



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

**Master of Osteopathy**

**Initial recognition review**

**British College of Osteopathic Medicine**

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## 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 *Standard 2000: Standard of Proficiency*.

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 and audits 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 higher education audit and review, QAA has published a wide range of 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 *Handbook for the General Osteopathic Council review of osteopathic courses and course providers, second edition*, QAA 2005.

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 an Initial recognition review of aspects of governance and management of the academic standards proposed, and of the quality of the learning opportunities proposed, in osteopathy at the British College of Osteopathic Medicine (the College). 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 *Standard 2000: Standard of Proficiency (Standard 2000)* professional competence standard of the GOsC. The review was completed in the academic year 2008-09. The review visitors were Ms Janet Sinclair, Ms Sarah Wallace, Dr Andrew Thompson, and Mr Jeff Butel (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 Master of Osteopathy programme is:

- **approval without conditions.**

## B Findings

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

### Strengths

- Achievement of the funding objectives of the Strategic Plan 2007 to 2011 which provided the opportunity to develop the M.Ost in conjunction with a new validating partner (paragraphs 3 and 4).
- The care taken in selecting a new validation partner in order to ensure an appropriate match of aims, curricular provision, staff expertise and appropriate supporting learning resources (paragraph 4).
- The continuing integration of London Metropolitan University's Academic Quality and Monitoring Group cycle of activities into the College's quality assurance systems (paragraph 7).
- The improved facilities on Osteonet to garner student feedback (paragraph 8).

- The support and guidance offered to students in explaining the changeover to the M.Ost, including transfer arrangements, funding issues, curricular and assessment changes (paragraph 33).
- The development of Osteonet to provide a highly accessible resource to underpin student learning, including online journals and dissertations, reflect the advanced needs of M-level study (paragraph 34).

### **Areas for development**

- There is a need for a more formal and transparent reporting mechanism for curricular development and implementation in order to leave a clear and accessible audit trail (paragraphs 9 and 16).
- There is a need to review and edit all M.Ost documentation and literature (paper-based and electronic) to remove inaccuracies and inconsistencies (paragraph 9).

## **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 the General Osteopathic Council review of osteopathic courses and course providers, second edition*.

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, validating and accrediting bodies. 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 *Standard 2000*
- 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
- 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 overall aim of BCOM is:

- to guide student osteopaths through the acquisition of basic science and osteopathic technique skills towards an integrated clinical appraisal of patients. This allows the formulation of safe, effective, rational and caring treatment plans for as beneficial an outcome as is feasible in a given situation. This may be summarised by the following aims to:

- ensure that graduates acquire adequate clinical competence via a self-critical approach to integrated, learned skills
- promote an attitude of inquiry and the maintenance of this attitude into professional life to keep abreast of current knowledge
- instil a research ethos into practitioners of holistic osteopathy
- increase access to osteopathic training to all those with a declared desire and appropriate academic qualifications
- provide the general public, via the GOsC in the UK, as well as in the wider European environment, with safe and competent practitioners of holistic osteopathy.

2 The aim of the M.Ost, as an integrated master's programme, is to expand the intended learning outcomes traditionally associated with bachelors degrees, integrating a set of skills usually associated with a university-level programme of professional education and training. The broad intended learning outcomes of the M.Ost as stated in the self-evaluation document are as follows.

- the synthesis of academic knowledge and practical and technical skills so that graduates can become safe and competent osteopathic practitioners, appropriate for statutory registration within the UK
- the ability of a practitioner to assimilate and integrate information in the formulation of a working diagnosis which by a process of differential assessment enables the practitioner to justify a well-reasoned case management
- the ability to engage with osteopathic research and advances in clinical practice in the context both of the profession and the wider healthcare environment.

## **E Commentary on the provision**

### **Management and governance: strategic**

3 The College was recognised as having a sophisticated, inclusive and functional structure of governance and management at its Renewal of recognition review in November 2007. This structure served it well in the strategic actions that led to a change of validating partner, funding stream and development of the M.Ost.

