



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

**Integrated Master's in Osteopathic Medicine
Initial recognition review**

**Bachelor of Science in Osteopathic Medicine
Monitoring review**

Surrey Institute of Osteopathic Medicine

November 2010

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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">• approval without conditions• approval with conditions• approval denied. |
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The recommendation made is that of the review visitors to the GOsC. In making its own recommendation to the Privy Council the GOsC may choose not to follow the recommendation of the visitors.

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

Introduction

This report presents the findings of a combined Initial recognition and Monitoring review at the Surrey Institute of Osteopathic Medicine (SIOM). The Initial recognition part of the review was of aspects of governance and management, of the academic standards proposed, and of the quality of the learning opportunities proposed in the Integrated Master's in Osteopathic Medicine (M.Ost). The Monitoring part of the review was of the conditions attached to the Bachelor's (Honours) in Osteopathic Medicine (BSc) when it was awarded RQ status in 2006, and of the strong recommendations made by the GOsC Education Committee in relation to the same programme in 2009.

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 2010-11. The review visitors were Dr Dawn Carnes, Mr Jorge Esteves and Mr Peter Clarke. The review was coordinated by Mr Jeff Butel.

The report is organised according to a GOsC review report's standard headings. Where applicable, the findings of the Monitoring part of the review are within boxes.

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 M.Ost programme is:

- **approval with conditions**

The conditions are:

- the College must appoint to the permanent position of Head of SIOM at the earliest opportunity, and no later than 1 September 2011
- the College must provide an action plan by 24 February 2011 detailing how it will address the limited engagement of SIOM staff in the development and monitoring of the provision and raise awareness among staff and students of the relationship, and differences, between the BSc (Hons) and M.Ost
- an updated risk analysis, based upon detailed evidence and with appropriate contingency plans, must be undertaken and submitted by 1 April 2011
- intended learning outcomes must be rewritten by 1 April 2011 for Clinical Practice 1 to reflect more accurately the module aims and content and, for the M-level dissertation, to reflect fully a master's-level qualification
- student handbooks must be amended by 31 January 2011 to remove reference to the outdated GOsC Code of Practice 'Pursuing Excellence'
- a review of the Clinical Practice 3 module must be undertaken by 1 April 2011 to ensure that students are not required to demonstrate competence in specialist areas of practice, such as cranial and visceral osteopathic techniques, before these are taught formally
- to ensure consistency, the assessment information provided in the 2008 module guide and in handbooks must be revised by 1 April 2011

- a review of the low first-attempt progression rates from year one to two and an action plan to address this must be submitted by 1 April 2011
- detailed plans of how SIOM will ensure that sufficient, appropriately qualified staff will be available to teach, supervise dissertations and assess at M.Ost level must be provided by 1 April 2011
- an updated clinic marketing plan, together with projected numbers, to ensure sufficient number and variety of patients must be completed and submitted by 1 April 2011
- the College must provide additional administrative support for SIOM by 1 September 2011.

B Findings

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

Strengths

- the reconstituted Academic Board, with clear and appropriate terms of reference, provides an improved forum for consideration of higher education matters (paragraph 14)
- students value the canvassing of, and responsiveness to, their opinions (paragraph 18)
- carefully considered responses are made to issues raised by external examiners (paragraph 19)
- the inclusion of elective specialist areas of professional practice offers students opportunities to develop an extended professional competence profile (paragraph 32)
- clinical assessment is much improved, with clear duty of, and accountability for, patient care (paragraph 39)
- high levels of final achievement were demonstrated by those graduating in 2010 (paragraph 40)
- the high tutor-to-student ratio in years 2, 3 and 4 allows for considerable individual and small-group learning support (paragraph 45)
- students value the extensive tutorial support provided and the general accessibility and commitment of staff (paragraphs 46, 54)
- tutors are provided with students' profiles, which provide valuable assistance to them in identifying and addressing students' individual learning needs (paragraph 46)
- refurbishment of the clinic and improved organisation of student-tutor interactions has enhanced students' clinical experience (paragraph 61)
- e-learning resources are comprehensive, providing course information and access to e-journals and e-books, although there is limited evidence of students using them or being encouraged to use them (paragraphs 63, 64).

Areas for development

- the long-term involvement of the Director of Faculty as the interim Head of SIOM restricts opportunities for objective oversight of SIOM and blurs lines of accountability (paragraph 9)
- there is limited engagement of staff in the development and monitoring of the provision, resulting in a lack of collegiality, shared understanding of the focus and direction of SIOM, and sense of ownership of quality processes (paragraphs 10, 11, 15)

