



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

**Undergraduate Integrated Master's in Osteopathy**

**Bachelors (Honours) in Osteopathy**

**Initial recognition review**

**London School of Osteopathy**

**December 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 UK of reviews and audits of higher education provision and providers, is to maintain public assurance that the standards and quality of higher education are being safeguarded and enhanced. In developing its methods for higher education audit and review, QAA has published a wide range of materials designed to provide a background against which scrutiny can take place.

### GOsC review

GOsC review is a peer-review process. It starts when institutions evaluate their provision in a self-evaluation document. This document is submitted to QAA for use by a team of review 'visitors' who gather evidence to enable them to report their judgements on governance and management, the clinical and academic standards, and the quality of learning opportunities. Review activities include meeting staff and students, observing teaching and learning, scrutinising students' assessed work, reading relevant documents and examining learning resources. Full details of the process of GOsC review can be found in the *Handbook for the General Osteopathic Council review of osteopathic courses and course providers, second edition*, QAA 2005.

GOsC review may take one of three forms:

- review for the purpose of granting initial RQ status
- review for the purpose of renewal of RQ status
- review for the purpose of monitoring the operation of governance, management, standards and quality. Such 'monitoring review' normally explores the content of an annual report on provision, the fulfilment of conditions attached by the Privy Council to RQ status, or some important development in the provider or the osteopathic programme.

In initial recognition review, in renewal review, and in some instances of monitoring review, visitors make one of the following recommendations to GOsC:

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| <ul style="list-style-type: none"><li>• <b>approval without conditions</b></li><li>• <b>approval with conditions</b></li><li>• <b>approval denied.</b></li></ul> |
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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 recognition review of aspects of governance and management, of the academic standards proposed, and of the quality of the learning opportunities proposed in osteopathy at the London School of Osteopathy (the School). The programmes reviewed were the Bachelors (Honours) in Osteopathy (BOst) and the Undergraduate Integrated Master's in Osteopathy (MOst). 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 2009-10. The review visitors were Ms Sarah Wallace, Mr Jorge Esteves and 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 BOst and MOst programmes is:

- **approval with conditions.**

The conditions are:

- the School must amend its website immediately to remove all misleading references to RQ status
- the School should immediately implement more formal procedures for recording processes within governance and management
- improvements should be made to the decor of the premises.

## B Findings

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

### Strengths

- The School's culture of involving students in the monitoring and development of programmes (paragraphs 10, 14, 16).
- The developing supportive relationship with Anglia Ruskin University (paragraphs 13, 16).
- The programme's emphasis on developing self-reflection, which prepares students well for future autonomous practice (paragraphs 17, 22, 41).
- The clear integration of knowledge and skills within the programme which places due emphasis on clinical practice (paragraph 22).
- The extensive use of formative assessment providing strong support for student learning (paragraph 23).

- The wide range of assessment methods which ensures that students using different learning styles and approaches to practice are able to demonstrate their developing professional and educational capabilities (paragraph 24).
- The School's well constructed and effective selection and recruitment processes (paragraph 42).
- Formal and informal support mechanisms for students (paragraphs 47, 48).
- Specialist lecturers in the areas of Biomedical and Social Sciences who are well prepared to assist students in their development of criticality and evidence-based practice; and to act as role models and mentors in the development of other staff members as they prepare to teach and assess at master's level (paragraph 53).

### **Areas for development**

- Weak formal systems of management and governance make it difficult to track and audit strategic and management issues (paragraphs 5, 6, 12).
- The lack of a process for the continuing review and updating of structures and procedures to ensure that they reflect current situations (paragraphs 7, 9, 11).
- Misleading information on the School's website regarding RQ status (paragraph 9).
- The lack of briefing and involvement of teaching assistants in the planning and delivery of teaching sessions (paragraph 38).
- A lack of consistency in the quality of Module Definition Forms limits the value of information provided to students (paragraph 49).
- The rather poor decorative ambience of the premises (paragraph 51).
- The need to plan a phased approach to the development of teaching resources (paragraph 52).

