



General Osteopathic Council review of osteopathic courses and course providers

College Membership Course

Renewal of recognition review

London College of Osteopathic Medicine

January 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 the 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 the 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 the GOsC:

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

The recommendation made is that of the review visitors to the GOsC. In making its own recommendation to the Privy Council the GOsC may choose not to follow the recommendation of the visitors.

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

Introduction

This report presents the findings of a renewal of recognition review of aspects of governance and management, of the academic standards achieved, and of the quality of the learning opportunities provided in osteopathy at the London College of Osteopathic Medicine (the College). The programme reviewed was the College Membership Course. 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 Dr Peter Spencer, Miss Fiona Walsh, Dr Andy Thompson 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 College Membership Course is:

- **approval with conditions.**

The conditions are that by the time of the next annual report:

- the College must formally document its policies and procedures for strategic planning, risk assessment and the monitoring of operational policies and procedures, and ensure that all staff are provided with clear guidance on the policies and structures which underpin the College's approach to quality assurance and improvement
- the College must establish systems to ensure that intended learning outcomes and curricula are clearly documented and that students' competencies, including those already in place on entry to the Course, are fully mapped to all elements of *Standard 2000*.

B Findings

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

Strengths

- the Osteopathic Trust Board's proactive role in initiating strategic change and its effective working relationship with the management of the College (paragraphs 3-4)
- the emphasis placed on creating an environment in which communication between staff and students is encouraged, leading to a high level of responsiveness to the needs of students (paragraphs 8; 49)
- the use of Faculty Days to provide opportunities for staff development and discussion of student progression and curriculum issues (paragraph 10)
- the College's responsiveness, in the development of the curriculum, to the needs of students and the views expressed in previous reviews and by external examiners and staff (paragraph 20)

- external involvement in all stages of the assessment process (paragraph 28)
- the provision of timely, high quality feedback to students following assessment (paragraph 29)
- the high level of achievement by students as evidenced by reports from external examiners and the academic and clinical work seen by the visitors (paragraphs 32-33)
- the range of teaching and learning approaches which encourage students to be reflective and self-directed learners, in line with the College's aims (paragraphs 38; 43)
- the flexible, supportive and understanding approach to students' individual needs (paragraph 47)

Areas for development

- there is a lack of formally documented governance policies and procedures for use in guiding and monitoring the direction of the College, and there is no formally documented strategic plan or financial or strategic risk assessment (paragraph 9)
- while staff have a clear understanding of the need for quality assurance and improvement, there is little formal documentation setting out the structures and policies to underpin this (paragraph 14)
- the College lacks systems to ensure that intended learning outcomes and curricula are clearly documented and that students' competencies are fully mapped to all elements of *Standard 2000* - this is evident in the lack of rigour in the analysis of students' capabilities on application (paragraphs 16; 46).

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 the visitors
- evidence-based judgements
- ensuring that the amount of time taken to conduct a review is the minimum necessary to enable the visitors to reach robust findings and recommendations
- providing transparency of process through the use of published GOsC criteria
- the role of the Institutional Contact, a member of the provider's staff, to assist effective communication between the visitors and the provider
- the facility to engage a further specialist adviser where necessary
- close monitoring by QAA officers.

D The overall aims of the provider

1 The College is part of the registered charity Osteopathic Trusts Ltd. The premises, which are owned by the charity, are based in Marylebone. The College provides part-time, vocational osteopathic training for qualified and experienced medical practitioners. The College awards Membership of the London College of Osteopathic Medicine on completion of the course. It teaches osteopathic principles, assessment and treatment methods and aims to integrate these into the students' existing clinical practice. The course concentrates on those domains listed within *Standard 2000* which are peculiar to osteopathy rather than the domains which are generic to health professionals, or the domains that have already been acquired in medical and postgraduate training. In particular, it emphasises the acquisition of palpation ability to enable development of the distinct skills of osteopathic assessment and osteopathic therapy.

