



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

**BSc (Hons) Osteopathy  
Renewal of recognition review**

**MOst  
Initial recognition review**

**Leeds Metropolitan University**

**March 2010**

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Registered charity numbers 1062746 and SC037786

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## Foreword

Under the *Osteopaths Act 1993* the General Osteopathic Council (GOsC) is the statutory regulatory body for osteopaths and osteopathic education providers. The GOsC advises the Privy Council on which programmes of osteopathic education merit Recognised Qualification (RQ) status. The Privy Council grants RQ status to programmes where the governance and management of the course provider and the standards and quality of the programme meet the requirements laid down by the GOsC. In particular, students must meet the practice requirements of GOsC's *Standard 2000: Standard of Proficiency*.

Decisions concerning the granting, maintenance and renewal of RQ status are made by the Privy Council following reviews of osteopathic courses and course providers. The Quality Assurance Agency for Higher Education (QAA) manages certain aspects of these reviews on behalf of GOsC. The role of QAA, by its conduct throughout the UK of reviews and audits of higher education provision and providers, is to maintain public assurance that the standards and quality of higher education are being safeguarded and enhanced. In developing its methods for higher education audit and review, QAA has published a wide range of materials designed to provide a background against which scrutiny can take place.

## GOsC review

GOsC review is a peer-review process. It starts when institutions evaluate their provision in an SED. 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 review of aspects of governance and management, of the academic standards proposed, and of the quality of the learning opportunities proposed in osteopathy at Leeds Metropolitan University (the University). The programmes reviewed were the BSc (Hons) Osteopathy (Renewal) and MOst (Recognition). 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 2009-10. The review visitors were Ms Fiona Walsh, Mr Robert McCoy, 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 BSc (Hons) and MOst programmes is:

- **approval with conditions.**

The conditions are for both programmes:

- submit, by 31 December 2010, a marketing plan for ensuring an appropriate range, diversity and number of patients within the clinic together with up-to-date statistics
- inform GOsC of staff recruitment to date, including curriculum vitae, and submit plans for subsequent recruitment, including job descriptions and person specifications, by 31 December 2010.

For Initial recognition of the MOst:

- to help develop staff assess at master's levels, for the first two cohorts of students the majority of assessors for the Final Clinical Competency Assessment should be external assessors who are experienced in assessing at master's level
- establish staff development processes to ensure that relevant staff are competent to teach and assess at master's level. The related plans to be submitted to GOsC by 31 December 2010.

## **B Findings**

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

### **Strengths**

- Intended learning outcomes and the curriculum are well mapped to *Standard 2000* and the *Subject benchmark statement* for osteopathy; they are well matched to the respective levels of the programmes and those of other providers (paragraphs 10, 13).
- Intended learning outcomes are made accessible to students and staff through dissemination using a wide range of media, including the virtual learning environment (paragraph 11).
- The Practical Osteopathic Knowledge and the problem-based learning modules provide students with a strong basis for the development of the practical application of knowledge and a very mature approach to critical analysis (paragraph 14).
- The wide range of assessment methods is well designed to enable students from diverse backgrounds to demonstrate achievement (paragraph 15).
- Comprehensive processes for internal and external moderation ensure the rigour and standard of assessment (paragraph 18).
- Students receive helpful and timely oral and written feedback following assessment (paragraph 19).
- The reflective log provides an excellent tool for formative and summative assessment and a sound foundation for lifelong learning (paragraph 20).
- The problem-based learning sessions observed by visitors were of a very high standard; year one and year two students demonstrated mature skills of critical analysis and impressive levels of knowledge (paragraphs 25, 28).
- Teaching sessions are well planned and supported with high-quality documentation (paragraph 28).
- Effective recruitment and admission processes have ensured that the programme has attracted a diverse range of well-motivated students (paragraphs 34, 35).
- There are highly effective student support systems at both faculty and university levels. This includes support for students with additional learning needs (paragraphs 36, 37).
- The University's virtual learning environment is proving to be a valuable resource repository, providing easy access to a wide range of documentation for students and staff (paragraph 46).