- many staff and students lack a clear understanding of the differences in intended learning outcomes and curricula between the BSc (Hons) and M.Ost (paragraphs 11, 21, 44)
- risk analysis is based upon limited evidence and lacks clear consideration of contingency plans (paragraph 13)
- processes for assuring and enhancing quality, such as teaching observations, are derived from the College's further education provision and need to be carefully considered to ensure that they are appropriate for undergraduate and master's-level programmes (paragraphs 16, 62)
- the intended learning outcomes of the Clinical Practice 1 module do not adequately reflect the module rationale and aims, and those for the M-level dissertation do not adequately reflect a master's-level qualification (paragraphs 22, 23)
- in student handbooks 2009-10 and 2010-11 intended learning outcomes make reference to the outdated GOsC Code of Practice 'Pursuing Excellence' (paragraph 24)
- the Clinical Practice 3 intended learning outcomes require students to demonstrate competence in specialist areas of practice, such as cranial and visceral osteopathic techniques, before these are taught at Level M (paragraph 24)
- there are inconsistencies in the credit allocation and required student effort between level 1, 2 and 3 modules (paragraph 27)
- the curricular area of business development and management requires further development within the programmes (paragraph 29)
- there is limited evidence of research and scholarship informing curricula (paragraph 30)
- the rationale for the inclusion of adjunctive therapies such as dry needling and electrotherapy in the elective specialisation module is unclear (paragraph 32)
- assessment information provided in the 2008 module guides and in handbooks is inconsistent (paragraph 34)
- set assignments and examinations often require limited analysis from students, and practical technique examinations in years 3 and 4 require students only to 'demonstrate', and this is evidenced in student work (paragraph 35)
- there is a need to ensure that staff are appropriately qualified and trained to teach and assess at M.Ost level (paragraphs 37, 47, 50, 64)
- there is a need for better data capture of student progression and success rates (paragraphs 41, 53)
- teaching demonstrates limited links to scholarship and research (paragraph 44)
- there is a lack of effective coordination between teams teaching Integrated Osteopathic Technique 3 resulting in different curricula being followed, neither of which is consistent with the 2008 course document (paragraph 45)
- there is a need for a research and scholarship framework to support master's-level dissertation work and the wider involvement of staff with expertise in the delivery of research methods and dissertation supervision (paragraph 48)
- first-attempt progression rates from year one to two are low (paragraph 52)
- there is a need to ensure provision of sufficient numbers and variety of patients for students (paragraph 55)
- there is a need for more administrative support if staff are to prepare adequately for M-level teaching and assessment (paragraph 65).

C Description of the review method

The following section gives a general description of the GOsC review method. The full method is given in the *Handbook for the General Osteopathic Council review of osteopathic courses and course providers, second edition*.

The GOsC review method combines off-site consideration of written evidence by the visitors with at least one visit of two days to the provider. For recognition and renewal review, the review period is typically of six weeks.

The visitors are selective in their lines of enquiry and focus on their need to arrive at findings and a recommendation against clearly stated criteria. They refine emerging views on the provision against as wide a range of evidence as possible. For example, the perceptions expressed in meetings by students or by staff are tested against other sources of evidence.

Documentary evidence typically used includes financial accounts, strategic plans, financial projections, insurance schedules, student work, clinic management records, internal reports from committees, boards and individual staff with relevant responsibilities; and external reports from examiners, verifiers, employers, validating and accrediting bodies.

Meetings with students are strictly confidential between the students attending and the visitors; no comments are attributed to individuals. Teaching and learning observation is governed by a written protocol.

Visitors respect the principle of proportionality in their enquiries and emerging conclusions.

Key features of GOsC review include:

- an emphasis on the professional competencies expected of osteopaths and expressed in GOsC's *Standard 2000*
- peer review: review teams include currently registered osteopaths and frequently at least one lay visitor with higher education interests
- a focus on the students' learning experience, frequently to include the observation by visitors of clinical and non-clinical teaching
- flexibility of process to minimise disruption to the provider; there is negotiation between QAA and the provider about the timings of the review and the nature of evidence to be shown
- a process conducted in an atmosphere of mutual trust; the visitors do not normally expect to find areas for improvement that the provider has not identified in its own self-evaluation document (SED)
- an emphasis on governance and management, to include the maintenance and enhancement of standards and quality
- use of the SED as the key document: this should have a reflective and evaluative focus
- an onus on the provider to supply all relevant information: any material identified in the SED should be readily available to visitors
- evidence-based judgements
- ensuring that the amount of time taken to conduct a review is the minimum necessary to enable visitors to reach robust findings and recommendations
- providing transparency of process through the use of published GOsC criteria
- the role of the Institutional Contact, a member of the provider's staff, to assist effective communication between the visitors and the provider
- the facility to engage a further specialist adviser where necessary
- close monitoring by QAA officers.

D The overall aims of the provider

1 The College was founded in 1950 as Ewell Technical College and became North East Surrey College of Technology (NESCOT) in 1974. It is a mixed economy college, providing further and higher education programmes. Higher education provision is administered in the Faculty of Higher Education, and there are currently 459 students following higher education programmes.

2 The Surrey Institute of Osteopathic Medicine (SIOM) was established by NESCOT in 2001 to provide osteopathic education within the College after the dissolution of a previous agreement with the John Wernham College of Classical Osteopathy. SIOM achieved GOsC RQ status in 2003 and, prior to this current joint Monitoring and Initial recognition review, has been subject to three Monitoring reviews. It currently has 22 students registered on the BSc (Hons) Osteopathic Medicine and 42 on the M.Ost.

3 The aims of the M.Ost programme are:

- to provide a flexible and adaptable degree programme leading to the award of an integrated Master's in Osteopathic Medicine (M. Ost) which meets the present academic and vocational requirements of the profession and is relevant and adaptable for the foreseeable future.

4 The programme aims to produce a master's graduate who:

- is academically expert and credible in the field of osteopathy
- possesses a high degree of professional competence and confidence
- demonstrates criticality and evaluation of independent and original thought
- is able to synthesise information and propose innovative solutions to critical situations
- is able to make a positive contribution to the continuing development of the osteopathic profession.

E Commentary on the provision

Management and governance: strategic

5 The College is governed by the Nescot Further Education Corporation, a body established under the Further and Higher Education Act 1992. The Corporation has 17 members, many of whom have business and financial experience. It is supported by an appropriate range of committees, comprising an Audit Committee; Search Committee; Finance and General Purposes Committee; and Curriculum, Quality and Student Services Committee.

