



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

BSc (Hons) Osteopathy

Renewal of recognition review

College of Osteopaths – Keele University

May 2009

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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 United Kingdom 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:

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

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

Introduction

This report presents the findings of a Renewal of recognition review of aspects of governance and management, of the academic standards achieved and proposed, and of the quality of the learning opportunities provided in osteopathy at the College of Osteopaths (the College) at Keele University (Keele). The programme reviewed was the BSc (Hons) Osteopathy. 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 Mr Patrick Devlin, Mr Simeon Milton, Ms Kathy O'Callaghan-Brown, and Mr Peter Clarke (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 BSc (Hons) Osteopathy programme is:

- **approval with conditions.**

The conditions are that:

- the College provides students and staff with programme specifications, including programme intended learning outcomes, for the start of the next academic year
- the College improves the consistency and rigour of its marking processes with immediate effect
- steps are taken to widen the age range of patients in the clinic, in particular to increase the number of patients under 20 years of age before relevant specialist modules come on stream in September 2010
- there should be further embedding of research into the learning and teaching strategy.

B Findings

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

Strengths

The visitors identified the following strengths:

- the timely and appropriate responses made to the conditions arising from the Initial recognition review (paragraphs 6; 10; 12)
- the communication of the strategic plan to staff and efforts to involve staff in the planning process (paragraph 11)
- the effective day-to-day relationship between the Programme Leader and Keele's Link Tutor which aids the smooth running of the programme (paragraph 14)
- the 4:1 ratio of students to tutors which enables appropriate levels of support for part-time students to develop as independent learners (paragraph 35)
- the level of student support, including that provided by education support officers, which is well matched to the needs of the College's part-time and generally mature students (paragraphs 40; 41)
- the quality of the academic and clinical support staff and their role in the effective running of the programme (paragraph 44)
- the high quality of the clinical resources and Keele's Anatomy Suite (paragraphs 46; 47).

Areas for development

The visitors identified the following areas for development:

- the acknowledged lack of accuracy and comprehensiveness of minutes of Board of Governors' meetings (paragraph 7)
- the omission of the provision at Keele as a standing agenda item at meetings of the College of Osteopaths' Board of Governors risks overlooking key issues and potential for development (paragraph 7)
- the need to keep the levels of student recruitment under review (paragraph 9)
- the lack of programme specifications in key programme documentation (paragraph 19)
- some lack of consistency and rigour in assessment processes, including marking (paragraphs 27; 28)
- the embedding of research into the College's learning and teaching strategy is still to be fully developed (paragraphs 30; 37)
- inconsistent provision of feedback to students, in particular, poor guidance offered to students who pass assessments on how to improve in subsequent assignments (paragraph 41)

- lack of regular guidance on the programme of study for fast-track students (paragraph 43)
- Keele-based staff have been less able than others to attend staff development events as they have been held at Borehamwood (paragraph 45)
- the relatively small number of clinic patients below the age of 20 limits opportunities for students and will hinder development of specialist provision (paragraph 48).

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

1 The College of Osteopaths (the College) was founded in 1948 to provide part-time education and training in osteopathy. The BSc (Hons) Osteopathy programme was validated by Middlesex University in 1998 and the programme received Recognised Qualification (RQ) status from GOsC in 2001. In response to identification by the College of scope for the development of undergraduate osteopathic education outside London and the Home Counties, a BSc (Hons) Osteopathy programme was validated by Keele in 2005 and obtained RQ status in 2008.

2 The curriculum, ethos and delivery mechanisms of the BSc (Hons) Osteopathy programme at Keele are aligned with those of the Middlesex University provision. The general aim of the programme is to train and develop safe and competent osteopaths able to meet the professional standards laid down by the GOsC. The objective of the programme is to produce professionally competent practitioners who are fully prepared to proceed to registration with the GOsC, and committed to ensuring the highest quality intervention for the patient, within the changing environment of healthcare provision.