### **Areas for development**

- Poor attendance by staff at course review meetings should be addressed to emphasise the importance of the meetings and ensure that issues can be properly discussed (paragraph 8).
- Opportunities to broaden students' experiences through interprofessional cooperation need to be better exploited (paragraph 14).
- The University needs to ensure that relevant academic and clinical staff are fully prepared for assessment at master's level, and that sufficient staff with appropriate skills and experience are recruited in good time to deliver years three and four of the programme (paragraph 21).
- To help develop staff assess at master's level, for the first two cohorts of students, the majority of examiners for the Final Clinical Competence Assessment should be external assessors who are experienced in assessing at master's level (paragraph 21).
- Staff need to ensure that they adopt strategies to maximise student participation in class (paragraph 28).
- A strategy is needed to encourage staff research and to ensure that it informs teaching (paragraphs 33, 41).

- Staff recruitment documentation needs to place greater stress on the master's level of the MOst programme (paragraph 40).
- The clinic needs to continue to develop to ensure that it provides students with the appropriate quantity and diversity of experience (paragraph 45).

## **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 BSc (Hons) programme at Leeds Metropolitan University (the University) was subject to an Initial recognition review in October 2006 and was granted Recognised Qualification (RQ) status in July 2008. It is a 420 credit programme studied full-time over four years. This review is concerned with Renewal of recognition of the BSc (Hons) Osteopathy programme. The University has developed the programme further to provide an integrated master's award, M<sub>Ost</sub>. This is a 480 credit programme studied full-time over four years, with 120 credits being assessed at master's level. In the case of the M<sub>Ost</sub> award this is an Initial recognition review. From September 2010, students will be enrolled on the M<sub>Ost</sub> programme, with no planned option for students to transfer from the M<sub>Ost</sub> to the BSc (Hons). The intention is that current students will transfer to the new programme once it has RQ status. Any student not wishing to transfer will remain on the BSc (Hons) programme. There are 18 students on year one (level 4) and 16 students on year two (level 5). They are taught by four permanent academic staff (2.5 full-time equivalent), three academic staff on part-time, hourly-paid contracts and four clinical staff (0.6 full-time equivalent).

2 The overall aims of the programme, as stated in the SED, are to:

- foster a critical and reflective understanding of osteopathy and the application of evidence-based practice to professional working, ensuring fitness for practice, purpose and award
- promote the development of a range of skills and competencies which will enable students to support individuals to maximise their potential, and contribute effectively to the provision of osteopathy and the osteopathic profession
- offer a range of learning opportunities which allow people from diverse backgrounds to develop personally and professionally and achieve the target award of BSc (Hons) Osteopathy/Master of Osteopathy
- establish and further develop lifelong learning and professional accountability within the governance framework of the General Osteopathic Council.

3 These aims do not appear in such concise form in programme documentation as they are a condensation of the programme aims and objectives produced specifically for the SED. The programme aims and objectives are clearly and fully stated in the programme handbook.

## **E Commentary on the provision**

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

4 The University is structured under governance procedures emanating from the *Education Reform Act 1988* and the *Further and Higher Education Act 1992*. The Board of Governors has responsibility for strategy and financial propriety and meets five times a year. Its responsibilities are delegated through the Senior Executive Team and Faculty structure that oversees the management of the osteopathy programmes. The University describes its strategic direction clearly in its financial statements and has encapsulated its mission well in its Vision and Values Statement. The strategy and mission are being reviewed by the University Management Team, with the intention of introducing any necessary changes from September 2010. The Board of Governors is responsible for overseeing the financial health of the University. They approve and review a five-year financial strategy that considers all elements of risk management.

5 The programmes under consideration are effectively managed within the Health Sciences subject group, which is one of 10 subject groups in the Faculty of Health. The Dean of Faculty is a member of the University's Senior Executive Team which meets fortnightly. In

turn, faculty and group meetings take place every two-to-three weeks. A new communication strategy has been introduced after external consultation. Executive bulletins are produced and circulated to staff following senior executive meetings.

6 Osteopathy is a relatively new venture for the University and developed from a comprehensive business plan produced in October 2005. This plan is reviewed regularly to ensure targets are achieved. The MOst is the first integrated master's programme in the University and, as such, required new regulations to be drafted and approved before validation. The initiative arose from market research, which indicated a strong preference for integrated master's programmes from potential students. This led to a formal proposal to the Academic Committee of the Academic Board. The programme will be managed in the same manner as other programmes and current students have been kept fully informed and formally involved in the introductory process.