2 The course aims to integrate subjects covered in allopathic medical training with the osteopathic concept of somatic dysfunction enabling the graduate to adopt a more holistic management approach and a wider range of therapeutic options to a patient's condition. The course is predominantly delivered through clinical teaching in the School Clinic, supported by technique teaching and topic study, using small group tutorials outside the Clinic.

3 Students who successfully complete the Course are expected to satisfy the capabilities described in both the *Standard 2000* document, published by the GOsC, and the *Subject benchmark statement* for osteopathy, published by QAA. Students do not have to be registered with the General Medical Council (GMC) but are required to have a medical degree recognised by the GMC.

4 In recent years, three or four trainees (students) have been admitted each year to the 13-month Course leading to Membership of the College. At the time of the visit there were three students on the Course being taught by 15 part-time members of staff.

E Commentary on the provision

Management and governance: strategic

5 The College is part of the Osteopathic Trusts Ltd which owns the College premises and determines whether the activities of the College are within its objectives. In 2007, the Osteopathic Trust Board initiated a number of changes to the structures for governance and management in response to the College's poor level of recruitment, and hence income stream, at that time. A College Management Committee was introduced and the role of academic staff was redefined. These changes were made to clarify roles within the College, widen responsibility for management, and enable academic staff to concentrate on educational matters.

6 Until 2007, the Osteopathic Trust Board had played a very limited role in the operation of the College. Since that date, membership of the Board has become more representative and much more proactive in initiating change. It works effectively with College managers, receiving minutes of the Management Committee, Faculty and the College/Clinic Committee, and through representation at Management Committee meetings. The Board is addressing the issues of low student numbers, low income streams and the fabric of the teaching and clinic building, which is the Trusts' major asset.

7 The newly formed Management Committee is tasked with undertaking the implementation of the newly developed strategy to ensure financial security through diversification of the business, and by developing a new and flexible curriculum to attract more students, particularly from the UK. The financial situation is well understood throughout the organisation. Responsibilities are clearly assigned and financial planning is in place to achieve self-sustainability. The College has traditionally drawn on the Osteopathic Trusts to balance its regular financial shortfall, but it is now recognised that this cannot continue beyond the next two years. The Osteopathic Trust Board has agreed that the College should recruit students to the Course in September 2009, and that finance will be made available, if needed, to ensure that those students will be able to complete their studies.

8 The whole College community of tutors, students and managers is involved in decision-making. This is achieved through a range of formal and informal mechanisms such as the quarterly Faculty Days, and the College/Clinic Committee. The latter meets monthly to decide on College and the Clinic operational issues. Students attend these meetings and have voting rights. Faculty Days are used for staff development and to review progress on the Course. Feedback systems and information flow through, for example, the distribution of minutes, are effective. They support the decision-making process by their inclusiveness.

9 The SED provides a full, frank and accurate picture and analysis of the College's situation. However, there is a lack of formally documented governance policies and procedures that could be used to guide and monitor the direction of the College. In discussions with the visitors, it was clear that College staff understand and appreciate the College's current strategy, and that there is a good awareness of the financial implications of different levels of recruitment and of alternative strategies. However, there is no formally documented strategic plan to clarify this to new members of the Osteopathic Trust Board or Management Committee. There is no financial or strategic risk assessment that could be used as a management and governance tool.

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

10 The College is highly effective in eliciting student feedback through formal channels, while the small numbers of students allow for additional informal measures to be used. The visitors noted the rapid response to individual student needs in modifying modes of learning to meet changing personal circumstances. Well-designed student feedback forms are used to analyse perceptions of learning experiences. These are rapidly reviewed and acted upon by managers and tutors. The regular College/Clinic Committee meetings provide a formal

setting for communication between students, staff and management. Recent positive outcomes from this group have been the creation of dedicated individual tutorial time during clinical sessions and the introduction of staff mentors for students, both of which are highly regarded by the students.

11 The College is in negotiations to developing valuable links with other osteopathic educational institutions that will impinge not only on student experience, for example, through the provision of library facilities, but also on quality assurance. One example of this is the pilot peer observation system that plans to use video recordings of teaching and could involve staff members from another osteopathic education institution.

