# GOsC Education Quality Assurance

## Renewal of Recognised Qualification Report

This report provides a summary of findings of the providers QA visit. The report will form the basis for the approval of the recommended outcome to PEC.

Please refer to section 5.9 of the QA handbook for reference.

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| **Provider:** | Plymouth Marjon University |
| **Date of visit:** | 3 -5 December 2024 |
| **Programme(s) reviewed:** | Master of Osteopathy (MOst) (4 years full time) |
| | Master of Osteopathy (MOst) (6 years part time) |
| **Visitors:** | Dr Brian Mckenna, Melanie Coutinho, Mark Foster |
| **Observer:** | William Shilton |

### Outcome of the review

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| **Recommendation to PEC:** | ☐ Recommended to renew recognised qualification status |
| | ☒ Recommended to renew recognised qualification status subject to conditions being met |
| | ☐ Recommended to withdraw recognised qualification status |
| **Programme start date:** | |
| **Date of expiry (if applicable):** | |
| **Date of next review:** | |

## Abbreviations

| | |
|---|---|
| **ACP** | Advanced Clinical Practice |
| **AER** | Annual Equality Report |
| **AI** | Artificial Intelligence |
| **APR** | Annual Programme Review |
| **BCAP** | British Association for Counselling and Psychotherapy |
| **CV** | Curriculum Vitae |
| **DBS** | Disclosure and Barring Service |
| **EC** | Extenuating Circumstances |
| **EDI** | Equality, Diversity & Inclusivity |
| **EDIC** | Equality, Diversity & Inclusivity Committee |
| **EE** | External Examiner |
| **EV** | Electric Vehicle |
| **FHEQ** | Frameworks for Higher Education Qualifications |
| **FtP** | Fitness to Practise |
| **GDPR** | General Data Protection Regulation |
| **GOPRE** | Guidance for Osteopathic Pre-Registration Education |
| **GOsC** | General Osteopathic Council |
| **GP** | General Practitioner |
| **HE** | Higher Education |
| **HEA** | Higher Education Academy |
| **HEE** | Health Education England |
| **HR** | Human Resources |

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|---|---|
| **IT** | Information Technology |
| **MDT** | Multi-Disciplinary Team |
| **MEF** | Module Evaluation Forms |
| **MLO** | Module Learning Outcomes |
| **MOst** | Integrated Masters |
| **MSK** | Musculoskeletal |
| **NHS** | National Health Service |
| **NSS** | National Student Survey |
| **OEI** | Osteopathic Education Institution |
| **OEIs** | Osteopathic Education Institutions |
| **OPS** | Osteopathic practice Standards |
| **PDR** | Personal Development Review |
| **PDT** | Personal Development Tutor |
| **PEC** | Policy and Education Committee |
| **PG** | Post Graduate |
| **PhD** | Doctor of Philosophy |
| **PL** | Programme Lead |
| **PMU** | Plymouth Marjon University |
| **PSRB** | Professional, Statutory and Regulatory Bodies |
| **PVP** | Programme Voice Panel |
| **QA** | Quality Assurance |
| **QAF** | Quality Assessment Framework |
| **QR** | Quick Response |

| | |
|---|---|
| **RPCL** | Recognition of Prior Certificated Learning |
| **RPL** | Recognition of Prior Learning |
| **SEC** | Student Experience Council |
| **SEOP** | Student Engagement Outcome Panel |
| **SET** | Standards for Education and Training |
| **SEV** | Student Experience Voice |
| **SMT** | Senior Management Team |
| **SOE** | Staff Osteopathic Enrichment |
| **SRF** | Student Regulations Framework |
| **SSLC** | Staff Student Liaison Committee |
| **SVP** | Student Voice Panel |
| **UCAS** | Universities and Colleges Admissions Service |
| **USP** | Unique Selling Point |
| **VLE** | Virtual Learning Environment |
| **VPN** | Virtual Private Network |

## Overall aims of the course

Plymouth Marjon University confirmed the following aims of the MOst course within the mapping tool:

1) Develop advanced clinical skills: To equip students with in-depth knowledge and advanced clinical skills required for diagnosing, managing, and treating MSK and systemic health conditions in alignment with the OPS and statutory regulation.

2) Foster a culture of life-long learning and evidence-informed practice: To cultivate a critical understanding of information and evidence-informed practice, empowering graduates to contribute to the advancement of osteopathic healthcare delivery through clinical reflection and professional development.

3) Embody the University's values of humanity, ambition, curiosity, and independence: To inspire students to integrate PMU's core values by fostering compassionate patient care (humanity), striving for excellence in their practice (ambition), engaging in lifelong learning and innovative approaches to healthcare (curiosity), and developing the confidence to work autonomously and ethically as osteopathic practitioners (independence).

## Overall Summary

The visit to Plymouth Marjon University was undertaken over three days at the university campus in Plymouth. Visitors were able to meet with a range of relevant groups to support work in relation to the visit specification. These groups included staff, students, SMT, clinic administration staff and patients. Meetings held across the three days were held in an open and honest way to support the visitors with triangulation.

### Strengths and good practice

Clarity in admissions procedures and variations in interviews opportunities (i.e. face-to-face or video) are seen as examples of good practice. This allows prospective students to have clarity on admissions expectations and provides equal opportunities to overseas students or distance learners. (1i)

Use of a QR code to access feedback is an example of good practice, providing patients with an easily accessible method for providing feedback. (1vi)

The integration of the OPS and the pillars of the ACP isa strength of the new programme and whilst the ACP focus will only take place at level 7, this could provide an added level of employability for graduates. (1vii)

The University actively supports all teaching staff in their professional development needs. The peer review rationale is considered to be a strength of the provision and is made possible by the location of the institution within the University itself as opposed to a remote site, and by the integration of osteopathic staff as a whole. The interprofessional collaboration planned within the new clinic facilities should build upon this and if managed appropriately, the MDT approach will filter into the student's clinical experience. (1ix)

The supportive and compassionate culture inherent and strongly focussed upon within the University is a strength and this creates a safe space for quality learning. (3iv)

The introduction of the individual student's presentations, observed during the first year teaching session, at an early point of the programme is an example of good practice, enabling a sense of ownership in their exchange of knowledge and building self-confidence. (3vi)

The extended opening hours of the library and library staff’s highly proactive approach to engaging with students and staff is a strength which supports the students' needs, academic study skills development and enables them to become more autonomous in their learning. (5i, 6ii)

Having a student led clinic where students are responsible for administration, reception and have input into the marketing of the clinic adds an additional dimension to their training, allowing these important aspects of practice to be taught and experienced in a more comprehensive manner. (7i)

## Areas for development and recommendations

The University should review the osteopathy web pages to ensure that the University's EDI strategy is sufficiently reflected to encourage applications from all potential students. (1ii)

The University should consider implementing formal formative assessments held under examination conditions, with timely and constructive feedback provided by tutors, mostly in practical modules. This will enable students to become more familiar with the summative assessment procedure, and more importantly provide them effective feedback from summative assessment markers. Alongside this, all formative feedback opportunities should be explicitly included in module guides, and students informed of the role and benefits of formative assessment within their learning. (1v, 1viii, 6iv)

The University should ensure consistency by explicitly mapping MLOs to the OPS, the 'threads' and the four pillars, ensuring students can locate this and staff understand all and have embedded them into their teaching. The mapping should also be included in module guides to ensure mapping of OPS to MLOs can be consistently applied in all modules so that students and other stakeholders are clear as to which educational and professional attributes each module enables acquisition of. (1vii, 6i)

The University should have a realistic plan in place for the integrated interprofessional operation of the clinic, in advance of the osteopathic clinic move. This should include clear practitioner roles and responsibility (for patient care) aspects and should demonstrate the integration with classroom teaching and learning and OPS. The plan – which should be clearly displayed in the clinic and/or on the clinic webpage – should have a clear rationale of the clinic and patient management protocols which will enable students, clinic staff and particularly patients to have reassurance in the planned healthcare to be provided. This would be beneficial to avoid ambiguity in the management of the new clinic and would provide transparency for students, staff and patients. (1vii)

Students commented that the support provided by a personal development tutors could be inconsistent and dependent on who they were assigned to. Therefore, the University should ensure that the training and support which is provided for this role enables students and staff to appreciate of the remits of the role, including a practical knowledge of the scope of support available, commitment to a minimum number of diarised meeting opportunities (taking into account tutor availability), and a review process which ensures consistent and equitable support for all students. (3iii)

The University should ensure that procedures for complaints are explicit and easily accessible both in hard copy at clinic and online for the Clinic patients. Similarly, there should be information posters within the clinic areas to remind patients (and others) of the University's culture of mutual respect, and its response to unacceptable behaviours towards students, clinical staff or other service users. (3iv)

The University should continue its search for software or develop its own bespoke software that will allow closer monitoring of student experience. (7ii)

The University should develop a consent form for those with parental or other devolved responsibility that standardises necessary information they require to make an informed decision. (9ii)

The University should provide additional training and support for students with regards to exercise prescription and rehabilitation and provide paper and online support to support patients who are prescribed exercises. (9vii)

**Conditions**

The University must immediately update their consent forms and privacy policy to ensure patients are fully aware of who can access their clinical information. (2i, 9vi)

In order to effectively manage the risk to patient data, the University must carry out an urgent review of the risks associated with the use of students' own IT equipment to access and record patient data both on site and off site as well as the risks associated with allowing students from other programmes access to osteopathic patient records. This should be done in conjunction with staff at the university who have expertise in IT and data protection. The University must develop and carry out a plan to implement the recommendations from the review. (2i, 9vi)

# Assessment of the Standards for Education and Training

## 1. Programme design, delivery and assessment

### Education providers must ensure and be able to demonstrate that:

**i. they implement and keep under review an open, fair, transparent and inclusive admissions process, with appropriate entry requirements including competence in written and spoken English.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The University has explicit and easily understandable admission criteria, including English language requirements. Details of these and of the interview process can be found on the website and is included in the admissions policy and within the programme specification. All entry routes including RPCL and RPL follow the comprehensive admissions policy and procedure. Admission of students via these routes has not been used for this programme as of yet. The admissions procedures are aligned with other providers in the sector.

The University offers both face-to-face and online interview opportunities to enable students from distance or overseas to apply. The standard UCAS application route is in place. The majority of students spoken to as part of the visit confirmed that the location of the University was the deciding factor in their choice of OEI.

Whilst the small class sizes lend themselves to a strong, supportive, inclusive atmosphere in the classroom, consideration must also be given to the need for a compelling marketing strategy to increase student applications in order to secure continuation of the programme and provide students sufficient peers to work with.

Based on the evidence seen and discussions held, we are assured that this standard has been met and that adequate processes are in place to ensure fair and transparent admissions procedures are in place.

**Strengths and good practice**

Clarity in admissions procedures and variations in interviews opportunities (i.e. face-to-face or video) are seen as examples of good practice. This allows prospective students to have clarity on admissions expectations and provides equal opportunities to overseas students or distance learners.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

**ii. there are equality and diversity policies in relation to applicants, and that these are effectively implemented and monitored.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The University provided documentation to support alignment with this standard, and discussions with the SMT further assured the University's strong EDI policy, and their specific aim to integrate students from diverse cultural and social backgrounds into the University. The policy is reviewed annually and the outcomes are reported to the EDI Committee. However, despite their commitment to inclusivity and diversity, the annual programme review and discussions with the SMT during the visit highlighted that student recruitment continues to be an issue, with numbers lower than desired seen in the last two years.

SMT members confirmed that a minimum 8-10 student registrations were necessary for programme viability. Whilst in the previous year they had between 15-18 initial applications, the SMT acknowledged a concern in the drop in application numbers, acknowledging that running the programme with minimal numbers (8-10), would compromise the students learning experience in terms of fewer opportunities for peer work in practical classes and may also require reconsideration in managing student availability in the clinic. The target is for 20 students per cohort. However, they could not confirm application numbers at the time of the visit as the UCAS application date had changed.

The University is able to provide a range of support options to students with seen and unseen disabilities.

The University assured the visitors that marketing of the programme has been focussed upon within the University's normal annual marketing strategy. They believe that the continued link with local GPs, sports clubs, and the proposed new interprofessional clinic facility will generate interest in the programme.

We are confident that this standard has been met and is effectively monitored to ensure it conforms to the University's EDI policy.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

The University should review the osteopathy web pages to ensure that the University's EDI strategy is sufficiently reflected to encourage applications from all potential students.

**Conditions**

None reported.

**iii. they implement a fair and appropriate process for assessing applicants' prior learning and experience.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The University has clear and effective processes in place for assessing RPCL and RPL which are evident in the admissions policy and procedures and underpinned by the SRF. The evidence provided confirms that these processes all follow standard expectations for prior learning assessment procedures. Discussions with staff confirmed that this process can be utilised if necessary. The support staff acknowledged that the processes are in place and staff are trained on applying the procedures if an applicant requires to use this

route. However, the University has confirmed that this route has not yet needed to be utilised, as all recent applications for the osteopathy programme have followed the normal entry route.

The University has explicit policies and procedures in place which can be evoked for assessing prospective applicants' learning experience and therefore we are assured that this standard has been met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

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**iv. all staff involved in the design and delivery of programmes are trained in all policies in the institution (including policies to ensure equality, diversity and inclusion), and are supportive, accessible, and able to fulfil their roles effectively.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

Robust and well supported staff induction and development opportunities exist relating to the University policies and procedures. Staff confirmed that all staff were required to undertake induction and training in areas such as Prevent and EDI expectations. Initial induction was followed up at SOE and other annual training events. Discussions with SMT confirmed that specific topics were run over several different days and times to allow all staff an opportunity to attend.

Staff confirmed that there is support for undertaking further training – to support development of their teaching skills or enhance their professional development. Mentoring and peer support are integral parts of the teaching strategy, and newly appointed staff confirmed that they had received this and felt it was effective and supportive for their development and had helped them to effectively fulfil their roles. The University has set clear completion expectations for annual training topics. Staff are also encouraged and supported in undertaking research either as part of attaining further academic qualifications or with the aim of data publication. From reviewing the staff training list, we have seen that the University's training includes EDI, Fire safety, GDPR, safeguarding, and Prevent training are carried out regularly.