4 The Strategic Plan 2007 to 2011 seeks to establish a clear, robust funding arrangement to support the student experience. To this end the College undertook a well-structured process to seek a new validating partner with an appropriate match of aims, curricular provision, staff expertise and appropriate learning resources. This led to a new

validation arrangement with London Metropolitan University and the subsequent validation of the M.Ost as an integrated master's programme. This enhanced level programme enables holders of undergraduate degrees to access public funding in line with strategic plan objectives.

5 The management committee structure is clear and purposeful, and offers opportunities for representation to all sections of the College community. Records of deliberations and outcomes from committees are well documented. Recent changes to the Articles of Association have allowed for a more responsive and broader input from the senior management group.

6 The College was recognised as being financially sound and well managed at its Renewal of recognition review in November 2007. The new partnership and the introduction of the integrated M.Ost has reinforced this finding. From strategic direction to management action the process for implementing these changes moved rapidly, was carefully considered and, after a widespread consultation process, endorsed by the whole College community.

#### **Management and governance: the maintenance and enhancement of standards and quality**

7 The College's well-structured quality assurance system was recognised as effective at its Renewal of recognition review in November 2007. The M.Ost, along with all other degree programmes at the College, will be validated by London Metropolitan University. The College and the University have ensured that their quality assurance systems articulate effectively by means of thrice-yearly Academic Quality and Monitoring Group meetings.

8 The College intranet Osteonet has replaced Vesalius. Vesalius was highlighted at the Renewal of recognition review in November 2007 for its contribution to quality assurance through module evaluation, publishing of minutes and canvassing opinion. Osteonet has built on these features with enhanced options for student feedback and engagement, as well as improving and expanding access to M.Ost learning resources.

9 The College has developed the M.Ost commendably swiftly but there is a paucity of formal documentation trailing its development. There is limited formal recording of the curriculum development and evolution of the M.Ost from before April 2008, although the College claims that it was a major target for many years. This contrasts with the normally detailed reporting through the College's formal committee structure and minutes. The quality of the associated documentation has suffered. A condition of the London Metropolitan University validation committee considering the M.Ost proposal was that the documentation

be 'tidied up'. The visitors noted some errors and inaccuracies, most notably the claim in the Course Handbook that the M.Ost is accredited by the GOsC. The College has rectified this error following the review visit.

## **An evaluation of the clinical and academic standards achieved**

### **Intended learning outcomes**

10 The overall aims of the programme are to provide GOsC with clinically competent and research-aware osteopathic graduates of master's level quality and to provide the general public, worldwide, with safe and competent practitioners of holistic osteopathy. These aims are clearly articulated in the programme documentation.

11 The overall programme intended learning outcomes are set at the appropriate level of *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ), are clearly linked to *Standard 2000* requirements, and reflect the *Subject benchmark statement* for osteopathy. These intended learning outcomes also demonstrate progression in line with FHEQ level descriptors.

12 The intended learning outcomes of the modules are mapped against the main aims of the programme and *Standard 2000*. The module specifications contain detailed descriptors of the module aims, intended learning outcomes mapped to subject content and *Standard 2000*, and syllabuses. These are available to students and staff through the new Osteonet facility. As identified in 2007, the aims of the practical and clinical teaching modules allow for the acquisition, development and progression of skills and knowledge leading to their integration, together with the attainment of clinical competence. The developments within the M-level modules in the fourth year of the programme further this integration.

13 The overall aims and programme intended learning outcomes meet the demands of the new validating partner as evidenced by the successful validation of the M.Ost by London Metropolitan University in August 2008.

### **Curricula**

14 The M.Ost was developed from the existing Bachelor of Osteopathic Medicine structure, with the addition and integration of much of the master's content from level 1 of the current Master of Osteopathic Medicine (M.Ost Med) to create a professional degree structure incorporating 'M' level. In developing this programme, the integration of knowledge to produce professional competence and M-learning outcomes was considered to be of primary importance. This is evident in the module specifications which demonstrate

progression, culminating in acquisition of M-level attributes in the fourth year. The fourth year is appropriately designed to reflect master's level.