12 The quarterly Faculty Days provide an excellent, structured forum for staff development, monitoring student progress and curriculum development. They are always well attended although they take place at weekends. These have been particularly important for reviewing, modifying and developing the new programme structures, for example, the introduction of the distance-learning course. All staff, including the management team, are part-time, reflecting the size of the organisation, but staff turnover is low. Induction for new staff is geared to the needs of the individual and staff development is part of all Faculty Days.

13 The College ensures appropriate external monitoring of all assessments, including the final clinical competence assessment (FCCA). This is particularly valuable because of the small number of students and the need for valid assessment against a national norm. The College has appropriate plans to overcome the problems, and utilise the advantages of small scale in its consideration of quality assurance.

14 The College staff have a clear understanding of the purpose, value and currency of quality assurance and improvement. However, although there are good practices that the visitors were able to evidence, there is little formal documentation setting out the structures and policies to underpin this.

An evaluation of the clinical and academic standards achieved

Intended learning outcomes

15 The self-evaluation and other initial documentation cast doubt on the extent to which the College had taken on board the concept of intended learning outcomes. However, subsequent scrutiny of student work indicated that the concept is clearly understood, and this was confirmed through documents recording the considerations which informed Course developments. For example, through meetings with students, staff became aware of the students' general lack of skills necessary to undertake critical analysis. To address this, a new Critical Analysis module has been developed which will be introduced in September 2009.

16 The Course aims to build on the prior experience of students who are all already medically qualified. The Compliance Document maps the areas of the curriculum on to the main competences required by *Standard 2000*. The visitors found that the intended learning outcomes are congruent with the overall aims of the Course. However, there are some areas of *Standard 2000*, particularly relating to communication skills and interprofessional collaboration, which are not explicitly mapped to the competences in the Compliance Document, or in the other documents relating to prior experience, such as *Tomorrow's Doctors* and *Good Medical Practice*. These areas are important to the practice of osteopathy, and it is not clear how these areas are addressed in the curriculum. Minutes of Faculty meetings indicate that some students lack medical skills that should be assumed to be present. The College attempts to address this issue by assessing the students by interview prior to embarking on the distance-learning phase of the Course, and by assessment on completion of this phase. Clinic-based teaching allows tutors to assess quickly whether students possess the necessary skills.

17 Since the previous renewal visit the College has acted to remedy deficiencies in the communication of aims and intended learning outcomes to staff and students and the lack of a student handbook. The 2005-06 Annual Report states that 'The trainees have received a

current student handbook in electronic form'. The current student handbook is in separate parts which leads to some lack of clarity and, because information is split between different parts, can make some material difficult to locate.

18 Students are informed on application that the Course is one of self-directed learning. The College places an emphasis on students identifying their own individual learning needs and several approaches have been tried to facilitate this. Initially, a detailed and prescriptive portfolio scheme was used, but this was not successful. Students are now encouraged to keep a learning log or diary, but have shown varying degrees of commitment; some see it as an unnecessary layer of bureaucracy.

19 The visitors judge that the intended learning outcomes are clearly stated and are appropriate to the level of the award, meeting the requirements of relevant external reference points.

Curricula

20 The College has demonstrated a responsive approach to the development of the Course. There have been several curricular changes since the last renewal visit, in response to staff discussions, feedback from students, previous reviews and external examiner comments. Until 2007, the Course involved attendance three days per week for a year. In recognition that such a commitment is difficult for many working practitioners, an extended pathway is now offered involving two days per week over 18 months. A three-month distance-learning package has been introduced and this must be completed before students join the main programme. According to the Annual Report 2008, 'The distance learning course is intended to expand the content of prior learning to include physiology of locomotion and pain as well as emphasising musculoskeletal anatomy. In addition, students are introduced to papers exploring the concepts and significance of Osteopathic Somatic Dysfunction'. It is too early to assess whether the change has enhanced the student experience.