## **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 School is a registered charity and is established as a company limited by guarantee. It is based in the Whitechapel area of east London where it operates an on-site teaching clinic six days of the week, and undertakes classroom-based teaching at weekends. The clinic serves the health needs of the local community as well as providing a diverse range of clinical experiences for students. The School's mission is to be a recognised provider of high-quality part-time professional education in osteopathy at undergraduate and postgraduate levels, as well as providing osteopathic health care for the local population. The

common theme is providing a means by which students, patients and staff are enabled and encouraged to realise their individual potential. The College has offered a BSc (Hons) Osteopathy programme validated by the University of Brighton for many years. This has RQ status. The programmes under review are new programmes validated by Anglia Ruskin University. From September 2009, students in years one to four were enrolled on the new MOst programme. Year five students remained on the University of Brighton programme. The School will no longer offer the latter programme after the 2009-10 academic year.

2 The strategic aims of the School are clearly stated in its Strategic Plan which is reviewed on a four-yearly cycle. These aims provide a clear focus for the role of the Board of Trustees. They are:

- to continue to provide high-quality professional education in osteopathy at undergraduate and postgraduate levels
- to maintain RQ status by the Privy Council following the recommendation of the GOsC and a validation agreement with an appropriate university
- to strengthen and develop a research ethos at all levels within the School and by collaboration with other relevant organisations
- to strengthen the School as an autonomous self-determining organisation committed to meeting the health needs of the local population it serves.

3 The SED states that the School provides professional osteopathic education by part-time attendance mode. It offers an intensive programme designed to meet the learning needs of mature students experiencing a professional or life transition and keen to become registered osteopaths. The School aims to create an ethos of committed individuals determined to develop the highest possible standards of professional osteopathic care for the diverse range of patients attending the on-site clinic.

4 The two awards are intended to confer access to the statutory register of osteopaths and eligibility to practice. Both programmes consist of 480 credits. The MOst is an undergraduate integrated master's degree and students have to achieve 360 credits at undergraduate level, including 120 at honours level, and a further 120 credits at master's level. Students undertaking the BOst pathway have to achieve 480 credits at undergraduate level, including 240 credits at honours level. The two curriculum pathways form part of the Allied Health Programme within the Faculty of Health and Social Care at Anglia Ruskin University and are delivered at the School. The SED, programme definitive document and specifications state that the emphasis of the new programme is on structured learning opportunities offered within the framework of GOsC's *Standard 2000*, and the *Subject benchmark statement* for Osteopathy published by QAA. The intended learning outcomes for the pathways and modules are directly related to specific *Standard 2000* capabilities, and the whole programme has been mapped against this and the *Subject benchmark statement*. The expression of the final year as master's level reflects, in part, the attributes already noted in previous cohorts by the University of Brighton external examiners, and the experiences of previous students who possess master's or other higher-level qualifications.

## **E Commentary on the provision**

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

5 The School is governed by a Board of Trustees (the Board) which undertakes its responsibilities assiduously. The Board meets six times a year to consider its business. There are seven members of the Board and their skills match the needs of the School's governance. The Board does not minute the rotation or re-election of members at the Annual General Meeting and does not include it on the agenda, dealing with this matter informally.

6 The development of the MOst and the arrangements for, and with, a validation partner have been discussed at Board meetings, supported by a comprehensive Principal's Report. The Academic Council has been kept informed of developments regularly by report. There are clear lines of communication and differentiation of roles between the Board and the Senior Management Team. The Principal's report to the Board serves to inform the Board on the actions of the Senior Management Team. However, the Team conducts its business informally and, as such, does not produce formal minutes for a record. This could cause problems with tracking or auditing quality or strategic issues. The School is aware of this deficit. The School has recently increased the size of the Senior Management Team to reflect its changing environment. It demonstrates a culture of mutual support and of listening to the student voice.

7 The School has had a Strategic Plan since 2005 and this was reviewed and updated in 2009. There has been no process for the regular review of the Strategic Plan. However, this is now to be made a regular agenda item for Board of Trustees meetings.

8 Financial matters are considered at each Board meeting and in accordance with good governance. The five-year financial plan is ambitious in planning a move out of deficit into significant surplus. This is based on increased income from the new programme and the associated funding from the Higher Education Funding Council for England. This element of financial risk management is referred to in the SED and the annual Risk Management Plans.