However, the agenda for the staff training days run by the programme team suggest that these days are largely utilised as programme review opportunities with little or no training taking place. This was confirmed in the discussion with staff at the visit, and some staff are yet to complete any training in expected areas.

The University provides a thorough range of training in all of its policies, and in areas which effectively support and encourage the individual's personal and academic development. Staff are also supported to acquire certification and fellowship of the HEA and or undertake research, all of which enhances their teaching skills.

Staff and SMT confirm that a robust and well supported training programme is in place and takes into consideration part-time availability of osteopathic tutors. Further staff reported being able to access peers

and mentors if required. Discussions provided assurance of the expertise utilised in programme design, and as such we are assured that this standard has been met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

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**v. curricula and assessments are developed and evaluated by appropriately experienced and qualified educators and practitioners.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

Semester reports are carried out on individual modules by the PL. Generally, they demonstrate a good spread of assessment marks obtained, though poor student feedback continues to be a common thread running through them. The differences in approach in clinical teaching which had been highlighted in a report from the previous year, were addressed in the teaching staff meeting. We were assured that following the teaching team's annual module reviews, more consistency in the approach adopted by staff teaching in the clinical environment had been embraced.

The External Examiner's report confirms that threshold standards in modules have been reached in line with the FHEQ, the subject benchmark statement and that student performance is in line with sector expectations. Lectures now adopt round-robin style teaching in practical modules, as requested by students to facilitate group working and this appears to have been well received.

All module guides contain details of the summative assessments, however formative assessments appear mainly to be informal both in scheduling and operation. Staff mentioned that in practical classes for example, questions are given in a round-robin style, to the whole class for them to respond to in their working pairs. Feedback would then be provided by peers. Whilst this is commendable, there appears to be few, if any, opportunities for formative assessments structured under summative assessment (exam) conditions, with feedback being provided by tutors normally involved in summative marking.

We are assured that this standard has been met, the curricula and assessments have been externally verified by the External Examiner and via the validation process as fulfilling educational expectations. Ongoing annual verification by the External Examiner ensures the programme continues to meet these expectations.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

The University should consider implementing formal formative assessments held under examination conditions, with timely and constructive feedback provided by tutors, mostly in practical modules. This will enable students to become more familiar with the summative assessment procedure, and more importantly provide them effective feedback from summative assessment markers. Alongside this, all formative feedback opportunities should be explicitly included in module guides, and students informed of the role and benefits of formative assessment within their learning. (1v, 1viii, 6iv)

**Conditions**

None reported.

**vi. they involve the participation of students, patients and, where possible and appropriate, the wider public in the design and development of programmes and ensure that feedback from these groups is regularly taken into account and acted upon.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

Staff have been consulted during the annual module review and the new programme development phase. Student feedback was also considered and utilised. Students confirmed that they are encouraged to provide feedback, and some do; however this is usually related to module content or delivery only. There does not appear to be any documented formal feedback from students or staff in programme development or design.

Patient feedback can be provided via the online form accessed using a QR code, but the impact of this feedback on future programme design or delivery as opposed to the day to day running of the clinic is not explicit. Patients are being sought for forum groups; however, this is related more to the healthcare provision as a whole. There are no information posters in the Clinic's teaching or waiting areas that encourage patients, students or other stakeholders to provide feedback on the service, programme delivery or design. There are no posters that inform patients how previous feedback has impacted on the programme design or clinic provision.

Patients whom visitors met with were highly supportive of providing feedback if asked. No hardcopy feedback forms were shown or available. In discussions with students, staff and support staff we heard that that the University has implemented a number of committees or groups where students' comments and concerns can be addressed, or feedback can be given. These include the SSLC, SEV, teaching staff, patient and student meetings, Clinic observation, Clinic QR code accessing online form and feedback committees. Students responded positively on the University's rapid response to student feedback regarding the provision of additional equipment in the clinic. Similarly, the extended opening of the library facilities to 24 hours a day, 7 days a week following student feedback has been welcomed by all students.

Based on the evidence seen, we are assured that this standard has been met.

**Strengths and good practice**

Use of a QR code to access feedback is an example of good practice, providing patients with an easily accessible method for providing feedback.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

**vii. the programme designed and delivered reflects the skills, knowledge base, attitudes and values, set out in the Guidance for Pre-registration Osteopathic Education (including all outcomes including effectiveness in teaching students about health inequalities and the non-biased treatment of diverse patients).**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The new Most programme has been granted RQ status (and new students will continue to apply for this route). The aim of the MOst is to produce outstanding healthcare professionals who are able to surpass the remits of private practice or working within the NHS. The programme design reflects the GOPRE expectations, and it shows a cohesive and logical progression which enables students to acquire the expected standards of knowledge and skills, and demonstrate the professional values and attitudes expected by the GOsC.

There is a full understanding of health care inequalities and drive to ensure a non-biased approach in clinical care. The MLOs are found in each module guide and tutors reinforce these verbally at the commencement of each module. Within the programme specification, the University has mapped the modules to OPS, and has also subdivided the programme into eight 'threads'. The evidence provided confirms that the threads would enable the programme to have consistency and rationality.

The programme specification states that the programme adopts a critical approach to the theory and practice of osteopathy which will help develop complex problem-solving skills and criticality in students and that they would become familiar with the HEE Four Pillars of Healthcare. Our discussions with staff further verified that this was the planned strategy. Some students confirmed they were already familiar with the four pillars. The HEE pillars (clinical practice, leadership and management, education and research), are identified in the programme specification, but do not appear on any other programme documentation. However, it was clarified in our discussions with teaching staff and SMT that their teaching of the four pillars of the ACP will be focussed and relevant to Level 7 only.

It is acknowledged by the University that this could provide their graduates with added employability and in discussions staff proposed this was a USP for the provider. In the module guides some, but not all, of the MLOs are explicitly mapped to the OPS for students or other stakeholders to view. Furthermore, not all staff appear to be aware of the aspirations to integrate the ACP Pillars into the Level 7 of the programme. The teaching team strongly emphasised an integrated approach in interprofessional healthcare teaching within the programme and assured the visitors that this will strengthen the students' clinical expertise, values, attitudes and MDT-style working. However, this will only be fully operational once the osteopathic clinic has relocated to its new building. Whilst the programme does already allow students to become familiar with working in an interprofessional way. with some lectures being taken with other healthcare disciplines, e.g., sports massage, the full strategy is reliant on the new clinical facility being in operation when it is envisaged that sports massage and physiotherapy will be involved. The new building is planned to open in Autumn 2025.

The programme has not reached level 7 teaching, where the majority of the interprofessional learning is planned. Furthermore, the full implementation of this is dependent on the opening and running of the new clinic. However, the knowledge basis, attitudes and values required within GOPRE are already evident in the clinical and classroom teaching, as these attributes are essential in underpinning interprofessional learning. Based upon these observations and our discussions with the staff, we are assured that this standard has been met.

### Strengths and good practice

The integration of the OPS and the pillars of the ACP isa strength of the new programme and whilst the ACP focus will only take place at level 7, this could provide an added level of employability for graduates.

### Areas for development and recommendations

The University should ensure consistency by explicitly mapping MLOs to the OPS, the 'threads' and the four pillars, ensuring students can locate this and staff understand all and have embedded them into their teaching. The mapping should also be included in module guides to ensure mapping of OPS to MLOs can be consistently applied in all modules so that students and other stakeholders are clear as to which educational and professional attributes each module enables acquisition of. (1vii, 6i)

The University should have a realistic plan in place for the integrated interprofessional operation of the clinic, in advance of the osteopathic clinic move. This should include clear practitioner roles and responsibility (for patient care) aspects and should demonstrate the integration with classroom teaching and learning and OPS. The plan – which should be clearly displayed in the clinic and/or on the clinic webpage – should have a clear rationale of the clinic and patient management protocols which will enable students, clinic staff and particularly patients to have reassurance in the planned healthcare to be provided. This would be beneficial to avoid ambiguity in the management of the new clinic and would provide transparency for students, staff and patients.

### Conditions

None reported.

**viii. assessment methods are reliable and valid and provide a fair measure of students' achievement and progression for the relevant part of the programme.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

We were assured that University's assessment profile is fit for purpose and in accordance with their SRF. A wide range of assessment methods are used, which will enable the students' specific and transferable skills and knowledge to be obtained. External examiner reports, example assessment papers and moderated work have all been presented and demonstrate that expected standards for the sector have been reached. The University has a comprehensive and robust assessment policy in place to ensure assessment reliability and validity.

The assessments chosen within the programme provides assurance that MLOs and OPS are attained and align with those at other sector institutions. In our discussions, students confirmed that they were familiar with round-robin style assessments including peer feedback, but they could not recall structured formative assessments carried out under exam conditions and more significantly with individual tutor feedback.

Staff also confirmed that the round-robin questioning combined with peer feedback methodology was usually used. We heard from staff that recognised academic marking grids and rubrics were used and were shown examples of these. We were assured of due process being applied for marks at grade boundaries. Overall, we are assured by the documentary evidence which was further supported by our discussions with staff that this standard has been met.

### Strengths and good practice

None reported.

**Areas for development and recommendations**

The University should consider implementing formal formative assessments held under examination conditions, with timely and constructive feedback provided by tutors, mostly in practical modules. This will enable students to become more familiar with the summative assessment procedure, and more importantly provide them effective feedback from summative assessment markers. Alongside this, all formative feedback opportunities should be explicitly included in module guides, and students informed of the role and benefits of formative assessment within their learning. (1v, 1viii, 6iv).

**Conditions**

None reported.

**ix. subject areas are delivered by educators with relevant and appropriate knowledge and expertise (teaching osteopathic content or supervising in teaching clinics, remote clinics or other clinical interactions must be registered with the GOsC or with another UK statutory health care regulator if appropriate to the provision of diverse education).**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

Staff CVs provide reassurance that programme content is taught by appropriately qualified staff with teaching experience/certification, registered osteopaths and/or academically experienced as necessary for the specific module. In discussions, staff commented positively on the support they receive to attain academic qualifications (teaching certification or research) to support their skills and professional development. The rationale of the University's peer review policy is to foster a collaborative approach to professional development, and staff confirmed the merits of this approach in our meeting with them.

The University has as one of its four core priorities, a focus on 'research and knowledge exchange' and with this in mind, staff are encouraged and supported to undertake high level research and attain doctorates to support their teaching expertise.

A line management document was provided to demonstrate how the osteopathic staff are integrated into the School of Health Wellbeing and Social Science. In our discussions staff and students confirm their understanding of the roles and reporting lines of various personnel. The integration within the School of Health Wellbeing and Social Care substantiates the University’s aim to encourage knowledge exchange not only within the student body but staff too. In discussions with staff, we were assured that peer observations and mentoring was carried out for all new staff. Those who had been involved (as a mentor or a mentee), commented that it had made a positive impact on their teaching. Staff have access to the staff VLE 'Antler' to support their teaching and development of teaching skills.

Documentary evidence was provided to demonstrate that staff have the relevant knowledge, skills and certification to teach on the programme and in accordance with GOsC requirements and this was supported within discussions with staff. Therefore, we are assured that this standard has been met.

**Strengths and good practice**

The University actively supports all teaching staff in their professional development needs. The peer review rationale is considered to be a strength of the provision and is made possible by the location of the institution within the University itself as opposed to a remote site, and by the integration of osteopathic staff as a whole. The interprofessional collaboration planned within the new clinic facilities should build upon this and if managed appropriately, the MDT approach will filter into the student's clinical experience.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

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**x. there is an effective process in place for receiving, responding to and learning from student complaints.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

We were assured that the University has published complaints and whistleblowing policies, which can be found on the website, the SRF, the programme specification and in the student information handbook. In the meeting with students we were reassured that these policies were in place, and that they had been informed of them during their induction. They told us that they had not had necessity to use them, but would not feel apprehensive about doing so if necessary.

At the support staff meeting it was confirmed that staff were able to provide support to students wishing to complain if needed. The University tracks and reports on complaints as part of their annual reporting process, although to date, the programme has not had any recorded complaints.

Based on the evidence seen including in meetings with students and staff who demonstrated their knowledge of the complaints procedures, we are assured that this standard has been met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

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**xi. there is an effective process in place for students to make academic appeals.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

We were assured that the University has in place an academic appeals policy and procedure which can be found on the website, the SRF programme specification and in the student information handbook. The policy is in line with education sector expectations.

Students attending the meeting were aware of an appeals process, those in the lower years less so, but none had had recourse to utilise it. One student commented positively on using the EC procedure.

Visitors were provided with documentary evidence of the procedure, and our discussion with students verified that they were aware of the procedure. Overall, we were assured that this standard has been met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

## 2. Programme governance, leadership and management

**i. they effectively implement effective governance mechanisms that ensure compliance with all legal, regulatory and educational requirements, including policies for safeguarding, with clear lines of responsibility and accountability. This should include effective risk management and governance, information governance and GDPR requirements and equality, diversity and inclusion governance and governance over the design, delivery and award of qualifications.**

☐ **MET**

☒ **NOT MET**

**Findings and evidence to support this**

The University has a well understood governance and management structure with effective lines of reporting, accountability and monitoring passing between the Board of Governors, the Senate and deliberative committees, the senior management team and the programme management overseeing the osteopathic programme. Independent audit reports confirm that there is an adequate and effective framework for risk management, governance and internal control.

Minutes of deliberative committee meetings of the Senate provide evidence that aspects of programme performance and development are considered and that policies are reviewed. The arrangements in place are sufficient to ensure that for the osteopathy programme, compliance with policies is effectively monitored and that the management is held to account. Updated policies, for example the assessment policy are presented by the policy owner to the teaching and learning committee who engages in scrutiny before the policy is confirmed and approved for dissemination. The minutes of the teaching and learning committee are presented to Senate by the Chair and members have the opportunity to discuss policy introduction or amendments further. Senate minutes are presented to the University Board of Governors.