6 The College has made significant improvements to its corporate management over recent years. The College received an unsatisfactory Ofsted report in 2005, following which it made changes to its senior management and structure. By the end of 2006 Ofsted reported significant improvements, with senior managers providing strong leadership. The Corporation is financially sound, currently running at a surplus. It has well-considered financial targets to ensure continuing stability. Until recently it was expecting to operate at an annual surplus; this has now been adjusted to break-even, following changes in national circumstances.

7 SIOM is a department within the Faculty of Higher Education. Following recommendations from previous reviews, improvements have been made to the management structure of SIOM. Two assistant heads of department were appointed on a job-share basis in September 2009, with day-to-day responsibility for the running of the osteopathy programmes. At the same time two clinic coordinators were appointed, also on a job-share basis. These four managers are supported by group (year) tutors, two for each year of study, although a second has yet to be appointed as a year one group tutor. The post-holders are appropriately qualified and experienced. The changes have led to greater clarity of roles within SIOM. Students report that the structure provides them with clear points of reference for any issues they wish to raise and fosters a culture of openness.

8 A previous Initial recognition review required the College to produce a risk analysis, along with contingency plans relating to RQ status. A risk analysis was produced which identified several risks, all of a low category. However, it contains no clear explanation of how this judgement was reached. Senior staff acknowledge that this was their first attempt at a risk analysis, and that they would approach it differently in future. No contingency plan was attached to the risk analysis, although one was provided for the visitors.

9 The Director of Faculty has been acting as interim Head of Department since November 2008. Staff recognise that this situation is unsatisfactory, in part because of the burden it places on the Director of Faculty. It also makes it difficult for the Director to maintain oversight of SIOM and blurs lines of accountability. There are plans to address this issue by establishing a permanent structure for the management of osteopathic education.

10 There is little evidence of delegation of duties or of involvement of academic and clinical staff in decision-making. For example, the majority of staff demonstrated no knowledge of the self-evaluation document prepared for the review. Furthermore, they indicated that they are not involved in preparing students for the research-based study required at master's level.

11 NESCOL is an Associate College of the University of Surrey (the University). In 2008, the College transferred validation of its osteopathy programmes to the University from the Open University Validation Services. The initial validation resulted in several conditions, which the College addressed successfully to gain approval to run the M.Ost programme, with the BSc (Hons) embedded as an alternative award. In discussion, staff indicated that they had limited involvement in the development of the programme. They also showed little understanding of the relationship between the M.Ost and the BSc (Hons), or of the implications, for content and teaching, of moving to a master's programme.

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

12 A strong recommendation from the 2009 Monitoring review of the BSc was that, 'SIOM must include in the 2009 Annual Report to GOsC the detailed evaluation of the effectiveness of the new management and teaching team and structure.' This has been done and was included in section 1.2e of the 2009 Annual Report. It highlights some clear benefits relating to the posts of assistant heads of department and clinic coordinators. There is clear evidence that this new structure has led to greater clarity of roles, and also to better channels of communication with students. However, it concentrates only on perceived benefits; the visitors became aware of further improvements needed. In particular, decision-making and quality assurance have been centralised, with little involvement of other staff. There is a need for these key staff to engender greater collegiality. The relatively long-term arrangement of the Director of Faculty acting as interim Head of Department clearly impacts on accountability.

13 Another strong recommendation from the 2009 Monitoring review of the BSc was that 'SIOM will undertake a risk assessment exercise and draw up contingency plans in relation to RQ status, staffing, student recruitment and patient numbers, by 31 January 2010.' A risk analysis was completed. It identified a range of risks, but assessed them all as low. There is a limited evidence base and little justification for this. Staff acknowledge that they had little experience of this activity, and they would now do it differently. There was no contingency plan associated with the risk assessment.

14 The College reconstituted the Academic Board in March 2010 to supersede the Quality and Standards Committee for Higher Education. The terms of reference of the Academic Board are well formulated to provide a valuable forum for consideration of quality issues affecting higher education provision.

15 SIOM has, in the past, operated as a semi-autonomous unit. However, in recent years it has become more integrated within the College. It is subject to college-wide quality processes, which offer opportunities for the sharing of best practice with other departments. However, following recent major staff changes, there is little evidence of the staff benefiting from this opportunity, such as participation in cross-college forums or of staff from other disciplines contributing to the development of teaching. The Annual Programme Review leads to a written Annual Report and an action plan. This process is overseen by the Senior Director of Quality Higher Education, who collates individual reports into an overarching report for submission to the University. In discussion, it became clear that the Annual Report is produced by the senior managers of SIOM, and that teaching and clinic staff play little, if any, part in this process. This is a lost opportunity for involving staff and developing collegiality. SIOM produces an annual report for GOsC, which is considered by College senior managers before being sent to the Council. As with the Annual Programme Review, there is no evidence of the involvement of teaching or clinic staff.

16 Many of the College's quality policies and instruments are designed for its further education provision. While some of these are applicable to higher education programmes, some are less suitable. For example, the pro forma used as the basis for teaching observations is inappropriate. It offers little recognition of the self-learning required at honours and master's levels. Visitors were informed of plans to move to a peer observation system. This will provide an opportunity for ensuring a more relevant focus.

17 The clinic has recently introduced a system for the observation of all clinic tutors once per semester. This will focus on the quality of the tutor's contribution to student learning. Support will be offered where necessary. Observations will also be used to consider the effectiveness and safety of tutors' practices.

18 Students have a wide range of opportunities to make their views known. In addition to end-of-module questionnaires and programme surveys, student representatives meet staff on a regular basis, including course committee meetings, which are held once per semester. In addition, a fortnightly meeting is held between student representatives and an Assistant Head of Department. Notes of these meetings show that important issues are raised and discussed openly. These include issues relating to the delivery of the programme, availability of resources and timetabling. The notes show that responses are made to the issues raised, and changes made where appropriate. For example, staff have improved class handouts and some session timings have been adjusted. Students value the canvassing of, and responsiveness to, their opinions. The visitors consider the system to be effective in canvassing and responding to student views.