9 The Board undertakes an annual risk management process in accordance with good governance practice, but the current plan is silent on the risk of not achieving RQ status for the new programmes. This has, however, been taken into account by the School, through its decision not to transfer final-year students from the University of Brighton programme. However, this is not reflected in the School's website, which contains misleading information regarding RQ status. It states that the School has such status, despite the fact that this can only be granted to specific programmes. The MOst and BOst have yet to be approved. This situation needs immediate attention.

10 The School justifiably values its culture of listening to the student voice. The student body elects year representatives who attend both the Academic Council and the Student Welfare and Support Team. The students stated, in discussions with the visitors, that they are able to contribute to the development of the School in this way.

11 The Academic Council's role has changed since the emergence of a structured senior management team and it no longer reports directly to the Board. Its terms of reference and meeting cycle do not currently reflect this change. There is a need for these details to be updated.

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

12 The School uses an annual review process developed in conjunction with the University of Brighton to assure its quality. The reviews have been positive and thorough and are reported annually to the Academic Council. The University and its external examiners have been satisfied with the reporting of actions taken following these reviews. Responsibility for this rests with the Senior Management Team, but the lack of a record makes it difficult to track specific items, such as, for example, the staff development that arises from quality assurance. A staff development record exists, but it is not linked to outcomes of external examiner reports or annual monitoring reports. Having no record from the Senior Management Team means there is no formal recorded link that actions arise from quality assurance processes.

13 The School is building on this annual review practice following the introduction of the new programme with Anglia Ruskin University. Training and development has already been provided by the University for School staff. This is timely and essential as the system has some differences in focus from that of the University of Brighton. Anglia Ruskin University places more emphasis on enhancement than review. The School's Course Leader sits on the University's Health and Social Care Faculty Board. The positive relationship between the two institutions is a strength of the provision.

14 Because of its relatively small size and the maturity of its students, there are effective informal channels for students to make their views known. However, the School has developed valuable formal means for this purpose including the use of a student feedback questionnaire for both classroom and clinic experiences. The Student Welfare and Support Team also play a key role in enabling students to contribute their views through representatives.

15 The quality assurance processes produce positive outcomes. However, clearer articulation of responsibilities, particularly for the Senior Management Team in the new relationship with Anglia Ruskin University, would help to explain how effectively the process works within an annual cycle.

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

### **Intended learning outcomes**

16 The new integrated master's programme, validated by Anglia Ruskin University, is an evolution of the University of Brighton BSc (Hons) programme, which has RQ status. The development of the new programme was informed by recent changes in the European higher education system (Bologna agreement); the publication of QAA's *Subject benchmark statement* for osteopathy; and by a move within the profession towards master's-level entry.

17 The programme definitive document states that the primary aim of the new programmes is to produce competent osteopaths who are fit for award, practice, purpose and profession. This is to be achieved through the provision of relevant, stimulating and intensive learning experiences and opportunities. These are intended to enable students to develop personal and ethical coping strategies for dealing with the uncertain nature of osteopathic clinical practice, and to strengthen their individual approaches to osteopathic care. The programme is well matched to these aims and intentions. In particular, it stresses the central role played by the development of critical self-reflection during the students' clinical education experience, a notable strength of the provision.

18 The intended learning outcomes for the programme have been developed around the subject headings used in the *Subject benchmark statement* for osteopathy. They are well matched to the aims of the curriculum and are also mapped to all areas of *Standard 2000*.

19 The intended learning outcomes of the MOst pathway reflect the nature of integrated master's programmes where a combination of achievement at undergraduate and master's levels is required. In areas associated with advanced clinical practice and research, the respective intended learning outcomes of the BOst and MOst pathways differ in their descriptor level, with the those of the MOst pathway corresponding to master's level. For example, the MOst requires students to develop new insights informed by research at the forefront of professional practice. Furthermore, the intended learning outcomes take due account of *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ). Intended learning outcomes are clearly described in the definitive programme document.

