site. This opportunity has real potential for enhancing the SEP student experience and was viewed most positively by students who spoke with the visitors.

42 Staff are very conscious of the need to keep SEP students informed and to ensure that they are not disadvantaged by the introduction of the CPL pathway. Both staff and students referred to current student concerns around common room space and patient numbers given the expansion of provision; otherwise, students with whom the visitors met welcomed the proposed development overall. Changes to the estate (in particular the new clinic facilities) and the area allocated to College activities are planned to take place in the near future, which should alleviate these potential pressures. Staff confirmed that they are in a position to reassure students that the expansion of student numbers would be matched by increased resources.

43 The College is committed to the expansion of provision and there will be no reallocation of current SEP resources. There will be some reallocation of resources from the non-RQ MSc programme due to the expected drop in numbers as a result of the introduction of the CPL pathway. More resources will be allocated to the M.Ost, including additional staff, an increase in existing staff hours and development of the estate, including more clinic facilities, to accommodate the increased student population.

44 The College provides a wide range of general support services and additional facilities are available through Kingston University for its higher education students. The College is aware that additional support resources will be required due to additional student numbers and the nature of ICOM CPL students, and it is confident that, with adequate notice, it can continue to draw upon suitably experienced staff for additional hours. The number of students from the non-RQ MSc programme is anticipated to decrease considerably due to the introduction of the CPL pathway, so staffing and support resources can be made available for CPL students. The College will therefore be able to continue to support SEP students as usual.

45 The College has committed to additional resources (both personnel and physical) to support the CPL pathway and the CPL students, including separate cohort teaching, and it is confident that enough additional appropriate staff hours will be available. Consequently, there does not appear to be any risk to current and future students on the SEP in terms of their ability to meet the OPS. Robust ongoing quality assurance processes should identify, and take action to mitigate, any potential risks should they arise.

## **Area of focus: Staffing - capacity and expertise**

46 There is no teaching overlap between the non-RQ MSc and the M.Ost programmes. The non-RQ MSc programme is expected to decrease significantly in numbers once the CPL pathway is introduced, thus reducing staff commitment. There is capacity for current staff hours to increase, including tutor hours in the clinic, and some 80 per cent of existing staff have indicated a willingness to increase their hours, the equivalent of some 1.7 full-time equivalent staff. The College is preparing to recruit a further two full-time equivalent staff capable of delivery at Level 7.

47 In order to meet the needs of the planned increase in patient numbers, and given the fluctuating numbers of students available, the College has recruited a team of six postgraduate practitioners to provide flexibility in its clinics. This will be particularly helpful outside block teaching weeks when there will be fewer students available. As well as the standard College staff induction, the postgraduate practitioners will shadow clinical tutors before starting and work under direct supervision for their first two weeks; thereafter they will be individually mentored during their first year and will meet as a team, with the clinic coordinators, monthly. They will act as tutors for students, under supervision and at an appropriate level, which will enable them to be in a position to apply for future clinic tutor posts. Through observation of clinical competence assessments they will gain further experience to help them support their tutees.

48 The College already has experience of resourcing the spiked support demands that arise from the non-RQ MSc programme, which has been attended by ICOM students on a block basis to date. The learning support team offers one-to-one general student support and the team already has experience of working with ESOL students. The College will identify a member of staff as a dedicated CPL tutor; other staff will continue to act as tutors to SEP students in both an academic and a personal capacity.

49 Since the last RQ visit, additional research supervision capacity and expertise has been expanded. The external examiner's latest report on the MSc programme commends the College on the work done to improve the standard and consistency of dissertations. The College is confident that it already has enough research supervisors with relevant experience to cover the additional student intake, especially given the expected decrease in the non-RQ MSc Osteopathy. Nonetheless, it is intended that new staff will be able to supervise at Level 7, thus increasing capacity.

50 There are clearly articulated College processes for identifying individual staff development needs, including induction and mentoring for new staff, as well as the provision of bespoke training as needed. Current staff already have experience of working with students from ICOM on the non-RQ MSc programme; new staff will undertake internal College training on teaching students with English as a second language as well as continuing professional development related to teaching and assessing at Level 7. Annual staff development activities include separate higher education sessions.

51 The College has considered the additional staffing resources required due to the CPL proposal and is already taking steps to ensure that it will be able to support the increased numbers of students across all of the OPS in both classroom and clinic environments. SIOM already has the capacity and experience to provide effective dissertation supervision for the planned numbers of students; nevertheless, it is intended that additional research supervisors will be recruited as part of the planned staff expansion.

