

General Osteopathic Council review of osteopathic courses and course providers

Renewal of recognition review

Master's in Osteopathy (MOst)
Bachelor's in Osteopathic Medicine (BOst)

British College of Osteopathic Medicine

October 2017

Foreword

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

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

GOSC review

GOSC review is a peer-review process. It starts when institutions evaluate their provision in a self-evaluation document. This document is submitted to QAA for use by a review team, which gathers evidence to enable it to make judgements on governance and management, clinical and academic standards, and the quality of learning opportunities. Review activities include meeting staff and students, observing teaching and learning, scrutinising students' assessed work, reading relevant documents, and examining learning resources. Full details of the process of GOSC review can be found in the provider handbook.¹

GOSC review may take one of three forms:

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

In initial recognition review, in renewal review, and in some instances of monitoring review, the review team makes one of the following recommendations to GOSC:

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| <ul style="list-style-type: none">• approval without conditions• approval with conditions• approval denied. |
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The recommendation made is that of the review team to the GOSC. In making its own recommendation to the Privy Council, the GOSC may choose not to follow the recommendation of the review team.

In some monitoring reviews the GOSC does not require the review team to make a formal recommendation for the programme.

¹ *General Osteopathic Council Review of Osteopathic Courses and Course Providers: Handbook for Course Providers*, available at: www.qaa.ac.uk/en/Publications/Documents/GOSC-handbook-providers.pdf (PDF, 176KB)

Introduction

This report presents the findings of a renewal of recognition review of aspects of the governance and management, the academic standards achieved, and the quality of learning opportunities provided in osteopathy at the British College of Osteopathic Medicine. The programmes reviewed were the Bachelor's in Osteopathic Medicine (BOst) and the Master's in Osteopathy (MOst). The review was undertaken by a review team appointed by the GOsC in accordance with its regulatory responsibilities for safeguarding RQ criteria under the *Osteopaths Act 1993*. A prime focus of the review was the relationship of the programmes to the OPS professional competence standard of the GOsC. The review was completed in the academic year 2017-18. The review team consisted of Professor Brian Anderton, Mr Robert Thomas, Ms Lucy Mackay Tumber and Mr Simon Ives (Review Coordinator).

A Formal recommendations

The recommendation given below is the recommendation of the review team to the GOsC. In making its own recommendation to the Privy Council the GOsC may choose not to follow the recommendation of the review team.

The recommendation of the review team for the BOst and MOst programmes is:

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| <ul style="list-style-type: none">• approval without conditions |
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B Findings

The following is a summary of the review team's main conclusions.

Strengths:

- the early exposure of students to scholarly activity highlights the College's commitment to developing a progressive research culture that enhances the students learning (paragraphs 10, 15, 37 and 38)
- the wide ranging and effective mechanisms of formal and informal academic and pastoral support provided for students is well matched to their individual learning needs (paragraph 52)
- the research facilities, with extensive resources and dedicated staff, are widely accessed by students, who use these proactively to inform their learning and osteopathic practice (paragraph 62)
- the long-established clinic attracts a high volume and wide diversity of patients, which allows students to see a significant number of new patients with an extensive range of medical presentations, thus enhancing their professional clinical experience (paragraphs 58 and 59).

Good practice:

- the systematic embedding of the new assessment strategy, including the effective involvement of students, staff and other stakeholders, allows for a greater focus on formative assessment practice and students' reflection, and supports their learning (paragraph 24)
- the effective encouragement of peer support between students in all facets of the College is widely appreciated by students, who value the community of learning that is engendered (paragraph 52)

- the culture of openness and transparency is widely appreciated by both staff and students, who consider themselves to be extensively engaged in the operation of the College (paragraph 72).

Areas for development:

- the College is advised to increase its focus on strategic management, to articulate and communicate more effectively strategic planning objectives, and to enhance its approach to implementing and monitoring strategic planning (paragraph 66)
- the College should consider further ways to intensify its strategy for the management of student recruitment and retention to support its work in putting the institution on a sound financial basis (paragraphs 45, 49, 50, 66 and 68)
- the College should continue to review the operation of its committee structure with a view to avoiding duplication and achieve further streamlining, and to encourage and facilitate students' engagement in senior committees of the College (paragraphs 64 and 71).

C Description of the review method

The following section gives a general description of the GOsC review method. The full method is given in the handbook for course providers.

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

The review team is selective in its lines of enquiry and focuses on its need to arrive at findings and a recommendation against clearly stated criteria. It refines emerging views on the provision against as wide a range of evidence as possible. For example, the perceptions expressed in meetings by students or by staff are tested against other sources of evidence.

Documentary evidence typically used includes: financial accounts; strategic plans; financial projections; insurance schedules; student work; clinic management records; internal reports from committees, boards and individual staff with relevant responsibilities; and external reports from examiners, verifiers, employers, and validating and accrediting bodies. A protocol exists for staff, students and patients to submit unsolicited information about the provision to the review team. Submissions to the provider can remain anonymous if preferred. There was no unsolicited information submitted relating to this review.

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

The review team respects the principle of proportionality in its enquiries and emerging conclusions.