## Curricula

20 Both curriculum pathways are studied over five years and in a mixed-mode pattern. Although study patterns remain the same, successful students achieve 240 credits in the first three years, equivalent to a part-time programme, and 240 credits in the final two years, equivalent to full-time study. The modules for MOst and BOst are common, with the main difference being the academic level in the final year of the two programmes. The BOst pathway will be used primarily for transitional arrangements for students transferring from years one, two and three of the existing BSc programme. All students enrolled on to year one in October 2009 are enrolled on the MOst pathway. These students will be offered the option of transferring to the BOst pathway at the beginning of year five. Staff and students are fully aware of the differences between the BOst and MOst pathways and of the transition rules. Students currently in years two, three and four reported that they felt prepared for a transition to the MOst programme.

21 The curriculum is consistent with the *Subject benchmark statement* and *Standard 2000* and embeds the FHEQ-level descriptors. It is a development of the previous BSc programme which was found to meet the requirements of *Standard 2000* at a previous review. The visitors were provided with documentation showing the correspondence between the two programmes, which assured them that the integrated master's programme also meets the requirements of *Standard 2000*. Because of differences between the regulations of the two universities, the new programme has fewer but larger modules, so that material has been amalgamated.

22 All areas of the curriculum provide a framework for an incremental development of students' capabilities and the associated development of clinical competence required for autonomous osteopathic professional practice. The integration of knowledge and skills, alongside due emphasis on clinical practice, represents a strength of the provision. The main differences between the MOst and BOst pathways are situated in year five of the programme and are associated with the academic level of achievement and associated intended learning outcomes. The curriculum and its associated intended learning outcomes are disseminated by means of a definitive programme document and relevant modular and pathway documents.

## Assessment

23 The change to the new programme, with fewer but larger modules, and compliance with the assessment requirements of Anglia Ruskin University, means that there are fewer summative assessments than in the previous programme. The School is taking advantage of this to increase the amount of formative assessment. Assessment of clinic tasks has been changed to a Pass/Fail basis rather than a graded basis. Students spoke highly of the revised formative assessments and the clinic tasks they had undertaken to date, and considered that the ensuing feedback was helpful. Overall, the assessment processes are underpinned by university generic regulations and comply with the Anglia Ruskin University Senate Code of Practice.

24 The proposed assessment regime ensures that students using different learning styles and approaches to practice are able to demonstrate their developing professional and educational capabilities. This is done through the use of a range of assessment formats including closed book examinations, essays, seminar presentations, a research proposal and dissertation, clinical assignments, practical viva voce and reflective exercises, and clinic reports. The range of methods is appropriate for the levels of study and for assessing professional skills. Programme documentation shows clear progression between the levels in knowledge, understanding and acquisition of professional values and skills. Students and staff confirmed their satisfaction with the assessment methods experienced to date and their links to intended learning outcomes.

25 External examiners have expressed satisfaction with the assessment strategy and the various methods employed in the BSc (Hons) Osteopathy. They consider that the design of assessments has been entirely appropriate and aligned to the assessment objectives, the intended learning outcomes and the overall aims of the programme. They confirm that the assessment strategy ensures that, for successful students, *Standard 2000* capabilities are met and exceeded, providing a secure foundation for the development of the reflective practitioner and preparation for life in practice. External examiners also report that assessments encourage the development of the various communication styles required of an osteopath. Visitors confirm that this was reflected in the student work seen. External examiners confirm their satisfaction with the level of marking and the School's double-marking policy, and note that assessment is rigorous and fair. This was confirmed on scrutiny of the students' work. It is intended that the same broad range of assessment approaches will be used in the MOst programme.

26 The proposed assessments for the MOst and BOst allow for the evaluation of procedural knowledge employed within the practical and clinical arenas and the underlying supporting propositional knowledge. Students will be assessed on their contact with, and care of, their patients, as well as care for themselves and their own levels of self-awareness. The effective aspects of professionalism are explored in planned classroom and clinic-based continuous assessments and throughout various stages of the programme. These are reflected in critical incidents, presentations and written assignments.