## Area of focus: Patients - numbers and diversity

52 Total patient numbers peaked at 4,623 in the academic year 2013-14, with 3,888 returning and 538 new, due to the establishment of external sports and paediatric clinics. The College recruited 13 Year 1 standard entry students to its 2015-16 cohort and plans to recruit 20 students to its 2016-17 cohort. In the academic year 2016-17, when the CPL students arrive in clinic there will be 16 Year 3 and 12 Year 4 standard entry students, totalling 28, requiring access to clinical education. CPL students will be split into two groups of 20 students. One group will attend clinic between September and November 2016 and the other between February and April 2017. The College's modelling indicates that for the additional two cohorts of 20 CPL students on top of its predicted 28 standard entry students, approximately 5,600 patients are required for 2016-17. This is an additional 1,750 patients over 2014-15 levels, an increase of 47 per cent.

53 The College has taken action to promote activities with sufficient time to ensure the flow of patients to meet students' needs. Patient numbers are monitored weekly. The College has implemented the following activity to build patient numbers.

- A paediatric clinic, which initially stopped in 2014, has now restarted.
- A separate joint clinic with the College's Sports Therapy Faculty is running and marketing is underway.
- Extended clinic opening times. These will be staffed by postgraduate practitioners, who will be given the opportunity subsequently to apply for tutoring posts. Acting in a self-employed capacity, they will treat patients in slack times during the year. They are used to ensure continuity of care in the College clinic and external clinics. Students expressed concern that these practitioners do not divert patients away from them. Staff confirmed that it is expected that graduate practitioners will build up their own independent lists which will not be to the detriment of students. The College has recognised and is aware of the challenges of using these postgraduate practitioners. The scheme is in its early stages of development.
- An external clinic at Kingston University Health Centre, now open two mornings per week, with potential to expand. Students welcome the development as it exposes them to increased patient diversity, but stressed the challenges of arranging transport to the clinic. University representatives noted that, as part of its transport policy, its bus service will be rerouted in September 2016 to collect the College students. Furthermore, an additional Saturday health centre satellite clinic at the University's Kingston Hill campus is likely to be made available.
- The College is currently establishing a referral programme with Epsom and St Helier Trust Occupational Health Department. Students were not yet aware of this development.
- Geriatric care for residents of a local care home.

54 The College is developing a skills area within the campus to promote vocational and professional activity generally. A planned new osteopathy teaching clinic will be linked to this. The College was initially to relocate its existing clinic to its new skills park, with a planned 12 treatment rooms plus tutorial space. However, latest plans locate the proposed development in a more accessible central location within the existing buildings, which also offers 12 treatment rooms.

55 The College has produced a marketing plan for 2015-16 that is designed to support expansion activities. This has identified specific actions, individuals responsible, target dates and success indicators. Overall responsibility for ensuring completion of actions is allocated to a key individual. The College has also produced an update to this marketing plan. This appends modelling of target patient numbers required to meet expected student demand against short and long term actions to meet course-specific events, such as clinical

assessments, and the arrival in clinic of the CPL students. Together with the actions identified against staff responsible, it represents a coherent plan upon which to build patient numbers in a planned way to meet student demand. Notwithstanding this, students expressed concern that while expanding the programme with ICOM students carried many benefits, effective marketing is essential and needs to be done to ensure that there are sufficient patients to meet demand. The visitors concur with this view.

56 Students also expressed concern that, from their personal perspective, many people (potential patients) do not know that the clinic at the College site exists. To that end students noted that the College has great potential.

57 While clinic patient supply to meet student educational demand has been a key monitoring area since the previous renewal of RQ, given the forecast of a 47 per cent increase in patient numbers required to meet an expected cohort of 40 ICOM students, careful attention to, and monitoring of, the College's marketing plan is essential. The marketing plan is coherent and likely to result in sufficient patient supply with adequate variety. This is especially the case given the College's ongoing expansion of its clinical offer. Nevertheless, actual patient supply will depend on careful matching of marketing activity to patient supply elasticity. In addition, further challenges exist in balancing the sufficiency of patient supply to meet postgraduate practitioners' needs with those of standard entry students, who must themselves take priority, when ICOM students are not in attendance. As these postgraduate practitioners will be self-employed, proactive management and monitoring arrangements will also be necessary when ICOM students are in clinic, taking up new patients for themselves. Notwithstanding these challenges, The College's appointment of postgraduate practitioners to this role, who will themselves be mentored, represents an area of good practice.

## **Area of focus: Quality assurance**

58 Quality assurance procedures are clearly set out in College and Kingston University documentation. These include course approval, annual course and programme monitoring, and evaluation, together with scrupulous use of external examiners. Student views are taken into account in these processes. There are clear lines of responsibility and accountability at all levels within the College, from the Lead Professional Manager (Osteopathy) and his team through to the Head of Higher Education to the Vice-Principal for Higher Education. The liaison officer from Kingston University supports the College in ensuring that it meets its obligations. The CPL pathway has been approved in principle by Kingston University, subject to GOsC approval, and current students have been consulted about proposed developments.

