

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

**M.Ost**

**B.Ost**

**Initial recognition review**

**British School of Osteopathy**

**June 2008**

## 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 a 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 School of Osteopathy. The programmes reviewed were Master of Osteopathy (M.Ost) and Bachelor of Osteopathy (B.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 programmes 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 Mr Jorge Esteves, Mr Anthony Kanutin, and Mr Peter Clarke (Review Coordinator).

The M.Ost and B.Ost are due to replace the School's current B.Ost programme from September 2008. The current B.Ost was subject to a renewal of recognition review in November 2007. As with the current programme, the proposed M.Ost is available in two modes. The standard pathway involves four years of full-time study. The mixed mode pathway enables students to complete the first half of the programme part-time over three years, and then join the full-time students for the final two years [M.Ost SP and MMP Student handbooks part 1; M.Ost Strategic Rationale 27<sup>th</sup> March 08]. The intention is that students now completing years 1 and 2 of the full-time programme and those completing years 1, 2 and 3 of the mixed mode programme will transfer to the new provision on completion of the current academic year.

## 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 and B.Ost programmes is:

- **approval with conditions.**

The conditions are:

- the School, in collaboration with the University of Bedfordshire, produces separate programme specifications for the B.Ost award prior to commencement of the programme
- the School implements its documented plans for staff development and assessment, by September 2009.

## **B Findings**

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

### **Strengths**

- there has been an extensive planning process to aid the development of the programme and prepare for its implementation. The successful development of the programme is indicative of strong academic leadership and effective team working (paragraph 10)
- the School made a full, timely and well focused response to the matters raised during the validation process (paragraph 11)
- the School canvases the opinions of students widely; student representation on key committees is a strength (paragraph 18)
- intended learning outcomes for the M.Ost programme are clear and well matched to aims (paragraph 21)
- the curriculum is well matched to *Standard 2000*, the *Subject benchmark statement for Osteopathy* and the *Framework for higher education qualifications* (paragraphs 21; 27; 28)
- curriculum development was informed by consultation with a wide range of stakeholders and reflects developments in higher education and staff research activity. The rationale for the development of the programmes is clear and well reasoned (paragraphs 27; 28)
- the planned assessment strategy involves the use of a wide range of assessment methods, which are well matched to intended learning outcomes at each level of the programme (paragraphs 30; 31; 32)
- the draft assessment handbook provides staff with a comprehensive and clear guide to assessment practice, policies and procedures (paragraph 34)
- planned staff development activity is well focused on preparing staff to deliver and assess at M level (paragraphs 38; 47)
- following the previous review, the School has responded well by enhancing its support for mixed-mode students (paragraphs 42; 43)
- the new clinic provides an excellent professional environment in support of patient care and the clinic-based learning needs of students (paragraph 49)
- the School has made significant improvements to its clinic management software, so that it now meets the needs of tutors and students (paragraph 50).

**Areas for development:**

- the School needs to work with the University of Bedfordshire, the awarding body, to agree and produce programme specifications for the B.Ost award. These are currently implicit rather than explicit (paragraph 12; 22)
- the School must ensure that its new assessment strategy is implemented in time to meet the needs of the programme (paragraph 34)
- the School's plans for staff development in the core areas of teaching and assessment at M level, research supervision and the development of students' skills of critical analysis must be implemented before September 2009, to ensure that all academic and clinical staff are prepared for working with students who are developing higher levels of knowledge and skills (paragraph 47).

**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 (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
- 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**

The School's mission is to be a centre of excellence in osteopathic education, research and healthcare, committed to innovation, scholarship, professional collaboration and best practice.

The corporate objectives of the School are to:

- provide access to osteopathic health care for the community in a variety of settings
- employ well supported and motivated staff equipped to provide academic leadership and guidance to students
- to produce a range of high quality osteopaths who are equipped to work in a diverse healthcare arena
- enhance osteopathic development by nationally and internationally promoting research, scholarship, academic standards and continued professional development
- expand and diversify partnerships and opportunities for productive professional collaboration.