27 Assessment hand-in and completion dates are usually staggered throughout the two consecutive nine-week semesters of the academic year, with the final clinical examination being timetabled outside the final nine-week semester in order to reduce student overload. Recent former students spoke of the need to re-timetable the assessments in order to prevent overloading.

28 At levels 1 and 2 and some of level 3, clinic tutors conduct clinic assessments individually. Other level 3 and all final-year clinic assessments require input from more than one clinic tutor, and there is sampling throughout by an external examiner. For those assessments related to credit-bearing modules, fine grading by way of a competency grid is used, with clinic tutors meeting to discuss the criteria and student performance. Students are expected to pass two summative clinic reports, attached to the final clinical module, as a prerequisite for entry to the final clinical competence examination.

29 The majority of practical examinations have key competencies built in. A student demonstrating unsafe practice within a practical examination will be 'red-flagged'. This will result in failure at levels 3 and 4, and trigger a process of re-assessment. The School considers this necessary to ensure that remedial activities can be undertaken before a student progresses further.

30 The Final Clinical Competency Examination involves real patients and has been sampled in previous years by a University of Brighton appointed external examiner. Anglia Ruskin University representatives confirmed that this arrangement for the involvement of external examiners will continue on the MOst and BOst programmes.

31 The Visitors concur with the School's claim that the balance of formative and summative assessments within the programme provides students with valuable feedback on their grasp of the necessary theoretical knowledge, attitude skills, aspects of professionalism and practical skills.

## **Student achievement**

32 Scrutiny of student work supported the external examiners' conclusion that students demonstrate a sound understanding of the knowledge base underpinning diagnostic thinking, and safe professional practice in both academic and osteopathic arenas. External examiners comment favourably on the School's ability to prepare graduating students for life in practice. While current final-year students expressed their satisfaction to date, former students considered that, while prepared on a clinical level, there was a paucity of preparation for realistic life in practice.

33 Final Clinical Competence examiners have commented favourably on student performance, highlighting a good range of osteopathic interventions on a suitable and diverse range of patients and presentations. Good communication skills and professional attitude skills have also been noted.

34 The final achievement of students in recent years has been good. In the three years to 2009, almost three quarters of final-level students graduated with First or Upper-Second Class honours. A similar proportion reached this level of achievement in the Final Clinical Competency Examination.

35 The new programme is well designed to offer those students who do not achieve the BOst or MOst awards an exit qualification; 360 credits will lead to a BSc (Hons) Applied Health Studies, and 300 credits will confer a BSc Applied Health Studies. It is necessary for students to obtain a Pass in the Research and Criticality Module to obtain these awards. A Diploma in Higher Education Applied Health Studies is awarded for the completion of 240 credits, and a Certificate in Higher Education Applied Health Studies is conferred for 120 credits. These exit awards are not intended to confer membership of GOsC and eligibility to practice.

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

### **Teaching and learning**

36 Staff use an appropriate range of learning and teaching methods to deliver the curriculum. They provide structured opportunities for increasing depth and challenge as students progress through the programme. For example, visitors saw examples of clinic supervisors adapting their style of questioning and support to match the level of the students involved.

37 The non-clinical part of the programme is delivered primarily through lectures and practical skills sessions. Knowledge elements within biomedical and social sciences are taught in formal classroom settings by lecturers from universities and medical schools. These lecturers are made aware of the requirements of the programme and have a clear understanding of the differences between MOst and BOst requirements. Staff bring their research interests into their teaching, where appropriate. Observations by visitors confirmed the generally high standard of teaching, with classroom sessions supported by guided reading, effective handouts and use of audiovisual resources, and student participation. Students and former students noted recent improvements in the availability and use of audiovisual resources. The School is developing its virtual learning environment and this is facilitating greater dissemination of information to students in preparation for classes.

38 Practical sessions aimed at developing students' knowledge of procedures and osteopathic techniques are delivered by osteopathic practitioners, in a student to staff ratio of 8:1. Observations by visitors indicated that the quality of teaching of practical skills is good. Classes are presented by a specialist lecturer supported by teaching assistants. The module leader is responsible for ensuring that the teaching team cover intended learning outcomes

in class and in subsequent assessments. While these arrangements are generally effective, many teaching assistants attend the School only on days when they are scheduled to teach. As a result, they have little contact with module leaders and little involvement in planning the content and delivery of teaching sessions.