15 The College considers that its staff already have an understanding of the complexity and maturity involved in delivering a programme at M-level and, therefore, are in an advantageous position to integrate their own knowledge and experience in developing and delivering the M.Ost. They also consider that little further curricula development was required as they had been informed by external examiners that their undergraduate programmes are producing graduates above the expected standard required of a bachelor's degree. There is some evidence to support this view; further evidence will be provided when the first M.Ost students graduate in 2009.

16 The self-evaluation document states that in developing the fourth year of the programme, various stakeholders including staff, professional practitioners, external examiners and London Metropolitan University staff were consulted. They also drew guidance from publications from QAA, including the Academic Infrastructure, the *Code of Practice for the assurance of academic quality and standards in higher education (Code of practice)*, *Section 1: Postgraduate research students*, and *Section 7: Programme design, approval, monitoring and review*, and the Higher Education Funding Council for England, and Universities UK. However, when questioned, senior managers and academic and clinical staff could point only to formal and informal discussion and reflection as the basis for the developments. Other than the mention of the proposed changes and their implementation in minutes of the Academic Standards Committee and Board of Governors meetings, it was not possible to find or track a clear documentary trail to support these discussions and their outcomes.

17 The rescheduling of pharmacology into the third year, the development and expansion of the previous Practice Management Module into that of Practice Management, Audit and Ethics, and changes to Research Learning in both the third and fourth year are the only curricular changes from the previous programme. The professional clinical components have remained unchanged.

18 The new module Practice Management, Ethics and Audit, provides a framework to enable students to evaluate critically and address the ethical, medico-legal and commercial issues encountered in both private and NHS-commissioned osteopathic practice. It also provides students with exposure to a range of common ethical issues encountered in practice. Students will also be introduced to clinical audit, and be expected to conduct and appraise critically, an audit of their BCOM patient base for the preceding two years.

19 Students' exposure to research spans three modules, starting in year three and continuing into year four. In developing this provision, the College has drawn upon prior experience of delivering M-level research and the *Code of practice, Section 1: Postgraduate research programmes* to provide an integrated master's programme. The module descriptors show a clear intention to integrate final-year students' knowledge, and professional, statistical and data analysis skills into M-level research.

20 Detailed analysis of the six M-level modules of the curriculum against the *Framework of Standard 2000, Areas of Capability*, highlighted the following.

**A Knowledge relevant for the safe and competent practice of osteopathy**

The *Standard 2000* GOsC Standards of Proficiency Module Mapping Document 2008 demonstrates that this category is reflected in all M-level modules in the programme. This is reinforced by reference to the individual module specifications which emphasise integration of knowledge across the curriculum to produce professional competence and M-level outcomes.

**B Concepts and principles of osteopathy**

This category is mapped against four modules. Of these, Osteopathic Clinical Practice provides for critical, integrative and reflective analyses of the principles and concepts of osteopathy informing clinical decision-making activities. This module together with Clinical Rheumatology, Orthopaedics and X-Ray Diagnosis; and Clinical Obstetrics and Gynaecology, Dermatology and Gerontology, develop a student's understanding and critical approach to models of health, disease and illness and their application in patient care and management.

**C Therapeutic and professional relationships**

There are three modules mapped against this category. In particular, Practice Management, Ethics and Audit deals with the issues of confidentiality, appropriate manner and mode of communication, conflicts of interests, beneficence and non-professional relationships with patients. This is supported by the module content within Clinical Psychosomatics where emphasis is placed on the importance of therapeutic patient-practitioner relationships.

**D Personal and individual skills**

Four modules are identified as relating to this category. Of these, Osteopathic Clinical Practice places emphasis on self-critical reflective practice as well as the development of problem-solving skills required to undertake autonomous clinical practice. Within Research

Investigation, students are encouraged to create a self-critical awareness of how one is influenced by, and may influence, the clinical practice environment. Practice Management, Ethics and Audit demands that students develop a critical approach to their learned knowledge and skills.

### **E Communication skills**

All six modules are mapped against this area. In particular, Practice Management, Ethics and Audit considers issues surrounding informed consent, confidentiality and appropriate modes of communication. Within Osteopathic Clinical Practice, students are expected to be able to communicate effectively with patients on matters relating to treatment, management strategies, and the possible need for clinical investigation and/or onward referral. Communication skills underpin the delivery of the Clinical Psychosomatics Module.