Programme handbooks state that the School strives to produce graduate osteopaths fit for safe practice in an open, inclusive and supportive environment. In so doing the School seeks to:

- deliver high quality teaching in the classroom and also in the clinical environment, and facilitate learning based on available evidence
- promote an awareness of the research process and its relevance to professional practice
- meet the requirements of the definitive School graduate and in doing so meet the Standards of Proficiency defined by the General Osteopathic Council, as the Regulatory Body, to ensure practitioners are competent to practise
- provide positive role models to ensure that the student is enabled to develop personally and professionally
- foster an ethos of continuing professional development and lifelong learning

- promote an approach to teaching and learning that embodies effective management of change and uncertainty, and encourages a commitment to self-managed, lifelong learning.

The M.Ost programme development was informed by a desire to address the issue of a 480 credit undergraduate degree course, the introduction of the *Subject benchmark statement* for Osteopathy by the QAA and the increasing number of other institutions delivering Integrated Master's qualifications in osteopathy. In particular, the *Subject benchmark statement* for Osteopathy was one of the main drivers for the proposed change from a B.Ost provision to an M.Ost one.

Building upon the aims and objectives of the current B.Ost programme, first validated by the Open University Validation Services in 2000, the M.Ost recognises and acknowledges the higher level of learning that is required of students in the final two years of the course. In order to support this higher level of learning and the consequent award of an M.Ost, the current dissertation and clinical practices areas of the current B.Ost have been enhanced to meet M level requirements.

## **E      Commentary on the provision**

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

1      This visit took place soon after the previous renewal of recognition review, and as a result it was not necessary to repeat a review of all aspects of management and governance again. The following two sections draw upon the previous report.

2      The School is governed by a Board of Trustees (the Board). There are 13 members of the Board, consisting of the Principal, three osteopaths, two students and seven further members from a variety of backgrounds, in business, charity finance, estates, fundraising, the National Health Service, research, and the university sector. The Board, which meets quarterly, sets the School's overall strategy and approves the quinquennial strategic plan. It has four committees: Nominations; Fundraising; Finance, Estates and Audit; and Remuneration. Each of these committees has clear terms of reference, which are subject to periodic review. New Board members receive an excellent induction pack and induction training.

3      The Board monitors the School's finances effectively. It approves the annual budget, after scrutiny by the Finance, Estates and Audit Committee which also monitors management accounts and financial planning throughout the year. Each area of the School's activity has a manager who is a budget holder responsible for submitting annual

budget proposals for consideration by the Senior Management Team. All such budgets are linked to annual operational plans and targets, which in turn reflect the School's objectives. Once the combined budgets are ratified, budget holders have delegated authority for managing expenditure.

4 The Principal provides strategic leadership and is ultimately responsible to the Board for managing the School and delivering the stated objectives. His main duties and responsibilities are to lead and direct all aspects of the day-to day business of the School and to ensure that the School is effectively and efficiently organised to achieve its aims, objectives and strategic plan. The senior management team, which meets fortnightly, acts as an advisory group to the Principal.

5 Academic Council is the prime academic decision-making body of the School. It is chaired by the Principal and comprises external advisers, staff and student representatives. It meets once a term and its approval is required for any academic plans and for all documents to be presented to external bodies.

6 A number of sub-committees report to the Academic Council. Amongst these is the Academic Advisory Group, which has responsibility for long-term academic planning. Responsibility for overseeing the running of the M.Ost programme will fall to the Undergraduate Committee, under the leadership of the Vice Principal (Education). Its role is to ensure that the agreed curriculum is delivered and assessed, and to recommend, for the approval of Academic Council, changes to the curriculum and assessment programme.

7 There have been some changes to the senior management of the School since the visit in November 2007. Following the retirement of the Vice Principal two new Vice Principals have been appointed, a Vice Principal (Education) and a Vice Principal (Research and Quality). The School's Head of Clinic has also been made a member of the senior management team.

8 Boards, committees and management at all levels discharge their responsibilities effectively and the School benefits from a suitably structured and effective professional and academic leadership. Indicative of the careful approach to management are the School's Disaster Recovery Plan and Risk Management Analysis. The minutes of management meetings show that there is an effective management structure. Issues are identified, action for resolution is agreed and followed through to conclusion.