39 Teaching staff provide students with exposure to a wide range of osteopathic techniques, and students choose those they consider appropriate. This encourages students to develop a critical approach to diagnosis and to their patient management strategies, in line with the requirements of *Standard 2000*.

40 Clinical sessions play a central role in student learning. Students are required to complete 1,200 hours of clinic-based learning during the programme, which exceeds the minimum needed for RQ status. Clinic supervisors who are practising osteopaths offer effective support to students. They have diverse backgrounds, and offer students exposure to a variety of approaches to osteopathic diagnosis and care. This diversity helps students to develop good clinical reasoning skills. Observation of clinical sessions indicated that clinical teaching is of high quality. Clinical supervisors provide effective support to senior students, and also encourage students in years one and two to apply knowledge gained elsewhere on the programme to structured clinical tests. The College is providing staff development opportunities to enable clinical supervisors to obtain teaching qualifications.

41 The School places significant emphasis on the development of independent learning skills. The development of portfolios, which emphasise reflective practice and individual enquiry associated with production of a dissertation, are central to this. Students regard the portfolio as providing support for learning and reflection. It facilitates integration of knowledge and skills across the curriculum, and prepares students for future continuing professional development activities.

## **Student progression**

42 The School has effective and well-constructed processes for the selection and recruitment of students. These incorporate elements designed to assist applicants, as well as the School, in making an informed decision about whether to join the programme. Prospective students have to complete and submit an application form which includes an invitation to share evidence of how they have coped with periods of transition. Suitable applicants are then invited to attend an induction and evaluation day. This is structured to give an insight into osteopathy as a profession, the philosophy of the School and the programme in detail.

43 During the induction and evaluation day, potential students have opportunities to meet School staff and students. They engage in a series of practical and theoretical tasks designed to evaluate their suitability to embark on the programme. The day concludes with a formal interview with two senior members of staff during which potential students are alerted to the intense nature of the programme including the workload, financial implications and personal challenges it poses.

44 Applicants who are deemed to have an inadequate underpinning knowledge base to support their standing in the programme may be advised to defer for a year and take a structured Access programme provided elsewhere. Those individuals in need of a refresher, or an extension to their knowledge, are invited to attend the School's intensive pre-entry programme in anatomy, physiology and physical sciences. Some applicants, specifically medical doctors and physiotherapists seeking direct entry into year three, are eligible to seek advanced standing, and are required to complete and submit a comprehensive assessment of prior learning pro forma and attend an extended interview.

45 Currently, there are 78 students enrolled on the MOst/BOst programme, approximately evenly distributed between the four years, and 27 students on the BSc (Hons) in Osteopathy. Of the 28 students who entered the School in October 2009, one student transferred from another osteopathic programme into year two, four entered with advanced standing into year three, and a Diplomate in Osteopathy entered into year four. The current maximum capacity is 175.

46 The programme has been designed to meet the needs of mature students, and this is reflected in the profile of those enrolling. Some have first degrees in other disciplines, a professional training qualification, or are engaged in a relevant occupation. Student numbers have remained fairly consistent over the last few years at around 110. The average age has also remained consistent ranging between 35 to 37 years and the gender balance has been constant, with slightly more male than female students.

47 The School's range of support mechanisms, both informal and formal, are effective in assisting student progression through the programme. Once accepted on to the programme students are allocated to a personal tutor group. These groups are designed to encourage and facilitate the foundation and development of student-centred study groups complemented by access to the Student Adviser. Student groups are also encouraged to meet informally on a geographical basis, so that they can share and develop their understanding of subject areas and practice, and also to refine their practical skills. On joining the programme, students are also introduced to a 'buddy' in the year above as well as students from other years. On a more formal basis, students can voice their concerns and opinions through Student Welfare and Support Team meetings. The Registrar is available to provide emergency support for students.