In meetings with the University SMT, including the Vice-Chancellor, they explained the model of oversight. The Senate has established two oversight committees to facilitate scrutiny of the University's academic activities. The academic planning partnership committee oversees all aspects of new programme development and partnerships with external organisations. The teaching and learning quality committee considers reports and data prepared by academic senior managers related to individual programme performance and development plans. The reports prepared by programme senior managers highlight issues arising out of both regular and annual programme evaluation and includes progression and achievement data, External Examiner reports and NSS data and associated development plans. Development plans arising from programme annual reports, External Examiners reports and NSS data are monitored for implementation. The teaching and learning committee has a standing item on the agenda for PSRB issues to be discussed. Annual reports, including those prepared for GOsC are scrutinised before submission. Data is also considered on staff professional development including the completion of individual staff PDRs, staff research activity and publications. Minutes from the SEC are also considered by the teaching and learning committee. Actions arising are recorded in minutes and progress is tracked between meetings. Summaries of complaints and academic appeals are considered.

The Dean of School of Health meets regularly with the Programme Lead who in turn meets with the teaching team every one to two weeks. Teaching staff described the meeting as an effective way for senior staff to hear about programme delivery-related issues and for senior staff to update about University initiatives.

The University has a policy on GDPR and an information technology policy that are easily found and seem fit for purpose. Under the GDPR, medical records are classed as sensitive and as such require a greater degree of care when being handled. The information technology policy reflects this by making suggestions on how this should be handled. The visitors identified a concern that patient consent forms did not inform them that their records were accessible to staff working in other non-statutory regulated professional practice

clinics and that students used their own IT equipment both on and off site to access the patient records system.

Further documentation was requested such as the consent form signed by patients and the privacy notice used. A meeting was requested with the Programme Lead, Dean of School and two other members of the osteopathy department. They clarified that the psychotherapy and counselling students had their own standalone Cliniko programme which no one else could access. This had been specifically requested by the programme staff when setting up the course due to the nature of information shared with their therapist.

The team reported that they were aware that students from the sports therapy and rehabilitation programmes could access osteopathic clinical records. However, they stated that training is provided to students which discouraged them from accessing notes that are not their own patients notes. They said the situation had arisen as the original osteopathy clinic was housed in the sports facilities with sport therapy and rehabilitation.

The team stated that students using their own devices to access patients records both on and off site did not in their opinion pose any additional risk than was posed by any other osteopath using the same software. They reported that some mitigation takes place in that two-factor authentication is active on the software which provides some assurance. The team confirmed that students are not supplied with access to VPN or virus software. No data breeches have been reported regarding these issues.

They confirmed that student data is not allowed to be accessed off site by staff and could only be accessed when connected to the University network as the information is sensitive. There were, in the opinion of the visiting team, a number of issues with the way patient data is handled at the University. The first is regarding consent. The consent form nor the privacy policy do not inform patients that their clinical records may be seen by students on the BSc sports therapy and rehabilitation courses.

The second is that sports rehabilitation and therapy do not have statutory regulation. There is a system of voluntary regulation which does provide some reassurance. However, neither the visiting team nor the osteopathic team members have any oversight of the professionalism training undertaken on the sports therapy and rehabilitation courses and thus cannot provide any assurance that patient data is handled in an appropriate manner.

The use of the students' own IT poses a number of risks that are not being mitigated. The first is that there is no requirement for them to have virus software, the second is that there is no obligation for them to have a VPN to protect data whilst on public or Wi-Fi networks in shared housing. It also runs contrary to their own policies on data protection such as their IT code of practice which discourages the use of personal IT equipment as they could be infected by malicious software and that they recommend using a Marjon device and VPN when accessing confidential data off site.

Under the GDPR, medical records are classed as sensitive and as such require a greater degree of care when being handled. Staff are not permitted to access student data off site as it is considered sensitive. The same should apply to patient data.

We felt some reassurance after having met with the above representatives that this issue is being talked about and that staff and management felt the software in use did not meet their needs. However, we did not feel that it was a high enough priority for the university given the risks associated with it. This process needs to be expedited and patients need to be fully informed about who has access to their notes whether they are actually accessed or not.

**Strengths and good practice**

None reported.

### Areas for development and recommendations

None reported.

### Conditions

The University must immediately update their consent forms and privacy policy to ensure patients are fully aware of who can access their clinical information. (2i, 9vi)

In order to effectively manage the risk to patient data, the University must carry out an urgent review of the risks associated with the use of students' own IT equipment to access and record patient data both on site and off site as well as the risks associated with allowing students from other programmes access to osteopathic patient records. This should be done in conjunction with staff at the university who have expertise in IT and data protection. The University must develop and carry out a plan to implement the recommendations from the review. (2i, 9vi)

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**ii. have in place and implement fair, effective and transparent fitness to practice procedures to address concerns about student conduct which might compromise public or patient safety, or call into question their ability to deliver the Osteopathic Practice Standards.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

The University's general FtP policy focusses on supporting students before leading to steps intended to lead to a break or withdrawal from study. For osteopathy students, this process subsumes FtP requirements that reflect GOsC guidelines.

The FtP policy is published with other HE policies on the University website. Information about FtP is included in programme handbooks. Students and staff confirmed that they were aware of the policy and where they could find information. Students confirmed that information about FtP had been explained during programme and clinic inductions. No cases had been brought under the terms of the policy for the osteopathy programme.

We are confident that the University has in place, and implements fair, effective and transparent FtP procedures, and therefore are assured that this standard has been met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

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**iii. there are accessible and effective channels in place to enable concerns and complaints to be raised and acted upon.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The University's policy to deal with complaints is widely publicised to students, patients and staff through programme handbooks, the University website and clinic posters. In meetings with students, patients and staff, the visitors heard that there was good awareness of the policy and how they could raise an issue of concern. Staff and students emphasised the importance of direct communication in informal settings to resolve concerns and how this had been effective in resolving issues quickly.

The policy sets out the stages for dealing with a complaint beginning with an initial informal approach to a member of staff (or line manager if more appropriate), before embarking on formal procedures. Data on complaints is collated centrally by the Head of Quality and reported to the teaching and learning quality committee of the Senate. Data on complaints is also reflected upon during annual programme monitoring and in the annual report to GOsC.

The complaints policy sets out the process for escalating of concerns to GOsC and the Office of the Independent Arbitrator where individuals are dissatisfied by the outcome of their complaint.

Where issues arise involving a staff complaint the process is similar but managed by the human resources staff. There is a staff grievance procedure in place. Staff met by visitors indicated that they would prefer to adopt informal channels initially before following the formal procedure if a resolution could not be found.

There are arrangements in place to provide accessible and effective channels to enable concerns and complaints to be raised and acted upon by the University. Therefore, we are assured that this standard has been met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

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**iv. the culture is one where it is safe for students, staff and patients to speak up about unacceptable and inappropriate behaviour, including bullying, (recognising that this may be more difficult for people who are being bullied or harassed or for people who have suffered a disadvantage due to a particular protected characteristic and that different avenues may need to be provided for different people to enable them to feel safe). External avenues of support and advice and for raising concerns should be signposted. For example, the General Osteopathic Council, Protect: a speaking up charity operating across the UK, the National Guardian in England, or resources for speaking up in Wales, resources for speaking up in Scotland, resources in Northern Ireland.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

Information published on the public website and in programme handbooks indicates that the University seeks to promote a culture of openness and transparency. Minutes of the governing body and deliberative committees are routinely published on the website. A student and staff member are represented on the governing body.

The University has published policies on the website concerning the approaches to anti-bullying, harassment and whistleblowing, together with associated procedures. Relevant external sources of support are signposted in these policies. For example, the policy states that the complainant has the right to be accompanied by a friend, colleague or a trade union representative. The GOsC is also identified as an additional avenue for support.

Information about accessing policies is included in programme handbooks on the staff intranet and on the University web pages. The staff and student inductions provide information and signposting on these policies.

Meetings with staff, students and patients confirmed awareness on how to report formal concerns. In these meetings it was confirmed that wherever possible there was a preference to use informal approaches to quickly resolve issues, but also an understanding that the policies would be used for some issues. Students and patients confirmed that staff were approachable and that informal discussions could take place in public areas such as the clinic, or privately as appropriate. Staff provided confirmation that they intended to be available to meet students informally with a view to speedy resolution of difficulties and were aware that for some issues a referral would be necessary. Patients stated that they felt able to raise issues directly with a student treating them or with clinic staff.

The culture at the University is one where it is safe for students, staff and patients to speak up about unacceptable and inappropriate behaviour, including bullying. External avenues of support and advice and for raising concerns are effectively signposted. Therefore, we are assured that this standard has been met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

**v. the culture is such that staff and students who make mistakes or who do not know how to approach a particular situation appropriately are welcomed, encouraged and supported to speak up and to seek advice.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The University promotes an open and supportive environment that aims to empower students, staff and patients to promptly raise issues and to check for understanding regardless of the issue being experienced.

Students were familiar with who they should contact to deal with a range of issues, beginning with the personal mentor where appropriate to signpost students to a range of services to support. This might include

student services such as counselling, financial advice or learning support. Students were clear that they could access sources of advice and support independently. Relationships between students and clinic tutors are close and students are encouraged to reflect upon their experiences with patients, their tutor and peers in group settings. Students confirmed that teaching staff were supportive and available.

Students also have an opportunity to raise concerns through the SVP, attended by the senior management staff and staff from student support, including the library. Students are also represented on the governing body.

The culture of the University is open and supportive of both students and staff. Staff and students were clear that they knew who to approach and were encouraged and supported to speak up and to seek advice where appropriate. Therefore, we are assured that this standard has been met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

**vi. systems are in place to provide assurance, with supporting evidence, that students have fully demonstrated learning outcomes.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

Robust QA processes are in place overseen by the University Head of Quality. Externality provides a further degree of assurance in the form of the role of the External Examiner and involvement of external panel members at validations. The External Examiner's reports are positive and no issues or concerns have been raised about academic standards or the quality of assessment practice. The programme Examination Board provides the formal forum for staff delivering the programme to review assessment in terms of achievement of the programme and module learning outcomes. The External Examiner is present to provide feedback on their sampling of assessments and oversight of the process. Appropriate records are maintained about the outcome of module assessment, completion of levels of study and awards.

The programme regulations confirm that all learning outcomes for each module must be assessed and passed in order to complete the module. The External Examiner's report confirms that this requirement is met. Similarly, the programme regulations specify that all modules must be passed in order to complete the programme successfully. The External Examiner's report confirms that this requirement has been met.

The assessment strategy for learning outcomes is set out in the module guides. These articulate clearly with the programme specification which in turn maps to the professional education standards. Assessment instruments are developed internally and subject to process of internal moderation before being forwarded to the External Examiner for comment. Marking criteria are set out clearly in assessment rubrics seen on the Turnitin platform used for assignment submission and assessment by staff. A University grading matrix has

been developed and shared with students. Staff described approaches to contextualising the University grading criteria to relate more closely to the assessment. This work was informed by the External Examiner's feedback. This developing area of good practice assessment will be shared and developed as part of forthcoming staff development.

Examples of assessed work was made available to the visiting team. They were assured that assessment feedback related to the learning outcomes and was informed by the University grading criteria. The assessment briefs were clearly written and there was evidence that internal moderation had taken place. Students confirmed that they were clear about the assessment process and that the assessment clearly explained the grade awarded and what areas should be addressed in subsequent work.

Written work is internally moderated and the outcomes recorded, to be scrutinised by the External Examiner. The policy requires a reconsideration of marks where they differ between those marked by more than an indicated threshold. The sample size for moderation may include a relatively high proportion of marked work as is typical for a small cohort size. All referred work is reviewed along with pieces of work at grade boundaries. Practical work is moderated by a process of second marking of students. There is provision for the External Examiner to become involved if assessors and moderators are unable to reach an agreement.

External Examiner reports consistently confirm that students have demonstrated the required learning outcomes and they confirm that staff marking and feedback practices are robustly and consistently applied.

Module and programme results are monitored and confirmed at the Examination Board, with the External Examiner present together with staff responsible for assessment.

The University has effective systems in place, including External Examiner reports, to provide assurance that students have fully demonstrated learning outcomes. Therefore, we are assured that this standard has been met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

## 3. Learning Culture

**i. there is a caring and compassionate culture within the institution that places emphasis on the safety and wellbeing of students, patients, educators and staff, and embodies the Osteopathic Practice Standards.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

The University has confirmed that students are at the centre of their purpose, and they have a clearly defined set of values which are: humanity, curiosity, ambition and independence. These values can be seen to be reinforced on the website, via posters throughout the site and also in discussions in staff meetings. In discussions with the SMT and staff, it was made clear that the teaching and learning culture was one of support, compassion and empathy and that students, whilst being positively challenged to achieve programme and professional expectations, are concurrently provided with support to address any learning needs.

Posters and slogans are found all around the University to spur on constructive academic and personal development. However, the osteopathic clinic and classrooms walls appear to be scant on similar posters which could reinforce the OPS and other professional attitudes, values and expectations - only one set of OPS literature was observed in the clinic tutor room. Students confirmed that they were introduced to the professional expectations of the OPS at induction, and that these were reinforced throughout their learning journey.

We were assured that a raft of policies, procedures and services exist to ensure, support and enhance the experience of all students and staff. These include safeguarding, disability and inclusion, diversity, academic advice, student funding advice, FtP policy, health and safety policy, mental health wellbeing policy and strategy, Prevent policy, extensive counselling services, the Chaplaincy centre and an on-campus nursery

We were informed in discussions with staff that they are given training in all relevant policies at induction and these are revisited at intervals during their employment. The mission and vision statements within the strategic plan 'Marjon 2030', reinforces the University's commitment to adopting a caring and compassionate learning culture.

Our discussions with staff and students confirmed that the university adopts a caring supportive, nurturing and inclusive culture in which staff and students can safely work and learn.