Key features of GOsC review include:

- an emphasis on the professional competencies expected of osteopaths and expressed in GOsC's OPS
- peer review: review teams include currently registered osteopaths and frequently at least one lay visitor with higher education interests
- a focus on students' learning experience, frequently to include observation by the review team of clinical and non-clinical teaching

- flexibility of process to minimise disruption to the provider - there is negotiation between QAA and the provider about the timings of the review and the nature of evidence to be shown
- a process conducted in an atmosphere of mutual trust - the review team does not normally expect to find areas for improvement that the provider has not identified in its self-evaluation document (SED)
- an emphasis on governance and management, to include the maintenance and enhancement of standards and quality
- use of the SED as the key document - this should have a reflective and evaluative focus
- an onus on the provider to supply all relevant information - any material identified in the SED should be readily available to the review team
- a protocol for unsolicited information
- evidence-based judgements
- ensuring that the amount of time taken to conduct a review is the minimum necessary to enable the review team to reach robust findings and recommendations
- providing transparency of process through the use of published GOsC criteria
- the role of the Institutional Contact, a member of the provider's staff, to assist effective communication between the review team and the provider
- the facility to engage a further specialist adviser where necessary
- close monitoring by QAA officers.

D The overall aims of the provider

1 The British College of Osteopathic Medicine (the College) is a specialist independent higher education institution that offers university-level courses for aspiring osteopaths. The College was founded in 1936 and moved to Frazer House on Finchley Road, north west London, in 1953. An adjacent building, Lief House, was added in 1996. The two sites are linked to form a dedicated centre for naturopathic and osteopathic teaching, research and clinical provision. The freehold titles of both buildings are owned by the College Company. The College is a registered charity and a company limited by guarantee.

2 Until 1991, the College self-validated a diploma in osteopathy. The College subsequently added a BOST degree validated by the University of Westminster and, more recently, an integrated MOST - initially validated by the University of Westminster, then London Metropolitan University. From 2012, the College has worked in partnership with Plymouth University. The programmes under review are of four years' full-time duration, and students are normally recruited onto the MOST. The BOST is generally reserved as an exit award for those candidates who have not successfully completed the master's degree research project.

3 The previous GOsC renewal of recognition review took place in 2013 and, apart from the standard conditions, the RQ was awarded with no additional conditions. Since the last RQ in 2013 the College has experienced a re-validation process with Plymouth University in 2015-16. The validation partnership with London Metropolitan University has concluded with the final students successfully completing their studies in the 2015-16 academic year. The validation of the revised programmes through Plymouth University was successful and the programmes ran for the first time in the 2016-17 academic year.

4 A significant consequence arising from the change of validating partner was that the College carried a fallow year with no new students admitted in 2013-14. A further consequence of this process of changing validating partner was that there was a period with

two different universities validating the RQ programmes. However, the last of the students registered with London Metropolitan University graduated in 2015-16. In the 2016-17 academic year all students were enrolled with the Plymouth University.

5 At the time of the review the College sought agreement from the GOsC to withdraw the request for renewal of qualification for its self-validated diploma in osteopathy. The College is currently exploring mechanisms for having the diploma programme validated through Plymouth University. Subsequently, the diploma programme was withdrawn from the 2017 review process.

The aims of the provider are:

- to ensure that graduates acquire adequate clinical competence through a self-critical approach to integrated learned skills
- to instil an evidence-based research ethos into practitioners of clinical practice through holistic osteopathic medicine
- to enable students to acquire knowledge and understanding of health and its promotion
- to enable students to acquire knowledge and understanding of disease, its prevention and management in the context of the whole individual, and his or her place in the family and in society
- to promote an attitude of inquiry and the maintenance of this attitude into professional life and to keep abreast of current knowledge by maintaining continued professional development
- to foster inter-professional dialogue and referral
- to recognise the advanced standard of professional competence and responsibility demonstrated by master's level graduate practitioners of osteopathic medicine.

E Commentary on the provision

An evaluation of the clinical and academic standards achieved

Course aims and outcomes (including students' fitness to practise)

6 The course aims and learning outcomes are clearly set out in the programme specifications and in course handbooks. The course aims are effectively aligned with the module learning outcomes, with clear progression through the programme allowing for the development of relevant skills that prepare students for professional practice. The overall aims are consistent with the College's mission and goals described in its Mission Statement and Strategic Plan.

7 Programme aims are comprehensively mapped to the OPS and the revised Subject Benchmark Statement for Osteopathy, alongside the South East England Consortium for Credit Accumulation and Transfer (SEEC) descriptors and *The Framework for Higher Education Qualifications in England, Wales and Northern Ireland* (FHEQ). The UK Quality Code for Higher Education (the Quality Code) is used to support programme development and delivery, and the College's work with Plymouth University supports its engagement with wider higher education sector expectations.

8 Learning outcomes reflect a clear progression and accumulation of knowledge throughout the four-year programme, with the embedding of an appropriate mix of academic and clinical knowledge and skills. There is good evidence of progressive accumulation of academic and clinical knowledge, which demonstrate alignment with the SEEC descriptors and the FHEQ. The development of clinical and academic skills is also comprehensively evidenced by module descriptors showing student progression from novice to proficient

practitioner, and is allied to the expectations of the Subject Benchmark Statement for Osteopathy. Academic modules are strongly aligned to the clinical components of the programme, and the development of requisite skills meets the OPS (Communication and Patient Partnership, Knowledge Skills Understanding, Safety and Quality in Practice, and Professionalism). The clear mapping of OPS requirements provides students with the knowledge and skills necessary to undertake critical appraisal at level 7 and undertake responsibility for patient care.

9 Learning aims and outcomes are clearly evident in programme information, programme specifications and course handbooks, which are all accessible to students and staff and are well understood. The information is provided to students online through the College's virtual learning environment, Osteonet, and is also provided to each student on an electronic memory stick at induction. Students are clearly directed to information regarding fitness to practise requirements, and there is a specific statement and policy available concerning the clinical environment in the Professional Practice Handbook. The course provides active and clear training that supports the development of students' skills, including professionalism, and develops abilities that are appropriate in supporting their professional development.