59 There is a detailed student induction schedule at College and programme level, with additional material for CPL students available online. Some of this material will be covered before arrival, some on arrival, and some throughout the course, to ensure that students are familiar with the requirements of their course and the support available to them at the College. The online material is equally available to SEP students. A post-induction survey will be carried out for each CPL group, which will enable comparative evaluation across both SEP and CPL pathways. CPL students will have a phased induction to clinic.

60 The College's Higher Education Quality Calendar timetables regular Higher Education Student Council meetings, deadlines for module and programme reports, and staff meetings where these are discussed. Year 4 modules in particular will, in effect, be delivered three times a year: to the SEP group, and to the autumn and spring CPL groups. Module coordinators will be responsible for standardisation across each delivery each year; views from each group of students will be gathered and evaluated to determine whether changes are necessary. The consistency or variability of student experience, including clinic

activities, will be considered during annual monitoring and actioned accordingly. Action plans are monitored by the College's Academic Registrar and Vice-Principal for Higher Education. The SIOM programme team is in constant contact with students throughout the year and responds to informal student views and issues as they arise.

61 The visitors consider that these regular monitoring and review processes will be particularly important in the first years of the proposed new pathway, to identify and resolve any emerging issues, to ensure comparability of student experience and patient interaction, and to confirm that all students meet the OPS.

62 The external examiner for the non-RQ MSc Osteopathy (validated by Surrey University) has been consulted informally about the new pathway. Representatives from Kingston University confirmed to the visitors that the expected loading on external examiners would be reviewed in the light of the proposed expansion and that an additional external examiner might be appointed.

63 The quality assurance processes at both College and University level are detailed and thorough, including ongoing regular formal procedures for capturing student views. Each cohort of students takes part in an induction survey as well as participating in regular formal surveys and discussions about aspects of their course and general support provision. Any issues arising are dealt with as soon as possible. All evidence is captured, monitored and evaluated through robust annual course and programme reviews.



## Meetings and documentation

### Meetings held

ME1 - College and SIOM staff  
ME2 - Students  
ME3 - Facilitator

### Major documentation

AE11 Course Summary Report M.Ost 2014-15  
AE 10b Copy of CPL timetable draft 2016-17 with dates  
AE 10a Proposal for CPL Delivery  
AE9 Appendix H - Year 4 Academic Timetable 2015-16  
AE8 Appendix G GOsC ERSC extract of minutes, 18 June 2015  
AE7 Appendix F 2015-2016 Clinic Marketing Plan  
AE6 Appendix E - Process Induction checklist for staff  
AE5 Appendix D Proposed M.Ost 16/17 timetable  
AE4 Appendix C Quality assurance ICOM  
AE2 Request for additional documentation form SIOM Monitoring visit November 26 2015  
-- second tranche  
AE3 Appendix A PORTFOLIO TEMPLATE  
AE1 Request for additional documentation form SIOM Monitoring visit November 26 2015.  
Nescot\_SED\_2015  
Appendix 14 - Clinic Marketing Plan  
Appendix 13 - Learning Resource Centre Statement  
Appendix 12 - Draft New Clinic Floor Plan  
Appendix 11 - Draft CPL MOst Year 4 Academic Timetable  
Appendix 10 - Draft CPL MOst Year 3 Academic Timetable  
Appendix 9d - ICOM Diploma Clinical Training Transcript  
Appendix 9b - Summary Mapping of ICOM Learning Outcomes (Years 1 to 4) to OPS  
Appendix 9c - Detailed Map of ICOM Diploma to Nescot MOst and OPS  
Appendix 9a - Summary Mapping Document (Nescot Module Learning Outcomes mapped to ICOM Module learning outcomes)  
Appendix 9 - Recognition of Certified Prior Learning for ICOM Diplomates  
Appendix 8 - Recognition of Certified Prior Learning Protocol  
Appendix 7 - ICOM Profile  
Appendix 6 - 2014-15 MSc Osteopathy External Examiner Report  
Appendix 5 - MSc Osteopathy Achievement Data  
Appendix 4 - GOsC ERSC Response to Nescot 2012-13 Annual Report and Recognised qualification conditions  
Appendix 2 - MOst Programme Specification  
Appendix 3 - SIOM Staff List  
Appendix 1d - MOSt Year 4 Module Descriptors  
Appendix 1c - MOSt Year 3 Module Descriptors  
Appendix 1b - MOSt Year 2 Module Descriptors  
Appendix 1a - MOSt Year 1 Module Descriptors

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