3 The programme is studied part-time over five years with the opportunity for studies to be continued into year six depending on a student's needs. An accelerated pathway, which enables qualified physiotherapists to follow a three-year pathway through the programme, began in January 2008.

4 The programme handbook lists the following five key aims:

- to provide students with the knowledge, skills and experiences to equip them for a successful career in osteopathy
- to provide a learning environment where the students are motivated to develop academically, personally and professionally, and to take responsibility for their own learning
- to promote reflective thinking, clinical reasoning and decision-making skills which will enable students to pursue best practice
- to promote an awareness of evaluation and research skills, and the applications for osteopathy, personal and professional development
- to promote innovative, autonomous practitioners, comfortable with inter and multi-professional collaboration, able to adapt and respond positively to change.

E Commentary on the provision

Management and governance: strategic

5 The College endeavours to meet the educational and professional needs of a diverse range of students and remains focused on providing a challenging professionally recognised programme, underpinned by innovative research, scholarship and professional practice. To that end, its Strategic Plan 2006 to 2011, updated in October 2008, identifies four priorities: excellence in learning and teaching; raising the profile of research, and the development of professional practice; provision of a stimulating student experience resulting

in competent and professional practitioners; provision of first-rate osteopathic health care to patients attending the teaching clinics.

6 The College's activities are overseen by the Board of Governors (the Board). Following a recommendation from the Initial recognition review in 2007, terms of reference for the Board were developed in May 2008. The Board meets at least four times a year. It has agreed to adopt the Good Governance Code and, consequently, governors attended training events in April 2008 and March 2009.

7 The Board does not include discussion of the provision at Keele as a standing item on its agendas, however, the Principal usually provides an oral report on recent developments. The visitors consider that such an informal arrangement risks potential developments and issues being overlooked. Moreover, staff acknowledged that the minutes of a Board meeting do not always reflect accurately and comprehensively discussions that have taken place in respect of the provision at Keele.

8 The Contract of Collaborative Provision between Keele and the College states that the agreement should run for six years from its commencement in September 2005 and, that by 1 September 2008, Keele and the College would have advised each other in writing whether they wished the contact to continue. The visitors were informed that this had not occurred and that the agreement continues on an annual basis. It would help planning and development if the situation was formalised.

9 The programme has facilities and resources for a maximum of 30 students per cohort. Annual recruitment is running at around 50 per cent of capacity. At the mid-semester point of 2008-09, the total number of students enrolled on the programme was 37, comprising 15 first-year students, five second-year students, 11 third-year students, five fourth-year students, and one student who joined the accelerated pathway programme in January 2008. The College's business plan anticipated a steady incremental growth towards full capacity. In the event, Higher Education Funding Council for England funding of the Keele-validated programme was not forthcoming. Moreover, the College anticipates that the current financial climate will result in cohorts being smaller than forecast. Regular financial information is provided to the Board of Governors and the five-year projection is updated in the light of new data, the most recent revision having taken place in April 2009. The Senior Management Team has estimated that cohorts of seven students per level would enable the programme to cover its costs and have established measures to mitigate the risk associated with smaller student numbers. Nonetheless, the programme continues to face challenges in respect of recruitment and staff recognise the need to keep this aspect of the programme under review.

10 The Senior Management Team provides overall operational management of the programme. Membership comprises the Principal, Vice-Principal, Clinic Director, Programme Leader and Curriculum Manager. Following a recommendation from the Initial recognition review, terms of reference for the Senior Management Team were developed in May 2008, as were terms of reference for the Principal and for the post of Vice-Principal which was created in February 2008.

11 The College finalised its new strategic plan early in 2007. Staff development days aimed at the dissemination and operation of the plan were held in April 2007, May 2008 and April 2009. Staff confirmed that the strategic plan was communicated to them and they were provided with the opportunity to influence the following year's plan, and that the development days were an effective mechanism for achieving ownership of the planning process.