9 There is excellent communication between senior managers and the staff of the School. This is evidenced in the comprehensive Staff Handbook, other formal communication documents, minutes of meetings, the Principal's newsletter and the annual staff residential

weekend. There has been an extensive planning process to aid the development of the programme and prepare for its implementation. The successful development of the programme is indicative of strong academic leadership and effective team working.

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

10 The M.Ost programme was validated in March 2008 by the University of Bedfordshire (the University). This was a thorough process involving a range of stakeholders. The validation panel commended the School for the presentation of the documentation, clear evidence of team-working, a strong student focus and the development of innovative units in relation to the osteopathic profession. The panel recommended approval subject to two conditions. The first required modifications to the course information form to clarify a summary of intended learning outcomes, and the second, a clear statement of how the School would be preparing existing students for transfer to the new programme. The panel also made five recommendations covering the need for a coherent staff development plan, the revision of the student handbook to provide more clarity, and consideration of issues relating to specific units.

11 The School made a full, timely and well focused response to the matters raised at the validation. They amended the summary information on learning outcomes and introduced new intended learning outcomes to cover skills relating to communication and information literacy. They also produced a document mapping the new programme against the existing B.Ost to clarify the preparatory needs of transferring students. The School also made appropriate responses to the recommendations.

12 Some aspects of the validation of the B.Ost were less satisfactory. There are some differences at unit level. The final Critical Analysis Enquiry (CAE) unit has different intended learning outcomes for B.Ost and M.Ost. This was not sufficiently brought out at validation, and has led to a lack of programme identity for the B.Ost.

13 There is an effective relationship between the University and the School, defined in a six-year Collaboration Agreement, which commenced on 1 September 2004. The University retains direct responsibility for academic standards, and the School has harmonised its policies and procedures, such as those relating to academic appeals, with those of the University. As with the current programme, the new M.Ost and B.Ost will operate in accordance with the University's Regulations for Academic Programmes and the University's Quality Assurance Handbook. The School's Board of Examiners is chaired by a member of the University.

14 The University and the School each have a designated programme liaison officer responsible for programme management. The University's programme liaison officer is a member of the School's Academic Council, while the School's programme liaison officer, the Vice Principal (Education), is a member of the University Health and Social Sciences Faculty Teaching Quality and Standards Committee.

15 The University has established appropriate monitoring arrangements. The Course Team submits an annual report to the University focusing on the quality of the students' educational experience, on the attainment of academic standards, and on strategies for continuous improvement. Evidence from the current B.Ost shows that the report is a concise evaluative review which draws on evidence from a variety of sources. It is accompanied by individual unit reviews and is supported by a presentation to the University's Health and Social Sciences Faculty, by the School's Vice Principal, followed by discussion of key issues. The report is incorporated into the annual programme monitoring reports from the Faculty to the University's Teaching Quality and Standards Committee.

16 The School's Quality Assurance Committee, a sub-committee of Academic Council, is responsible for the design, operation and implementation of an effective and efficient quality assurance system. It receives, considers and reports to Academic Council the outcome of internal and external evaluations, including reports from external examiners. It also managed the internal validation of the M.Ost programme before it was submitted for external validation.

17 The University approves and appoints external examiners who are proposed by the School. The School provides them with relevant training. Their reports are scrutinised by Area of Study Managers who are required to produce a written response and action plan. External examiners' reports, the Area of Study Managers responses and the draft Annual Report together with action plans for improvement are scrutinised at QAC. External examiners play an important role in the monitoring and enhancement of standards.

18 The School considers students' views to be an important element of the quality assurance process and canvases their opinions widely. The level of student representation on key committees is a notable strength. Annually, each cohort of undergraduates elects representatives, and the School provides them with training to help them fulfil the role. Academic Council includes student membership, and two students are members of the Board of Trustees. Students attend the Student and Staff Liaison Committee, which meets once a term. The rights and responsibilities of student representatives are defined in the Undergraduate Student Representative Job Description. Student opinion is also gauged through extensive use of questionnaire surveys, at both unit and course levels. The minutes of the Student and Staff Liaison Committee indicate that key issues are identified and

discussed. Students confirmed that the School is responsive to their views and that issues are addressed promptly and effectively.