48 Discussions with current and former students confirmed that the introduction of the buddy system was an initial ice-breaker. They also stated that the mature student body and the mutually supportive culture of the School are important aspects of student support. Both groups spoke highly of the support provided by clinic tutors and the Student Adviser. Former students considered that there would have been merit in having access to a dedicated personal tutor throughout the programme.

49 Students are supplied with information relating to the overall programme as well as that pertaining to their specific year. This includes the School's Student Handbook, Anglia Ruskin University partner college student handbooks, timetables and schedules of meetings for the year, and individual module guides. Students are also provided with a copy of the clinic protocol as a reference point for their clinic-based education. This is strongly linked to *Standard 2000*, and the GOsC Code previously known as 'Pursuing Excellence'. Students confirmed the accessibility and availability of this documentation, and considered that it is timely and accurate. Students are also provided with module definition forms, aimed at providing module-level information. These are of variable quality. Some are very full and informative, while others are very brief and of little value.

50 In the context of a demanding part-time programme, student progression rates across the programme have been good and have remained fairly constant. Typically, in 2008-09, 69 per cent progressed without the need for referral; 18 per cent progressed after repeating some assessment; 3 per cent failed to pass into the next year; and 10 per cent withdrew. Most withdrawals occur during the first year. The reasons for leaving the programme vary from financial pressures, family commitments, work pressures and transferring to another programme.

## Learning resources

51 The School's premises include six classrooms, nine treatment rooms, a library and computer room. These are adequate in number for current cohorts. However, the School acknowledges that the premises are not ideal for its activities; in particular, the general decorative state of the building is poor and in need of some refurbishment. The premises are leased and the School is looking to purchase its own property. Visitors were informed that possible premises had been identified and negotiations to purchase begun.

52 Classrooms are well equipped with projectors, computer facilities and video equipment. Two clinic rooms have television links. The School has hydraulic and portable non-adjustable plinths for practical classes. The latter are less satisfactory for learning osteopathic techniques. The School recognises this and recently purchased a further four hydraulic plinths. Students have access to a range of clinical equipment and anatomical models. Students in years one and two also have access to a dissection laboratory at Guy's Hospital. In discussion, staff and students acknowledged that teaching would be further enhanced if they had improved access to multimedia and three-dimensional anatomy resources. The visitors agree that a phased approach to developing teaching resources would be beneficial.

53 All staff are part-time, with some only presenting a few sessions. Overall, the School has some 45 staff contributing to its programmes. Several staff already have postgraduate qualifications in readiness for teaching at master's level and others are currently undertaking master's programmes. Visitors noted that specialist staff in the areas of biomedical and social sciences are particularly well qualified and are able to assist students in their development of criticality and evidence-based practice. They are also well placed to support other members of staff in preparing to teach at master's level, through acting as role models and mentors.

54 The library contains essential textbooks, access to printed and electronic journals and a small computer suite with six computers. The library is supported by a librarian and information technology specialist at specific times during the weekend, and sometimes in the week. Students also have access to a local specialist library in the Royal London Hospital and to the Anglia Ruskin University online learning facility. This latter facility enables students to access textbooks, search and download research articles and to access the University's library services. Access has been enhanced by the recent installation of WiFi at the School.

55 Students are generally free to decide when to attend clinic as long as they complete the minimum hours required for each year. It is possible that a student might choose to attend on the same day every week. This could mean that such a student would be exposed to a limited number of clinical tutors and, hence, to particular approaches to practice. The system also means that there is a risk that a particular student will not be exposed to a sufficient variety of patients. To overcome this, and ensure that students have access to an appropriate range of patient profiles and clinical presentation, supervisors can allocate students to patients they consider would strengthen their clinical experience. Students are encouraged to audit their clinical experience and to attend clinic on different days. Patients are recruited by means of recommendation and advertising in the local communities.

56 The School attracts sufficient patients to provide students with experience of an appropriate range of clients from diverse cultural and socio-economic groups. The number of patients treated by each student meets the requirements of GOsC and the *Subject benchmark statement* for osteopathy. Clinical specialisms, including paediatrics, are due to be delivered in the final year of the MOst programme. Currently, the number of patients under the age of 18 is not clear as this information is not registered on the School's database. However, the School runs a demonstration clinic in paediatrics.