12 Following a recommendation from the Initial recognition review, a formal risk analysis exercise was undertaken throughout 2008. A Risk Assessment Register has been developed. This identifies 13 broad aims/objectives from the strategic plan and the level of risk associated with the College failing to achieve them. The SED identifies that the Risk Assessment Register is seen as an integral part of strategic planning.

13 The Board of Studies for the BSc (Hons) Osteopathy programme is a joint Board of Keele and the College. It meets once per semester and is responsible to the University Senate and the College Board of Governors for the operation, development and oversight of the programme. In addition to the Programme Leader and Link Tutor, membership includes the Head of the School of Health and Rehabilitation; the College Principal; the College Clinic Director; the University Deputy Director of Quality Assurance (Health); an administrative representative of the School of Health and Rehabilitation; an administrative representative of the College; and elected student representatives. The Board of Studies is an effective mechanism for overseeing the programme, ensuring the maintenance of regular formal links with Keele, and providing an opportunity for the Programme Leader to remain abreast of Keele's policies, procedures and good practice.

14 The duties of the Programme Leader are set out clearly in a job description, and include the chairing of the Board of Studies. In accordance with Keele's Code of Practice on Collaborative Provision there is a University Link Tutor. The Programme Leader and Link Tutor have a good working relationship which ensures effective day-to-day management of the programme and the maintenance of good communications between the College and the University.

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

15 The programme is validated and awarded by Keele and is subject to the University's academic quality and standards procedures. Accordingly, Keele retains direct responsibility for academic standards and for monitoring and maintaining the quality of the programme. Keele's quality assurance process for the programme is managed by the School of Health and Rehabilitation.

16 The programme is subject to the University's procedures for course development and approval, monitoring and review, and the provision of information. The Programme Leader submits an annual report to Keele. This includes any matters which the College believes should be brought to the attention of Keele, and must include comment on student recruitment, student progression, student feedback, communications with the University, assessment procedures, and action taken in respect of any issues previously notified to, or noted by, the College. The School of Health and Rehabilitation prepares its own annual report for Keele which comments on the performance of the programme in relation to the University's required standards. The scheduling of meetings of Keele's committees has made it difficult for the College to adhere to annual reporting timescales, and a revised protocol for submission of annual reports is being finalised. The annual report prepared by the Programme Leader is thorough; it contains an appropriate balance of quantitative and qualitative information and identifies both strengths of the provision and areas for development.

17 The Staff-Student Liaison Committee meets once each semester. Effective mechanisms exist to enable students to raise issues for discussion at the Committee and students confirmed that such issues are addressed promptly and effectively. Student representatives are invited to Board of Studies meetings; however, these are held during the week and work commitments prevent student representatives from attending. Student representatives are provided with the agenda for each meeting and minutes of meetings are available on request. Minutes of the Board of Governors indicated that student representatives of the Middlesex validated programme had attended a board meeting but that, to date, no students from the Keele validated programme had done so.

18 The College considers external examiner input to the programme to be a very important aspect of quality assurance. Keele's requirement is for one external examiner; however, the BSc (Hons) Osteopathy has two. In the College's view, the programme benefits from two sources of expertise in support of the development of good practice. One external examiner is experienced in part-time provision and the other is an osteopathic subject specialist with 20-years experience. External examiners' reports, together with a formal response from the Programme Leader, are submitted to the Board of Studies and both are

considered by Keele. The responses to external examiners' reports produced for the programme have followed the required format and have addressed the issues raised appropriately. One of the external examiners was due to step down after three years, as is the University's usual policy, however, the decision was taken to extend the term of appointment to cover the complete five years of the first cohort thereby ensuring continuity.

