



General
Osteopathic
Council



QAA

General Osteopathic Council review of osteopathic courses and course providers

Master of Osteopathy (M.Ost)

Renewal of recognition review

Swansea University

February 2014

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 initial recognition review, in renewal review, and in some instances of monitoring review, visitors make one of the following recommendations to GOsC:

- **approval without conditions**
- **approval with conditions**
- **approval denied.**

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

This report presents the findings of a renewal of recognition review of aspects of the governance and management, the academic standards achieved, and the quality of the learning opportunities provided in osteopathy by the College of Human and Health Sciences (the College) at Swansea University. The programme reviewed was the Master of Osteopathy (M.Ost). The review was undertaken by visitors appointed by the General Osteopathic Council (GOsC) in accordance with GOsC's regulatory responsibilities for safeguarding Recognised Qualification (RQ) criteria under the *Osteopaths Act 1993*. A prime focus of the review was the relationship of the programme to the Osteopathic Practice Standards professional competence standard of the GOsC. The review was completed in the academic year 2013-14. The review visitors were Mr Seth Crofts, Dr Jorge Esteves, Ms Fiona Hamilton, and Mr Michael Ridout (Review Coordinator).

A Formal recommendation

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 conditions**

In the case of 'approval with conditions' the condition is:

- Swansea University should by December 2014:
 - a) develop, implement and evaluate a strategy for the development of osteopathic teaching staff in the following domains:
 - i teaching and learning
 - ii assessment
 - iii scholarship and research (paragraphs 7, 24, 38, and 55).

B Findings

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

Strengths

- support provided by the College's interprofessional learning environment and the expertise of non-osteopathy staff (paragraph 8 and 25)
- the integrated design of, and blend of modules within, the programme (paragraph 10)
- clear information available on the website relating to the pre-enrolment requirements of the osteopathy programme (paragraph 27)
- the support available through the Student Support Services team (paragraph 32 and 33)
- the availability of additional tutorials to supplement the development of practical skills (paragraph 34)
- available access to library services both on and off campus (paragraph 39)
- the proactive approaches and initiatives adopted by the clinic team to recruit patients and provide skills development opportunities for students (paragraph 44).

Areas for development

- the limited opportunities to develop interprofessional learning within the programme (paragraph 8)
- some inconsistency in lines of communication and reporting between the various external examiners involved with the programme (paragraph 16)
- variability in the engagement of osteopathy staff with the virtual learning environment (paragraph 22)
- the lack of effectiveness of teaching and clinical staff induction processes (paragraph 24)
- the potential for misunderstanding the UNISTAT information on the M.Ost website (paragraph 28)
- the level of awareness of osteopathy staff of the additional support needs of dyslexic students (paragraph 32)
- the sufficiency of the library holdings of osteopathy textbooks (paragraph 40)
- some of the teaching and practical accommodation is not wholly appropriate for the size of student groups (paragraph 42)
- the low level of student response to feedback opportunities (paragraph 53 and 55)
- the lack of students' awareness of the availability of external examiners' reports (paragraph 54)

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 review method combines off-site consideration of written evidence by the visitors with at least one visit of two days to the provider. For recognition and renewal review, the review period is typically of six weeks.

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.

Documentary evidence typically used includes financial accounts, strategic plans, financial projections, insurance schedules, student work, clinic management records, internal reports from committees, boards and individual staff with relevant responsibilities, and external reports from examiners, verifiers, employers, and validating and accrediting bodies. A protocol exists for staff, students and patients to submit unsolicited information about the provision to the review team. Submissions can remain anonymous to the provider if preferred. The College of Human and Health Sciences, Swansea University publicised the protocol appropriately and three pieces of unsolicited information were received. A response was prepared by the College. This information was considered by the review team during the visit.

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 (SED)
- an emphasis on governance and management, to include the maintenance and enhancement of standards and quality
- use of the SED 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 SED 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 programme is located in the Department of Interprofessional Health Studies within the College of Human and Health Sciences (the College). All programmes within the College sit within one of four frameworks overseen by a Director of Studies, and the M.Ost sits within the framework for Pre-qualifying Programmes. The College is committed to continuing and further developing a dynamic, interactive multidisciplinary approach to both research and teaching and learning, which enables the College to be a major player in health and social care development nationally, UK-wide and internationally.