We were assured from observations of the learning environment, and by positive statements from staff and students regarding the institution’s approach in its learning culture, that this standard has been met

### Strengths and good practice

None reported.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

**ii. they cultivate and maintain a culture of openness, candour, inclusion and mutual respect between staff, students and patients.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

The University has a number of relevant guidelines in place to ensure that the behaviour of staff and students is within acceptable parameters. The SRF, FtP and student misconduct procedures clearly explain the expectations. It is available in hardcopy or online. Lesson and clinic observations and the meeting with patients conducted at the visit lay testament to the mutual respect that staff, students and patients have for each other. Patients commentated positively on the openness and approachability of their student osteopaths, and without exception they all felt their healthcare concerns were dealt with honesty and openness, which they expressed as refreshing.

Students confirmed a supportive and caring approach within the institution and went on to emphasise that they were happy with the friendly, easy, approachable attitude they had with tutors. The annual quality report places emphasis on equality, courtesy and respect towards all, and this approach was apparent in the meetings held and interactions observed. The University has an aim to integrate students from all cultures and social backgrounds, and whilst this is a commendable aspiration, they should reflect on their programme web page to ensure that it too fulfils the University's aim.

All individuals that the visiting team engaged with – students, staff and patients – commented positively on the welcoming, open nature of the institution. With patients especially, being complementary and supportive of the treatment received within the clinic. During our discussions with students, we were assured that they were fully aware of their responsibility under their Duty of Candour. Overall, we were assured that this standard has been met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

**iii. the learning culture is fair, impartial, inclusive and transparent, and is based upon the principles of equality and diversity (including universal awareness of inclusion, reasonable adjustments and anticipating the needs of diverse individuals). It must meet the requirements of all relevant legislation and must be supportive and welcoming.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

We heard that the University's learning culture is fair and impartial; students, staff and patients feel comfortable in their experiences with others. The annual equality report confirms that the University’s

commitment to a diverse and equal community, respectful of, and valuing others and encouraging personal development. The EDIC is responsible for ensuring that the University's EDI strategy is implemented and that it complies with all required legislation and monitors all data on an annual basis, the outcomes of which are reported in the annual equality report.

Students informed us that they have the opportunity within the SVP to address concerns. However, the osteopathic students also acknowledged that as a group they do not interact as much with these groups as they could. Student support services confirm that reasonable adjustments can be made for any student should they need it, however this has not been necessary for osteopathic students to date. They also commented positively on the autonomous and mature nature of the osteopathic students in general.

Students confirmed that they all had a personal development tutor. However, some said they had not met with them throughout their learning journey and others mentioned that the quality of help and support they received from the PDTs varied depending on the tutor assigned to them. Most were not fully aware of what areas they could approach their PDT about. Staff training documents showed that two staff members do not appear to have completed their annual training programme. Discussions with SMT confirmed that this was an issue but in discussions with staff, it was confirmed that the institution was doing everything possible to support them in completing the annual training..

Observations of the institution and discussions with staff and students confirm that the institution places a strong emphasis on creating an equal, inclusive and nurturing environment, which enables students and staff to achieve their potential. We are assured that overall, this standard has been met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

Students commented that the support provided by a personal development tutors could be inconsistent and dependent on who they were assigned to. Therefore, the University should ensure that the training and support which is provided for this role enables students and staff to appreciate of the remits of the role, including a practical knowledge of the scope of support available, commitment to a minimum number of diarised meeting opportunities (taking into account tutor availability), and a review process which ensures consistent and equitable support for all students.

**Conditions**

None reported.

**iv. processes are in place to identify and respond to issues that may affect the safety, accessibility or quality of the learning environment, and to reflect on and learn from things that go wrong.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The SVP provides a formal route for students to raise concerns; these are held once per semester. During discussions with visitors, students confirmed that they felt confidence in being able to speak directly with tutors or programme leaders about any concerns. They emphasised that there was a culture of mutual respect and care which was apparent throughout the University. They felt that their opinions were valued and acted upon rapidly. Staff confirmed that despite having lecturers who had graduated from other OEIs, there

was a ‘Marjon’ approach within the teaching team, which emphasised the supportive cultural nature of the institution, and especially in practical tutoring. All staff were familiar with this approach and had mentors to support them in their early days as a new staff member.

During discussions with patients, they confirmed that they were easily able to voice concerns verbally to their practitioner or tutors on the day. However, they were unaware of a formal process for reporting this. They were also not aware of an explicit complaints section within the online form, accessed via the QR code.

The institution has a variety of policies and processes available through student services – both academic and pastoral, including disability and inclusivity, counselling, safeguarding, chaplaincy and mental health support and our discussions with support staff confirmed the easy access available for students needing any of these. Support staff also confirmed that access was anonymously audited in order to ensure the service provided was fit for purpose.

Staff confirmed in our meeting with them available training in Prevent, EDI and health and safety policies. The website also lists all policies and procedures. The programme team and PL confirmed that staff reflected on the previous years teaching and learning during their SOE day and that recommendations were acted upon. Based on the evidence seen and discussions held, we are assured that this standard has been met.

**Strengths and good practice**

The supportive and compassionate culture inherent and strongly focussed upon within the University is a strength and this creates a safe space for quality learning.

**Areas for development and recommendations**

The University should ensure that procedures for complaints are explicit and easily accessible both in hard copy at clinic and online for the Clinic patients. Similarly, there should be information posters within the clinic areas to remind patients (and others) of the University's culture of mutual respect, and its response to unacceptable behaviours towards students, clinical staff or other service users.

**Conditions**

None reported.

**v. students are supported to develop as learners and as professionals during their education.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

Our discussions with students and staff confirmed that the OPS are introduced during induction and are consistently revisited throughout various touch points of the programme, including their personal and professional development modules, the module guides, links to the GOsC within the student handbook or in the appropriate pages of Canvas. They were also expected to reference the OPS within their reflective assessments.

Clinic staff also confirmed their consistent reference to OPS within the clinical teaching sessions. Overall, the curriculum demonstrates a logical progression which supports and positively challenges learning through to level 7. This affords assurance that students will develop as learners and professionals during their education. We are therefore confident that this standard has been met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

**vi. they promote a culture of lifelong learning in practice for students and staff, encouraging learning from each other, and ensuring that there is a right to challenge safely, and without recourse.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

Staff confirmed the University's commitment and support for them to undertake further academic qualifications, and this aligns with their core priority of research and knowledge exchange. Staff confirmed during our discussions that this value applied not only to the learning environment for students but also in the teaching support given to staff. They appreciated the ongoing support provided by the university.

Classroom observations and further discussions with students in the clinic confirmed that peer group learning and feedback is an integral pedagogic approach used by the University. First year students were observed in an interactive and innovative lesson, presenting topics to their peers, there was scope to safely challenge and receive immediate feedback.

Following our discussions with staff, students and support staff, we are confident that this standard has been met.

### Strengths and good practice

The introduction of the individual student's presentations, observed during the first year teaching session, at an early point of the programme is an example of good practice, enabling a sense of ownership in their exchange of knowledge and building self-confidence.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

## 4. Quality evaluation, review and assurance

**i. effective mechanisms are in place for the monitoring and review of the programme, to include information regarding student performance and progression (and information about protected characteristics), as part of a cycle of quality review.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

The University has put in place effective programme monitoring and review mechanisms. The Programme Lead is responsible for completing evaluations at an operational level and responding to feedback from teachers and students.

The annual evaluation cycle begins with the gathering of module feedback and information from the Board of Examiners, including student outcomes and progression data. The feedback from the External Examiner is also considered. The evaluation document is shared for consideration by the Dean of School or nominee. The programme evaluation document is considered by a deliberative committee, the teaching and learning quality committee of the University Senate. The report and accompanying development plan are confirmed prior to implementation. The development plan arising from specific feedback from the External Examiner's Annual Report and from the NSS is also considered and approved. The evaluation process informs the drafting of the annual report to the GOsC.

Data relating to protected characteristics is gathered, anonymised, collated, reported, and reviewed at programme level and University level. This data is reflected upon during the annual evaluation cycle at programme level and contributes to the annual reporting to the GOsC.

The University publishes a comprehensive equality and diversity report each year, including commentary on progress against external benchmarks and internal targets. The report monitors equality and diversity for both staff and students.

There are effective mechanisms in place for the monitoring and review of key aspects of the programme, to include information regarding student performance and progression. Therefore, we are assured that this standard has been met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

**ii. external expertise is used within the quality review of osteopathic pre-registration programmes.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The External Examiner process provides a valuable external reference to assure the University that academic standards are being met and that assessment QA processes are effectively operated. A single External Examiner is appointed for the programme. In their annual report they commented on the appropriateness of standards, both academic and professional. The reports scrutinised confirm that assessment practices are robust and fairly applied. By sampling assessment marking and records of moderation of marks, they are able to confirm the effectiveness of processes. External Examiners have access to all assessments and marks awarded through access to the VLE, Canvas. Reports arising from this scrutiny include commendations and suggestions for development and are overwhelmingly positive in their feedback. External Examiner reports are responded to by the Programme Lead and the progress made in addressing developments required is considered in the subsequent report. Scrutiny of the reports demonstrates that they are responded to in detail by the course team in accordance with the University procedures.

The University reviews External Examiner's reports across the institution to identify any themes for good practice or areas for development that can inform the planning for cross-college staff development.

The University uses external expertise within the quality review of the osteopathic programmes under review. Therefore, we are assured that this standard has been met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

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**iii. there is an effective management structure, and that relevant and appropriate policies and procedures are in place and are reviewed regularly to ensure they are kept up to date.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The management structure diagrams and committee structure terms of reference provided outline the University's line management and the committee structures and indicate that the reporting lines offer effective oversight.

University policies, including the academic framework, are available to staff, students and the External Examiner on the public website. Policies clearly define the ownership together with a record of review and approval. The student handbook provides information about policies including those related to assessment. Links in the handbook provide access to policies published on the website and serve to ensure consistency of published information.

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There is good evidence of an effective management structure, and that relevant and appropriate policies and procedures are in place and are reviewed regularly to ensure they are kept up to date. Therefore, we are assured that this standard has been met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

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**iv. they demonstrate an ability to embrace and implement innovation in osteopathic practice and education, where appropriate.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

Opportunities for educators to innovate in professional practice is encouraged by the University. The visitors heard that there are opportunities provided in the osteopathy department in a range of informal and formal settings. Staff have opportunities to discuss individual practice as part of the peer observation process. Innovative practice may be observed in theory, practical and clinical settings. Senior managers identified the interdisciplinary working policy as providing good opportunities to share effective learning and teaching strategies.

The osteopathy team meets regularly with the Programme Lead to discuss the delivery of the osteopathic programme. This provides good opportunities for staff to informally share information about new strategies for supporting effective learning. Formal staff development days have provided good opportunities to showcase examples of innovative professional practice from those present. Teaching staff shared with the visitors, examples of good practice shared at formal staff development days and they confirmed that they valued them. For example, staff described sharing of approaches to teaching of osteopathic techniques and the creation of interactive resources. Formal and informal sharing opportunities have enabled staff to share different approaches to developing osteopathic skills developed as a result of different professional routes into teaching. Students confirmed that they valued the range of experiences the staff brought to the programme and the insight specialisation brings to practice.

It is clear that staff demonstrate an ability to embrace and implement innovation in osteopathic practice and education and to share information with colleagues. Therefore, we are assured that this standard has been met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

None reported.

### Conditions

None reported.

## 5. Resources

**i. they provide adequate, accessible and sufficient resources across all aspects of the programme, including clinical provision, to ensure that all learning outcomes are delivered effectively and efficiently.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The osteopathic medicine programme benefits from support from the University's onsite library. The library provides access to private and group study spaces arranged over three levels with areas zoned for quiet study. The book stock most relevant to the osteopathy programme is arranged on the second floor. Breakout rooms and group teaching areas are available on the ground floor. A help desk provides students with access to support from a professional librarian and an issue desk and self-service point enables students to borrow items. The University does not operate a 'subject librarian' system. Following adjustments made following student consultation, the library is open 24 hours a day, 7 days a week, to accommodate students with different working patterns. The professional services team operates within core hours, and the estates security staff manage access to the library outside of these hours. In meetings with students, they confirmed that the new arrangements met their requirements.

Library services are available online to students and staff 24 hours a day via a web-based portal. Electronic sources including e-books and journals are linked directly to module guide reading lists. The number of simultaneous users may be limited, dependent upon individual publishers' licence terms and conditions.

The library offers an extensive collection of books, e-books and journals. It offers access to relevant online databases such as Medline and Sport Discuss. A collection development policy is in place, setting out the strategy for the purchase of new resources to support University programmes. Professional librarians meet with subject specialists annually to review module reading lists and to identify additional resources that may be required. In meetings with teachers and students, the process of review and enhancement of subject-specific resources was considered to be effective. A further process was also available for individual staff and students to propose acquisitions for consideration within the terms of the collection development policy.

The library offers a comprehensive programme of support for study and academic skills development. This service is branded under the acronym 'AIM', standing for 'Acquire', 'Improve' and 'Master'. The programme sets out to develop study and academic skills such as critical reading, thinking skills and the use of AI in assessment. Group sessions are offered on a rolling basis throughout the academic year. Sessions are recorded and made available to students unable to attend in person. The AIM programme is advertised on the student portal where individual sessions may be booked. On occasion, sessions may be tailored to meet the needs of particular groups of students. The library offers scheduled 'drop-in' academic and study skills sessions for students who reported in meetings with visitors that it was a was a valued and useful service. Library staff attend programme voice panels and the student experience committee to collect feedback on services and proposals for enhancement.

The library provides a base for specialist one to one study skills provision for students with learning disabilities. The services are provided in small study rooms. A drop-in service is offered two days per week for students self-referring for screening for specialist assessment, those with new disability disclosure or identification and needing support with application processes for the Disabled Student Allowance. Staff delivering the support have specialist qualifications at an appropriate level. For example, staff delivering study skills for students with autistic spectrum issues are qualified at level 7 and those supporting dyslexia and co-occurring conditions such as dysgraphia have qualifications at level 5.