19 All students on the current B.Ost, other than those on the penultimate year, have been asked to indicate if they do not wish to transfer to the new programme. Given that students contracted for the current B.Ost, it would be more appropriate if students were asked to contract in to the transfer. Students returning for the final year in September 2008 will stay on the current B.Ost programme.

20 The self-evaluation document (SED) produced for the review consisted of the SED produced for the renewal review in November 2007 supported by updated information outlining changes since that date. It was supported by a range of documentation arising from the validation of the programme. Overall, this gave a fair description of the provision, but lacked self-critical analysis. This was not reflective of the School's generally robust approach to quality assurance.

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

### **Intended learning outcomes**

21 The intended learning outcomes of the M.Ost programme reflect the requirements for an integrated masters programme. They are clear and well-matched to the overall aims of the programme, and are mapped to *Standard 2000 and the Subject benchmark statement* for osteopathy. In addition, intended learning outcomes also take due account of *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ) and Qualifications Curriculum Authority.

22 The intended learning outcomes for the M.Ost are clearly stated in the relevant handbooks. Many of the M.Ost intended learning outcomes also apply to the B.Ost, but there is no separate statement of programme specifications for the B.Ost. Intended learning outcomes are clearly stated at unit level.

23 The intended learning outcomes for the new programme are significantly different from the current B.Ost and all documentation has been written to align with the level descriptors of the University. At validation, the university panel recommended that, in the rationale for the programme, the team note the changes and draw attention to the significant differences of emphasis and content between the two programmes.

24 All of the elements required under Standard 2000 are addressed by the intended learning outcomes of both the M.Ost and B.Ost. Each unit has been mapped against the benchmark statement for osteopathy. The Course information form provides essential

information to students, staff teams and others on a particular programme of study. Unit outcomes are collated into programme learning outcomes for the M.Ost and, by implication, the B.Ost. Each unit of the course is listed with its level, number of credits, assessment methods and a mapping to show which of the programme intended learning outcomes the unit meets. In addition, the unit information forms provide essential information to students, staff teams and others on such matters as the level, credit value and delivery of each unit. There is an overview with aims and objectives as well as a list of core learning outcomes and assessment criteria for each outcome.

25 Intended learning outcomes are disseminated to all staff, students and external examiners through clear statements in the relevant handbooks, which are available both in printed and online format. In addition, at student induction, Area of Study Managers meet students to introduce and explain the units and assessments for the coming year.

### **Curricula**

26 The M.Ost is a 480 credit programme of which 120 credits are at master's level (level 7). The provision of two pathways makes the programme available to students from a variety of backgrounds. The mixed mode pathway tends to attract more mature students whose work and/or family commitments make it difficult for them to study full-time for four years. The SED states that 'the curriculum for the two pathways aims to ensure parity of outcomes but does not seek to replicate identical learning experiences'. Overall, this is a fair reflection of student experiences.

27 The final two years of the course are clinically and research focused. Half of the M Level credits are awarded for the Osteopathic Practice unit undertaken in the final year. This unit places a well-focused emphasis on clinical knowledge and skills that will equip students for professional osteopathic practice. The Critical Analysis and Enquiry units carry 15 and 30 M Level credits in the penultimate and final years respectively and together culminate in the submission of a dissertation. The remaining 15 M Level credits are awarded for the Learning for Professional Autonomy unit, which places a focus on students' development as independent and self-critical learners. Students who are not successful in the Critical Analysis and Enquiry unit at M level, will be able to transfer to the B.Ost programme, where they will have to complete a Critical Analysis and Enquiry unit at Bachelor level. The curricula of both the M.Ost and B.Ost awards reflect fully *Standard 2000*, the *Subject benchmark statement* for Osteopathy and the FHEQ. In addition, M.Ost curriculum development has been informed by the research and scholarly activities of staff.