2 The Masters of Osteopathy (M.Ost) has been delivered by the College since September 2010. It obtained Recognised Qualification (RQ) status in July 2012 and has recently been revalidated by the University's Programme Approval Committee. The M.Ost is a four year full-time modularised advanced initial degree designed to meet the requirements of the GOsC Osteopathic Practice Standards (OPS) (2012) and the *Subject benchmark statement: Osteopathy* (QAA 2007).

3 The programme aims to develop high levels of academic and practical competence and is designed to:

- ensure graduates acquire clinical osteopathic competence through a self-critical and reflective approach that incorporates the domains of conceptualisation; problem solving; reflective abilities; practical abilities and communication skills
- develop the skills of analytical and critical thinking, and display mastery of a complex and specialised area of knowledge and skills, employing appropriate skills to conduct research or advanced technical and professional clinical activity; accepting accountability for all related decision-making
- enable students to continue their professional and academic development in a related speciality area through appropriate clinical and theoretical studies and the submission of an extensive clinically related dissertation

- enable professional growth and development through increased use of clinical supervision processes and skills
- enhance students' ability to influence practice and policy and contribute towards governance
- promote an evidence-based practice approach to osteopathic practice.

4 The teaching team comprises seven osteopathic teaching staff, six associate osteopaths and eight non-osteopathic teaching staff. There are currently 60 students enrolled on the four years of the programme. Year 4 students are the first cohort through the programme, and are due to graduate in June 2014.

E Commentary on the provision

An evaluation of the clinical and academic standards achieved

Course aims and outcomes (including students' fitness to practise)

5 The programme's intended learning outcomes reflect the GOsC's Osteopathic Practice Standards, the *Subject benchmark statement: Osteopathy*, and *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ) level descriptors. The module intended learning outcomes are mapped to the GOsC's Osteopathic Practice Standards, and to the *Subject benchmark statement: Osteopathy*.

6 The aims and intended learning outcomes are communicated to staff, students and external examiners in the programme specification document and within programme and module handbooks. They are aligned with the GOsC's Osteopathic Practice Standards and the *Subject benchmark statement: Osteopathy* and reflect the College's interprofessional approach to teaching and research.

7 The programme's intended learning outcomes reflect an emphasis on an evidence-based approach to osteopathic practice. In this context, the College's interprofessional learning environment and the expertise of non-osteopathy staff in the areas of learning, teaching and assessment, and research are a strength of the provision. However, the College lacks a fully developed staff development strategy to help osteopathy staff to acquire and develop the capabilities in teaching, learning and assessment, scholarship and research necessary to support fully the programme aims and intended learning outcomes.

8 The programme aims to prepare and enable students to develop into autonomous professionals who are able to initiate and respond to change in a wide variety of settings. The emphasis on interprofessional learning and collaboration in the intended learning outcomes and aims of the programme support this aim and is a strength of the provision. However, interprofessional learning opportunities, including shared learning and discussions with other healthcare students, are limited, primarily occurring in the final 'open modules' on health psychology and chronic pain management.

Curricula

9 The M.Ost is a 480-credit integrated modularised master's programme comprising 120 credits each at FHEQ levels 4, 5, 6 and 7. The curriculum has been subject to continuing evaluation and review, with inputs from the osteopathic team and feedback from students, service users and external examiners. Since its initial validation in 2010, minor modifications have been made to the research and personal and professional modules to enhance programme delivery; these were approved at the College's Curriculum Quality Committee and have been incorporated into the revalidated programme. The curriculum fulfils, and has been mapped to, the GOsC's Osteopathic Practice Standards and the *Subject benchmark statement: Osteopathy*.

10 The programme is designed to integrate osteopathic philosophy and principles, and link theory and practice, by using a multidisciplinary, evidence-based practice and clinically relevant approach. The M.Ost programme's 24 modules explore the structure, function and dysfunction of the human body, relating these themes to clinical presentation and osteopathic principles. Clinical skills are taught through these modules as well as within the clinic. Other modules promote evidence-based practice, interprofessional practice, and personal and professional development and introduce business management to prepare graduates for professional practice. The integrated nature of the programme is one of the strengths of the provision. The external examiners have reported that the integrated design of the programme is innovative and appears to be working well.

11 At the previous review, the existing programme was found to be largely consistent with the *Subject benchmark statement: Osteopathy* and Standard 2000 and, as such, can be mapped to the Osteopathy Practice Standards. Consideration of the M.Ost shows that it is consistent with the Osteopathic Practice Standards, as indicated in the following summary.