An evaluation of the clinical and academic standards achieved

Intended learning outcomes

19 The intended learning outcomes set out in module handbooks are well matched and referenced to GOsC's *Standard 2000, The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ), published by QAA, and Keele's level 1 descriptors. However, the programme handbook does not contain a programme specification and there is no clear indication of programme-level intended learning outcomes and their relationship to the core themes identified in module handbooks. The visitors were shown a programme specification document that used to be included in the programme handbook but which was removed to aid presentation. Although this sets out programme intended learning outcomes in the form of GOsC's *Standard 2000* requirements, there is no document which identifies the full range of programme intended learning outcomes in a conventional academic form. The Head of School and the Programme Leader have agreed that this situation needs to be remedied in the 2009-10 programme handbook.

20 Module intended learning outcomes are appropriate and communicated to students in the module handbooks, which are provided to students in written and CD forms. Recent improvements have included the aligning of assessments to intended learning outcomes and better communication of intended learning outcomes through new module handbooks.

Curricula

21 There have been no significant changes to the design and content of the curriculum since the Initial recognition review in 2007 which concluded that the curriculum reflected the requirements of GOsC's *Standard 2000*. The only adjustment made to the curriculum has been the rescheduling of the Natural Therapeutics, and Dysfunction and Disease modules at level 2. This came about following student feedback asking for a better transition between certain modules.

22 The College's Middlesex curriculum is due to be reviewed in the next 18 months as part of Middlesex University's revalidation process. This will impact on the curriculum at Keele as changes in the Middlesex curriculum are likely to be reflected in the Keele provision. As part of Keele's requirements, any change will have to be accepted at school and faculty levels. University and College staff confirmed that, to gain approval, any amended curriculum will have to continue to meet the requirements of *Standard 2000* and reflect the *Subject benchmark statement* for osteopathy.

23 The University is progressing towards increased master's-level study in preregistration courses. The final-level clinical module, Clinical Osteopathy Part 5, is validated at master's level. This provides a useful basis for further study at master's level for those wishing to pursue such a course.

Assessment

24 The assessment process operates within Keele's academic framework. The range of assessment tools is well designed and appropriate for the level of the award. Details of assessment are communicated clearly and in a timely fashion to the students, staff and external examiners. The range of assessments includes written coursework, essays, unseen examinations, model building, objective structural practical examinations, completion of the integrated professional portfolio and the final clinical competence assessment.

25 Assessment is fair, effective and progressive through the levels of study. Formative assessments are used to develop the students' academic skills. The differences between these and summative assessments are clearly communicated to, and understood by, the students. Students demonstrate understanding and awareness of assessment criteria. These are well designed to enable internal and external examiners to distinguish between different categories of achievement and also enable students to understand how the different levels of achievement can be demonstrated for each assessment.

26 The programme handbook gives clear information about the timings and weightings of assessments and the need to pass each element of assessment in each module. The link between the intended learning outcomes and the *Standard 2000* capabilities and the assessments is also clearly stated in the module handbooks. This ensures the assessment procedures effectively and appropriately measure the students' achievement against each module's intended learning outcomes.

27 There was a lapse in the application of assessment production processes in the Natural Therapeutics examination for 2006-07, where 12 of the 15 questions on the paper were copied from the example paper given to the students in their module handbook at the beginning of the semester. In discussion, staff stated that processes have now changed. An increased time period between the setting and taking of examinations, along with improved moderation procedures, including involvement of external examiners, should now prevent a repeat of the incident.

28 The two external examiners review all levels of the programme. Their reports have been positive and supportive, indicating that assessment processes are generally appropriate for each level of the course. They have reported that more needs to be done to improve consistency in the rigour of marking and in the feedback provided by tutors. The visitors' scrutiny of student work confirms this inconsistency and that more needs to be done to improve the consistency and rigour of marking.

Student achievement

29 At the time of the review, no students had graduated from the programme; the first cohort was coming towards the end of their fourth year. Achievement to date has been satisfactory, no student has had to withdraw from the programme because of academic failure. In the academic year 2007-08, all first-year students passed their assessments first time, while one second-year and two third-year students had to resit assessments.