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

7 Management of quality is comprehensively set out in the University's regulations. The major element involves an annual cycle of review and feedback which is described in the Annual Monitoring and Review Overview. In the light of findings of a QAA Institutional audit, a full review of the University's quality assurance and improvement procedures is underway.

8 The programme team holds meetings in July and November, each with a different focus and function. Elected student representatives are present at these meetings. They are provided with training for this role, organised by the Students' Union. The University is committed to ensuring the views of students are represented in the management of academic quality and standards. Teaching staff attendance has been poor and this should be addressed to emphasise the importance of programme team meetings and ensure that issues can be properly discussed. The outcomes of the meetings are considered, in early spring, by a Faculty Quality Assurance Board which reports directly to the Quality Enhancement Committee, a subcommittee of the Academic Board.

9 The osteopathy programme team complies fully with the University processes for programme monitoring and review, which are overseen by a faculty quality assurance team and the University's Review and Enhancement Office. A programme statistics report analyses the outcomes of the academic year and is supported by module evaluations in providing a summary of the year's activities that is considered at the November Course Review Meeting. The external examiner's report is considered at this meeting as well as being scrutinised by the University's Review and Enhancement Office. Advice from the external examiner is considered after the Board of Examination at the July Course Review Meeting. The minutes from the course review meetings are comprehensive, well structured and appropriately action focused. The new MOst programme will be subject to the same programme review processes.

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

### **Intended learning outcomes**

10 The intended learning outcomes of both programmes have been comprehensively mapped to *Standard 2000* and to the *Subject benchmark statement* for osteopathy. Both programmes also reflect the respective levels of *The framework for higher education qualifications in England, Wales and Northern Ireland*. In addition, the external examiner has confirmed that standards to date have been in line with other providers in the osteopathic sector. The increasing complexity of the module intended learning outcomes, through the years (levels) of study, is demonstrated clearly through the language of the descriptors used.

11 The module and programme intended learning outcomes for the MOst are well presented and are available in a wide range of media, including programme and module handbooks and on the virtual learning environment. This is also the case for the BSc (Hons) programme, although presentation is rather more variable.

12 The osteopathy programme is designed to fit into the University's modular scheme, in which each 15-credit module represents 150 hours of total student experience and each 20-credit module represents 200 hours. Students on the BSc (Hons) study modules totalling 120 level 4 credits, 120 level 5 credits and 180 level 6 credits. The MOst comprises 120 credits at each of the levels 4, 5, 6 and 7 (M-level).

### **Curricula**

13 The MOst is a development of the current BSc (Hons), and as such has not involved a radical redrafting of the curriculum. The two programmes follow the same curriculum for the first two years. In the third year, there is significant overlap, although the MOst includes an introduction to the Osteopathic Enquiry module at level 7 which continues into the fourth year. Two other level 7 modules are taken in the fourth year of the MOst: Osteopathic Clinical Practice: Management, and Business and Financial Management in Practice. The level 7 modules are well integrated into the programme and represent an appropriate academic augmentation of the existing BSc (Hons) degree. The previous Initial recognition review for the BSc (Hons) programme concluded that the curriculum is appropriately designed to develop the competencies required by the GOsC's *Standard 2000*. The current team of visitors concur with this view.

14 Two elements of the curriculum merit particular mention. First, the Practical Osteopathic Knowledge module provides a strong integration of anatomy, biomechanics and basic and applied technique. This gives the module an important clinical focus that is valued by the students and staff. Secondly, the strong embedding of problem-based learning in the curriculum allows a very contextualised approach. Class observations show that this gives students a strong understanding of the practical application of their knowledge. However, opportunities to broaden the students' experience through interprofessional cooperation are not being exploited fully. This is an area which could be developed further.

### **Assessment**

15 The assessment strategy for the osteopathy programmes is informed by the University's Assessment, Learning and Teaching Strategy 2008 to 2012 and Assessment Learning and Teaching Priorities 2009-10. The assessments use a wide range of approaches that meets the needs of a diverse range of students. These approaches include written and practical examinations, multiple-choice and short answer questions, case presentations, group tasks and portfolio building. This range allows students every opportunity to demonstrate their knowledge and skills, and is much appreciated by them.