21 A change has also been made to the introductory programme which follows successful completion of the distance-learning package. The original five-week programme has been replaced by a more intensive one involving attendance for five days per week for two weeks to enable students to move more quickly into clinical work. The programme is focused on providing students with the necessary clinical skills in preparation for patient contact.

22 Technique is taught in two phases. Technique 1 introduces soft tissue, mobilisation and muscle energy techniques for the different regions, and Technique 2 includes thrust techniques. The College has realised that it is unhelpful, at the beginning of the programme, for students to be faced with different tutors advocating different practices. To deal with this, Technique 1 is delivered by a small team, chosen to avoid such situations.

23 Tutors have noted problems in getting students to integrate their medical knowledge with the knowledge gained on the Course. There is no formal mechanism for developing this; staff attempt to encourage it through questioning and other techniques, and encouragement of students to incorporate their medical knowledge into their osteopathic learning. Students, however, do not appear to find this a problem and, in meetings with visitors, were very positive about integrating their existing medical skills with both the taught curriculum and their work as doctors.

24 The curriculum is designed to provide a strong foundation in basic structural osteopathy. There is no intention to provide specialist osteopathic experience, for example, relating to children or cranial osteopathy. Students are fully aware of this focus of the curriculum and accept that if they wish to develop their osteopathic skills in specialist areas, further training will be needed following completion of the Course.

25 The visitors judge that the curriculum is effective in delivering the intended learning outcomes.

Assessment

26 There have been changes to assessment strategy since the last review to reflect the changes in the curriculum. The College identified three stages of learning development, exploration, consolidation and integration. Students are assessed at the end of each phase. The visitors' scrutiny of student work revealed that the range of assessment methods addresses intended learning outcomes and the aims of the Course. They include, essays, short answer questions, case presentations, practical examinations and observed structured clinical examinations (OSCE). Students confirmed that they receive notice of the assessments at the start of the year, together with the assessment criteria. The assessment mix is the same for the standard and the extended pathway.

27 The distance-learning programme is assessed through short answer questions which test some of the *Standard 2000* capabilities acquired in the students' prior medical training. This is followed by the two-week intensive course which is a strength of the programme. It includes assessment of students' history-taking skills, an area previously identified by the external examiner as being weak. The programme also includes assessment of whether students' clinical examination skills are sufficient to allow their clinical experience to continue.

28 All College assessment is carried out by College staff supported by an experienced independent external assessor, which represents good practice. Both formative and summative assessment are used. Students receive formative assessments daily on their clinical performance through the Daily Tutor Report. There is variability in the depth and detail of these reports but, overall, they provide an important focus for the students' learning and development through the Course.

29 Students receive extensive, timely and effective feedback following assessment. This is aided by the small number of students and their close working relationships with staff. In addition to the tutor log, feedback is provided by email. Oral feedback is provided immediately following practical examinations, with written feedback provided within one week. Students are treated fairly and transparently in the assessment process.

30 The format of the FCCA has been changed for the 2008-09 academic year. It now consists of four components. The first involves a case history with an actor as a role player. This history has sufficient depth and complexity to place demands on students of all abilities. All candidates take the same history from the actor, and an examiner observes the history taking from start to finish and a marking sheet is provided. The second component is the examination; an osteopath will be the model for the assessment and will interact with the candidate as a patient. The pathology and any dysfunction will be linked to the history already taken. The examiners discuss the dysfunction prior to the examination and the candidates all examine a model with known findings. The third component is the treatment, when four areas of the body are selected by the examiners to allow a diverse range of techniques to be demonstrated. The treatment areas will have some pathology or dysfunction and will be the same for each student. The fourth and final component involves the treatment and management of a follow up patient selected by the candidate.

31 The FCCA takes up to a half day with strict time control for the different components. The assessment is conducted by one internal and two external. This is an objective and structured assessment and the College will monitor its effectiveness. A pilot study based on students' history taking skills was carried out in 2007, and was received positively by staff and students.