30 Both external examiners' 2007-08 reports indicated satisfactory levels of achievement and that these achievement levels were improving. Some weaknesses were identified, including uncritical use of source material by the students. The visitors' scrutiny of student work showed that this issue is being addressed, but that more needs to be done to embed a research ethos into teaching and learning.

31 Students' assessed work demonstrates their achievement of the intended learning outcomes and that the standards achieved so far are appropriate when measured against the FHEQ, *Standard 2000* and the *Subject benchmark statement* for osteopathy.

The quality of the learning opportunities provided

Teaching and learning

32 No significant changes have taken place in the teaching and learning strategies of the College since the Initial recognition review. Teaching and learning strategies promote increased independence in students and a variety of appropriate teaching methods is used to meet the needs of part-time students.

33 Lectures are delivered over 18 weekends in each academic year with teaching taking place on Saturdays and Sundays. All lectures take place on the Keele Campus, primarily in the School of Health and Rehabilitation and twice a year in the School of Medicine's Anatomy Suite.

34 The 1,200 hours of clinic-based learning takes place mainly in the College's teaching clinic in the North Staffordshire Medical Institute in Stoke-on-Trent. Students are able to achieve up to 20 per cent of their clinic hours by attending the College's Borehamwood clinic. They may also achieve 20 per cent of their clinic time in the first year and 10 per cent in the second year through attendance at local osteopathic clinics. The local osteopaths scheme is adequately monitored. In response to a condition imposed at the Initial recognition review, the College has drawn up a new and effective policy to strengthen this monitoring.

35 The College's student to tutor ratio at 4:1 helps to ensure that students receive a level of teaching support which is well matched to their part-time mode of study. The teaching methods used include lectures, practical classes, tutorials and clinical sessions. They are appropriate for the aims of the programme. Students are encouraged to participate in the lectures through questions and discussions or through a practical component. Students are encouraged to develop independent learning skills which will serve them throughout their osteopathic career.

36 The integrated professional portfolio is a valuable teaching and learning tool. Since the Initial recognition visit there has been increased demand for confidentiality in reproduction of patients' clinical details. First-year students are now given tutorials on the integrated professional portfolio to help them better understand its role.

37 The College is continuing to develop the embedding of research into teaching and learning especially at level 2. This is reflected in the recent meeting of research module leaders from the Middlesex and Keele validated programmes. Discussions with staff and students and scrutiny of student work demonstrates that progress is being made but further development is needed.

38 The College continues to attempt to integrate interprofessional and collaborative work and increase students' experience of this. The Programme Leader has been involved in teaching medical students with a view to raising their awareness of osteopathy. The School of Health and Rehabilitation has opened clinical education courses to all osteopathic staff. The College should continue to encourage these interprofessional and collaborative initiatives.

Student progression

39 Recruitment to the programme has shown significant annual variation. Staff consider that the delay in receiving Initial recognition has impacted on recruitment in all years to date. Progression rates have generally been good. A total of four students have left the programme since its commencement, all citing financial pressures as their reason for not continuing. Recruitment for 2009-10 is the first to benefit fully from the achievement of RQ status, although it is being adversely affected by the current economic circumstances. The number of students who had expressed an interest at the time of the review was less than at the same time in the previous year. Increasing student numbers is a priority for the College, and the visitors saw evidence of initiatives to this end, for example, improvements to brochures and to details available on the College website.

40 The College has designated a number of staff as education support officers. One element of their role is to identify and assist students who need academic and clinical support, which includes access to a personal tutoring scheme. The work of the education support officers makes a significant contribution to the quality of support and guidance for students and thus to their ability to progress. The students stated that the initial essay writing assistance they had received from the Academic Education Support Officer was particularly useful. Students can, and have, taken advantage of Keele's support facilities on-campus, most notably those relating to language support.