10 The College has a strong and well-embedded ethos that supports the development of evidence-based research and learning. This ethos is specifically within the College's aims and is underpinned by the incorporation of small research projects that start in year two; this practice leads effectively to more developed research proposals in the final year of study. The College has 24 staff available for dissertation supervision, who are well qualified and engaged within a research framework. Research-lead teaching is emerging as part of the College's strategy for learning and teaching.

11 External examiners state that they are provided with appropriate information to enable scrutiny of the programme aims and outcomes.

12 Students achieve the M^{OST} on the successful completion of the final year research module. Where students are not successful in completing the research module an exit award of the B^{OST} is available. These awards both confer entry to the G^{OSC} register.

Curricula

13 The curricula reflect the regulatory requirements of Plymouth University, which validates the programme. Careful consideration is given to the expectations of the Quality Code and other key external reference points. The curricula are comprehensive, well designed, and systematic in sequentially developing appropriate knowledge and skills. The curriculum clearly promotes achievement of the qualities required by the OPS. There is extensive evidence of how consideration is given to the requirements of the Subject Benchmark Statement for Osteopathy and the Guidance for Osteopathic Pre-Registration Education. Alignment with these reference points is evident through the curricula; this effectively provides students with learning opportunities to enable attainment of the OPS and reference to these is a required element of the programme validation and review process.

14 The College follows an extensive process for programme approval, monitoring and review. This activity is embedded within internal discussion, at departmental and institutional level, and through the College's annual review mechanisms. Staff and students are strongly encouraged to participate in providing input into curriculum review through both formal and informal means.

15 Regular reviews of the curricula take place and are discussed and agreed through the College's committee structure. Modifications are made through the major and minor modifications process in agreement with Plymouth University. Proposed changes are fully

discussed, formally recorded and endorsed through the committee process, and are approved at least two terms in advance of their delivery. Staff commented positively about their ability to contribute to the processes for review and modification of individual modules in response to developments in osteopathy, changes in teaching and learning or resources, and in response to student feedback.

16 As a member of the national working party for the revision of the Subject Benchmark Statement for Osteopathy, the Head of Osteopathy enabled the College to be part of the wider osteopathic community debate about its requirements. A review of the curricula in light of these debates confirmed that no substantive changes needed to be made. The College values osteopathic and pedagogic research in informing the delivery of teaching and promotes research-informed improvements from academic staff, which the College is working to further embed in the curriculum. The College is keen to support staff to successfully obtain membership of the Higher Education Academy.

17 In line with the requirements of its new validating partner, Plymouth University, the College revised its module content and structure to fit into the required 20-credit module regulatory model. The programme structure, credit and classification information is clearly articulated within the validation documents, and provided in the programme specification. As part of the Plymouth University validation agreement the College negotiated programme specific regulations that distinguish the programme from the standard structure. These regulations are fully detailed in the College's Quality Handbook, and in student handbooks available in print and on Osteonet. The MOst is awarded to students who have successfully achieved 480 credits - these include at least 120 credits at level 7; a further 120 at level 6 or above; and a further 240 at level 4, 5 or above.

18 Students report that the curriculum content is appropriate and informative, and that workloads are intense but manageable. In the first two years the curriculum strongly focuses on academic subjects alongside the development of osteopathic technique, prior to the start of the clinical module in year three. Years one and two comprise ten academic modules and two practical modules. In year three there are four academic and two practical modules (including one clinical). The final year of study comprises five academic modules and one clinical module. Students commented that while there is useful preparation for attending clinic in year three, they would value greater support in inducting them into undertaking patient management. External examiners confirm that the curriculum content and structure is relevant and meets the requirements of preparing students for entry into the osteopathic profession.

19 The review team's meetings, observations and consideration of the mapping of the curricula against the OPS reveals the following:

Standard A

Communication and patient partnership are embedded within the curriculum, particularly in the osteopathic technique classes, which take place throughout all year groups where patient communication and consent are clearly evidenced. Discussions with clinic tutors evidenced a strong rationale to communicate with patients, and to allow patients the time to discuss their health. This approach supports the evidencing of Standards A1-A3, A5-A6. Clear protocols for patient consent are apparent.

Standard B

Knowledge, skills and performance are embedded throughout the programme and are effectively accumulated as students progress through their studies. The aims, indicative content and intended learning outcomes of all elements of the curricula contribute strongly to this Standard. Students' skills and performance are efficiently supported by clinical staff on entry to the clinic in year three. Students are rotated on a six-weekly basis to enable

effective mentoring and support from a range of clinical tutors. The curriculum clearly evidences support for Standards B1-B4. Students are provided with individual feedback termly by the Head of Clinic. This combines feedback from all tutors who have supervised students' clinical activity, which affords them a valuable opportunity to learn from their experience and enhance their knowledge, skills and performance.

Standard C

Safety and quality in practice are evident in the practical elements of the programme through training in case history taking and diagnostic formulation for safe and effective treatment. This was confirmed through observations by the review team. Pre-clinical meetings enable students to discuss patient cases with tutors, explore possible options and prepare themselves for the consultation, evidencing Standards C1-7 and C9. Students are required to complete detailed case history forms and these were seen to be used effectively in the pre-clinical activity. Students and examiners are provided with guidance regarding expectations in practical assessment and information regarding safe practice. There are clear and accessible guidelines regarding fitness to practise, which are available to students.

Standard D

Professionalism features extensively in the curriculum, which emphasises this requirement within the programme's practical sessions and clinical components, and evidences Standards D1 and D4-9. Students are required to develop as autonomous practitioners and take responsibility in the final year for their own administration in clinic, evidencing Standards D2-3. Documentation comprehensively addresses issues such as candour, responsibility and accountability, ensuring Standards D10-18 are embedded. The curriculum promotes development of the autonomous osteopathic practitioner throughout the students' time at the College, ensuring robust professional attributes. This approach is further supported through an unofficial peer mentoring process, which encourages a network of support among students. The professional behaviour expected of students is clearly articulated and evidenced through the College's Fitness to Practise Policy.