32 The visitors conclude that the assessment strategy is thorough, meets the aims of the Course and assesses the intended learning outcomes appropriately.

Student achievement

33 The small numbers of students studying at the College are well motivated and this has resulted in high levels of achievement, as evidenced in the grades achieved in assessed work. Three students completed the Course successfully in each of the years 2005 to 2007. External examiners comment that standards in the FCCA are good. The visitors' scrutiny of written worked confirmed that students demonstrate an appropriate level of osteopathic knowledge and understanding.

34 The visitors observed all three students treating patients in the clinic. There were a variety of patients with a range of problems, several of which were quite complex. The students communicated effectively and took detailed case histories allowing a variety of well-reasoned hypotheses to be generated. The students displayed appropriate levels of confidence and standards in osteopathic technique for the stage of their training. They were able to work on their own and tutors provided supportive assistance when required.

35 Graduates of the College have embarked on a number of career pathways. Some integrate their osteopathy in recognised medical specialities such as rheumatology, pain clinics, orthopaedics, sports and exercise medicine, rehabilitation and general practice. Many are involved in teaching doctors, osteopaths and other professionals both at under and postgraduate levels. The visitors viewed the recent PhD thesis of a former graduate demonstrating how he had integrated osteopathy into his NHS General Practice.

36 The visitors conclude that the College is successful in its aim to produce osteopaths with a previous medical training who are confident in the musculoskeletal and structural areas of osteopathy.

The quality of the learning opportunities provided

Teaching and learning

37 The curriculum is delivered by a variety of methods including interactive group learning, supervised clinic teaching, lunchtime teaching activities, lectures, critical reading, practical classes and distance learning. Most teaching and learning occurs in the Clinic and involves a patient consulting a student who is supported by a tutor. The staff are almost all qualified doctors and practising osteopaths, and this informs their teaching. The number of clinical hours is approximately 1,000 for each student which is sufficient given the students' previous medical experience.

38 The visitors attended a lunchtime seminar. This involved discussion arising from a video recording of one of the students taking a case history from an actor. There were two students and two tutors present. The event was well managed, but the small number of students limited the interactive nature of the seminar. Nevertheless, the students were encouraged to participate in the event, mainly by the use of targeted questions.

39 Most of the teaching staff are graduates of the College. This offers potential for an insular vision and a narrow range of approaches. However, students report that they appreciate the diversity of approach among staff. They consider that the variety is enriching, although it can be confusing early in the Course.

40 Students take responsibility for their patients' care from the start of their clinic learning. Staff and visitors recognise that the Course may not be considered long enough for the students to acquire the necessary skills, especially as they may have to 'unlearn' some of the concepts learned in their medical training. However, students reported that the support from tutors more than overcomes this potential problem. Evidence from observations and discussions convinced the visitors that this is so.

41 The small student cohort provides students with a high level of individual contact with the tutors. However, it also restricts the opportunity for interaction with their peers. The students value their close, supportive working relationship with each other and with the tutors. The learning logs and patient logs encourage students to reflect on their learning and encourage self-directed learning.

42 The visitors judge that the quality of teaching and learning opportunities supports the achievement of the overall aims of the Course.

Student progression

43 Medical doctors with an interest in studying osteopathy are invited to visit the College to observe some teaching before they apply. Emphasis is placed on the student-centred

learning style of the Course. The admission process has been made more rigorous recently to ensure that prospective students have the required prior knowledge and skills to embark on the Course. New applicants are screened initially by an Admissions Adviser who is an academic member of staff; this process is to ensure that the doctor's medical qualification, prior experience, probity and reasons for wanting to study osteopathy meet the requirements of the Course.

44 No students enrolled in 2008 and three students are due to complete the Course in 2009. One student is due to sit the FCCA in February 2009 and two students in summer 2009. There have been few applicants from UK trained doctors in recent years which the College believes has resulted from the increased rigidity of career pathways in medicine. Two of the current cohort of three qualified overseas; a third overseas student has recently left the Course for financial reasons.