19 There is an effective system to ensure that SIOM responds to the points raised by external examiners. Reports are sent to the University and then to the Senior Director of

Quality Higher Education. Departments are required to respond to all points raised and to draw up an action plan. SIOM makes full and appropriate responses to external examiners, and this is confirmed in the external examiners' reports.

An evaluation of the clinical and academic standards achieved

Intended learning outcomes

20 The integrated master's programme, validated by the University of Surrey, was developed to meet the subject benchmark statement for osteopathy. The programme aims to provide a flexible and adaptable degree programme which enables graduates to be academically expert and credible in the field of osteopathy. They are expected to possess a high degree of professional competence and confidence, demonstrate criticality and evaluative skills, be able to synthesise information and propose innovative solutions to critical situations, and to be able to make a positive contribution to the continuing development of the osteopathic profession.

21 Nested within the integrated master's programme, there is a BSc (Hons) Osteopathic Medicine degree pathway for students who fail to achieve an average of 60 per cent at the end of their Level HE2 studies. There are, however, inconsistencies in the communication of the intended learning outcomes to staff and students. In their current format the Student Handbook and Module Guides do not provide effective dissemination of intended learning outcomes to staff, students and external examiners. For example, it is unclear whether programme intended learning outcomes refer to the BSc (Hons) or M.Ost. There are also inconsistencies in staff and students' understanding of the relationship between the BSc (Hons) and M.Ost. Discussions with staff and students provided evidence that the differences between the two programmes' paths, aims, intended learning outcomes and entry routes have not been effectively disseminated and understood.

22 The intended learning outcomes have been developed to fulfil the aims of the overall programme and support students' acquisition of both clinical and academic skills to the standards expected by clinical and academic communities. The intended learning outcomes are mapped to all areas of *Standard 2000* and, in the main, match the aims of the curriculum. With the exception of the M-level dissertation, the intended learning outcomes reflect the nature of an integrated master's programme, demonstrating progression through the years of the programme and reflecting *The framework for higher education qualifications in England, Wales and Northern Ireland*. The intended learning outcomes for the M-level dissertation are less satisfactory; they are not written to ensure that students will develop the required levels of criticality for a master's-level qualification.

23 The Clinical Practice 1 module intended learning outcomes do not adequately reflect the module aims and rationale. The majority of this module's intended learning outcomes focus primarily on the development of practice-based administrative capabilities and fail to consider other areas, such as the development of a critical application of clinical skills and differential thinking.

24 Inconsistencies in the level of some of the programme intended learning outcomes are also present in the Clinical Practice 3 module. This module's intended learning outcomes require students to demonstrate competence in specialist areas of practice, such as cranial and visceral osteopathic techniques. However, these osteopathic techniques are not taught formally until Level M. In student handbooks for 2009-10 and 2010-11 intended learning outcomes make reference to the outdated GOsC Code of Practice 'Pursuing Excellence'. This should be updated to reflect the current GOsC 2005 *Code of Practice*.

Curricula

25 The M.Ost is a 485-credit programme (with 135 credits at M Level), completion of which requires a minimum of four and a half years of full-time study. The BSc (Hons) is a 360-credit award which takes a minimum of four years of full-time study. This differs from the 480 credits normally associated with a four-year full-time programme. At the end of level 2, students who achieve a minimum of 60 per cent in level 2 modules may continue to level M and, if successful, graduate with an M.Ost. Those without the required standing progress to level 3 and, if successful, graduate with a BSc (Hons) Osteopathic Medicine. It is noted that 360 credits are allocated to the BSc (Hons) award, compared with the 480 credits normally allocated to four-year full-time programmes.

26 According to the University of Surrey Course Document, 2008, students are enrolled initially on the M.Ost programme. There are, however, a number of inconsistencies in the way information is disseminated to staff, students and external examiners. For example, Section 7 of the Student Handbook 2009-10 refers initially to the 'Rationale of the BSc (Hons) Osteopathic Medicine', but then goes on to state that the programme aims to produce a master's graduate. In Section 8 the College states that, nested within the main programme, there is a route for students who do not achieve the requirements necessary for master's-level study or who do not wish to pursue master's-level study.

27 The modules for the M.Ost and BSc (Hons) awards at levels 1, 2 and 3 are the same, with the main difference being the additional credit allocation to level 3 modules, which also form part of the M.Ost pathway. There are, however, inconsistencies in the credit allocation and required student effort between level 1, 2 and 3 modules. For example, Integrated Osteopathic Technique 1 is a 30-credit module delivered over two semesters; whereas Integrated Osteopathic Technique 2 and 3 are 20-credit modules delivered over three semesters. Associated assessments reflect these inconsistencies.

28 The curricula are largely consistent with the subject benchmark statement for osteopathy and *Standard 2000* and incorporate *The framework for higher education qualifications in England, Wales and Northern Ireland* level descriptors. The integrated master's programme and nested BSc (Hons) pathway are a development of the current BSc (Hons) programme, which meets the requirements of *Standard 2000* and has Recognised Qualification status.

29 Although the curricula largely meet the requirements of *Standard 2000*, the area of business development and management is not covered effectively in both M.Ost and BSc (Hons) curricula. Although students are required to develop practice-based administrative capabilities during their Clinical Practice 1 module, the curricula provide no opportunities for students to be taught formally in the area of business development and management. Given that a significant number of graduates enter self-employment, this is a notable omission.