Theme A: Communication and patient partnership is represented in all years of the programme. Osteopathic Skills 1, 2, 3, 4, 5 and 6, Introduction to Personal and Professional Development, Applied Psychology and Sociology for Health Care, Further Personal and Professional Development, Continuing Personal and Professional Development, Autonomous Osteopathic Practice, Health Psychology of Chronic Illness and Pain Management contribute to all elements. Introduction to Evidence Based Practice, Introduction to Business Management for Health Care, Developing Evidence Based Practice, Developing Business Management Skills, Applying Evidence Based Practice and Dissertation contribute to A1 and A3.

Theme B: Knowledge, skills and performance is similarly represented across years 1 to 4. Anatomy and Physiology 1 and 2, Clinical Biomechanics and Imaging, Osteopathic Skills 1, 2, 3, 4, 5 and 6, Introduction to Personal and Professional Development, Pathophysiology and Therapeutics 1 and 2 contribute to all elements. Developing Evidence Based Practice contributes to B2 and B4. Introduction to Business Management for Health Care, Further Personal and Professional Development, Developing Business Management Skills, Continuing Personal and Professional Development, Autonomous Osteopathic Practice contribute to D3 and D4. Introduction to Evidence Based Practice, Applying Evidence Based Practice and Dissertation contribute to B4.

Theme C: Safety and quality in practice is emphasised within the programme. Osteopathic Skills 3, 4, 5 and 6 contribute to all elements. Introduction to Personal and Professional Development, Further Personal and Professional Development, Continuing Personal and Professional Development and Autonomous Osteopathic Practice contribute to C3, C4, C5, C6, C7, C8 and C9. Osteopathic Skills 1 and 2 contribute to C1, C3, C4, C5 and C6. Pathophysiology and Therapeutics 1 and 2 contribute to C1, C2, C4, C5 and C8. Applied Psychology and Sociology for Health Care, Health Psychology of Chronic Illness and Pain Management contribute to C3, C4, C5 and C6. Introduction to Business Management for Health Care and Developing Business Management Skills contribute to C4, C5, C6, C7 and C8. Anatomy and Physiology 1 and 2 and Clinical Biomechanics and Imaging contribute to C1.

Theme D: Professionalism is dealt with throughout all years of the programme. Introduction to Personal and Professional Development, Introduction to Business Management for Health Care, Developing Business Management Skills, Continuing Personal and Professional Development and Autonomous Osteopathic Practice contribute to all elements. Osteopathic Skills 1 and 2 contribute to D3, D4, D5, D6, D7, D13 and D14. Osteopathic Skills 3 and 4 contribute to D3 through to D9, D12, D13 and D14. Applied Psychology and Sociology for Health Care, Health Psychology of Chronic Illness and Pain Management contribute to D1 through to D9, D13 and D14. Osteopathic Skills 5 and 6 contribute to D1 through to D13. Pathophysiology and Therapeutics 1 and 2 contribute to D1 through to D5. Introduction to

Evidence Based Practice, Developing Evidence Based Practice, Applying Evidence Based Practice and Dissertation contribute to D2 and D3. Anatomy and Physiology 1 and 2 and Clinical Biomechanics and Imaging to D3.

Assessment

12 The programme assessment strategy is designed to promote the integration of theory and practice; to develop concepts relating to professionalism and professional practice; to achieve appropriate clinical skills; and to ensure students are safe practitioners. All modules are core and must be taken and passed in order to progress to the next level of study. In modules containing multiple assessments, students have to pass all components; however, they are entitled to one resubmission of failed assessments.

13 The College employs a wide range of relevant formative and summative assessments to enable students to acquire and demonstrate a range of skills. Assessments include Objective Structured Practical Examinations and Objective Structured Clinical Examinations, Laboratory Report Examinations, unseen (time-limited and invigilated) written examinations, essays, business plans, research assignments, dissertations, portfolios, clinical competence tests and final clinical competence assessments.

14 The range of formative and summative assessment strategies are appropriate to the intended learning outcomes and their level, and enable students to develop an appropriate competence profile for autonomous osteopathic practice. The assessment strategy and full assessment details, nature and timing of feedback, method of double marking and assessment criteria are communicated to students, staff and external examiners.