Library staff, including specialist study skills tutors, provide inductions for students at the beginning of each of the study levels. The 'study essentials' welcome event is a mandatory session for all first-year students. The programme introduces student support services including the development of independent study skills. For second-year students the focus is on information skills and academic skills. A tailored provision is delivered for late enrolling students. An induction programme is provided for new staff and refresher input for existing staff. There is a focus on reading list development and it is mandatory for new staff to complete the induction programme for new staff within one month of starting their employment. In meetings with students and staff, the visiting team were assured by the value of the induction to the library services.

Student support services, including counselling, financial advice and support for the use of appliances and adaptations provided for students with disabilities operates from a student facing 'welcome desk' single point of contact in the 'student life hub'. Staff providing counselling services are accredited by BCAP.

Programme handbooks for the osteopathic medicine programme comprehensively outline the various support services and opening times.

The osteopathy programme and the associated clinic is managed on a day-to-day basis by the Programme Lead who also manages clinic-only professionals and support staff. A newly appointed Associate Dean is responsible for the line management of the academic staff delivering the programme. Most teachers work both in the Clinic and in academic settings, providing good opportunities to link academic and clinical teaching aspects. All teachers are registered with GOsC and are practitioners. Teachers are drawn from a range of OEIs. Staff and students gave examples of how the learning experience was enhanced by the range of experience brought by academic osteopaths delivering the programme.

Academic development mentors are responsible for the academic and pastoral care of their designated students. They meet students periodically and seek to signpost students to a range of relevant University services and support. An 'open door' policy to supporting students was described by managers and was confirmed as beneficial in meetings with staff and students. This served to enhance informal channels of communication between managers, teachers and students. Students spoke positively about the approachability of staff and were able to give examples where steps had been taken to address concerns and issues.

The osteopathy department has access to teaching rooms of various sizes, with practical rooms furnished with plinths, interactive white boards and video recording facilities. The rooms are allocated using the University's central allocation services and are shared with other professional programmes. For existing cohort sizes there is sufficient space for theory and practical teaching

A good range of specialist anatomical models, skeletons and posters are available to support learning and teaching.

The onsite osteopathy clinic is well equipped and has eight newly fitted treatment rooms. Each treatment room contains a plinth, a desk and at least one chair. Each room is separated from the corridor by a curtain. The rooms allow sufficient space for at least two observers. Adjacent accommodation provides a tutorial and changing room with a reception desk in close proximity. Unoccupied treatment rooms may be used too for individual tutorials.

Students have access to a portal hub called 'MyMarjon' and access to the VLE, Canvas, is provided securely. The VLE provides access to essential course information including the programme handbook and is used by students for coursework submission and the similarity detection software, Turnitin is used to detect possible plagiarism.

During the visit, the Canvas was demonstrated by a course team member. The resource demonstrated was clearly laid out and provided access to programme information and module guides including assessments and grading descriptors. The VLE also provided a portal to enable students to upload assignments via a link to the similarity software 'Turnitin'. A feature for uploading lecture videos is available. Students and staff were able to provide instances where the resources published on Canvas were valuable and supported learning and programme organisation, for example key information such as assessments, e-books, handbooks, calendars, course material, reading lists, lecture notes, presentations and links to policies. In cases of planned student absence, students and staff confirmed that special arrangements can be made for lectures to be recorded and then viewed at a later date on this platform. Typically, lectures were expected to be delivered to students attending in person. Links are available in the programme handbook and in the VLE to the GOsC website where the Osteopathic Education Standards can be accessed.

The University provides adequate, accessible and sufficient resources across all aspects of the programme, including clinical provision, to ensure that all learning outcomes are delivered effectively and efficiently. Therefore, we are assured that this standard has been met.

**Strengths and good practice**

The extended opening hours of the library and library staff's highly proactive approach to engaging with students and staff is a strength which supports the students' needs, academic study skills development and enables them to become more autonomous in their learning. (5i, 6ii)

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

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**ii. the staff-student ratio is sufficient to provide education and training that is safe, accessible and of the appropriate quality within the acquisition of practical osteopathic skills, and in the teaching clinic and other interactions with patients.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

In accordance with the Benchmark Statement for Osteopathy (2019) and GOPRE requirements, the University maintain appropriate staff-student ratios to maintain effective and safe supervision in the clinical and classroom environments.

The University provides ratios of one tutor to 10 students in practical classes and one supervising tutor to six students in clinic, with one tutor to three students where they are actively engaged with patients. The published ratios were evidenced in the programme specification and the mapping to OPS and GOPRE and SET. Visitors observing lessons in classrooms and clinic settings confirmed that the ratios were maintained. The Programme Lead confirmed that a bank of sessional tutors was available. These tutors were prepared to cover sessions in periods of staff holiday or absence to ensure that the ratios are maintained. In exceptional cases, cover would be provided by the Programme Lead. Teaching staff confirmed that they understood that where necessary, substitute staff were available.

A review of staff with the Programme Lead and available CVs confirmed that the teachers are all trained and experienced osteopaths and bring experience from a range of UK osteopathic education institutes. Teachers

confirmed that there were good opportunities for learning and teaching to benefit from the range of experiences and approaches to osteopathic education brought by the team. Good opportunities were offered in a range of formal and informal settings to share ideas with colleagues.

Students confirmed that they had benefited from opportunities to be taught by staff with a range of different insights into treatment and this led to an enriched student experience. Students described in detail the high quality of support they received from staff at whatever level they were currently studying.

The Programme Lead and the academic team emphasised the importance of the relatively small cohort sizes in ensuring that there were good professional working relationships developed between both teachers and students. There were wide opportunities for informal communication to take place, for example small group discussions regularly took place in addition to regular scheduled supervision meetings.

Clinic-based students confirmed that they had good opportunities to treat a wide variety of patients of differing ages, gender and physiology types. Past graduates described some limitations in the range of patients they had had an opportunity to treat and expressed a wish that the programme had focussed more on rehabilitation protocols to prepare them for practice following graduation. The Programme Lead confirmed that some adjustments to the programme content with respect to rehabilitation had been included as part of the approval of the new programme.

The teaching observation carried out by osteopathic visitors confirmed that class activities were appropriate to the level and that learning outcomes were published for the lesson. Detailed lesson plans are not currently used. However, lesson summaries are made available to students and staff for each lesson through the VLE. There were examples observed of positive student engagement. There was good use made of specialist and general learning resources to support the lessons observed. The staff-student ratios quoted and observed provided by the University are sufficient to provide education and training that is safe, accessible and of the appropriate quality within the acquisition of practical osteopathic skills, and in the teaching clinic and other interactions with patients. Therefore, we are assured that this standard has been met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

**iii. in relation to clinical outcomes, educational providers should ensure that the resources available take account, proactively, of the diverse needs of students. For example, the provision of plinths that can be operated electronically, the use of electronic notes as standard, rather than paper notes which are more difficult for students with visual impairments, availability of text to speech software, adaptations to clothing and shoe requirements to take account of the needs of students, published opportunities to adapt the timings of clinical sessions to take account of students' needs.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

In meetings with specialist professional support staff and academic staff, we heard that effective exchange of information led to good support for individual and groups of students being delivered. Students were able to describe in detail the range of services available to support their learning. A 'welcome desk' offers students a single point of initial contact to enable them to access a range of specialist services including support for learning difficulties. Students were also aware of support available for students with physical and learning disabilities and could give appropriate examples. For example, they described arrangements for providing students with advance information prior to lectures and access to recordings.

Additional learning needs are generally disclosed by students at the admissions stage or during the induction process. Students confirmed that they have opportunities to make their needs known as part of the application process and during interview. On occasions, teachers may draw on their experience and training to become alert to students presenting in class or in written work with potential learning support needs. They may make an informal recommendation that contact is made with specialist support staff for further screening or assessment as necessary. Specialist support staff confirmed that they had undertaken assessments to identify learning disabilities for students already studying on the programme.

Specialist support staff are appropriately skilled to provide support for students with a range of learning disabilities. For example, level 7 trained specialist support teachers are available to facilitate necessary changes and adaptations for students and provide a programme of one-to-one sessions delivered to support conditions such as autistic spectrum issues. Level 5 trained staff are available to support students with dyslexia and other co-occurring disorders such as dysgraphia. In cases of a sensitive nature, the specialist support staff will discuss required adaptations on behalf of the student.

The specialist support staff attend programme voice panels and the University student experience committee to hear of concerns expressed by student representatives. An evaluation of support services is undertaken to identify areas for enhancement. Staff development has been provided for programme teachers to enable them to better understand the challenges faced by those with learning disabilities and to be aware of key indicators of challenges faced by some students when engaging with the programme.

The Programme Lead gave the example of where a student was unable to attend clinic on their specified time due to paid work schedules and an adjustment was agreed to enable required hours to be met.

The resources provided for students effectively take account of the diverse needs of students to support them in a range of practical and theory study settings. Therefore, we are assured that this standard has been met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

**iv. there is sufficient provision in the institution to account for the diverse needs of students, for example, there should be arrangements for mothers to express and** ☒ **MET**

**store breastmilk and space to pray in private areas and places for students to meet privately.** ☐ **NOT MET**

**Findings and evidence to support this**

Students are made aware of additional facilities in their programme handbook and by participating in induction to the library and student support welcome desk. Osteopathic teachers are updated on changes to support services during professional development days, informally via the Programme Lead and staff delivering services.

When in clinic, unused rooms may be used by students and staff for discussion and practice activities. The library staff confirmed that a prayer room was available. Nursing mothers could easily be accommodated in private spaces should the need arise.

In addition to the dining areas and cafes at the University, there are a range of internal and external areas for students to socialise. For those interested in playing sport or physical activity, the University offers excellent sports facilities including playing fields, all weather pitches, swimming pool and fitness gym are available onsite.

There is sufficient provision to account for the diverse needs of students and overall, we are assured that this standard has been met

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

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**v. that buildings are accessible for patients, students and osteopaths.** ☒ **MET** ☐ **NOT MET**

**Findings and evidence to support this**

The University is relatively easily accessed by car and public transport. Car parking is plentiful and secure with a designated parking areas for those with disabilities or those needing access to EV charging points. Students and patients are permitted to park onsite. Access into the teaching areas and the teaching clinic is via the main reception.

Students and staff receive a tour of the University facilities as part of their induction and site maps are posted throughout the campus.

Patients usually make their way independently to the dedicated clinic reception desk. The clinic reception is a student-led facility. Confirmation of initial appointment with the osteopathy clinic is made by email with guidance on their first visit and directions to the University.

Lifts are available for those unable to use stairs and all buildings have ramp options for wheelchair users. The clinic telephone number is given for those with mobility issues and for those who may need assistance from their car.

University buildings are accessible for patients, students and osteopaths. Overall, we are assured that this standard has been met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

## 6. Students

**i. are provided with clear and accurate information regarding the curriculum, approaches to teaching, learning and assessment and the policies and processes relevant to their programme.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

There are a variety of methods by which students are provided with course information including Canvas, the programme handbook, student support inductions and University policy web pages. Evidence provided to support the OEIs assertions included the SRF and programme specification document (both of which are available to staff and students) and module guides. These all provide clear and accurate information regarding programme aims, the curriculum, teaching and learning approaches, learning and professional outcomes, and assessments.

The student clinical handbook provides all essential information regarding the clinical learning environment and expectations of professional behaviour are provided in the FtP policy. Students are directed to the available academic and personal support services on the VLE. Discussions with support staff confirm that they also provide any information requested in this area. Students confirmed their knowledge and ability to utilise these information sources, although not all access them regularly.

The VLE is well developed and provides support to the teaching and learning.

Student support services are able to offer adjustments to assessment to suit student's needs if necessary.

Documentary evidence to support this standard including module guides and programme specification is further supported by information provided on Canvas. All students and staff are fully aware of how to access this information. All the information provided is clear and concise. However, clarity within the module guides in terms of mapping of the MLOs to relevant OPS is inconsistent and requires finalisation. Overall, we are assured that this standard has been met.

### Strengths and good practice

None identified.

### Areas for development and recommendations

The University should ensure consistency by explicitly mapping MLOs to the OPS, the 'threads' and the four pillars, ensuring students can locate this and staff understand all and have embedded them into their teaching. The mapping should also be included in module guides to ensure mapping of OPS to MLOs can be consistently applied in all modules and so that students and other stakeholders are clear as to which educational and professional attributes each module enables acquisition of. (1vii, 6i)

### Conditions

None reported.

**ii. have access to effective support for their academic and welfare needs to support their development as autonomous reflective and caring Allied Health Professionals.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

We were reassured that the student support services provide pastoral care and a range of services to support the students' welfare and academic needs including mental health wellbeing, student funding advice, a range of counselling services, a Chaplaincy centre, disability and inclusion advice and support. Student support services are introduced to students during programme induction and are available in the library.

As result of student feedback, the library now operates a 24/7 opening policy, which was instigated to support students with work or family commitments who were unable to use the facility during normal working hours. Students confirmed they were pleased with the University's response to this concern. Students mentioned that the effectiveness of PDTs as part of their programme, was inconsistent and could depend on the individual tutor assigned. Some senior students had not had many, if any, appointments with their PDT. Students expressed that the operation, role and scope of support offered by the PDT was not clear. The University has acknowledged that the PDT role is currently being adapted to support the osteopathic students.

Overall, our discussions provided reassurance that students' academic and welfare needs are supported sufficiently to allow them to become reflective and autonomous allied health professionals. Therefore, we are confident that this standard has been met.

**Strengths and good practice**

The extended opening hours of the library and library staff's highly proactive approach to engaging with students and staff is a strength which supports the students' needs, academic study skills development and enables them to become more autonomous in their learning. (5i, 6ii)

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

**iii. have their diverse needs respected and taken into account across all aspects of the programme. (Consider the GOsC Guidance about the Management of Health and Disability).** ☒ **MET** ☐ **NOT MET**

**Findings and evidence to support this**

We were informed during our meetings with SMT and other groups that it is an aspiration of the University to support diverse needs of students, and that the University welcomes students with disabilities and other health conditions. Discussions with student support services confirmed the University's commitment to providing a range of support mechanisms to facilitate this. The fitness to continue in study procedure details the University's support for students managing health issues. These are considered within the remits of current legislation. The osteopathy page on the website clearly states the University's approach.