30 The College states that the content and design of the curricula were effectively informed by developments in the techniques of teaching and learning, current research, scholarship and by any changes in relevant professional requirements. There is, however, limited evidence of research and scholarship informing curricula. For example, indicative reading lists make limited reference to peer-reviewed resources. Moreover, there is limited evidence that the curricula would enable students at levels 1 and 2 to develop the skills of criticality required for subsequent study at master's level. For example, in the modules Integrated Osteopathic Technique 1 and 2, and Principles and Mechanics 2, students are not explicitly encouraged to appraise the nature and evidence of osteopathic models of function and dysfunction.

31 The curriculum seeks to address *Standard 2000* competencies in the following manner:

A Knowledge relevant for the safe and competent practice of osteopathy

This area of capability is covered in the modules Anatomical Structure, Anatomical Function, History, Principles and Mechanics, Principles and Mechanics, Integrated Osteopathic Technique 2, Human Disease and Dysfunction, Diagnostic Studies, Integrative Diagnosis, Applied Osteopathic Medicine and Integrated Osteopathic Technique 3.

B Concepts and principles of osteopathy

This area of capability is covered in the modules History, Principles and Mechanics, Clinical Practice, Reflection and Collaboration, Principles and Mechanics, Human Disease and Dysfunction, Research Fundamentals, Clinical Practice 2, Reflective Portfolio, Research, Integrative Diagnosis, Personal Development Portfolio, Applied Osteopathic Medicine, and the M level Dissertation. There is, however, limited evidence that students are encouraged to challenge the underpinning evidence supporting current models of osteopathic thinking.

C Therapeutic and professional relationships

This area is covered in History, Principles and Mechanics, Clinical Practice 1, Reflection and Collaboration, Integrated Osteopathic Technique 2, Clinical Practice 2, Reflective Portfolio, Clinical Practice 3, Personal Development Portfolio, Applied Osteopathic Medicine and Integrated Osteopathic Technique 3.

D Personal and individual skills

This area of capability is covered in the modules Clinical Practice 1, Reflection and Collaboration, Integrated Osteopathic Technique 2, Research Fundamentals, Clinical Practice 2, Reflective Portfolio, Research, Clinical Practice 3, Personal Development Portfolio, Integrated Osteopathic Technique 3, and the M-level Dissertation. However, there is limited evidence that students at levels HE 1 and 2 are encouraged to develop skills of criticality which underpin M-level learning.

E Communication skills

The modules Clinical Practice 1, Reflection and Collaboration, Integrated Osteopathic Technique 2, Research Fundamentals, Clinical Practice 2, Reflective Portfolio, Research, Clinical Practice 3, Personal Development Portfolio, Applied Osteopathic Medicine, Integrated Osteopathic Technique, and the M-level Dissertation, provide coverage of this area of the *Standard 2000*.

F Information and data handling skills

The modules Clinical Practice 1, Research Fundamentals, Clinical Practice 2, Research, Clinical Practice 3, and the M-level Dissertation, provide coverage of this area.

G Intra and interprofessional collaboration and cooperation

This area of capability is covered in the modules History, Principles and Mechanics, Clinical Practice 1, Research Fundamentals, Clinical Practice 2, Research, Clinical Practice 3, Applied Osteopathic Medicine 2, Integrated Osteopathic Technique 3, and the M-level Dissertation.

H Professional identity, accountability, ethics and responsibilities

This is covered in History, Principles and Mechanics, Clinical Practice 1, Clinical Practice 2, Clinical Practice 3, and Applied Osteopathic Medicine.

I Professional self-evaluation and development by means of reflective practice

This area of capability is covered in the modules History, Principles and Mechanics, Clinical Practice 1, Reflection and Collaboration, Research Fundamentals, Clinical Practice 2, Reflective Portfolio, Research, Clinical Practice 3, Personal Development Portfolio, Applied Osteopathic Medicine, and M-level Dissertation.

J Identification and evaluation of the needs of the patient

This area of capability is covered in Clinical Practice 1, Principles and Mechanics, Integrated Osteopathic Technique 2, Human Disease and Dysfunction, Diagnostic Studies, Clinical Practice 2, Integrative Diagnosis, Clinical Practice 3, Applied Osteopathic Medicine, and Integrated Osteopathic Technique 3.

K Acquisition and enhancement of the skills of osteopathic palpation

This area of capability is well covered in the modules History, Principles and Mechanics, Clinical Practice 1, Principles and Mechanics, Integrated Osteopathic Technique 2, Human Disease and Dysfunction, Diagnostic Studies, Clinical Practice 2, Integrative Diagnosis, Clinical Practice 3, Applied Osteopathic Medicine, and Integrated Osteopathic Technique 3.

L Planning, justifying and monitoring osteopathic treatment interventions

This area of capability is covered in the modules Clinical Practice 1, Reflection and Collaboration, Principles and Mechanics, Clinical Practice 2, Reflective Portfolio, Clinical Practice 3, Personal Development Portfolio, Applied Osteopathic Medicine, and Integrated Osteopathic Technique 3.

M Conducting osteopathic treatment and patient management

This area of capability is developed in the modules Clinical Practice 1, Principles and Mechanics, Integrated Osteopathic Technique 2, Clinical Practice 2, Clinical Practice 3, Applied Osteopathic Medicine, and Integrated Osteopathic Technique 3.