### **F Information and data handling skills**

Five modules relate to this category. While all place emphasis on the skills required, Osteopathic Clinical Practice reinforces the promotion of evidence-based clinical practice. Practice Management, Ethics and Audit demands that students be able to conduct, appraise critically, and implement the findings from clinical audit. Research Investigation aims to give the students a practical understanding of research methodology and statistical analysis drawing upon and developing the grounding established in earlier modules in the programme.

### **G Intra and interprofessional collaboration and cooperation**

This area is mapped against three modules. Of these, Practice Management, Ethics and Audit places emphasis on the professional liaison with, and referral to, other healthcare professionals. Students will be introduced to the protocol of referral, medical correspondence and reports. As previously identified in 2007, several arrangements serve to strengthen students' experience within this category. These include, the continuing rolling patient contracts with Camden Primary Care, the relationship with local and feeder GP practices, the wide breadth of staff experience derived from different medical disciplines, the practising arrangements within a local NHS hospital, together with the continuing supervised access to anatomy dissections at University College London, and X-ray reporting sessions at St Ann's Hospital to support student learning.

### **H Professional identity and accountability, ethics and responsibilities**

All modules are regarded as emphasising this category. In particular, Practice Management, Ethics and Audit aims to prepare the students for entry into professional practice by giving an overview of key issues such as managing a business, legal and professional requirements,

and ethical aspects encountered in clinical practice. Osteopathic Clinical Practice also demands the student recognises, acknowledges and manages ethical issues arising during patient management. Emphasis is also placed in Clinical Psychosomatics on appropriate patient-practitioner encounters and relationships.

#### **I Professional self-evaluation and development by means of reflective practice**

This category is reflected in all modules, with each module focused on developing and enhancing students' skills in this area with reflective practice underpinning the intended learning outcomes, teaching and learning and assessment strategies.

#### **J Identification and evaluation of the needs of the patient**

Four modules are mapped against this area. Osteopathic Clinical Practice, Clinical Rheumatology, Orthopaedics and X-Ray Diagnosis, and Clinical Obstetrics and Gynaecology, Dermatology and Gerontology, all enable the student to identify and appraise, critically, the needs of a range of patients. In doing so, students are expected to incorporate and apply both theoretical and evidence based knowledge in the clinical setting autonomously and competently. Clinical Psychosomatics also teaches students to understand and recognise emotional and psychological problems and their potential role in a presenting complaint.

#### **K Acquisition and enhancement of the skills of osteopathic palpation**

Two modules draw upon and develop a student's clinical attributes in this area. In particular, Osteopathic Clinical Practice demands that a student will be able to use palpation effectively as an information gathering, diagnostic, treatment and re-assessment medium. In addition, they will simultaneously analyse and reflect upon the clinical findings to inform continuing management of the patient.

#### **L Planning, justifying and monitoring osteopathic treatment interventions**

Three modules further develop a student's ability to analyse and consider the information gathered during the patient case history taking and evaluation. These modules also place emphasis on the ability to generate and justify a number of diagnostic hypotheses. Osteopathic Clinical Practice demands the integration of theoretical knowledge and practical skills within this category. Practice Management, Ethics and Audit aims to develop the student's ability to find means of informing patients of clinical findings and their intended course of action, as well as developing the ability to appraise critically, reflect on obstacles and take appropriate action.

## **M Conducting osteopathic treatment and patient management**

One module, Osteopathic Clinical Practice, is mapped against this category. It places emphasis on students being able to select, justify and use a wide range of osteopathic techniques, together with an awareness of the contraindications and necessary modification to their application.

## **N Evaluation of post treatment progress and change**

Four modules relate to this category. In particular, Clinical Psychosomatics prepares students to manage the emotional and psychological problems and reactions experienced by a patient during the course of diagnosis and treatment. Emphasis is placed within Osteopathic Clinical Practice on the need to evaluate critically the decision-making process, particularly regarding the direct and side effects of proposed treatment and advice.