Student support confirmed that, as yet no osteopathic student has required any additional support in this area. However, the policies and procedures which are in place mean that we are confident that students'

diverse needs can and will be met when necessary, and therefore we are assured that this standard has been met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

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**iv. receive regular and constructive feedback to support their progression through the programme, and to facilitate and encourage reflective practice.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The University has asserted that student feedback on their progression follows the University's normal protocols and provided evidence to demonstrate examples of written feedback given. The SRF outlines the process for receiving feedback. However, formative assessments tend to be run informally and feedback on them does not appear to be recorded. In practical classes, the use of round-robin teaching is frequently used, and peer feedback is the norm. This was also verified in discussions with staff.

Formative assessments under exam conditions do not appear to be held and there is no opportunity for students to receive constructive feedback on their performance from tutors who will be markers of the summative assessments. Students in the Clinic confirmed that at the end of each clinical session they were required to submit a reflection on their work during that session, including any tutor feedback. Once signed off by the tutor and submitted to their clinic log, these reflections could be accessed by the student for their learning purposes, but no changes could be made to the reflection itself.

Based on the evidence seen and discussions held, we are confident that this standard has been met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

The University should consider implementing formal formative assessments held under examination conditions, with timely and constructive feedback provided by tutors, mostly in practical modules. This will enable students to become more familiar with the summative assessment procedure, and more importantly provide them effective feedback from summative assessment markers. Alongside this, all formative feedback opportunities should be explicitly included in module guides, and students informed of the role and benefits of formative assessment within their learning.(1v, 1viii, 6iv)

**Conditions**

None reported.

**v. have the opportunity to provide regular feedback on all aspects of their programme, and to respond effectively to this feedback.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

The University employs a number of feedback routes for students to comment on the programme and these can be formal or informal including discussions with their PDT, or directly with other academic staff, or the PL, mid-module and end of Semester MEFs, SSLC, SEOP, SEC, the NSS, HEA Surveys and graduate outcome surveys. However, the University has recognised that student feedback within the osteopathy programme has been consistently low in the past two years. The reasons for this are unclear. The programme team have decided to emphasise programme-specific feedback. This has resulted in more meaningful feedback.

Students confirmed that they had experience of directly feeding back to the team and having their feedback addressed in a very timely fashion, in one case in advance of the next lecture for that module.

We were reassured that feedback obtained on the programme is listened to by the team and actioned if possible, therefore we are confident that this standard has been met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

**vi. are supported and encouraged in having an active voice within the education provider.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

The University places emphasis on students having an active voice within its operation, and to enable this there are a number of opportunities available for students to express their views through the QAF: student engagement and representation including PVP, SEC, SSLC, their PDT, discussions directly with academic staff, mid-module and end of semester evaluations.

Students confirmed their knowledge of these groups and committees and some testified to themselves or peers being members of these groups. They were able to confirm that issues raised at these meetings had been heard and acted upon, an example of which was the extension to 24/7 opening of the library.

Based on the evidence seen and discussions held, we are confident that this standard has been met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

## 7. Clinical experience

**i. clinical experience is provided through a variety of mechanisms to ensure that students are able to meet the clinical outcomes set out in the Guidance on Pre-registration Osteopathic Education.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

There is a comprehensive student clinic handbook which sets out what is expected of students in the clinical environment. Clinic mentors and the Programme Lead confirmed that students receive training on the handbook as well as safeguarding, GDPR, complaints handling, FtP and their duty of candour before they enter the clinical environment each year. Induction agendas supplied to the visiting team demonstrate that students have timetabled induction sessions which include the running of the Clinic as well as safeguarding training.

The Clinic is said to be student led which means students take more responsibility for their patient, have responsibility for administration and for reception. They are also expected to contribute to the marketing of the Clinic. Tutors are advised that they should not treat patients unless they feel it is absolutely necessary. The team state that this allows students to become more autonomous and to use the skills they have rather than relying on tutors.

Whilst the principal method of achieving the required clinical hours is through the onsite Clinic, clinical scenarios are used widely in the osteopathic skills lectures to facilitate peer and group discussion around presentation, evaluation, diagnosis and treatment. This gives students an opportunity to discuss and approach clinical situations in a less pressurised environment where there are no expectations upon them from patients. These scenarios are also employed in Clinic if students are not seeing or observing patients.

There are no specialist clinics running. Students do see a wide range of patients and although paediatric patients are rare there is the expertise within the clinic team to be able to treat and manage them. If a paediatric patient needs an appointment they are booked in on the day when a clinic tutor who has the requisite experience is on duty and they take primary responsibility for the patient. This in effect acts as a demonstration clinic for the student so that they can observe and be involved with elements of the consultation.

Senior management and the osteopathic Programme Lead stated during the visit that the university offers opportunities to attend multi-disciplinary clinical placements. However, these ceased in 2020 due to the COVID-19 outbreak and are just now being reinstated. The first of these to be reinstated will be working with sports therapy in the chronic back pain service that is run from the University. This is timetabled to start in February 2025. Students act as observers' whist sports therapy provide exercises to those referred to the service. Osteopathic students get to interact with patients and those running the service but are not attending as osteopaths. The hours they attend these clinics do count towards their clinical hour's requirement. This provides students with a different perspective on healthcare provision that should be encouraged.

The visiting team were told of plans to move the osteopathy teaching rooms and clinic into a new building which is being developed. It is anticipated that osteopathy students will work and learn alongside physiotherapy, nursing, psychotherapy and counselling students. This is due to open in September 2025.

Students are further exposed to clinical scenarios in other classes such as osteopathic skills classes where clinical scenarios are used and discussed by the class. This allows them to explore more fully with their peers' differing perspectives and approaches further bolstering their professional identity development.

Students get the opportunity to observe more senior students with patients in clinic from year one; they do further observations in year 2 and start to interact with patients at the end of their second year. In Clinic they are allocated a patient list from that time. They may also observe other students if they do not have a patient and engage in discussions around written clinical scenarios with their peers and tutors if there are neither of the above.

The ability to observe students from other years, be involved in discussions with senior students and tutors and the opportunity to discuss clinical scenarios in other classes provide students with a good opportunity to identify with what it means to be an osteopath, professional behaviours and expectations, communication, dealing with patient expectation, record keeping, treatment and treatment planning. It allows them to practice and begin to integrate these necessary skills in a supported environment with real patients. Furthermore, being given responsibility for the administration, reception and contributing to the marketing of the Clinic gives an additional dimension to their training which might otherwise be dealt with in a less comprehensive manner.

Students are supervised by experienced osteopathic clinicians who also have qualifications and experience of osteopathic and more broadly in higher education. Students get the opportunity to work with a number of osteopaths with a range of experience and approaches. Affording students this variety of role model allows students to try out a number of ways of doing things. This allows them to form their own unique identity as osteopath. The variety of qualifications in osteopathy and education and the variety of experience provides assurance that students will receive a rounded clinical education from their educators.

The visiting team had the opportunity to speak with present students from a number of year groups and with past students of the course. Both groups felt that the clinical experience provided by the University does prepare them well for osteopathic practice. What was observed on site and in the evidence provided to the visiting team prior to the visit does in our opinion provide a suitably stimulating, nurturing and supportive environment to enable students to meet the outcomes set out in the GOPRE and SET. Therefore, we are confident that this standard has been met.

**Strengths and good practice**

Having a student led clinic where students are responsible for administration, reception and have input into the marketing of the clinic adds an additional dimension to their training, allowing these important aspects of practice to be taught and experienced in a more comprehensive manner.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

**ii. there are effective means of ensuring that students gain sufficient access to the clinical experience required to develop and integrate their knowledge and skills, and meet the programme outcomes, in order to sufficiently be able to deliver the Osteopathic Practice Standards.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The course specification provided to the visiting team is the definitive document that details the programme outline, aims, learning outcomes, learning and teaching methods, modes of assessment, and work-based

learning (clinic) expectations and hours, academic progression, support, feedback and quality and enhancement.

The programme specification states that students are required to achieve 1000 clinical hours, and that each student needs to see 50 new patients over the four years of the course. This aligns with undergraduate osteopathic education expectations and norms for the sector and meets the requirements set out in the GOPRE and SET. This is mainly done by attending the onsite clinic, where students are supervised by experienced, registered osteopathic clinicians who also have experience and training in higher education.

Students are gradually exposed to patients throughout the four years of the course. Their clinical hours are allocated in the following way: 20 hours observation in year one, 80 hours observation from September to June in year two followed by 150 clinical hours in the summer holiday in June and July. They then do 450 hours clinical practice in year three, and 300 hours in year four. It is stated in the course handbook that this is designed to develop the student from novice to autonomous practitioner.

Students confirmed that they are primarily responsible for maintaining a log of their clinical hours, patient numbers, types of presentation and patient characteristics which are set out in the portfolio. This information is kept in their module portfolio. They are also required to undertake a reflective activity in the portfolio after each clinical experience. Clinical tutors monitor the portfolio during their supervision periods when students are seeing patients and sign off on the hours recorded. If students are not deemed to be seeing the requisite number or variety of patients then steps are taken to address this by funnelling patients to the student who is deemed to be in need. The portfolio is submitted to the Programme Lead at the end of each academic year for further checking.

If students miss clinic time, they are required to make it up by attending clinic at other times when they are not timetabled to have a lesson such as during holiday periods. Given the small cohort sizes of approximately 15 students per year group this is a pragmatic and low-tech way of managing a complex issue.

The student handbook states that the Clinic is student led. What this means is that students are responsible for all aspects of the running of the Clinic, including reception and administration as well as marketing. Students are rostered onto reception in their clinical time if they do not have patients booked in to that slot. They are responsible for answering the phone, responding to emails, booking and rebooking patients.

Each student who is allocated to see patients on a given day is assigned a patient list. Students who do not have a patient at a given time or those assigned to observe, attach themselves to a student practitioner and observe them whilst they undertake the consultation. If there are no patients allocated to them, or they are not in clinic students are expected to work through clinical scenarios which they can discuss with their clinic tutors.

Past and present students state feeling supported in the clinical environment through every aspect of the patient encounter and are afforded the freedom to do things in their own way within boundary norms for the profession monitored by their clinical supervisors.

Patient list numbers in the clinic software were consulted going back over the last year. It appeared that there are sufficient numbers of patients to meet student needs. Marketing of the Clinic is done in cooperation with the marketing department. Students are expected to assist with the marketing of the Clinic, and they confirm they do discuss this with their clinic tutors and do some low-level word of mouth marketing. Students state that they are happy with the number of patients that they are seeing in clinic. They state that they get to see a range of patients but that it is weighted towards other students. The patient group that the visiting team met with primarily consisted of older patients who stated that they primarily heard about the Clinic through

word of mouth which is the norm for the sector. The Clinic is marketed to university staff and in the sports facilities attached.

The University marketing department use a Google AdWords campaign which uses keywords for certain health conditions that they turn on and off as requested by the osteopathy team to boost numbers when necessary. They have also in the past written to all local GP practices advertising the service, but this has not been deemed necessary since the Clinic has been more established. Whilst this seems like a narrow view of marketing it does seem sufficient to sustain numbers.

A snapshot audit is undertaken each year by the Programme Lead. This is usually undertaken in May and feeds into their development meeting. It looks at numbers and patient characteristics. Whilst monitoring of patient numbers and types is undertaken by students and staff in clinic, a more formal regular process is encouraged as this will allow programme management to better understand and address any issues with numbers and variety of patients on a more formal and ongoing basis.

The osteopathic team feel the current practice software (Cliniko) does not allow them to routinely audit patient characteristics or presentations which would allow for a more systematic process of ensuring students see a wide variety of patients and presentations. They are currently looking into alternatives and at the possibility of designing and building their own. However, no decisions have been made as of yet. The visiting team feel that the transition to a more flexible practice software system that would allow for closer monitoring of student experience would be preferrable.

Given the information provided and meetings with students, staff and management the visiting team are assured that the mechanisms in place are sufficient to ensure students gain sufficient access to the clinical experience required to meet the programme outcomes and the standards set out in the OPS. Therefore, we are confident that this standard has been met, however, further software development is encouraged to ensure this continues to be the case.

### Strengths and good practice

None reported.

### Areas for development and recommendations

The University should continue its search for software or develop its own bespoke software that will allow closer monitoring of student experience.

### Conditions

None reported.

## 8. Staff support and development

**i. educators are appropriately and fairly recruited, inducted, trained (including in relation to equality, diversity and inclusion and the inclusive culture and expectations of the institution and to make non-biased assessments), managed in their roles, and provided with opportunities for development.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The University's recruitment policy applies to the recruitment and selection of all staff. This was supplied to the visiting team prior to the visit. The policy states that all employees involved in recruitment and especially chairs of panels are required to attend a workshop on recruitment and selection. The policy also states that the selection process should be transparent, timely, cost effective, equitable, and free from conflicts of interest.

In the recruitment procedures document supplied by the University it states that any vacancy should go through the process mapped out within the document. This process includes a review of the requirements & role followed by the development of a job description and person specification. The role is then advertised.

Shortlisting is done by at least two individuals one of whom should be from HR. There is no mention of blind shortlisting in the recruitment procedures document but the Associate Dean for this area verbally recounted the process and without prompting confirmed that blind shortlisting is undertaken.

A variety of selection methods may then be employed, with interview being the preferred method. The policy again recommends that assessment panels should consist of at least two members of staff, one of which must be from HR. It is stated that where possible selection committees should be of mixed race and gender.

Each panel member completes an interview question matrix and are directed that any decision should be based on the application, measured against the information contained in the job description and person specification.

The three newest members of staff are managed by the course leader who is in turn managed by the Associate Dean for the school. All other members of staff in the department are directly managed by the Associate Dean for the school.