N Evaluation of post-treatment progress and change

This area of capability is treated in the modules Clinical Practice 1, Reflection and Collaboration, Principles and Mechanics, Integrated Osteopathic Technique 2, Human Disease and Dysfunction, Diagnostic Studies, Research Fundamentals, Clinical Practice 2, Reflective Portfolio, Research, Integrative Diagnosis, Clinical Practice 3, Personal Development Portfolio, Applied Osteopathic Medicine, Integrated Osteopathic Technique 3 and the M-level Dissertation.

O Advice and support for the promotion and maintenance of healthy living

This area of capability is addressed in the modules Clinical Practice 1, Principles and Mechanics, Clinical Practice 2, Clinical Practice 3, and Applied Osteopathic Medicine.

P Managing an efficient and effective environment for the provision of osteopathic healthcare

This area of capability is partially covered in the modules Clinical Practice 1, Clinical Practice 2, Clinical Practice 3 and Applied Osteopathic Medicine. There is, however, limited evidence that, apart from in the module Clinical Practice 1, students receive a formal grounding in the area of business management.

32 The elective specialisms module seeks to add to students' capabilities. The inclusion of these specialist areas of professional practice in the integrated master's programme is a strength of the curriculum, as it offers students opportunities to develop an extended professional competence profile. Although this covers areas of *Standard 2000*, it is not mapped to it. The module is designed to provide students with high level knowledge and confidence in the application of their chosen specialisms, to advance and enhance their clinical practice and therefore overall care and consideration of the individual patient. The module is specifically divided into osteopathic practice and specialisms: advanced visceral osteopathy, advanced classical osteopathy, and advanced cranial osteopathy. Practice specialisms include sports medicine, introduction to teaching in osteopathy, medico-legal representation, and adjunctive therapies such as dry needling and electrotherapy. The rationale for the inclusion of adjunctive therapies such as dry needling and electrotherapy in the elective specialisation module is unclear; there is no evidence that the inclusion of dry needling and electrotherapy meets the *Standard 2000* requirements. The specialist cranial module, although introduced specifically for the M.Ost, is open to all year 4 students.

33 The Advanced Clinical Practice module covers areas of the *Standard 2000*, but it is not mapped to it. The module is built upon the aims, rationale and intended learning outcomes of Clinical Practice 3. This module aims to provide students with the ability to utilise their professional skills to underpin their theoretical understanding. Students are encouraged to question and challenge established paradigms in favour of pushing the boundaries of clinical practice within justified and acceptable codes of osteopathic practice. The initiative of utilising clinical practice for clinical research is encouraged. There is, however, limited evidence that students develop the skills of evidence-based practice and criticality required to question and challenge established paradigms and models of osteopathic thinking.

Assessment

34 A condition of the 2006 RQ review for the BSc was: 'Action to ensure that documentation is improved effectively in relation to written assessment guidance for staff and students, and in the recording of decisions made regarding the development and operation of the programme.' The Weblearn folders now disseminate information and inform students of assessment schedules and grading criteria. However, there is some inconsistency of assessment information between the Module Guide 2008 and the handbooks. For example, the dissertation at master's level is cited as 45 credits in the 2008 module guide and 60 credits in the 2010-15 handbook, and in Advanced Clinical Practice the weighting for summative assessment adds up to 180 per cent.

35 Another condition of the 2006 RQ for the BSc was 'Action to ensure continued development in areas acknowledged to have improved but require further improvement: a. assessment briefs and examination questions in order to encourage integration and critical analysis of literature, and b. the quality and consistency of written feedback on student work.' The visitors' review of examination questions provided evidence of limited expectations of students in respect of analytical and critical analysis. For example, in the practical examinations for year three and year four students were required only to demonstrate techniques, while the open-book year one M.Ost Principles and Mechanics examination

included a question asking students to describe the autonomic nervous system. Much of the written feedback is detailed and supportive, helping to inform student learning. However, in some modules no, or limited, feedback was provided. These include year one, semester two, Principles and Mechanics; year two, semester two, Principles and Mechanics; and year four, semester one, Clinical Neurology/ Differential Diagnosis.

36 Overall, there is a suitable mix of formative and summative assessments to test a range of knowledge and skills. These assessments take the form of presentations, essays, practical work and viva voce.

37 In meetings with the visitors, staff and management expressed concern about the level of preparation and training of staff for M.Ost-level assessment. The relationship between grading criteria and marks awarded is not always clear, for example in year one, Principles and Mechanics; year two, Principles and Mechanics; and year four, Clinical Neurology.

38 Some assessments are unclear and would benefit from rewording to make the requirements more explicit. For example, for the year four Reflective Portfolio students were required to review their 'learning journey over the course and identify key points of moments of enlightenment and to identify other aspects requiring further consolidation and/or refinement'.

39 Following the previous review, students are now allocated a tutor, who has responsibility for overseeing their time in clinic. This tutor allocation is rotated every six to eight weeks. The result is that assessments and feedback are better organised and that there is a clear duty of, and accountability for, care.

Student achievement

40 BSc (Hons) students demonstrated a high level of final achievement in 2010, with 25 per cent of the final year cohort achieving first-class honours, 38 per cent upper second, 31 per cent lower second and one person third-class honours. This compares with 11 per cent, 56 per cent, 33 per cent and 0 per cent respectively in 2009.

41 The visitors requested student achievement data for the last three years. SIOM does not capture this data readily and, while able to provide final-year grades for year four over this period, they were not able to access individual students' overall grades for each year. This makes it difficult to measure and assess student achievement. Staff acknowledge that limited data capture in this area needs to be addressed.

42 Some marking is very generous; one year three Clinical Practice 3 piece of work reviewed obtained 68 per cent although it was, in the main, descriptive rather than evaluative or critical. The work described reflections about personal feelings and beliefs and described an action plan to change behaviour, but there was no justification for this based on any theoretical or scientific underpinnings; the work illustrated no advancement of academic or clinical learning or knowledge. This and other scripts in this module do not reflect the level of academic achievement required.