## **O Advice and support for the promotion and maintenance of healthy living**

This category is mapped against three modules. Osteopathic Clinical Practice, and Practice Management, Ethics and Audit provide a critical appreciation of the key concepts and organisation of health education and health promotion operating in the UK, including the effective use of local healthcare promoting activities, and overseas. Clinical Psychosomatics complements the demands of Osteopathic Clinical Practice; both develop a student's understanding of the significance and potential effect of psychosocial factors in helping patients to make informed choices about their personal healthcare maintenance and self-care activities.

## **P Managing an efficient and effective environment for the provision of osteopathic healthcare**

Two modules, Practice Management, Ethics and Audit, and Clinical Osteopathic Practice, are identified as relating to this category. The syllabus content and summary of the former module makes specific reference to professional negligence, setting up of practice, the conduct of a practice, insurance and finance. Among other areas, Clinical Osteopathic Practice places emphasis on the effective maintenance of patient records and information.

## **Assessment**

21 The M.Ost assessment strategy is required to conform with the assessment regulations of London Metropolitan University. In consequence, the clinical and practical osteopathic modules have a zero (CATS) credit rating, although it is necessary to pass them to achieve the award. Although the M.Ost is an unclassified degree, marks for all modules will be shown on the final transcript. The credit and non-credit rated modules exemplify the distinction between academic and clinical competence attainment components of the M.Ost. The clinic

modules are non-condonable. Levels 1 to 3 contain eight academic modules plus two clinical modules, and year four contains six academic modules plus one clinical module.

22 The degree comprises 480 credits; 120 credits at each of three levels C, D and I, with a Pass mark of 40 per cent; and then 120 credits at M-level with a Pass mark of 50 per cent. All components of the modules must be passed to complete the degree successfully.

23 The assessment regime adopted for the B.Ost is retained for the level 1, 2 and 3 modules of the M.Ost; changes relate to year four modules. The year four modules Clinical Rheumatology, Orthopaedics and X-Ray Diagnosis, and Clinical Obstetrics and Gynaecology, Dermatology and Gerontology, are each assessed by a three-hour unseen written examination, an essay, viva voce, and termly report. The termly report is a critical appraisal of recent publications in peer review journals. Practice Management, Ethics and Audit includes a patient audit supported by a written reflective review and an essay regarding practice management and ethics. Each of these modules has a 20-point credit rating. The research module is assessed by a literature review and preparation of a journal-ready research paper. Students are also required to complete a presentation viva to peers and an expert panel. This has a 40-point credit rating. The Osteopathic Clinical Practice module, level 4, is assessed using continuous assessment, written examination, a viva voce and patient-centred clinical competence assessment. The result is a comprehensive, well-integrated assessment regime which is well mapped to the intended learning outcomes and the level of study.

24 For the M.Ost the format of the Final Clinical Competence Assessment (FCCA) examination remains unchanged: the management of two new patients and one follow-up. An external examiner commented that 'there were not sufficient numbers of new patients to provide each candidate with two new patients on several occasions this year'. In their meeting with the visitors students mentioned a perceived drop in patient numbers. The College is of the view that patient numbers are sufficient. While there is no evidence currently to suggest a lack of patients is likely to adversely affect the student learning experience; the situation will need to be monitored and addressed if the M.Ost is successful in attracting an increased student intake. The remit of the Clinical Practice Manager is to strengthen links with local Primary Care Trusts to maintain patient numbers.

25 The Academic Registrar publishes a full schedule of assessment dates and deadlines by the end of week six of term one of each year. This is published for each year on Osteonet and College notice-boards.

## **Student achievement**

26 Success in the FCCA examination is mandatory for successful completion of the M.Ost. Although M.Ost students have yet to take the FCCA, results for B.Ost Med students during 2007-08 continue to exhibit a 100 per cent Pass rate at the first attempt; three students who deferred completed at the first attempt.

27 The level of student achievement was reported as high in the 2007 Renewal of recognition report. At that time 60 per cent of students achieved an Upper Second or First class award. The College reported that, despite many requests to the University of Westminster, external examiners reports for 2007-08 were unavailable at the time of the review.