28 A thorough exploration of the proposed M.Ost curriculum was carried out, involving a wide range of stakeholders and an analysis of current curricular content. The well-considered rationale for the development of the M.Ost programme includes an awareness of the need to provide students with the high-level decision-making capabilities required in complex and unpredictable professional circumstances. The dissertation and clinical practice areas of the current B.Ost have been enhanced to meet M level requirements as set out in the FHEQ.

29 The new M.Ost and B.Ost curricula differ from the current B.Ost provision in the following:

- a new unit, Developing Osteopathic Thinking, has been introduced in years 1 and 2 as a means of promoting the integration of theory and practice, which is less explicit in the current B.Ost
- in the penultimate year, as part of the Osteopathic Practice Unit, a patient management element has been included. Senior osteopaths will discuss with students the management of a specific case. This is intended to expose students to different patient management styles
- additional time will be devoted to developing business, marketing and financial skills
- in the penultimate year, students will undertake an M level Critical Analysis and Enquiry unit; this continues into the final year and culminates in a research project
- Osteopathic Practice will be delivered and assessed at M level in order to ensure that the students are appropriately awarded for the level of learning that takes place in the final two years
- the newly validated unit, Learning for Professional Autonomy, is a major development. It introduces students to more specialised areas of osteopathy, by requiring them to choose three specialist electives from a total of six. One aim of this unit is to encourage students to take full responsibility for their own learning. To this end, the assessment includes a negotiated learning contract. This is a well-considered approach which should enable students to utilise knowledge gained in the electives and apply it to clinical practice, as a precursor to undertaking CPD on graduation
- the conceptual basis of osteopathy is included in new Developing Osteopathic Thinking units studied in years 1 and 2 (years 1 to 3 for mixed mode students) and, in the penultimate year as a unit in its own right, Osteopathic Concepts in a Clinical Setting. The School regards this as particularly important in the context of students undertaking full responsibility for patient management

- although the Osteopathic Practice, and Critical Analysis and Enquiry units in the final year have been changed to meet the requirements of M Level study, there has been no change in Practical Osteopathic Skills in the final year. It is not considered appropriate for the manual skills assessed in the final year to be at M level. It is reasoned that the SEEC level descriptors, for practical skills at M level, are not appropriate to the School's graduates
- the Function Dysfunction Unit was reviewed and restructured to be delivered over two years. The School recognises that the content in this unit does not need to be delivered at master's level and is more appropriately delivered at honours level.

### **Assessment**

30 Students will be assessed with a combination of coursework, timed examinations and practical assessments. Coursework will include essays, portfolios and portfolio reports, case presentations, research proposals, literature reviews and research papers. Timed written examinations will include multiple-choice questions, essay-type long answer questions as well as seen question examinations and open-book examinations. Practical examinations will include Patient Management Problems, Objective Structured Practical Examinations, and Clinical Competence Assessments.

31 Assessment tools will reflect the level of study. These will include, for example, timed written examinations to assess knowledge at levels 4 and 5 and a research article with subsequent presentation and defence of project findings at final level. In line with GOsC recommendations, students will be exposed to real patients in a clinical setting as a means of assessing the achievement of clinical competence. Such assessment will be at master's level. Overall, assessment methods are well matched to the requirements of the different stages of the programme, especially those at M Level. The M.Ost assessment reduces the assessment workload from the current B.Ost provision.

32 M.Ost programme handbooks, unit specifications and unit information forms describe how assessment will measure student achievement against each intended learning outcome and include clearly articulated assessment criteria. These documents indicate that students will be exposed to formative assessments for both academic and clinical elements of the programme.

33 The School has processes to ensure that assessment is fair, rigorous and secure. These include a sampled double-marking policy and a scrutiny panel to review proposed summative examination papers before submission to the external examiner. Reports from external examiners indicate approval with the consistency of marking and with the grades

awarded. In line with GOsC guidelines, the external examiner is present to ensure the robustness of the school-managed final clinical competence assessment process.

34 There are plans for robust mechanisms to prepare and enable staff to set and mark assessment at Master's. A comprehensive assessment handbook is being developed and was available to the visitors in draft form. The School is planning to disseminate this at the staff weekend in November 2008. The handbook supports and encourages the development and use of a wide range of assessment methods. It also provides guidance on the policies and procedures relating to assessment, and on the design and use of assessment methods and tools. The handbook has been informed by review of the literature on assessment methods and strategies, and provides further evidence of planned robust mechanisms for training staff to assess at master's level. The School must ensure that staff are enabled to implement the planned assessment strategies for master's level by the time that students reach this level.