43 There is limited evidence of criticality in student work. This is supported by the lack of referencing of scientific research literature. There is heavy reliance on textbook material, by both students and staff, showing little regard for incorporation of current research and scholarly investigation, which is indicative of a cultural ethos not congruent with the master's-level academic aims and objectives stated in the module guides and handbooks.

The quality of the learning opportunities provided

Teaching and learning

44 Staff utilise an appropriate range of learning and teaching strategies to support the delivery of the programme. Learning and teaching methods are generally well matched to intended learning outcomes, curricula content and programme aims, with classroom-based learning supported primarily by the use of lectures and practical osteopathic and clinical skills sessions. Learning and teaching methods provide structured opportunities for students to develop their knowledge, reflective practice skills, clinical competence, and practical osteopathic skills to the appropriate level. However, limited links to scholarship and research are evident in teaching. Staff require clear, consistent information concerning the relationship between the BSc (Hons) and the M.Ost and a clearer understanding of the requirements of an M-level programme to inform their teaching.

45 Year two, year three and year four students benefit from practical osteopathic technique and clinical skills teaching sessions with a staff to student ratio of 1:6. However, year one students reported that, in the light of their larger group size, there are occasions when their learning would be enhanced by the presence of additional tutors. Demonstrations are accompanied by opportunities to practise using peers as models. The quality of teaching of practical skills is appropriate and schemes of work are used effectively in the planning and delivery of teaching. There is, however, a lack of effective coordination between teams teaching Integrated Osteopathic Technique 3, resulting in different curricula being followed, neither of which is consistent with the 2008 course document. For example, while one team focuses on teaching classical osteopathy, the other follows a structural osteopathic approach. These different approaches are not part of the 2008 validated integrated master's programme.

46 Classroom-based study is taught using a variety of models and visual aids to ensure that learners benefit from a wide range of teaching approaches and styles. The interactive whiteboard is used extensively to support learning. Evidence from schemes of work for years 1 to 4 shows that a range of resources, such as anatomical models and class handouts, are used to support students' learning. Tutors are provided with students' profiles, which enable them to identify and address students' individual learning needs. In addition, students are provided with tutorial support for the academic and clinical components of the programme. Students value the extensive tutorial support provided, and the general accessibility and commitment of staff to supporting them.

47 The Research Methods and Dissertation modules are taught by one member of staff, who is an active researcher. The College claims that staff draw on their research, scholarship or professional activity to inform their teaching. All are registered osteopaths who are required to demonstrate a commitment to continuing professional development. In the GOsC Annual Report 2009, the College reported that they are moving towards developing a stronger research team in line with their strategic aim and intend to develop a research community. However, there is currently limited evidence of staff involvement in research and scholarly activities. Furthermore, the number of appropriately qualified dissertation supervisors is very limited. There is a need to ensure that staff are appropriately qualified and trained to teach and support student learning at M.Ost level.

48 There is limited evidence of a research strategy that would enable staff to engage effectively in research and scholarly activities and therefore support students' dissertation work in the short and medium-term. Therefore, there is a need for a research and scholarship framework to support master's-level dissertation work and the wider involvement

of staff with expertise in the delivery of research methods and dissertation supervision.

49 Clinical education is an integral part of the curricula and plays a central role in student learning. Students are required to complete 1130 hours of clinic-based learning during the programme, which exceeds the minimum required for Recognised Qualification status. Clinic tutors provide effective support and are able to adapt their teaching techniques to suit students at different levels. There is evidence of overall improvement in the manner in which students' clinic-based learning is supported. For example, the improved Clinic Handbook and Clinic Tutors' Handbook are effective resources in enabling staff and students to understand the rules, regulations, and nature of clinic-based learning.

50 There is a programme of staff development designed to support effective teaching and learning. Evidence from Schemes of Work for years one to four, teaching observations, students' views expressed in a meeting with the visitors, and external examiners' reports indicate that, in general, teaching and learning strategies support students' learning effectively. However, there is limited evidence that staff understand the relationship between the BSc (Hons) and the M.Ost or have a clear understanding of the requirements and demands upon them and students of an M-level programme, or have received the necessary training to teach at master's level. Although visitors' observations of teaching sessions showed that students are prepared to question their lecturers, responses to these questions were, in general, descriptive and lacked depth.

Student progression

51 A strong recommendation from the 2009 Monitoring review of the BSc was that: 'SIOM must update the student handbook, in hardcopy form and on the virtual learning environment, by 31 January 2010.' The student handbooks are now available in hard copy and on the Weblearn site. The handbooks have been updated and now provide students with comprehensive information about their course and the College.

52 One of the reasons for the introduction of the posts of group (year) tutors was to enhance student progression. These tutors have been in post for one academic year, but year one to year two progression in 2009-10 remains disappointing. Only five students progressed directly, four were referred or had to repeat modules and four withdrew. Overall, for the last four graduating years, around 30 per cent of students enrolled each year fail to progress and complete successfully at their first attempt.

53 Students wishing to progress to the M.Ost are required to obtain at least 60 per cent in their assessments at the end of level 2. This is appropriate if students are to have a reasonable chance of obtaining the higher-level qualification. Although current year one, and some year two, students are recruited to the M.Ost, they are being taught and assessed on the basis of BSc (Hons) modules and criteria. The distinction between the M.Ost and the BSc (Hons) is unclear at every level. The visitors were informed that there are two M.Ost students in year four who receive extra tuition from the research tutor. The lack of clear distinction between the BSc (Hons) and M.Ost is compounded by the difficulty with data capture for progression of BSc and M.Ost students. The lack of data reflects the difficulty staff and students have in distinguishing between the BSc and M.Ost.