## **The quality of the learning opportunities provided**

### **Teaching and learning**

28 The teaching and learning strategy seeks to develop clinical competency delivered through an integration of academic, practical and clinical skills. This has been further developed to provide for student achievement of M-level attributes at level 4. These developments have included a shift towards more interactive, dialogue-inclusive lectures with a greater emphasis on self-directed learning activities and greater student participation in group work. The progressive clinical-based learning strategy, identified in the outgoing B.Ost Med, has remained unchanged. This enhanced approach to teaching and learning is appropriate for M-level.

29 In developing the teaching and learning strategy, the College has enhanced its resources for supporting self-directed learning activities. This enhancement includes the tailor-made development and implementation of the virtual learning environment, Osteonet, and the planned access to the enhanced facilities available through London Metropolitan University. Given that the University relationship is very new, the visitors were unable to judge the effectiveness of these initiatives. The College is committed to monitoring this aspect of the provision to ensure that it meets the enhanced learning needs of its students for M-level study.

30 Student awareness and understanding of the importance of evidence-based research will be further enhanced by developments in the Research Investigation module. The contents of this module draw upon the grounding gained in earlier years. The original research project starts during level 3 with a design of a viable protocol and completion of a critical review, culminating during level 4 with submission of a literature review and the presentation of a journal-ready research paper of 2,500 to 3,000 words. The students will

also be expected to defend their research in an oral presentation to an expert panel and peers as part of a student research conference. This is a further development from the outgoing B.Ost Med.

### **Student progression**

31 Recruitment will be by interview. The College has set the maximum total of students at 320; at the time of the visit there were 194 students enrolled on the programme. Recent progression from level 1 to level 2 was 94 per cent; from level 2 to level 3, 91 per cent; and from level 3 to level 4, 100 per cent.

32 The M.Ost programme provides intermediate awards for students who are unable, or do not wish, to complete the master's award. Students who complete level C modules successfully are eligible for a Certificate of Higher Education; those completing level I modules are eligible to apply for a Diploma of Higher Education, and those completing all level H modules are eligible to apply for a BSc Ordinary degree. Students completing successfully all M-level modules, except the project, are eligible to apply for a B.Ost Med. For these students, since the B.Ost Med meets all other assessment criteria, including osteopathic and clinical assessments, students are eligible to apply for professional registration.

33 There was widespread inclusive canvassing of student opinion on the changeover to the M.Ost. The senior management team met each year group to explain the change of validation partner, the transfer of public funding, the structure of the M.Ost and the implications for students' progression. Student opinion was canvassed by secret ballot. Students informed the visitors that they valued the consultation process to ensure that they made an informed decision, and the evident regard shown for their career progression.

### **Learning resources**

34 All staff delivering level 4 M.Ost modules have previously taught at M-level, and some 60 per cent of full-time staff hold a higher degree. The College intranet Osteonet provides additional support for M-level study. A consultative process between staff and students, utilising the advanced IT skills of some students, resulted in the development of new features. These are an electronic dissertation archive, a student-administered area, a forum to allow online study collaboration, and a library of academic and professional resource links. The addition of an archive search function facilitates detailed searches within lecture notes, handbooks and guidelines to support self-directed learning. This is highly valued by students.

35 The collaboration between the College and London Metropolitan University provides full reference access to library catalogues, access to the University's intranet and Metronet, and unrestricted access to a range of online journals. Subject librarians at all London Metropolitan University campuses offer one-to-one support and enquiries can be submitted by email or library web pages. It is intended that, in consequence, the College library will be able to focus on specialist material and new book purchases. The College librarian has been inducted to support College students to access London Metropolitan University facilities. London Metropolitan University also has significant research and clinical laboratory facilities with potential benefits for staff and students.

36 As part of its continuing support for student learning, the College has, in response to student feedback, developed a dedicated 'Learn-out-loud area', thereby extending the opportunity for M-level study to a wider student group. There is a more traditional, quiet study area elsewhere in the library.

37 The clinic continues to represent a major learning resource as outlined in the 2007 Renewal of recognition report. A new agreement between the College and the Royal Free Hospital provides the opportunity for level 3 and 4 students to treat patients, under supervision, in the Pain Clinic. This was formerly an opportunity for observation only, and reflects the move to M-level study.

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