### **Student achievement**

35 The programme has yet to commence, however, the following extract from the report following the B.Ost renewal review in November 2007 indicates that the School is aware of the appropriate standards required: 'The visitors scrutinised a range of student work, including essays, written examination scripts, research papers and clinic reports. This demonstrated achievement of clinical and professional competence in line with the requirements of *Standard 2000*, the *QAA Benchmark statement for osteopathy* and the FHEQ. Some first year work demonstrated notable levels of critical analysis. These findings were supported by the visitors' class observations.'

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

#### **Teaching and learning**

36 Documentation indicates that an appropriate range of teaching and learning methods will be employed, using both traditional and virtual settings, to support the delivery of the M.Ost programme. Lectures, tutorials, practical technique-based classes and clinical sessions will be used. There are plans for the further development of the online learning system. The School envisages that this virtual learning environment, which is currently used primarily as an administrative resource, will be used to promote discussions and collaboration between students, and between students and staff. This will particularly support those aspects of the M.Ost curriculum associated with the development of critical analysis. The amount of clinical-based learning is well within recommended contact time for osteopathy programmes with recognised qualification status in the UK.

37 The proposed learning and teaching methods are well matched to intended learning outcomes. The School provides students with a vibrant, stimulating and supportive learning environment, enabling them to explore and develop the skills and ethics required to become professional osteopaths. Learning and teaching methods are aimed at promoting deep learning where students are able to take responsibility for their own continuing development at personal and professional levels.

38 The M.Ost programme is intended to reflect the School's commitment to research and scholarship, and, through it, to produce reflective practitioners. The School plans to support these aims through staff development workshops covering, among other themes, teaching standards, criticality and uncertainty. Such development is further supported by continuing training in teaching and learning methods, which is now compulsory for all new teaching staff who do not possess a recognised teaching qualification.

39 Student support and development is integrated into the M.Ost curriculum. Teaching and learning will be underpinned by the teaching of study and life skills to students as part of the core curriculum. The School considers that, through the Professional Development Portfolio unit, students are guided towards a better understanding of themselves as learners and as members of the osteopathic community. The aim is to provide the tools for students to move from being passive, surface learners to being autonomous reflective professionals able to collaborate and actively engage in their learning.

### **Student progression**

40 Recruitment is expected to be in line with that on the current B.Ost. Currently 90 students per year are recruited to the standard pathway and 45 to the mixed mode pathway. Most standard pathway students join the programme from school with GCE A-Level qualifications. The mixed mode pathway attracts more mature students, many from the School's Access Programme run with Southwark College. Care is taken at recruitment to ensure that students have a strong commitment to osteopathy and, in particular, that mixed mode students have the maturity to cope with the demands of part-time study.

41 Completion rates on the current programme have been satisfactory, with typically 92 per cent of full-time students and 83 per cent of mixed mode students completing the programme. Ninety eight per cent of B.Ost graduates register as osteopaths within six months of graduating.

42 Support for student progression has developed significantly over the last year. Academic support is the responsibility of the Student Learning Adviser who delivers academic guidance in a study skills tutorial as well as leading the PDP unit. A recent review

suggests that students have received the study skills tutorials favourably. The School commenced a review of the mixed mode pathway in April 2007 and has appointed a Mixed Mode Coordinator. This has had a positive impact on the provision in a short time. Improvements in clinical tutoring have produced notable benefits and students have reported positive outcomes from the new Academic Tutor system.

43 A Mixed Mode Clinic Co-ordinator has been appointed to ensure that the needs of mixed mode students are fully considered as they make the transition to the final two years. The co-ordinator will provide support to students, as well as liaise with tutors to inform them of needs of mixed mode students. Mixed mode students undergo a clinic induction process. This includes a lecture, a review of the student clinic handbook, an introduction to the processes and guidance on communication skills.