15 The College has established regulations and procedures for the rigorous management of assessment. Assessment in the College is underpinned by University and College assessment policies. Marking of all assessments is in line with University regulations and the College marking grids. At FHEQ levels 4, 5 and 6, a sample of all assessments are moderated by a member of the teaching team, with a further sample of work scrutinised by the external examiner. At level M, with the exception of Autonomous Osteopathic Practice module, all work is marked by two members of the teaching team, with a sample scrutinised by the external examiner. Examination papers and assignments at all levels are reviewed by the external examiners. For other assessments, such as Objective Structured Clinical Examinations, the assessment protocols are reviewed by all examiners involved in the process and the examinations are filmed.

16 The external examiners report that communication with the University is generally good. The programme team are responsive to their reports and use them to enhance the teaching and assessment of the programme. However, some action plans have not been effectively monitored and some samples of students' work were sent to the examiners late, limiting their ability to scrutinise assessed work prior to the examinations board. The programme team needs to ensure that there are consistent lines of communication between the College and the various external examiners, and that action plans are monitored and actions evaluated.

17 Module tutors provide helpful written feedback to students, consisting of a grade and an explanation of the reasons for the awarded grade, and what can be done to improve the grade in future work. They also provide generic module feedback through the virtual learning environment (VLE). In clinic, tutors provide feedback to support the development of students' clinical competencies, professional skills and knowledge. Students also receive feedback from service users and carers. This feedback enables the clinical tutors to document the student's progress and, in particular, document and discuss professional attitudes. All feedback is documented within the students' portfolio along with the students' reflections on clinical practice. This is reviewed by the clinical team on a monthly basis and at the end of

each semester. The visitors concur with the external examiners' view that the standard of feedback given to students is, in some modules, very high.

18 There have been problems with the Objective Structured Practical Examination assessments. The external examiner reported that on Year 1 assessments, the students' technical skills were adequate but the assessment process did not allow students to demonstrate more technique; those displaying a poor technical ability were still able to pass the assessment due to its current format. In addition, staff provide variable levels of feedback with some lacking developmental statements to prepare for referral assessments or enhancement of student knowledge and/or skill. Weaknesses include the level of prompting within practical assessments and awarding the student with an inappropriate grade. Year 3 Objective Structured Practical Examinations involve a wide range of questions. This leads to a long practical examination, with the potential for students weak in one area to compensate in other areas and still pass the examination. There is also a difficulty in differentiating between 'sufficient' and 'insufficient' when assigning marks to students. The College has drawn up action plans to address these problems and significant progress has been made in their implementation.

Achievement

19 The first cohort of osteopathy students is due to graduate in June 2014. Specific information relating to achievement is therefore currently unavailable.

The quality of the learning opportunities provided

Teaching and learning

20 The programme uses a variety of teaching and learning approaches aligned to the curriculum and learning outcomes, aimed at developing the attributes of autonomous practitioners. Teaching is designed to integrate theoretical and clinic-based learning. Approaches used include: lectures, with themed weekly keynote lectures; group exercises and discussions; skills rehearsal; and computer-aided learning, for example, the use of videos on the VLE; and teaching and learning in the Osteopathic Clinic. External examiner reports confirm that the teaching methods are suitable for the modules reviewed.

21 Student participation in class is encouraged by using problem-based scenarios and small group discussions. In clinic, senior students are required to take lead responsibility for patients, but also to work in pairs and teams to support each other's learning, which is in line with and supports D8 of the Osteopathic Practice Standards.

22 Students have access to the VLE, which hosts a range of lectures, some with associated articles of interest or links to videos. Not all tutors upload material, and some have yet to adopt good academic practice in terms of sources and references in their presentations, which sets a poor example to students.

23 The M.Ost teaching team comprises three types of staff: non-osteopathic teaching staff; osteopathy teaching staff; and associate osteopaths, although there is some overlap in the last two roles. The non-osteopathic teaching staff draw upon their own and other health care practice, policy and research to underpin and contextualise the teaching to osteopathy students. Osteopathy teaching staff draw upon their clinical practice, postgraduate learning and in some cases their research activity. The opportunities for osteopathy and interprofessional research are not fully developed.