20 Students confirm that they are encouraged to be thoroughly familiar with the OPS throughout their studies and that the OPS are a regular focus for much of the teaching and curriculum. The 2012 iteration of the OPS has been integrated fully into the new curriculum structure.

Assessment

21 The assessment strategy provides a robust framework for measuring the achievement of intended learning outcomes. Assessment design is comprehensively planned to align with achievement of the OPS, the College's Learning, Teaching and Assessment Strategy, and the Quality Code. Assessment information is clearly and comprehensively laid out in the programme specification. Compliance with these reference points is effectively monitored by external examiners, through Plymouth University and by reporting to the GOsC. The College rigorously complies with the generic regulations for its taught provision laid out by Plymouth University. These regulations require a threshold 40 per cent pass mark at levels 4 to 6, and 50 percent at level 7, with the achievement of a minimum of 60 academic credits per year for a student to be eligible to re-sit. Repeated assessments are capped at a threshold pass.

22 Assessments are effectively designed to measure achievement of the intended learning outcomes in both academic and clinical modules. The College thoroughly evaluates students' progression for each module annually and compares outcomes with previous academic years' achievement, alongside consideration of teaching and learning standards.

23 A broad range of academic and professional formative and summative assessments are employed. Assessments culminate in the final year with the development of a professional practice portfolio, through an audit of students' clinical activity, a research project and a clinical competence assessment. The review team scrutinised assessment instruments that are appropriate to supporting the achievement of the aims and learning outcomes. Students have good exposure to wide-ranging clinical experiences and take responsibility for patients in excess of the minimum number of new consultations as required by the GOsC.

24 Since the last review, external examiners questioned the large number of assessments that students were required to undertake, often assessing learning objectives more than once. The College's senior management team created a working party to review the number and type of assessments being employed at the College. The assessment working party included a wide range of stakeholders, including module leaders; student representatives and the Students' Union; faculty and clinical staff; past graduates; employers; current and past external examiners; and the GOsC. The College also had conversations with other osteopathic providers. The working party resulted in a new assessment strategy, which thoroughly addresses learning outcomes and allows students to graduate as safe, independent osteopathic practitioners. The new assessment strategy evidences much greater formative assessment, which allows staff to provide more detailed interim developmental feedback and support, to prepare students for the summative assessments. It also allows students greater time for reflection and academic reading. The thorough review and systematic redesign of the assessment strategy has been highly effective, and staff, students and examiners report that they are pleased with the new approach.

25 Feedback on assessment procedures is effectively sought from students, staff and external sources, including external examiners. Two external examiners are appointed in agreement with Plymouth University, the responsibilities of which cover professional and academic subject specialisms. Their roles and responsibilities are clearly detailed in the University's Handbook of Academic Regulations and the Academic Cooperation Agreement. The guidelines for undertaking assessment are clearly stated in the student handbook and on Osteonet. Any students not attending assessments are logged in a database, which is maintained by the Registry, detailing reasons and decisions. This process is audited periodically by Plymouth University to ensure compliance with its regulations.

26 Reports from external examiners confirm the quality and standards of the curricula and assessment processes. Moderation of all coursework and examination papers is effective and thoroughly undertaken. Examples of good practice and quality enhancement are highlighted alongside clear certification of the fairness of procedures, adherence to aims and intended learning outcomes, and academic rigour. External examiners' reports and responses are made available on Osteonet for students to read, although students met by the review team were not aware that these reports were available.

27 Rigorous double-marking takes place as part of the internal moderation of assessments. This ensures fairness and is in accordance with stated marking criteria. The College moderates 20 per cent of all academic modules and all referred assessments. Practical assessments and presentations are marked by a minimum of two assessors and a marking sheet is completed. For the research project a more extensive protocol uses comprehensive double-marking, and a system of triple-marking if assessors grading differs by more than 10 per cent. The College provides students with a provisional mark and assessment feedback within 20 working days.

28 A Final Clinical Competency Assessment in the final year directly assesses students' examination and treatment of two new patients. External moderation of the

assessment, combined with student performance on the day of examination and over the whole clinical training, is effective in determining the award. A comprehensive report on the process and overall cohort performance is provided annually; this is used effectively in the quality assurance and review processes and addressed in the annual monitoring report provided to the GOsC.

Achievement

29 Student withdrawal rates for year one are higher than in successive years. However, the rate of student withdrawal and achievement diminishes significantly in the second year and beyond. The graduation rate for students progressing to the fourth year has been between 92 and 100 per cent over the last three years, and non-achievement largely reflects students with mitigating circumstances.

30 Assessed work reviewed by the team demonstrates clear achievement of the aims and learning outcomes. External examiners' reports confirm that achievement of knowledge and skills is appropriate to the level and designated outcomes. Achievement of the required skills and capabilities meets the expectations of the SEEC descriptors and the FHEQ. Students demonstrate the required professional skills of communication, caring, clinical knowledge and application. Practical osteopathic elements are evidenced and effectively support the achievement of the OPS and the relevant skills required for registration. These competencies are soundly evidenced by the high level of first-time student success in the Final Clinical Competency Assessment, and is consistently supported by the positive comments provided in external examiner reports. Patient feedback indicates satisfaction with the level of care they receive from students in the clinical environment.