Documentation provided to the team and the Associate Dean who has management responsibility confirmed that staff have yearly performance reviews called PDR where the past year's performance is reviewed, and goals are set for the upcoming year. All new staff have to undertake mandatory induction and training in safeguarding, GDPR, EDI and Health and safety. Staff report that they are required to repeat this training every four years. However, there is a requirement for them to undertake the new safeguarding training yearly.

Staff report that a process of peer review is in pace and undertaken. This forms part of the PG Cert. in teaching in HE but also part of their development.

A new Safeguarding Lead has been appointed at the university. They have developed, in consultation, a new safeguarding policy that has been rolled out. All staff and students in the department have received bespoke safeguarding training this year which they state they found very useful and thought provoking.

Staff are encouraged to either have or to undertake a teaching in higher education qualification which is modular and to become fellows at the HEA. The academic promotion and career development procedure document was shared with the visiting team prior to the commencement of the visit. This document sets out

the academic career track and grade progression. It also states it is how talent, skills and experience is recognised and developed.

The document sets out the title name, grade and number of points needed to attain the grade from associate lecturer, lecturer, senior lecturer, associate professor and professor and as such is in line with university norms. It states that normal progression within grades will continue annually, subject to satisfactory performance until the top of the grade boundary but also sets out the expectations and routes for those wishing to progress.

Promotion is done through an annual application process that is considered by an academic promotion panel.

These opportunities are available to all academic members of staff including those employed on the osteopathy course.

In discussion with osteopathy teaching staff there were mixed experiences regarding progression. Some staff had experience from other universities and were engaged with the process and progressing through the career track. Others were either not interested in progression as they worked part time or have a career elsewhere and one admitted being a little confused by the process. However, all staff stated that if they did wish to engage with progression, they felt confident their line manager would be able to guide them and that they would be able to access the information they needed through the online system for employees called Antler.

As well as the certificate in teaching in HE, opportunities exist for staff to undertake master's degrees (level 7) and PhD (level 8) research studentships within the University. One member of staff was undertaking the PhD studentship when the visiting team were on site. It was confirmed by the Associate Dean who has line management responsibilities for the department and osteopathy teaching staff and by the staff themselves that they were aware of these opportunities.

The documentation supplied as well as verbal evidence gathered from management and staff means we are reassured that educators are fairly recruited, inducted and trained and there are systems in place to support staff in making unbiased decisions. The evidence gathered and what was observed on the visit indicates a supportive environment for educators, who are well managed and supported to progress if they wish. Overall, we are confident that this standard has been met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

**ii. educators are able to ask for and receive the support and resources required to effectively meet their responsibilities and develop in their role as an educator.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

Documentation provided to the visiting team and verbal confirmation from the Programme Lead and Associate Dean for the area confirm that educators follow a PDR process where they meet with their line manager to discuss progress and set goals.

Two new members of staff were recruited in 2023. The course leader verbally set out the process which was followed. The two recruits were recent graduates of the course and had no teaching experience. They were employed as associate lecturers and were mentored for their first academic year, being given gradually more responsibility as they developed. They have both now started the University's certificate in teaching in HE, which when completed will allow them to apply for fellowship of the HEA. Verbal confirmation of this was obtained from one of the candidates.

Evidence provided in the form of a welcome letter and verbal confirmation from senior management confirm that induction and training takes place before new employees take up their roles.

The induction programme is designed to ensure new employees understand the working culture as well as all the important elements of your new role. This includes departmental induction, people team induction, warm welcome sessions, Marjon fundamentals, and other key training including Prevent, Cyber security, digital skills and iReview.

Further training in safeguarding and department-specific needs is also undertaken and was evidenced by training agendas and verbally with staff.

In meeting with the osteopathic team, they reported that they felt well supported. The small number in the department meant lines of communication were short and so they would go to the Programme Lead or their line manager if they felt they needed to access any help of support. Furthermore, they are able to access the staff intranet, Antler, which provides them with a host of resources such as library support for teaching, reporting concerns and accessing training should they need it.

We are assured from the meetings with staff and reviewing the documentation supplied that staff are provided with the necessary information, resource and support to effectively develop in their role, and therefore this standard has been met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

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**iii. educators comply with and meet all relevant standards and requirements, and act as appropriate professional role models.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

The job description for lecturer osteopathy practitioners and the clinic handbook provided to the visiting team set out what is required and desired of educators of that level joining the team. These include being a registered osteopath and having a postgraduate qualification in education. They are also required to have teaching and assessment experience.

CVs were provided for five of the nine members of staff. These detailed the qualifications and experience of those members of staff. All had or were working towards teaching in HE qualifications. All educators with a teaching qualification had a significant amount of teaching experience up to level 7.

All members of staff were reported to be registered osteopaths. This was checked against the GOsC registrant database, and all were found to be on the register.

When meeting with staff they confirmed all but two have teaching in HE certificates either from prior positions or from the university itself and were reported to be fellows of the HEA. The two new members of staff are enrolled on the university PG certificate in teaching in HE which will allow them to become fellows of the HEA.

Observation in clinic and the classroom evidenced that lecturers and clinic tutors acted in an appropriate and professional manner which added to the wealth of experience detailed in the CVs and verbally confirmed during the meeting with staff leads the visiting team to the conclusion that staff teaching on the programme meet all relevant standards and requirements and are appropriate role models for students on the course. Therefore, the visiting team are confident that this standard has been met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

**iv. there are sufficient numbers of experienced educators with the capacity to teach, assess and support the delivery of the recognised qualification. Those teaching practical osteopathic skills and theory, or acting as clinical or practice educators, must be registered with the General Osteopathic Council, or with another UK statutory health care regulator if appropriate to the provision of diverse education opportunities.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The Programme Lead and teaching members of staff are familiar with the ratios necessary to manage the risks associated with undergraduate osteopathic education. These include teaching in practical classes and in the Clinic. Observations on site provided reassurance that these were being met with some spare capacity.

Educators are required to have experience of teaching and assessment which is set out in the job description. During meetings with staff and the CVs provided it was apparent that the team have the necessary skills to support, teach and assess students on the course.

Information from the course leader and documentation claimed that all educators on the programme have GOsC registration. This is written into the job description for lecturers and clinic tutors. This was checked against the online database.

The University is relatively geographically isolated, however, there are sufficient numbers of staff to cover all lessons; some are full time, and some are part time. This ensures some remain in and are familiar with practice. The University has recruited two new members of staff who are local. They initially worked as associate lecturers/tutors whilst gaining experience and are now working autonomously. This ensures that the programme is building capacity locally.

We are assured that there are sufficient numbers of staff with the necessary experience, qualifications and registration to meet the standard required.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

**v. educators either have a teaching qualification, or are working towards this, or have relevant and recent teaching experience.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

CVs for five of the nine members of staff were provided. All had or were working towards teaching in HE qualifications. All of those with a qualification had a significant amount of teaching experience up to level 7.

When meeting with staff they confirmed all but two have teaching in HE certificates either from prior positions or from the University itself. The two new members of staff who joined the University in 2023 enrolled on the PG certificate in teaching in HE in September 2024 and are working through the course. It was reported that they were enjoying the course and found it very helpful with their teaching practice. Once completed this will allow them to become fellows of the HEA.

Given the information provided to the visiting team we are assured that educators have the necessary teaching experience and either have or are working towards a teaching in HE qualification. Therefore, we are assured that this standard has been met.

**Strengths and good practice**

None reported.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

## 9. Patients

**i. patient safety within their teaching clinics, remote clinics, simulated clinics and other interactions is paramount, and that care of patients and the supervision of this, is of an appropriate standard and based on effective shared decision making.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

The sole means of students coming into contact with patients as osteopaths is through the on-site Clinic. Whilst opportunities for interprofessional learning are coming back online, students do not attend these as osteopaths but as observers and do not have responsibility for patient care.

Whilst in the Clinic the visiting team observed that patient safety was a high priority and consent processes were granular enough to allow patients to make informed decisions about their care. Patients are sent a consent form to sign when they make an appointment. They are given further information by students in the Clinic at each stage of the consultation process and verbal consent is gained.

When speaking with the patient group they felt assured that students and tutors had their best interests at heart. They commented on the good levels of communication and the information they were provided. Information of their clinic journey and what to expect is provided on the website so that patients can anticipate what will happen when they attend for the first time.

The clinic handbook sets out the process which should be gone through with each patient. This includes several safeguards to protect patients from harm. Clinic induction covers the process that needs to be followed with each new and returning patient so that at each step the student seeks tutor input. It was observed in clinic that students are encouraged to communicate what and why they are doing what they are doing with patients after each of these interactions.

In the clinic handbook, students are reminded they should not work outside of their capabilities and seek help when needed, they have a duty to inform clinic tutors if there are any factors they feel may negatively impact patients and inform tutors of any unusual or adverse incidents. For instance, it states that HVTs must be undertaken in the presence of a tutor.

Pre and post clinic sessions are held each day. These sessions help get students up to speed on their patient list for the day and plan interactions with the assistance of tutors. Post clinic meetings focus on reflecting on the patients they had responsibility for or were observing.

The handbook also covers areas such as FtP and infection control. Students are given a comprehensive clinic induction before they attend clinic in years three and four which includes safeguarding, clinic operating procedures, practice standards, values and communicating risk.

The visiting team feel assured that patient safety within the teaching clinics is paramount and that supervision is of an appropriate standard and based on shared decision making. Therefore, we are confident that this standard has been met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

None reported.

**Conditions**

None reported.

**ii. Effective safeguarding policies are developed and implemented to ensure that action is taken when necessary to keep patients from harm, and that staff and students are aware of these and supported in taking action when necessary.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

A new safeguarding lead was appointed to the University in 2023. They have developed a new safeguarding policy which was supplied. This covers the safeguarding of children and vulnerable adults and is in line with what is expected of such a policy.

Training regarding this has been rolled out with third- and fourth-year students receiving the training with their clinic tutors as part of their induction. Feedback sought during the visitor meeting with the staff and students was very positive, stating that the training had taken place in the Clinic and had been tailored to the programme. On questioning, staff and students report that they are aware of their duties regarding reporting and acting when necessary. The clinic handbook states that safeguarding training needs to be completed annually.

Safeguarding concerns can be raised by anyone; students report that they are most likely to report such concerns to their lecturer or tutor, if the concern was regarding their tutor or lecturer, they would report it to the Programme Lead or another member of staff. They also have the facility to provide anonymous feedback through the online chat back system or report it to the support services desk. Tutors said they would follow a similar route but can report concerns through their online portal for staff called Antler.

If a safeguarding concern is reported to the university, it is logged on the CPOMS which is a safeguarding and child protection management system. This ensures that all concerns are dealt with in the appropriate manner and that this can be audited. The Safeguarding Lead would then proceed with any investigation.

The consent process used in the Clinic is sufficiently granular to allow patients to make an informed decision regarding their care. However, there is no specific consent form for those under the age of 16 or for those who cannot consent for themselves. In discussion with tutors in the Clinic, those with parental responsibility or other devolved responsibility are asked to sign the standard consent form and verbal consent is given by the person with parental or other devolved responsibility at the consultation. This is then documented in the clinical notes. This is sufficient to gain informed consent. However, the addition of a consent form that summarises information for those who have to consent would make the process more robust.

We are confident that effective safeguarding policies are developed and can be implemented to ensure that action is taken when necessary to keep patients from harm, and that staff and students are aware of these and supported in taking action when necessary. Therefore, we are assured that this standard has been met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

The University should develop a consent form for those with parental or other devolved responsibility that standardises necessary information they require to make an informed decision.

**Conditions**

None reported.

**iii. the staff student ratio is sufficient to provide safe and accessible education of an appropriate quality.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

In line with expected norms for the sector and GOPRE, the programme specification states that the staff to student ratio in clinic should be one tutor to four students. Observations carried out over the course of the on-site visit concurred with this. The Clinic is student led so tutors do not treat patients unless necessary. They do however supervise students whilst they carry out any treatment agreed with the tutor beforehand. In line with sector norms students are given more autonomy as they progress towards qualification at the end of the fourth year.

Student to teacher ratios in class were also observed with a maximum of one tutor to 10 students. In practice it is less as there are approximately 15 students in each year group meaning two tutors will have to be in attendance when the class is running to capacity. Again, this is in line with sector norms and the expectations set out in GOPRE.

The ratios above allow for close supervision when necessary but also give room for tutors to allow students more independence.

Documentation supplied, observations in practical classes and in clinic and discussion with staff provide us with the assurance that the ratios necessary to provide safe and accessible education are being met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

**iv. they manage concerns about a student's fitness to practice, or the fitness to practice of a member of staff in accordance with procedures referring appropriately to GOsC.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The FtP process which forms part of the student regulations framework were supplied to the visiting team.

The Programme Lead was aware of these documents and aware of their need to report concerns to the university and to the regulator when it was appropriate.

When speaking with students and osteopathy teaching staff they were aware of their duty to report concerns. Students reported that they raise such concerns to their tutor or if it was about their tutor to the Programme Lead. Staff members would go to the Programme Lead or to their line manager. All stated that they were aware they could raise concerns anonymously through other means such as the chat back service or at the support desk where there is a computer they can use to do this.

When asked when they would do this, they mentioned instances of inappropriate behaviour towards other staff and patients and when concerned about the health and wellbeing of a colleague, peer or student.

If the FtP of staff is raised, then it is reported to HR who initiate an investigation and follow university disciplinary procedures. If there is a case to answer, then professional codes would be checked and a referral made to the GOsC.

If a concern is raised about a student, they are lodged with the Dean of School who then manages the process. There are two stages; programme level is stage one where a discussion is had between the student and the Programme Lead. The student is then informed by letter of the concerns that have been raised.

The Programme Lead will convene and chair a meeting involving the student, their PDT and other appropriate members of academic staff. Where appropriate, the placement supervisor/mentor and a member of the institutional staff designated to support students during the placement period will also attend. At the meeting, the concerns and the student's progress will be discussed with a view to agreeing an action plan. If appropriate professional codes are used at this stage. This is agreed by all and put in place. The Programme Lead then monitors the case going forward.