41 Students expressed appreciation for the helpful and timely support they receive if they fail an assessment. Oral and written feedback is given in these circumstances, including itemised action points which provide an effective framework for improvement. This high quality feedback is not, however, made available to other students to allow them to fulfil their full potential.

42 The quality of the written guidance given to students in the form of the programme handbook and the DVDs of the module handbooks containing the lecture notes contribute to the high level of student progression. The students appreciate the level of support they have experienced throughout their studies.

43 One student has joined the accelerated pathway aimed at physiotherapists. This accelerated pathway has its own well-mapped curriculum. Although the system is well documented and tutorials are given before the start, there appeared to be some confusion on the part of the student as to which class he should attend. The College has realised that fast-track students need more guidance, and is considering ways of providing this, perhaps through the designation of a dedicated education support officer.

Learning resources

44 Staffing resources are well matched to the needs of the programme. The College has 28 well-qualified part-time teaching staff, of whom 17 have osteopathic qualifications. Students reported a high level of regard for the professionalism and helpfulness of the staff of the College. There are three part-time administrative staff. The College has a dedicated education support officer for Keele who is in regular communication with Middlesex colleagues, and who is much appreciated by all students and seen as a valuable asset. Students and staff confirmed that support staff contribute significantly to the effective running of the programme.

45 Lecturers are encouraged to attend staff development days including those held by Keele. Many staff have not been able to attend College staff development days, as they take place at Borehamwood. The visitors conclude that the College should ensure that such events are accessible to Keele-based staff.

46 The programme benefits from a range of high quality physical resources. The academic and practical elements of the programme are taught in the MacKay Building on the Keele Campus. The College makes use of practical rooms, a lecture room and small tutorial rooms, all of which are well lit and well matched to purpose. Many have various anatomical models available for student use and demonstration and the practical rooms have an adequate supply of hydraulic couches. The programme also makes use of Keele's well-equipped Anatomy Suite, which is an excellent learning and teaching facility.

47 Clinical sessions take place in the College's dedicated osteopathy suite within the North Staffordshire Medical Institute in Stoke-on-Trent, some 15 minutes drive away from Keele. The teaching clinic is a high quality resource, with four well lit spacious rooms, a dedicated reception area, two teaching rooms equipped with various models and teaching aids, a computer and an adequate supply of books. The clinic is open three days a week and has a specialist orthotic clinic, while a parent and babies clinic is planned for 2009-10.

48 Patient numbers are adequate for the existing cohorts and provision has been made in the existing building if further space is required. The clinic's patient demographics are less well represented in the under 20 age group. The College has recognised this and is working to ensure that students get more experience in that area. The new Clinic Practice Manager has improved the organisation and structure of the patient referral system since her appointment in 2008. Her contribution is much appreciated by the students. At present she attends for 20 hours over the three clinic days. The clinic is adopting the same auditing system for patient referrals as used at Middlesex since March 2009. Once the system is fully functional it should prove a useful tool both for the College and students in ensuring that students experience an appropriate range of patients.

49 Keele's library is well equipped with many computers and quiet study areas. The library has multiple copies of osteopathic books as well as an extensive range covering related topics. Many books and journals are also available online, although *The Osteopath* is not available. Arrangements are well suited to the needs of the students. The library is open at weekends and students are allowed to borrow books for up to three weeks. A designated librarian inducts students in the use of library facilities at the start of the year or on a one-to-one basis when required.

50 The College has been offered the use of all facilities belonging to the School of Health and Rehabilitation. The Research Module Leader is also part of the School staff and has indicated to students that equipment could be made available to them for their dissertation research. In discussion, students indicated a lack of awareness of what is available and could be of use to them.

51 The College virtual learning environment completed its first stage of upgrading in 2007 and the second phase is due to be completed in 2009. Once in operation, all students will have access to valuable information regarding the course and modules. Staff will also have access in order to deposit information including student grades and class notes. Students also have access to Keele's own web facility which gives students further information about the facilities and student support offered at the University.