31 The College undertakes a thorough analysis of student achievement, which provides comprehensive data used in review and evaluation. Data is regularly used to inform any potential changes to the programme and to monitor the effectiveness of the provision. Graduate feedback evidences good attainment of employment subsequent to graduation. Staff who are osteopathic practitioners commented that they employ graduates, and faculty members provide final year students with links to osteopaths seeking to employ new graduates. The College also runs a Saturday graduate clinic, in which two students are currently working. Staff stated that the professional practice module in year four helps prepare students for entry to the profession, and final year students are given support by the Head of Clinic in writing CVs and preparing job applications.

The quality of the learning opportunities provided

Teaching and learning

32 The College's Teaching and Learning Strategy is closely aligned with its strategic plan and is guided by a holistic/naturopathic approach to osteopathic healthcare. The Teaching and Learning Strategy follows Plymouth University's approach and meets the requirements of the OPS and Guidance for Osteopathic Pre-Registration Education. The College employs an appropriate range of teaching methods, including lectures, tutorials, workshops and seminars, providing a sound framework for academic and clinical learning. The review team observed a variety of delivery methods representing most year groups. Teaching strategies have been developed to ensure achievement at master's level and are in line with the College's holistic and naturopathic approach to healthcare.

33 Teaching and learning strategies for the MOst modules are accessible for staff and students in module documents, handbooks and on the College's virtual learning environment, Osteonet. A wide variety of appropriate teaching methods are utilised to address the various stages of the course. The programme structure allows for an effective

progression from non-clinical activity in years one and two, to clinical experience in years three and four, with the ultimate aim of producing autonomous osteopathic practitioners. Initially, students experience more traditional teaching methods, such as lectures and seminars, reflecting the theoretical bias of the pre-clinical years. Students also participate in practical classes, cadaver dissection at University College Hospital and experience early exposure to laboratory work in the College's Human Performance Laboratory.

34 In years three and four, problem-based learning approaches are specifically incorporated to encourage students' reflective and critical thinking. In year four, students enter their 'experiential clinic' period, in which they use an electronic auditing software to produce a reflective clinical audit of their patients. This activity is later assessed as part of the practice management module.

35 The College has continued to improve and enhance the standard and style of teaching throughout the programme and all staff are part of the Peer Observation of Teaching process, which also informs the sharing of good practice. Teaching observations undertaken by the review team included sampling sessions from level four through to master's level, and confirmed effective delivery of material, with students prepared and positively engaged in their learning. The review team's observations included attending lectures in pathology, differential diagnosis, clinical psychology, and small group tutorials discussing common clinical presentations and clinic visits. All the teaching observed was consistent with the course aims and learning outcomes of each module. Students spoke positively about the quality and range of teaching methods utilised and were appreciative of the support they receive, particularly in the clinic. This is further evidenced by the positive feedback from module questionnaires.

36 Clinical education exposes students to a broad range of patient profiles, conditions and working environments. Students undertake patient observations in clinic in year two, and start treating patients in year three. In preparation for this activity students receive a mandatory two-week programme of pre-clinic lectures in the summer vacation. These focus on key OPS elements such as advanced communication, ethical issues, risk assessment and professionalism. In year three, students see patients in pairs, with one student taking responsibility for the patient and the other observing and supporting. Students work in groups of six to eight with a staff student ratio of 1:4 per pair of students when seeing patients, in line with the requirements of the Subject Benchmark Statement for Osteopathy. Students are exposed to a wide range of clinic tutors, with groups rotating on a six-weekly basis. All tutors are practising osteopaths, with experience that supports their differing views and osteopathic approaches. This diversity of clinical experience is much appreciated by students. Students' progression to becoming autonomous practitioners is demonstrated by a reduction in the time scheduled for appointments, and by their taking responsibility for their own administration, including letter writing and patient audit. Student satisfaction rates for year three and four modules are high, and students spoke highly of the considerable tutor support they receive in clinic.

37 The College employs highly qualified and experienced faculty staff to deliver the programme. There is an effective commitment to maintaining and enhancing standards of teaching through a Staff Development Policy and through a dedicated Staff Development and Allocations Committee. The Committee has allocated significant resources to support staff development and scholarly activity, with a 57 per cent increase in spending from 2014-17.

38 Individually, members of staff are encouraged to apply for staff development through a formal application process, with support for proposals required from line managers. The Staff Development and Allocations Committee supports a range of subject based and pedagogic research, and scholarly activity, including attendance at conferences,

professional body subscriptions, and part funding for postgraduate education. There is also a clinic faculty development day and five annual staff development days. Many valuable staff development activities take place, although there is limited evidence to show explicitly how the Staff Development Policy is underpinned by emerging themes and the pedagogic and clinical needs of the College.

39 The College recognises the importance of pedagogic research to inform teaching and learning and is a member of the National Council for Osteopathic Research, the Council of Osteopathic Education Institutions. Staff are encouraged to engage in external scholarly activities and undertake research projects. Currently, there are five members of staff and faculty engaged in external postgraduate study in subjects relevant to their roles. The College is currently seeking validation from Plymouth University for a flexible programme of professional development leading to recognition from the Higher Education Academy. The College's Staff Teaching and Reward Scheme intends to offer an accredited pathway and framework, aligned with appraisal, to support development to senior and principal fellowships of the Academy.

40 The College has maintained and developed its research culture, which permeates the various levels of the institution. This is demonstrated by a significant budget allocation for 2017-18, an increase of 40 per cent over 2016-17. The International Conference for Advances in Osteopathic Medicine, now a global event, was founded by the College in 1999, and faculty staff continue to be encouraged to attend and present research papers. Research is supported by the Human Performance Laboratory, which has received equipment and software updates. Students are encouraged to utilise the various machines, starting in year two with the exercise physiology module, in which they work in groups to conduct laboratory experiments, culminating in the submission of individual poster presentations. This early exposure of students to scholarly activity highlights the College's commitment to developing a progressive research culture, which enhances students' learning environment.