24 Osteopathic teaching staff participate in a range of formal and informal learning and mentoring activities, and are already engaged in peer observation. Peer review is being brought in across the University. Associate osteopaths, while being given access to participate in developmental activities offered by the Academic and Professional Enhancement Centre, do not appear to avail themselves of these opportunities, although

their teaching is observed by the Head of Clinic. Enrolment on a teaching award is now a requirement for any new staff who do not possess an existing teaching qualification, although there can be significant delays before starting the award. Teaching and clinic staff induction processes have appropriate supporting documentation, but is not effective in its stated aims as not all newer teaching staff are using the teaching tools and approaches outlined in these documents.

25 Students benefit from engaging with staff that have wide-ranging expertise and specialist knowledge. They also benefit from interaction with students from different disciplines as two final year osteopathy modules have a modest number of students from other pathways enrolled on them. Dissection sessions with staff and students from the College of Medicine are planned for 2014-15, and appear to address a request from students made in 2011-12.

26 The College devised a user and carer involvement group in 2010, and formulated a strategy for 2011-13. The osteopathy programme team is in the process of trying to realise its objectives. Service user (patient) feedback is collected anonymously, and audited and reviewed at clinic team meetings; as yet this has not been used to inform teaching and learning.

Student progression

27 The College has an effective policy on recruitment and accreditation of prior learning. Applicants apply through UCAS and are interviewed prior to being offered a place. All applicants are required to comply with the Disclosure and Barring Service and occupational health requirements. The College website provides potential students with clear information detailing pre-enrolment requirements.

28 The website also features graduate and employment statistics which, while generated from the University's UNISTAT data, are potentially confusing as there have been no graduates from the M.Ost programme to date. The University should guard against this information being presented in a way which potential students might misunderstand.

29 The University policy is to have an induction week, which the programme team enhanced in 2012-13 to include an induction into clinic. This was well received by students. A new strategy has been announced by the University aimed at reducing attrition, which would change the focus of induction from being a 'one off' to a more continuous activity. The programme team has yet to determine how this will be enacted locally.

30 A full cohort of 20 students was recruited for 2013-14. Of the 20 who started in 2010-11, 15 are now in their final year. Of the 17 who started in 2011-12, 14 are in their penultimate year. While there were 17 students in the Year 1 cohort in 2012-13, five failed various assessments and only 11 progressed to level 2 and are in the current second year.

31 All students are assigned a personal tutor who provides pastoral and academic support. The personal tutor plays a pivotal role in student support and there are flexible arrangements for support which vary according to the academic and personal needs of the individual student. If they prefer, students are able to consult other tutors depending on accessibility or preference, although some had experienced long delays and lack of support. Students also gain support from clinic tutors who are called mentors. There is no specific mentor-mentee relationship or arrangement; it arises as part of the interaction between staff and students in the clinic environment.

32 The University's Student Support Services team provides integrated, professional, student-centred services offering information, advice, guidance and support to enable all students to develop and achieve their full potential. The SED states that there are no students with a known disability enrolled on the programme, however, both staff and students confirm that there are students with dyslexia on the M.Ost programme. There is a

low level of awareness among the osteopathic team of the potential adjustments required to teaching and learning, and resource provision for such students.

33 There are multiple levels of involvement in academic support, from the class tutor or module leader, personal tutor, Programme Leader, Head of Clinic, Head of Department, right through to the Director of Quality. There are study skills sessions built into each year of the programme through the personal development modules which are delivered by the University's Academic Success Programme.

34 Attendance is considered a major factor in attrition, and is closely monitored. It is less clear how those who might be academically at risk are identified in the early stages of the programme, particularly if they fail to submit drafts of work. Weaknesses in practical skills are usually identified by tutors (in class or clinic) and additional remedial tutorials scheduled.

35 Clinical tutors also have a responsibility to document and discuss professional attitudes. All clinic feedback is documented within the students' portfolios along with the students' reflections on clinical practice, and is reviewed by the clinical team on a monthly basis and at the end of each semester. The new system of continuous clinical competency assessment has merit. Discussions with staff indicate awareness of issues relating to students who pass a competency but subsequently fail to maintain that standard. Initially, this would be addressed through action planning; any continuing issues would be managed through the University Fitness to Practise process.

36 Support for student dissertations has been carefully planned to ensure that a supervisor with experience in the methodology selected by the student is twinned with an osteopath (who will in the main be new to supervising at master's level). Feedback to students from formative and summative assessments is generally timely and enables students to improve their understanding.