If this fails to resolve the concern or if the concern is so serious it requires an immediate investigation, then stage two is triggered. The Dean of school with reference to colleagues who have expertise in the area such as osteopathy and with reference to those criteria for the profession instigates an investigation and appoints an investigator. If the Dean of School considers, in the light of the investigator's report, that the student's behaviour is serious or persistent enough to call their FtP in question, the case will be referred to a FtP panel.

Decisions are highlighted in the University's annual report and notified the regulatory body at the end of a hearing. Annual reports on FtP issues sent to the Senate and other appropriate committees for monitoring and to receive feedback.

Given the information supplied and when speaking with staff and student, we are assured that FtP issues would be handled in an appropriate manner with adequate reference to professional codes and the GOsC.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

**v. appropriate fitness to practise policies and fitness to study policies are developed, implemented and monitored to manage situations where the behaviour or health of students poses a risk to the safety of patients or colleagues.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

Students are required to undertake a DBS check on being accepted to the programme. They also need to be of good character and good health. Those responsible for the student's clinical placement are encouraged to flag concerns with the department head and to raise the issue informally in the first instance as additional support and guidance may resolve the issue. If this does not solve the issue, then it is raised formally.

The University supplied its FtP procedure which forms part of its student regulations framework. It covers all professional programmes at the University. It states that there may be regulator specific guidance that may also be needed to be taken into account. It includes information on contacting the regulator and informing them of decisions and in annual reporting. It states that if a FtP concern is raised which goes through the process, yet the student is allowed to continue on the course that the case will continue to be monitored. It also provides information on how the student should be supported through the process.

An annual report on recent FtP cases is submitted by the academic standards officer to senate each year. Senate then forwards any broad concerns they have to the relevant university committees.

The GOsC student FtP document is available to students and staff through Canvas.

The University also has a ‘continue to study’ procedure that can be found in the student regulations. This procedure is triggered if the University is concerned about a student’s mental or emotional well-being, health or behaviour, to the extent that this might have an adverse effect on the student, other students or staff.

Concerns are raised through student wellbeing and support welfare concerns group. It follows a similar process to the FtP procedure with reporting on an annual basis.

When speaking with programme management they were aware of these policies and when they would and should be triggered.

Overall, we are confident that there are sufficient policies and the knowledge of these policies in place and adequate monitoring to manage situations where the behaviour or health of students poses a risk to the safety of patients of colleagues. Therefore, we are assured that this standard has been met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

**vi. the needs of patients outweigh all aspects of teaching and research.**

☐ **MET**

☒ **NOT MET**

**Findings and evidence to support this**

Our experiences at the Clinic, observing the taught classes and reading the relevant documentation demonstrate to us that patient need is paramount in nearly all situations. Students take their role seriously and tutors demonstrate the required qualities and skills to allow students to model from.

The training provided before entering clinic and the supervision in clinic would indicate the same. In every aspect apart from one we have no reservation in stating that patient needs are put above any other.

The one aspect that does not meet the standard necessary is in regard to patient records as noted in section 2i.

During the visit it became apparent that students were using their own devices in clinic to access the practice management and patient records system used at the Clinic. This system called Cliniko is widely used in osteopathy and other manual therapies. It then became apparent that students on other programmes such as sports therapy and rehabilitation also had access to the same software and could if they desired see osteopathic patients' records and vice versa.

Given that this has been known about by the university and runs contrary to several of the university's policies. The visiting team do not feel that on this issue patients' needs outweigh all aspects of teaching.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

None reported.

**Conditions**

The University must immediately update their consent forms and privacy policy to ensure patients are fully aware of who can access their clinical information. (2i, 9vi)

In order to effectively manage the risk to patient data, the University must carry out an urgent review of the risks associated with the use of students' own IT equipment to access and record patient data both on site and off site as well as the risks associated with allowing students from other programmes access to osteopathic patient records. This should be done in conjunction with staff at the university who have expertise in IT and data protection. The University must develop and carry out a plan to implement the recommendations from the review. (2i, 9vi)

**vii. patients are able to access and discuss advice, guidance, psychological support, self-management, exercise, rehabilitation and lifestyle guidance in osteopathic care which takes into account their particular needs and preferences.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The patient record system used by the University allows the department to design their own new and returning patient consultation forms. The forms follow a logical sequence of collecting information from the patient and examination finding, diagnosis and treatment plan which includes aftercare advice. During our observations in the clinic, time was dedicated to aftercare which was delivered in an unhurried manner.

The patient group that we spoke with highlighted this aspect of their care as exemplary. They felt heard, could tell their unique story and found that the level of communication from students was excellent. This included aftercare advice, things they could do for themselves at home which is a vital part of any care relationship. Some had received ergonomic advice, general exercise advice and exercises that were designed to aid their condition.

When speaking with students, they felt supported to provide lifestyle and aftercare advice in nearly every way. They did share some concerns about the level of teaching and support they received for exercise prescription and rehabilitation. They did not know of any resources they could reliably point patients to for instance, support the patient in exercise prescription adherence.

We are assured that patients do feel able and supported to access additional help when appropriate but that this could be enhanced by implementing the recommendation set out below. Overall, we are assured that this standard has been met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

The University should provide additional training and support for students with regards to exercise prescription and rehabilitation and provide paper and online support to support patients who are prescribed exercises.

### Conditions

None reported.

# A. Evidence

## A.1 Evidence seen as part of the review

| |
|---|
| (JD) Lecturer Practitioner - Osteopathy.pdf |
| (TEMPLATE) - Warm Welcome Letter - June 2024.docx |
| 20212824 OMEC 90 Assignment 3 Muscle Energy Techniques.docx (1).pdf |
| 20212824 OMEC 90 Assignment 3 Muscle Energy Techniques.docx (1).pdf |
| 20212824 OMEC 90 Assignment 3 Muscle Energy Techniques.docx.pdf |
| 20212824 OMEC 90 Assignment 3 Muscle Energy Techniques.docx.pdf |
| Academic and Clinic Induction Year 4 September 2024 (1).docx |
| Academic and Clinic Induction Year 4 September 2024.docx |
| Academic Promotion and Career Development Procedure.pdf |
| Academic Structure.docx |
| Admissions Policy and Procedures.pdf |
| Annual Cycle of Business TLAQC 2024-25.xlsx |
| Annual Equality Report 2022-23_FINAL.docx |
| Annual Programme report Osteo v7 2023-24.docx |
| Annual Programme report Osteo v7 2023-24.docx |
| Appendix 1 MHW Privacy Policy 2024.docx |
| ASPPC 23-01 minutes APPROVED.pdf |
| ASPPC 23-02 minutes APPROVED.pdf |
| ASPPC 23-03 minutes APPROVED.pdf |
| ASPPC 23-04 minutes APPROVED.pdf |
| ASPPC 23-05 minutes APPROVED.pdf |
| ASPPC 23-06 minutes APPROVED.pdf |
| ASPPC Cycle of Business 2024-25.xlsx |
| Assessment Policy.pdf |
| Assignment 3 marking grid.docx |
| Assignment 3 marking grid.docx |
| assignment 3.docx |
| assignment 3.docx |
| Campus accessibility map.pdf |
| Case checklist-1.docx |
| Case study essay T2DM 20054704.pdf |
| Case study essay T2DM 20054704.pdf |
| clinical experience project.docx |
| clinical Induction Year 3September 2024.docx |
| Committee Structure.pdf |
| Committee Structure.pdf |
| Computing Services Circulation Policy.pdf |
| Cotton et al 2024.pdf |
| Cyber Security Policy.pdf |

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|---|
| Data Protection Policy.pdf |
| Data Protection Policy.pdf |
| DGCV.doc |
| Digital and IT Code of Practice 13032024.pdf |
| Downey et al 2021.pdf |
| EDI Policy v2.2 2024.pdf |
| EGOlder CV Sept 2024.docx |
| ELT reporting structure updated June 2024 (1).pdf |
| ELT reporting structure updated June 2024 (2).pdf |
| ELT reporting structure updated June 2024 (2).pdf |
| ELT reporting structure updated June 2024.pdf |
| Essay Case Presentation 23-24.docx |
| Essay Case Presentation 23-24.docx |
| Essay Question and Marking Criteria.docx |
| Essay Question and Marking Criteria.docx |
| Expectations of PDTs & Students.pdf |
| Gabrielle Anderson - CV.pdf |
| gosc intro.pptx |
| GOsC response Quality.docx |
| HQAPEP.docx |
| Induction Year 4 September 2024.docx |
| interim report 2022-23_Osteopathic Medicine_M.Ost (Hume).docx |
| interim report 2022-23_Osteopathic Medicine_M.Ost (Hume).docx |
| interim report 2022-23_Osteopathic Medicine_M.Ost (Marshall).docx |
| interim report 2022-23_Osteopathic Medicine_M.Ost (Marshall).docx |
| JD CV.pdf |
| John-Evans-expansion Manager  (1).docx |
| Learning and Teaching Strategy 2020-2025 (2).pdf |
| Learning and Teaching Strategy 2020-2025 (2).pdf |
| Line Management Structure AY 24-25 - final.pdf |
| Marjon Library Collection Development Policy.pdf |
| Marjon Library Collection Development Policy.pdf |
| Marjon new program paper.docx |
| Master in Osteopathic Medicine (OME) (Integrated Masters).pdf |
| Master in Osteopathic Medicine pre23.pdf |
| Master in Osteopathic Medicine pre23.pdf |
| Master's Thesis.docx (1).pdf |
| Master's Thesis.docx (1).pdf |
| Master's Thesis.docx.pdf |
| Master's Thesis.docx.pdf |
| Moderate OMEC90.xlsx |
| Moderate OMEC90.xlsx |
| Moderate OMEM03 Project (1).xlsx |

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| Moderate OMEM03 Project (1).xlsx |
| Moderate OMEM03 Project.xlsx |
| Moderate OMEM03 Project.xlsx |
| Modules.zip |
| OMEC53 Personal and profesional development.docx |
| omec90 3.docx (1).pdf |
| omec90 3.docx (1).pdf |
| omec90 3.docx.pdf |
| omec90 3.docx.pdf |
| OMED04 2023 essay marking framework.docx |
| OMED04 2023 essay marking framework.docx |
| OMED54 Personal and Professional Development II.docx |
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| OMEM03_thesis_Marking Framework (3) (1).pdf |
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| Plymouth Marjon University ToR 2024-25 TLAQC.pdf |
| PMU Policy and Procedure for Supporting Students Requiring Reasonable Adjustments in Practice and Simulated Practice Environments (2).pdf |
| PMU Policy and Procedure for Supporting Students Requiring Reasonable Adjustments in Practice and Simulated Practice Environments (2).pdf |
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| PMU Student Pregnancy and Maternity Policy.pdf |
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| Recruitment Policy (1).pdf |
| Recruitment Policy.pdf |
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| Report 2022-23_Osteopathic Medicine_MOst (Hume) (1).pdf |
| Report 2022-23_Osteopathic Medicine_MOst (Hume).pdf |
| Report 2022-23_Osteopathic Medicine_MOst (Marshall) (1).pdf |

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| Report 2022-23_Osteopathic Medicine_MOst (Marshall) (2).pdf |
| Report 2022-23_Osteopathic Medicine_MOst (Marshall) (2).pdf |
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| Research proposal.docx.pdf |
| Research proposal.docx.pdf |
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| Response 2022-23_Osteopathic Medicine_MOst (Hume).pdf |
| Response 2022-23_Osteopathic Medicine_MOst (Marshall).pdf |
| Response 2022-23_Osteopathic Medicine_MOst (Marshall).pdf |
| Response 2023-24_Integrated Masters in Osteopathic Medicine (M.ost) (Marshall) (1).pdf |
| Response 2023-24_Integrated Masters in Osteopathic Medicine (M.ost) (Marshall).pdf |
| Returning to Practice Following Sickness or Sick Leave .pdf |
| Risk Management Policy.pdf |
| RPRG 24-01-17 People Who Use Services Involvement Policy July 2024_New policy (003).docx |
| Safeguarding Policy (Children & Adults at Risk).pdf |
| Screenshot 2024-12-05 at 11.10.02.png |
| Screenshot 2024-12-05 at 11.10.18.png |
| Screenshot 2024-12-05 at 11.10.29.png |
| Semester B Report level 4.docx |
| Semester B Report level 4.docx |
| Semester B Report level 5.docx |
| Semester B Report level 5.docx |
| Semester B Report level 6.docx |
| Semester B Report level 6.docx |
| Semester B Report level 7.docx |
| Semester B Report level 7.docx |
| senate 22-05-23 Prevent Policy June 2023.pdf |
| senate 23-01-17 Safeguarding Policy.pdf |
| Senate CoB 2024-25_Approved v2.xlsx |
| Sept 2022 FINAL DBS POLICY & PROCEDURE (1).pdf |
| SHWB Interprofessional Learning Strategy.pdf |
| SHWB Interprofessional Learning Strategy.pdf |
| SHWB Interprofessional Learning Strategy.pdf |
| Simulated Practice Environments (2).pdf |
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| SRF-2024-25-changes.pdf |
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| staff list.docx |
| Staff meeting agenda april24.docx |
| Staff meeting agenda april24.docx |

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| Statement of Service.pdf |
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| Student Clinic Handbook 2425 (2).pdf |
| Student Clinic Handbook 2425.pdf |
| Student Clinic Handbook V2 2425.pdf |
| Student Code of Conduct for the School of Health and Wellbeing.pdf |
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| student liason nov 22.docx |
| student liason nov 22.docx |
| Student Regulations Framework 2024-25 - complete.pdf |
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| Student Regulations Framework 2024-25 section 17 - Complaints Procedure.pdf |
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| Student Regulations Framework 2024-25 section 9 - Support to Continue in Study Procedure.pdf |
| Support for Dyslexia and other Specific Learning Difficulties (SpLDs).pptx |
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| TLAQC 23-03 Approved Minutes.pdf |
| TLAQC 23-04 Approved Minutes.pdf |
| TLAQC 23-05 Approved Minutes.pdf |
| TLAQC 23-05-10_GOsC Mapping Tool_MOst.xlsx |
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| University-grade-descriptors.pdf |