41 The staff handbook highlights activities such as staff appraisals and annual performance reviews, as well as Peer Observation of Teaching and new staff induction. A Staff Induction Policy ensures that all new faculty members are mentored for a six-month probationary period and familiarised with College policies and procedures, and that they receive peer observations and training in the use of audio visual equipment. Recently appointed staff consider the induction process to be effective and that they are well supported as they take up their role.

42 Students are represented on a variety of College committees, including the Board of Governors, Programme Committee, and Research and Ethics Committee, and within the annual monitoring process of Plymouth University. Individual student feedback may also be given to personal or year tutors, and through annual module and programme feedback questionnaires. Student representatives have regular meetings with senior managers, and are positive about the responsiveness of faculty and clinical staff and senior management to concerns or issues they raise. The views of the student body are valued and the College has endeavoured to nurture an 'open door' policy and culture of transparency to reflect this engagement. Recent examples of student consultation include the review of the assessment strategy, the redevelopment of the website, and the updating and accessibility of Osteonet.

43 Patient feedback is received through patient surveys, informal processes, letters, and directly from a patient forum. Feedback received has been useful in determining clinical outcomes and has informed research material presented at the International Conference on Osteopathic Research. Feedback relevant to clinic staff and students is relayed in team meetings and tutorials. As part of a recent clinic initiative, students are to receive individual feedback from their patients in a trial patient survey. Students consider this (pending)

additional source of information to be a positive development, and that it will allow them to reflect on their clinical practice.

Student progression

44 Recruitment, application and admissions processes have been mapped to the Quality Code, *Chapter B2: Recruitment, Selection and Admission to Higher Education*. Applications for entry onto the MOst programme are made through UCAS. The admissions process is comprehensive and accessible, and is consistent with Plymouth University's generic admission requirements. The robust admissions procedure allows the admissions team to highlight suitable individuals from a diverse range of applicants. Current students are positive about their experience, having attended open days, interviews and tours of the College. On average, there is a 60:40 female to male gender balance, with the average age of student being 26 years. Ethnicity statistics demonstrate a mix of ethnic backgrounds, although the student body remains predominantly white. Entry requirements remain unchanged, requiring UCAS tariff points that equate to three A Levels at grades 'BBC', usually to include a science - although other qualifications are considered. External examiners consider the current entry criteria to be appropriate for the demands of the programme.

45 In 2016-17, the College experienced a year-on-year increase, with 194 applications. However, despite extensive marketing efforts, only 138 applications were received for the 2017-18 academic year, with 31 students starting the programme. Conversion rates between application and enrolment have been consistently low, ranging from 22 per cent in 2017-18, to 40 per cent in 2015-16. The College is taking steps to address this issue.

46 The College's Professional Practice Handbook outlines the standards expected of students and is linked to its Fitness to Practise Policy. Both documents are comprehensive and aligned with the OPS. Students are made aware of fitness to practise requirements on application and throughout enrolment, with requirements to complete a health questionnaire and undergo an enhanced Disclosure and Barring Service check. Further annual health declarations are required and students are advised to notify the Registry of any changes to their health status throughout the course. Students are encouraged to disclose any disability from the outset, so that reasonable adjustments can be made in accordance with Plymouth University policies. Once information is disclosed the individual student is monitored and supported by the College's Special Needs Committee for the remainder of the programme.

47 There is an effective induction process, which includes talks from the Head of Osteopathy and tutorials from the librarian and principal. All new students are given a memory stick containing all relevant documents and information in case electronic access is unavailable. Students are informed of the expected workloads prior to starting the programme. Current students consider the workload intensive but manageable in light of the support offered from faculty staff and peers.

48 The College has sound management information systems that provide full and accurate data on progression and performance. The system provides data on enrolments, absences, individual assessment marks, unit progression information and the final award. The student records system is maintained by the Registry.

49 Student attrition rates are high in year one, with an average loss of 32 per cent of students from levels 4 to 5 over the past three cohorts. However, these rates reduce significantly in successive years. The Registry conducts an analysis and produces withdrawal statistics, which are reported to the Finance and Auditing Committee. Key performance indicators are also discussed at subject panel boards. Existing retention strategies are augmented by the introduction of workshops for academic writing and on

accessing library resources. Reasons for non-completion range from health or financial issues to failed assessments. In 2014-15, nine students took sabbatical leave, and in 2016-17, seven students were allowed intermission of their studies. Progression rates improve greatly in year three and often verge on 100 per cent in the final year. The College has a range of activities in place to address declining recruitment and to support retention. These include direct interventions by the Principal with students who are deemed at risk through non-attendance.

50 Final year cohort student numbers (following the fallow year in 2013-14) have reduced significantly year on year from 38 in 2014-15 to 16 in June 2016-17. Recently, only 37 per cent of the original 43 students that started the course in 2013-14 sat the Final Clinical Competency Assessment in 2017. Student numbers for each stage over the past four years are below the target figure of 60 as anticipated in the Quality Handbook 2017-18 - except for the 2015-16 year one entry of 63 new students. Total student numbers are low in comparison to the figure of 300 students intended by this point in the College's Strategic Plan and often below the stated minimum target of 45 students per stage. This matter is addressed as an area for development by the College under Governance and Management.

51 The College's commitment to providing equality of opportunity is well documented in its aims and strategic approach. In 2016, the College updated its Single Equality Scheme and Quality Objectives. These considerations are in accordance with Plymouth University's policies and the Quality Code, *Chapter B4: Enabling Student Development and Achievement*. The Learning Resource Committee recently merged with the Special Needs Committee, which includes faculty and student representatives, and discusses resources for all students.