Learning resources

37 The seven osteopathic teaching staff equate to 5.2 full-time equivalents (FTE) and the six associate osteopaths are on contracts quoted at 0.1 FTE each. Eight non-osteopathic teaching staff contribute to module teaching. Among the osteopaths there is a high proportion of recently appointed staff and staff who have yet to start their teacher training. Induction and mentorship activities are insufficient to ensure a consistent teaching and learning experience for students.

38 All staff employed at the University have access to a wide range of staff development opportunities and are encouraged to attend any relevant training courses organised and managed on campus by the Academic and Professional Enhancement Centre. Substantive staff are engaged in a range of certificated learning, some based at Swansea and others at other universities. Associate staff have a range of backgrounds and interests, but are not consistently involved with on-site development activities. An 'away day' was attended by some. Mentorship days are promoted as a key vehicle for development and standard setting, however, they have not occurred with the anticipated regularity, and attendance is not recorded.

39 The campus library and its facilities are highly accessible. It opens for extended hours, increasing to 24 hour opening during examination periods. Staff support is available seven days a week, and there is a dedicated subject librarian. Wireless access is available throughout the campus and students have the potential to access internet and resources at remote linked sites, for example, local hospitals.

40 The library has a good selection of textbooks covering medicine and other related subject areas such as sociology, psychology and research. However, the osteopathy section is inadequate to support the content of the level 3 and 4 osteopathy modules (SHF307 and SHFM01), particularly in visceral and paediatric osteopathy. Current provision matches the

reading lists for modules, which are also in many cases inadequate in spite of recent revalidation. Clinical Biomechanics and Imaging (SHF103) is limited to books published before 1998. Extensive access to online journals is provided by the University. However, students have encountered access difficulties. The programme team have been unaware of such issues.

41 Module handbooks and lecture material are placed on the VLE, sometimes accompanied by relevant research articles or links to audio-visual material. A new system (Rebus) provides an interactive reading list, allowing students to click on links to books and either retrieve material electronically, or identify availability in the main or clinic library, which enables faster and more convenient access to materials.

42 The classroom designated for first-year lectures is too small, despite changes made in response to students persistently raising the unsuitability of teaching space at various committees. The practical room is equipped with eight hydraulic plinths, which limits its flexibility when used with the current first-year group of 20 students.

43 The dedicated osteopathy clinic is sufficient for programme needs, having four well-appointed consultation rooms and is open 0900 -1700 from Monday to Friday. Members of University staff, students and the general public are able to make use of its facilities. There is a small tutorial room which comfortably accommodates eight students, and is therefore stretched when intergroup sessions occur. A reception area and staff offices complete the clinic set-up.

44 The attendance and distribution of patients to students is closely controlled and audited. The clinic team have worked hard in pursuing potential avenues for recruiting patients, to ensure that students have a sufficient learning experience. At the time of the visit, numbers were on target to allow students to reach the *Subject benchmark statement: Osteopathy* guide of 50 new patients per student. Links with the University Occupational Health department, local councils, a housing association, and the local NHS Health Board are all to be commended.

Governance and management (including financial and risk management)

45 The University was first established in 1920. It describes itself as a research-led practice-driven university which aims to produce global graduates, educated and equipped for distinguished personal and professional achievement. The University aims to deliver an outstanding student experience, with teaching of the highest quality.

46 The College of Human and Health Sciences is the largest college in the University. It has a clear mission, relating to developing a centre of excellence for research and education that supports the population of south-west Wales, which is clearly communicated to staff at all levels. The College supports a diverse range of disciplines, including nursing, midwifery, social work and paramedic science. Osteopathy is the latest addition to the professional portfolio of programmes and was first approved in 2010. The College aims to achieve recognition as a centre of excellence that informs osteopathy policy, practice and education.

47 The coherent and proactive leadership team manages the strategic development and operational delivery of the osteopathy provision. The Head of College is responsible for the strategic management and overall effectiveness of the student experience. The Head is supported by three deputy heads and an Associate Head of College (Business and Finance). This group forms the College executive team. This team works cohesively to formulate the strategic development of the College and to review the overall student experience. The three deputy heads have individual responsibility for enterprise and organisational development, teaching, learning and professional practice and research.

48 The College executive provided high profile leadership and strategic planning during the extensive preparations for the development and implementation of the M.Ost programme. It has made a significant input to the creation of a highly successful clinic which has been strategically planned in consultation with senior managers from the University and representatives of the local health economy. The senior team within the College provides continuing support to the clinic to ensure effective placement opportunities are maintained. The College executive team has supported the establishment of the osteopathy team and has provided continuing input into the recruitment and staff development of this new team and its assimilation into the higher education environment.