16 The programmes are subject to the University Standard Assessment Regulations. The assessment criteria are clearly published in the module handbooks and on the University's virtual learning environment, Xstream. The University has established regulations and procedures for the management of assessment. For the osteopathy programmes, examination papers and assignments at all levels are reviewed by the external examiner. There is currently one external examiner, with a second to be appointed soon and

responsible for the clinical aspects of the programme, mainly at levels 6 and 7. This should ensure that standards of assessment are being scrutinised appropriately.

17 The BSc (Hons) commenced in September 2008 and there were two cohorts on the programme at the time of the review visit. The assessments so far appropriately measure the intended learning outcomes and have been mapped to demonstrate transferable skills. They have also been clearly mapped to show where capabilities in the GOsC *Standard 2000* are assessed. The summative assessments take place at the end of the second semester. Students of the first cohort had requested that the assessments be slightly rescheduled to allow for a less crowded examination schedule. The University accommodated this, resulting in an assessment burden that is not too onerous.

18 It is normal practice for staff on the osteopathy programme to moderate examinations and coursework at all levels, most of which are blind double-marked. The practical assessments such as technique viva voces are assessed by a panel of three tutors who mark individually and moderate their subsequent marks. The visitors found that these processes ensure that assessments are fairly and rigorously marked. The external examiner is very supportive of the standards of the assessments and confirms that the standard of student work is similar to that at other osteopathic institutions. Some adjustments have been made to the design of assessments for the second cohort of students, following experiences in the first year. For example, a short-answer section is to be introduced into the examination for the Introduction to Anatomy module.

19 Written and oral feedback to students following assessment is excellent and timely, and is a strength of the programme. In particular, the Practical Osteopathic Knowledge module and those delivered through problem-based learning provide many opportunities for formative assessment and feedback. This is aided by the small groups in the latter case and the low student to tutor ratio of 6:1 or 7:1 in the practical classes. The supportive and enthusiastic approach of the staff is very encouraging to students and creates an atmosphere conducive to learning. Students are required to sit a practical formative assessment, in Practical Osteopathic Knowledge 1, after only six weeks on the programme. While a little apprehensive at first, they valued the exercise and the feedback.

20 The problem-based learning modules are assessed, in part, by the use of a reflective log. This includes both formative and summative aspects. Students are required to record their reflections after each task, and this is reviewed by tutors who supply feedback on the quality of the reflections along with recommendations for improvement. This method introduces, very early on, the concept of criticality and is helping students to develop excellent learning skills. The visitors commend the reflective log as an effective tool for assessment and learning which can easily transfer to clinical practice. The programme team is considering the use of continuous assessment in some modules. This should be monitored.

21 Current staff have limited experience of assessment at master's level. This means that, for the first two cohorts, the majority of examiners for the Final Clinical Competence Assessment will need to be external assessors who are experienced at assessing at master's level. This will provide developmental opportunities for the osteopathic clinical staff.

### **Student achievement**

22 Evidence of student achievement is limited, as the programme is in only its second year of operation. The external examiner report for 2008-09 confirms that first-year students achieved the first-year intended learning outcomes and that their achievements were comparable to those of students in other institutions. Students complete evaluation forms at the end of each module and these show that students feel they are meeting the intended learning outcomes. Review of student work by the visitors confirms this.

23 At the end of the first year, the students had completed a number of written, practical and formal assessments, and the level of performance was good and displayed a

range of marks comparable to other institutions. The second cohort have handed in portfolios at the end of the first semester for formative assessment and it is evident that the standards are continuing to be met at this early stage in the programme.

24 The standards demonstrated in the problem-based learning modules are particularly high. The majority of reflective logs seen by the visitors were of a very good standard with some of exceptionally high quality and only a few of a lower standard. This approach encourages students to be lifelong learners and high achievers.

25 Visitors observed first-year students discussing a clinical scenario concerning a patient with acute neck and arm pain and headaches. In addition to physical aspects of the case, they also identified possible psychological factors and issues around confidentiality and consent related to the GOsC Code of Conduct. It is a particular strength of the provision that students are introduced to these considerations early in the programme. In a level 5 problem-based learning session, student groups were feeding back to peer groups the outcomes of their findings of a clinical case scenario concerning knee pain. The students demonstrated an impressive level of knowledge for such an early stage in the programme. Their well-referenced work was detailed, relevant and indicated good levels of clinical reasoning and criticality. Students demonstrated excellent presentation skills and levels of confidence during these feedback sessions. The visitors commend the innovative approach and commitment to embedding problem-based learning into the programme so successfully.