52 The College's Learning and Teaching Strategy 2016-20 outlines its commitment to providing consistent and effective academic and personal support for student learning and development. The College provides an extensive range of integrated channels for pastoral and academic support, both formal and informal, with the Registrar as the main point of contact. This work is also supported by the well-established tutorial system consisting of personal tutors, year tutors and course specific tutors, through the library and through highly accessible faculty staff. Peer support between students is prevalent and encouraged in all facets of the College. Peer review is exemplified in the Academic Student Facilitator System, in which each year group provides two student 'guides' to offer support to the preceding year. This approach is innovative and effective and is widely appreciated by students, who value the community of learning that is engendered. The College also offers a professional on-site counselling service, which is free to students. Information regarding student support services is available in student handbooks, inductions and on Osteonet. Students and staff agree that student support is extensive, and comment how the collegiate atmosphere promotes effective informal methods of support, alongside more formal approaches. Support is wide ranging and well matched to the needs of individual students. The College fosters an effective culture of peer support, which promotes a positive learning environment and enhances learning opportunities.

53 External examiners report favourably on the quality of developmental written assessment feedback, especially on coursework. The review team substantiated this by sampling a series of marked assessments. Students praised their practical and clinical feedback, which they consider to be personalised and less generic than the feedback received on written work. In clinic, students receive ongoing verbal feedback following formal teaching sessions, and at the end of their six-weekly rotations. In year three, tutors hold grading meetings twice a year to discuss students' performance. A composite report with summative grades is produced for each student, with moderation by the Head of Clinic. In the final year these reports are produced termly. Any underperforming students are contacted and offered remedial support. External examiners report that any perceived or

evidenced weaknesses are supported by extra tutorials, practical guidance, post-assessment discussion and counselling. Students spoke highly of the level of support they receive from faculty and the Registry.

54 The College prepares students for employment following graduation with a series of lectures and talks from external speakers and osteopathic practitioners, as part of the practice management module in year four. Presentations include talks from an accountant and practitioners with experience in various fields of osteopathy. Students also receive tuition in writing CVs, business plans and practising interview techniques. Further career advice is available from the Plymouth University Employability Service. Professionalism and communication are integral elements of clinical practice and are reflected in the teaching and assessment strategies. In a recent graduate survey of graduates from 2014-16, 83 per cent reported having employment within six months of graduating. College senior management consider this evidence in combination with anecdotal knowledge to be indicative of a successful graduate outcome.

Learning resources

55 The programme is delivered by appropriately qualified faculty staff with extensive experience and qualifications in a range of disciplines. There are four full-time members of teaching staff, with the vast majority of teachers employed as fractional staff. Three quarters of the faculty team, which consists of 51 people, hold an osteopathic qualification; nearly 50 per cent hold a higher degree; and 18 per cent have a formal teaching qualification. The teaching faculty are supported by a team of 18 support staff, the majority of whom possess an honours degree, and 33 per cent of whom have postgraduate or higher degrees. The College engages staff with a breadth of expertise, employing graduates from other osteopathic institutions, medical schools and other healthcare related disciplines, which brings a depth to the provision.

56 The College has a well-utilised virtual learning environment, Osteonet. Staff and students can gain access onsite through 24 networked computers or remotely at any time with a secure login. Students may use their own devices using wireless internet. Osteonet is a vital repository of information that supports many aspects of the programme, and learning and teaching. New members of staff receive training on how to upload material. The College has involved students in discussions regarding the modernisation of Osteonet, which is due to be upgraded to a more interactive computer platform by spring 2018. The intention is to provide a more collaborative and interactive virtual learning environment to include videos and discussion boards. This project follows a successful update of the College's website, in which students were consulted.

57 The library is well equipped to support the needs of the College's teaching and research. It maintains a high quality and up-to-date collection of specialist osteopathic and related resources, and houses approximately 4,500 volumes, specialist journals, anatomical models and other learning materials. The well-used book stock is regularly reviewed in line with student needs and through the Programme Committee, where resource needs are discussed. The library is open for 51 hours a week during term time and 35 hours during vacations. Opening hours are extended around exam periods or on occasion by student request. Students receive inductions that highlight the variety of resources available, including access to Plymouth University's e-resources. College students are afforded the same access as University students and utilise visual learning resources such as Anatomy TV and the Atlas of Anatomy, as well as databases such as MEDLINE and AMED. All students who met the review team confirmed they value the easy access to e-resources. The librarian offers individualised tutorials by appointment to students requiring extra support in accessing online resources. Students with special needs are provided

specialised software in line with the College's Single Equality Scheme. Students are appreciative of these resources and the associated support they receive.

58 The College comprises two buildings, Frazer House and Lief House, which are linked by walkways. The well-established teaching clinic is based in Frazer House, which contains 24 clinic rooms, the clinic reception, library and offices. Lief House has been occupied since 1996 and contains the Human Performance Laboratory, two large practical session suites, a seminar room, a research clinic and offices. The clinic attracts a high volume and wide diversity of patients of varying ages and medical presentations. Students over the last four cohorts have seen on average over 90 new patients, almost double the figure required by the Subject Benchmark Statement for Osteopathy. This enhances their professional clinical experience and supports the achievement of the OPS.

59 Effective external liaison with various community groups has increased the scope and profile of patients attending the clinic. Students benefit from a broad profile of patients of various ages, ethnicity and conditions, and sufficient experience in the continuity of patient care. A recent example is a new working partnership with a Camden-based homeless charity, in which students will offer treatment to the homeless in the winter shelter. The diverse range and volume of patients enhances students' professional and clinical experience in relation to the OPS. Student satisfaction with the clinical education and provision is high.