45 Students are provided with details of the Course before they join. This gives guidance on intended learning outcomes and on assessment. It also explains possible career progression opportunities after completion. In discussion with the visitors, students stated that the Course has lived up to expectations, is accurately described in College literature and addresses their needs.

46 After initial screening, applicants are required to attend an interview with the Course Director and Deputy Course Director where their suitability and reasons for studying osteopathy are further explored. If there is some doubt about the levels of competence in relation to *Standard 2000*, they are asked to sit a clinical assessment examination to demonstrate their competency. Discussions with students, observation of their clinical work and scrutiny of assessments, convinced the visitors that students do possess the *Standard 2000* capabilities assumed in prior medical training and which are therefore not taught on the Course. However, these capabilities are not clearly mapped in the documentation. Such a mapping would help to ensure rigour in the recruitment process.

47 College staff demonstrate a flexible, supportive and understanding approach to students. While the two pathways are designed to provide flexibility, there have been several examples where the College has allowed students to adapt their programme for personal reasons. The College's level of responsiveness to student need is a strength.

48 The completion of the Daily Tutor Reports triggers support for students when weaknesses are identified. There is strong evidence that the College responds quickly to any shortcomings identified and there is email communication between staff and discussion of students' progress at Faculty Days.

49 A mentoring scheme was introduced in 2008. Students have an appointed member of staff as their mentor throughout the Course. The College acknowledges that the introduction of the scheme has been inconsistent. There is some lack of clarity concerning the role for which there are no published guidelines. The College intends to review this scheme, before the next cohort of students joins the Course. The students, however, welcome the scheme and reported that it is effective and helpful.

50 Feedback to, and from, students is a strength at the College. The Daily Tutor Report, email forums and oral and written feedback following assessments all contribute to student support. Feedback is seen as a two-way process and students views are widely canvassed and acted upon to improve aspects of the Course, including student support.

51 Students are required to pass the technique OSCE and mock FCCA examination before sitting the final clinical examination which accounts for 50 per cent of the final mark. This ensures that standards are being met and student progression is based on satisfactory academic and clinical levels being achieved. These levels are constantly being monitored.

52 Students are required to keep a log of patients that they have seen. One student said that he found it a bit tiresome at first but that it is a helpful method to reflect on the range and types of problems he has seen and to identify any areas where he is lacking in experience. Students also keep a technique log to record techniques they have performed successfully

either in-clinic or in the classroom. They are encouraged to use a learning diary but take-up of this has been variable. These initiatives support the student-centred approach and the focus on producing a mature, reflective practitioner. Student support at the College is excellent and this is reflected in the high level of attainment by students.

Learning resources

53 There are 14 academic staff, 13 of whom are graduates of the College. All staff are part-time, are appropriately qualified and bring a wide range of osteopathic experience to the Course. Most have a long association with the College and the Course, and have demonstrated a strong commitment to the aims of the provision. None of the staff is a qualified teacher.

54 Faculty Days have provided a range of staff development opportunities and the take-up of these has been good. Each of these days focuses on a specific area of osteopathy and, as there are four per annum, they enable an appropriate range of topics to be covered. The College is in the process of introducing a peer observation of teaching scheme to help with the development of teaching skills.

55 Physical resources are adequate for the number of students. The College has a small library of reference books which provide good coverage of the curriculum. College staff and students are also able to use the reading room at the British College of Osteopathic Medicine which has substantial library facilities.

56 The Trust recently funded a significant refurbishment of the premises, including a redesign of the main entrance to permit wheelchair access and the provision of treatment rooms on the ground floor. The building now complies with the requirements of the *Disability Discrimination Act*. Students appreciate the provision of their own individual dedicated treatment rooms, with name-plates. The main teaching room, which is used as a lecture theatre and technique teaching area, has been equipped with data projection facilities. There is a computer for student use in a quiet room next to the lecture theatre, and the building has wireless internet connection.

57 The visitors judge that the quality of learning resources is adequate for the achievement of the overall aims of the Course.