49 The osteopathy provision is located within the Department of Interprofessional Health Studies which has a clear and effective management structure. The Head of Department has overall operational responsibility for the specialist disciplines in this area. Discipline-specific leadership is provided by programme managers for each specialist area, including osteopathy. Programme managers ensure that appropriate curriculum content and professional and clinical experience are maintained in their discipline areas. A range of proactive support strategies have been implemented by the Head of Department in recognition of the recent appointment of several staff in the osteopathy team and their limited experience within the higher education environment.

50 The University has an established effective business planning process which is managed through the production of an annual strategic intent document. This requires each college to produce a business plan, detailing income and expenditure and outlining the viability of all the college's activity. This forms an effective strategy for risk management and allows for the University to make a commitment to the college's activities and ensures sustainability of the provision. Senior members of college staff present this plan to a member of the University executive at a challenge meeting.

Governance and management (the maintenance and enhancement of standards and quality)

51 The College has a comprehensive committee structure in line with the University's governance framework. These committees focus on the quality of learning and teaching and programme monitoring. The College Learning and Teaching Committee monitors all aspects of teaching, learning and assessment of programmes delivered within the College. It is also responsible for coordinating and conducting programme and module reviews. The College Curriculum Quality Committee is responsible for the approval and validation of all new programmes and modules, and modifications to existing ones. Each award has a Board of Studies which produces the Annual Programme Review and responds to student feedback. These boards are tasked with enhancing the student learning experience. Student representation is a key feature of the Boards of Studies. These forums provide a detailed account of the operational delivery of the M.Ost programme and demonstrate a commitment to the review and enhancement of the provision.

52 The College has an appropriate framework of policies and procedures that guide programme development and review. These are contained in a Code of Practice for Quality Assurance, which has been developed centrally by the University to ensure consistency of practice across the institution. There is a well established process for completing the Annual Programme Review, including a review of student feedback and consideration of attrition and student performance. The reports are considered at Board of Studies meetings, detailed action plans are produced and monitored by the Board of Studies. The principles of the Quality Code have been used to inform College policies. Staff demonstrated a good understanding of the provisions of the Quality Code.

53 A variety of mechanisms are in place to obtain feedback from students. Online module evaluations are undertaken, detailed reports are collated centrally and returned to the module leaders and Head of College. The reports provide detailed analysis of the student experience. The College has recognised that there has been a significant decline in the

response rate for module evaluations since the move to online data collection and is addressing this.

54 The College makes good use of external examiners, who are effectively engaged in reviewing the standard of academic and practice-based assessments. External examiners also provide input to consideration of modifications to the programme. External examiners are asked to ensure that the programme takes appropriate account of subject benchmark statements and provide advice on curricula to ensure that the programme maintains currency. External examiners' reports are carefully considered by programme managers and any issues are promptly addressed. The College's Learning and Teaching Committee formally considers the reports and action plans are developed and good practice is disseminated across the wider college. External examiners' reports are published in summary form on the virtual learning environment, so that students have access to external examiner feedback in relation to their course. The review team found that students were not making full use of this facility.

55 The College states that student-staff consultative committees are encouraged as a forum to discuss issues surrounding the learning experience. However, these meetings have not been attended consistently by osteopathy students, resulting in the loss of a valuable opportunity to obtain student feedback.

56 The College supports academic staff through access to staff development opportunities, and staff are encouraged to attend any relevant training courses organised and managed on campus by the Academic and Professional Enhancement Centre. All new substantive academic staff members who do not already have a teaching qualification are required to undertake a Postgraduate Certificate of Teaching in Higher Education (PG Cert tHE) as part of the probation process. On completion of this programme, staff are supported to become Fellows of the Higher Education Academy. In addition to pedagogic staff development, a limited range of bespoke staff development events have been provided specifically for the osteopathy staff. Staff are supported to attend conferences and study days that relate to their own discipline and enhance their subject specialist knowledge. Comprehensive staff development provision offers extensive opportunities for staff to develop their pedagogy. However, these are not fully translated into a cohesive plan for developing these new academic staff in an integrated way, and ensuring that staff development meets their evolving needs.