44 There is effective and comprehensive provision of support relating to assessment. There are a number of assessments in the penultimate year in the form of tutor response reports. These have a formative and summative element. The summative element needs to be satisfied for progression to the final year. In the event of a student not achieving this by the end of the final term of year 3, support is provided throughout their summer clinical training. Further summative assessments are carried out before the end of the summer to enable students the opportunity to progress to the final year.

### **Learning resources**

45 The School relies heavily on part-time academic staff who are practising osteopaths. However, it has adopted a policy of developing a core staff of full-time professional educators and senior managers, and the complement of full-time osteopaths increased from three in 2003 to 12 in 2007.

46 The School is committed to developing its teaching and non-teaching staff. Of the 119 academic staff, 24 per cent hold teaching qualifications, 92 per cent hold osteopathic qualifications, 63 per cent hold first degrees and 34 per cent hold higher degrees. The School wishes to ensure that the majority of academic staff hold a teaching qualification. In 2006-07, 18 members of staff obtained the University of Bedfordshire Postgraduate Certificate in Academic Practice. In 2007-08, 11 members of academic staff will continue or begin their studies for this qualification, and three will commence the University's MA Medical Education. The School sees no need to expand the current staff base significantly, as student numbers are not planned to rise appreciably from current levels. Induction and professional development in teaching and other specialist areas is a school priority.

47 Staff development provision is broad and responsive to external review. The validation panel recommended that the School should produce a coherent plan for staff development for the next two years in order to prepare staff for setting and marking assessments at M level. In response to this, a series of staff development workshops has been proposed to cover topics such as utilising e learning, osteopathic theory, technical skills, clinical practice skills and supervising a research project. It is essential that the School's plans for staff development in the core areas of teaching and assessment at M level, research supervision and the development of critical analysis skills should be implemented before September 2009.

48 The School's peer observation of teaching scheme is a developmental activity which is regarded as beneficial to both observer and observed. All staff are also subject to annual appraisal and this feeds into staff development planning.

49 The new clinic, which is a short walk from the School's main site, provides an excellent professional environment in support of patient care and the clinic-based learning needs of students. It has well-furnished, air-conditioned treatment rooms, tutorial rooms and small break-out rooms for private discussions. A range of reference books is also available within the clinic. Plans are being developed for future remodelling of the accommodation released by the move to the new clinic.

50 At the previous visit, concerns were expressed about the ability of the School's clinic management software to support the equitable allocation of patients to students and ensure that each student saw the appropriate number of new patients. The School subsequently updated the software. It is now functioning well and producing appropriate output to enable staff to help students manage their clinical time effectively.

51 The library is well stocked to meet the needs of students. It has some 10,000 books and 300 video-cassettes, CDs and DVDs. It subscribes to 30 journals. Students are also members of the University of Bedfordshire library, and may use their ATHENS accounts to access on-line materials. The School library book stock supporting the M.Ost includes material on research methodology, criticality, reflective practice and mentoring.

## **Meetings and documentation**

### **Meetings held**

Meeting 1 - Initial Meeting with Key Staff

Meeting 2 – Meeting with Staff to discuss Learning Opportunities

Meeting 3 – Meeting with Staff to discuss Aims; intended learning outcomes and Curriculum

Meeting 4 – Meeting with Staff to discuss Assessment

Meeting 5 – Meeting with Clinical Staff

Meeting 6 – Meeting with Students

### **Major documentation**

SED - Self-Evaluation Document –August 2007 inc. updated appendix March 2008

Report from GOsC Renewal of Recognition Review – November 2007

M.Ost Strategic Rationale March 2008

M.Ost Programme Handbooks

School Strategic Plan 2005-10

School Induction Pack for Board Members

Staff Handbook

Terms of Reference of Committees

Role Descriptions for Key Staff

Annual Report and Financial Statements 2005-06

Validation Report – University of Bedfordshire Report on the validation of M.Ost (March 2008)

School Response to validation report

M.Ost Unit Descriptors

S2K Mapping – Mapping of intended learning outcomes and curriculum to the requirements of Standard 2000

Course information form (CIF)

Reports of Staff Development workshops

Draft Assessment Handbook