54 Students report that staff are approachable and supportive of their learning experience. Staff devote a considerable amount of time to supporting students' learning. In particular, the creation of group (year) tutors has proved effective in enhancing the support for students.

Learning resources

55 A condition of the 2006 RQ for the BSc was 'Action to make sure there is continuing, effective marketing of the clinic to ensure sufficient patient numbers to support the future student learning experience.' In addition, the 2009 Monitoring review recommended that 'SIOM must continue to monitor the effectiveness of the marketing strategy in ensuring sufficient patient numbers with appropriate profiles'. Current patient numbers are adequate for the current year two, year three and year four cohorts. Year four students have around six to seven patient interactions per week, one of whom is likely to be a new patient. Year three students have around five patient interactions per week and year two around two. However, while patient numbers are sufficient for the current students in years two to four, the large 2010-11 cohort of 28 students will require the clinic to increase its patient numbers. To accommodate these students, and subsequent student cohorts, the number of clinic sessions and patient numbers will need to expand to ensure sufficient volume and variety of patient types. The number of new patients reported for the last year was 588, and continuing patients 784. The total number of students in SIOM is 64, of whom 36 are active in the clinic. From the next academic year, there could be 48 active clinic students, an increase of 33 per cent.

56 A strong recommendation from the 2009 Monitoring review of the BSc was that: 'SIOM must provide a SIOM-specific induction for SIOM staff from the 2009-10 academic year onwards, to be reviewed in 12 months.' This is intended to ensure that new staff are aware of the procedures and protocols specific to osteopathic education. Two new members of staff have joined SIOM since the last review; each received an induction of two hours with one of the assistant heads of department. The visitors met one of these new members of staff, who was happy with her induction.

57 Another strong recommendation from the 2009 Monitoring review of the BSc was that: 'SIOM must ensure that its staff performance review is applied to all SIOM staff during the 2009-10 academic year, to be reviewed in 12 months.' SIOM has implemented its own annual appraisal process, and staff report that they have received formal annual reviews where their performance and development has been discussed. However, some staff opined that the process was rather *ad hoc*.

58 Another strong recommendation from the 2009 Monitoring review of the BSc was that: 'SIOM must ensure that the patients' complaints procedure is displayed prominently in the clinic by 31 January 2010.' In the 2009 review a 'patient's complaint procedure' was not prominently displayed in the clinic. This is now displayed and accessible to patients.

59 Another strong recommendation from the 2009 Monitoring review of the BSc was that: 'SIOM must fully implement the latest GOsC *Code of Practice* (2005) by 31 January 2010.' The latest GOsC *Code of Practice* (2005) is displayed in the clinic, although some handbooks still refer to the outdated Code.

60 The final strong recommendation from the 2009 Monitoring review of the BSc was that 'SIOM must continue to monitor the effectiveness of the marketing strategy in ensuring sufficient patient numbers with appropriate profiles, to be reviewed in 12 months.' The increased intake for 2010-11 may be attributed, in part at least, to the effectiveness of the marketing strategy. However, the visitors were informed that no external marketing strategy has been devised or implemented to generate new patients since the last review.

61 The clinic experience has been enhanced in a number of ways since the last review. The clinic has been refurbished and each student has an allocated tutor for around six weeks to give feedback and support. Duty of care and accountability is now clear.

62 As part of the reorganisation of the clinic the visitors were informed that peer observation, undertaken by the clinic managers, has been implemented from the beginning of this academic year. Around 70 per cent of clinic staff have been observed, assessed and feedback given. All teaching staff are subject to the College annual peer observation process. In 2009-10, nine SIOM staff were peer-observed, five were observed as part of their probationary period and six have yet to be observed. However, some staff feel that the peer observation process is heavily weighted to meet further education requirements rather than higher education. Notwithstanding this, osteopathic staff have generally performed well in observations. Compulsory teacher training has been implemented and staff are now required to undertake the Preparation for Teaching in the Lifelong Learning Sector course. The interim Head of SIOM informed the visitors that the College has a budget to support members of staff wishing to undertake master's-level courses.

63 The Weblearn virtual learning environment is comprehensive. It contains information for students specific to their course, including the course handbook and general information about College facilities and opportunities. The e-learning resources available include access to current research databases containing the major relevant medical journals. These include full-text access to papers from 60 prestigious medical journals. The Learning Resources Centre manager informed the visitors that the College had recently purchased a 13-month subscription with Science Direct, which will make more osteopathy-related journals available to the students.

64 In meetings with the visitors students indicated limited awareness of these e-services. The Learning Resources Centre manager reported that 90 per cent of the College's inter-library loans are generated from SIOM, but there was little evidence of the use of current research literature being referenced by students in their coursework, or staff referring to this in class. As master's-level modules come on stream the use of current research literature will assume greater importance, as will the need to ensure that staff are more appropriately qualified and informed to teach at M.Ost level. Preparing staff to teach and assess at M.Ost level is a clear priority. Six members of staff hold, or are seeking to obtain, master's-level qualifications. However, there is uncertainty among staff about their future involvement in the delivery of the programme.

65 The SIOM senior management team had difficulty in compiling the necessary information required for the review and staff reported an increased burden of administration since the departure of a SIOM administrator. Although a replacement administrator has been appointed, in order that tutors can undertake the necessary preparation for undertaking M-level activities, they need to be relieved of many administrative duties. Further administrative support will be needed to ensure this.

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