Meetings and documentation

Meetings held

Overview of provision
Management and Enhancement of Standards and Quality
Staff Meeting
Intended Learning Outcomes, Curricula, Assessment and Student Achievement
Teaching and Learning, Student Progression and Learning Resources
Corporate Management and Governance Issues
Student Meeting
Library Visit
Clarification Meeting 20-02-2014

Major documentation

Swansea University SED for RQ 2014
SED Campus Plan
M.Ost Programme Specification
M.Ost Osteopathy Narrative and Programme Structure
Module Pro Formas
QAA Benchmark Standards Mapping Document
Osteopathic Practice Standards Mapping Document
Programme Team CVs
Clinic Business Plan 2013
Clinical governance terms of reference
Tutor Clinical Handbook 2013-14
Teaching Manual for Associates
2013 Undergrad College Handbook Template FINAL
M.Ost Programme Handbook 2013-14
M.Ost Student Clinic Handbook 2013-14
M.Ost RQ Quality Assurance Document
Swansea University Code of Practice
External-Examiners-Guidance-2012-13-FINAL
Policy Documentation
Induction Policy
Staff Development Policy
APECS Brochure 2014
Performance Enabling Policy 2013V3 240913
Swansea Insurance EL-PL
M.Ost Library IT provision 2013
Health Science Induction Booklet Sep 13
2011-2012 Operating and FR Combined

Swansea University Preliminary Meeting Information Requests Response Document
College level Committee Structure
Committee Reporting Structure
Module Management
Training Records
Teaching Observations
M.Ost Programme and Research
SHFM02 Dissertation Handbook 2013 14
Business Plan
Code of Practice Quality Assurance
CQ1213.2 Minutes 9 10 13
MNPAC33 Draft 1

Boards of Studies Minutes 9.1.14
 13.2.1 LT1213.8 20 3 2013 minutes
 Summary of external examiner reports and responses
 M.Ost APR 11 12
 M.Ost APR 12 13
 Module Evaluations:
 SHF102 SHF102 Anatomy and Physiology 2
 Module Evaluation SHF301 Developing Business Management Skills
 Module Evaluation SHF304 Osteopathic Skills
 Module Evaluation SHF303 Clinical Biomechanics
 Module Evaluation SHF103 Clinical Biomechanics and Imaging
 Module Evaluation SHF106 Osteopathic Skills 2
 Module Evaluation SHF107 Introduction to Personal and Professional Development
 Module Evaluation SHF201 Introduction to Business Management
 Module Evaluation SHF202 Developing Evidence Based Practice
 Module Evaluation SHF204 Osteopathic Skills
 Module Evaluation SHF206 Pathophysiology and Therapeutics
 Module Evaluation SHF207 Applied Psychology and Sociology for Health Care

Swansea University Additional Information Request
 Student numbers and non-progression 2012-13
 Student numbers and non-progression 2011-12
 Student numbers and non-progression 2010-11
 Evaluation of the Cwm Taff
 Swansea University Clinic Financial Summary 2011-12
 Swansea University Clinic Financial Summary 2012-13
 Clinic Summaries
 Teaching observations
 Review of student work (SWANS)
 Online module feedback examples with student comments
 Draft Minutes of student meeting re: Osteopathy course 14-02-2014
 ToRs College level committees
 Unsolicited information 1
 Unsolicited information 2
 Unsolicited information 3
 Unsolicited information combined response
 List of library books
 Application numbers
 Non-osteopath enrolments on 'open module'
 CHHS Management matrix - explanatory note
 Mentorship and team 'awayday' information
 SU Business planning cycle information
 Distance and lifelong learners at Swansea (DALLAS) leaflet
 SU Recruitment and Selection process
 Role Descriptors Clinical Mentor in Osteopathy, Programme Director, Lecture Osteopathy,
 University Grade teachers
 Description Business Planning additional
 ToR CHHS User carer involvement group
 Service User Group involvement (Health) Strategy 2011-13
 Osteopathic Clinic Service user and care engagement/
 Patient satisfaction audit sample qnnrre
 Osteopathic staff academic and professional/research development grid

QAA744 - R3566 - Jun 14

© The Quality Assurance Agency for Higher Education 2014
Southgate House, Southgate Street, Gloucester GL1 1UB

Tel: 01452 557 000
Email: enquiries@qaa.ac.uk
Website: www.qaa.ac.uk

Registered charity numbers 1062746 and SC037786