26 Overall, the visitors concluded that there is a good level of achievement being demonstrated on the programme and that students at levels 4 and 5 display a high degree of criticality. The basic sciences are being soundly embedded and this provides a strong platform for the clinical areas to be delivered at levels 6 and 7.

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

### **Teaching and learning**

27 A range of teaching and learning methods is employed over the first two years of the BSc (Hons) programme. These include problem-based learning, lectures, workbooks, group and individual tutoring and group clinical work. Staff propose to employ these methods in the final two years of the BSc (Hons) and in all four years of the MOst. Teaching staff demonstrate a keen and dedicated approach, not only to the programme and osteopathy in general, but also to the students and their achievement in particular.

28 Delivery of the osteopathy programme involves extensive use of problem-based learning. Staff deliver this approach very successfully to develop high levels of skill and knowledge in the students, as indicated earlier. In particular, the level 5 presentations demonstrated a clinically relevant and integrated understanding of the underlying knowledge from various modules. In one observed class, however, there was evidence of a student failing to make a significant contribution. Care needs to be taken to ensure that all students are drawn into the session to ensure the appropriate acquisition of knowledge and skills. The documents produced outlining problem-based learning tasks for the tutors and students are of high quality and cover the task itself, prompts for lines of investigation, intended learning outcomes and suggested resources. The visitors judge the problem-based teaching and learning strategy to be working very effectively and well matched to the needs of an osteopathic degree programme.

29 First-year learning also incorporates more traditional lecturing in a theatre setting using computerised slide presentations. The slides are available in advance on the virtual learning environment in a logical and user-friendly manner. The observed lecture was in the traditional didactic model, with few learning checks or opportunities for students to raise questions.

30 Teaching and learning in the clinical setting relies on small groups and tutor-led sessions in the ratio of three or four students per tutor. The knowledge demonstrated was drawn from various modules of the programme and integrated with the aid of the tutor. In

addition, the current problem-based learning task was discussed and the themes developed in the context of clinical application.

31 Clinical observation sessions in the first year of the programme were in placements in local osteopathic practices. The students valued these visits and the chance to experience different osteopathic approaches and styles of practice. However, staff acknowledge that it can be difficult to assure the quality and consistency of placement experiences, and the visitors concur with this view. As a result, the visitors conclude that the use of this approach should not extend beyond level 5 as a formalised part of the clinic learning experience.

32 Practical Osteopathic Knowledge is delivered in a well-resourced setting, although staff and students indicated that the rooms are not always available for the osteopathic provision as they are used for other programmes. The student-to-tutor ratios are low at about 5:1. Planning documentation and material is provided in hardcopy and is also available on the virtual learning environment. This information is presented in a manner accessible to visually impaired students.

33 All staff are required to participate in research and/or scholarly activity, and are allocated time for this purpose. While there is evidence of some staff being engaged in research, there is some confusion surrounding how to access time for research, and how to integrate this research into teaching and learning across the programmes.

### **Student progression**

34 The osteopathy programmes seek to recruit any student who provides evidence of the ability to benefit from and complete the programme successfully. The admissions and selection process is robust and the admissions policy is clear and transparent. Consideration is given to the applicant's interest in osteopathy as well as academic ability and personal qualities. The recruitment of students is supported by open days at which prospective students can speak to the programme team and tour facilities. Several students commented favourably on the process and said how positively they were guided through the application procedures.

35 There is a healthy recruitment to the osteopathy programme. Recruitment is limited to 20 students per year; in 2008 there were 121 applications and, in 2009, 88 applications. There is a full and detailed induction programme where students are introduced to a range of facilities including the library and its 'skills for learning' resources, student support and the virtual learning environment. All students are required to have enhanced Criminal Records Bureau disclosure and are checked through the Independent Safeguarding Authority vetting scheme for working with children and vulnerable adults. They are also required to fill in a health screening questionnaire before embarking on any clinical placements.

36 All students are allocated a personal tutor who is normally a member of the programme team, for the duration of the programme. Students meet their personal tutor regularly to discuss both academic and personal issues. Students find these meetings helpful.

37 Student support services are strong at the University and on the osteopathy programme. The University student support office provides assistance on the enrolment process, submission of assessment and mitigation. They can refer students for further advice or for specific support such as disability support or counselling services. A few students on the programme have additional learning needs, including dyslexia and visual impairment. They have found the programme team very helpful, for example, in allowing more time for examinations, providing laptops and providing lecture material in particular colours or font size. Students receive a comprehensive student handbook and module guides. The latter include module aims, intended learning outcomes and assessment criteria.

38 The programme statistics and progression report show that 19 students were enrolled on to the programme in 2008. Of these, 12 were female and seven male, and four had specific learning needs. It is a diverse group including school leavers, some graduates

and some mature learners. Two students withdrew from the programme in the first year for financial or personal reasons, and one student temporarily withdrew for medical reasons but has joined the 2009 cohort. Two students did not pass all the required level 4 examinations to proceed to level 5, and both have joined the 2009 cohort to repeat the failed modules. These students were clear in what areas they were weak and were offered appropriate levels of support to remedy these shortcomings. Hence, there are now 14 of the original group of 19 students at level 5.

39 Nineteen students were recruited into the 2009 cohort. Two were recruited into level 5 as a result of accreditation of previous experience and learning as they had transferred from another osteopathic provider. The remaining 17 students commenced level 4 with the three students who had not successfully completed level 4 or had temporarily withdrawn. There are currently 18 students studying on the level 4 programme.

### **Learning resources**

40 Staffing levels comprise four permanent academic staff (2.5 full-time equivalent), three academic staff employed on part-time, hourly paid contracts and a further four clinical staff (0.6 full-time equivalent). The full-time equivalent student to staff ratio is 11:1. Staffing levels are appropriate for the teaching requirements for the programme at this stage, but there is a lack of contingency planning for clinic staff illness and/or absence. Some robust planning in this area needs to be undertaken and recorded to maintain the continuity of patient care. As stated earlier, clinical staff able to teach and assess at level 7 will need to be trained or recruited before students reach the final levels. However, recruitment material seen by the visitors did not place sufficient emphasis on the master's content of the M0st programme.

41 New members of staff, including those on greater than 0.5 full-time equivalent contracts, are required to undertake the 'In At The Deep End' staff development three-day training course. The University promotes the desirability of staff involvement in research. However, a solid plan and method of implementation are needed to ensure that any research is disseminated and embedded within the learning experience of the students.

42 The University provides students with access to resources which are at the forefront of any provided in the osteopathic sector. The University library is open 24-hours a day, 365 days a year, and has an extremely comprehensive list of journals from every area of study within the University. The osteopathic provision is rather limited, but is under consideration with a view to ensuring that once students reach levels 6 and 7, suitable resources will be available. In particular, students commented that texts older than 10 years were not available, however, students may use the interlibrary loan service.

43 The clinic is housed in Queen's Square and is shared with both acupuncture and herbal medicine students. There is a reception area and three treatment rooms on the ground floor with a further two treatment rooms on the first floor along with a rather cramped tutorial room. The provision of clinical methods equipment is adequate. The clinic has appropriate disabled access.

44 The clinic library is very limited. Most texts relate to the needs of the other users of the clinic, with some core osteopathic publications notably absent. However, there is planned development in this area to meet the needs of the increasing use of the clinic for osteopathy. The processes under which clinic staff can apply for requisition of equipment in the area of clinical resources are well understood by most of the clinical staff.

45 While it is acknowledged that clinic patient numbers are growing, there are concerns over the number of new patients and the range and diversity attending the current clinic. In the next few months the clinic is due to relocate to one of the main University buildings. There are risks associated with any clinic move and these must be assessed and mitigated as far as possible, especially in relation to the student clinical experience, patient numbers and the desire in level 7 for some specialist clinics. The students' current clinical experience is adequate. However, it is not clear that predicted patient numbers will be sufficient to meet student needs at levels 6 and 7 over the next few cycles of the programme. The increase in

patient numbers observed so far in the clinical audit does not wholly demonstrate that a fully rounded clinical experience will be encountered in the stages that equate to level 6 and 7 of the MOst degree. A clinic marketing plan is to be implemented once the clinic move has been completed.

46 The virtual learning environment, Xstream, is used extensively as a repository for programme and module documents and learning materials used in the teaching sessions. More recently, students have been required to enter their problem-based learning work and reflective logs as virtual documents using Xstream. This medium represents a valuable resource and is still being developed so that in the future it can be employed as an interactive assessment tool and secure assessment submission point.