60 In October 2016, University College London Hospital became the new lead provider for local musculoskeletal provision for the Camden Clinical Commissioning Group. This supersedes the College's previous contract of June 2013. For four years, patients from this referral route have formed a large percentage of those attending the teaching clinic; currently, these numbers remain unchanged. The College is involved in regular discussions with the University regarding the future provision, but at the time of the review visit no formal agreement for patient referral existed.

61 The College's on-site teaching facilities are appropriate to support the teaching methods and needs of the programme. Aside from administration offices and recreational space, the two large buildings house a tiered, 120-seating lecture theatre, two large practical classrooms with hydraulic plinths, and a seminar room. In Lief House, there are a further four multi-purpose consultation rooms, which are currently used for counselling, bone density scanning and a multi-faith prayer room.

62 Students and staff benefit from the on-site research and Human Performance Laboratory, which has recently received equipment and computer support upgrades. The laboratory based in Lief House is spacious and contains an array of specialised equipment to support students' research, beginning in year two with the exercise physiology module. The range of equipment includes treadmills, exercise bikes, a foot plate for gait analysis, as well as a 'BodPod', which calculates body composition and fat. Approximately 80 per cent of student projects utilise the equipment in the laboratory. On occasion, members of the public are invited to the laboratory for fitness assessments, which provides a source of revenue, as well as further data for analysis. There is also a hydrotherapy suite, which supports the naturopathic elements of the course. The research facilities, with extensive resources and dedicated staff, are widely accessed by students, who use these extensively to inform their learning and osteopathic practice.

Governance and management (including financial and risk management)

63 The College is a company with liability limited by guarantee and is a registered charity. The Board of Governors is made up of directors of the company and trustees of the charity. The company is governed by its Memorandum and Articles of Association, last modified in 2008. The Articles of Association lay down how the directors/governors should undertake the management of the College, and the structure and terms of reference for the subcommittees of the Board. The College confirmed that the structure, membership and operation of the Board of Governors has been informed by the Higher Education Code of Governance, although no formal mapping against the Code has been undertaken. The Board currently comprises 15 members, which include the Principal, a staff member and representatives drawn from the Students' Union. Three new members were appointed in 2016-17 to replace long-standing members who were retiring. The College believes it has continued to benefit from the broad experience of its Board of Governors, of which there is a range of expertise to draw on: from the osteopathic profession to higher education and the broader business community. Members have, as yet, not undertaken an effectiveness review of College governance. The governors oversee and take strategic responsibility for the full range of College activities, and instruct and direct the management team.

64 The Board of Governors has six standing committees: the Finance and Administration Committee; the Senior Management Group; the Remuneration Committee; the Nominations Committee; the Academic Board; and the Audit Committee. In turn, a number of these subcommittees to the Board of Governors have their own subcommittees. This is an elaborate structure for a small College; the last review in 2013 advised the College, as an area for development, to review its committee structure, with a view to streamlining it through removal of unnecessary overlap. The Board has considered its committee structure, and believes that the governance structure continues to be appropriate. Terms of reference for the various committees are clearly defined. While the distinction between governance and management is less clear in documentation, discussions with members of the Senior Management Group and the Chair of Governors confirm that there is a clearly understood demarcation between the roles of governors and the Group. All committees report directly or indirectly to the Board of Governors.

65 The Senior Management Group consists of the Principal and the Heads of Department, and meets at least monthly. Key responsibilities include strategic planning, continuous review of risk assessment, and receipt and discussion of financial management reports. The Principal is responsible to the Board and to the Finance and Administration Committee for the maintenance and improvement of the College's physical assets, and the financial running of the College. Senior staff are responsible for syllabus development, the engagement of lecturing staff, maintenance of student records including UKVI issues, and the review and enhancement of the College's teaching and learning resources and strategies.

66 The College has a Mission Statement and Strategic Plan 2016-21. Strategic planning rests in the remit of the Board of Governors, with the Senior Management Group responsible for the development and implementation of the Strategic Plan, which consists of a list of seven organisational goals. There is limited evidence of how the Strategic Plan has been generated, or how it is implemented and reviewed. The Principal takes responsibility for updating the Strategic Plan, which is sent for consultation to other members of the management team, and to the Board of Governors for consideration and approval. The Chair of Governors confirmed this was the case. The College confirmed that the limited scope of the current Strategic Plan is due to priority being given to the need to redress the financial position of the College over the last few years. This focus had hindered the College in developing a more holistic and thorough approach to strategic planning. There is greater opportunity for the College to increase its focus on strategic management, to articulate and

communicate more effectively strategic planning objectives, and to enhance its approach to implementing and monitoring strategic planning.

67 The College had no student intake in 2010-11, which resulted in a 'fallow year' working its way through the College. Since the College derives the bulk of its income from student fees and its clinic, the fallow year inevitably had a significant adverse effect on the College's financial position. The previous RQ review in 2013 concluded that the Board of Governors and Senior Management Group had managed this situation effectively, deploying College reserves and assets to ensure minimum disruption to the operation of the College, or impact on its reputation. The annual accounts of the College for the last three years show a trajectory that has moved the College from a significant deficit in 2013-14 to a small surplus in 2015-16. This has been achieved by both reducing operational costs and diversifying income streams. The 2016-17 annual report and accounts were not available at the time of the visit, but senior staff confirmed that the financial out-turn for 2016-17 would be a modest surplus, with projections for 2017-18 suggesting a similar pattern. The College has undertaken a sensitivity analysis on the effects of a downturn in student recruitment, which has been considered by the Board of Governors. The College carefully monitors its financial position through its budget meetings and through the committee structure.

68 The College has worked effectively to ensure the elimination of the financial deficit over the last few years. However, there are a number of contingencies that have the potential to adversely affect the College's financial position. Firstly, the current low level of recruitment to the College, coupled with the significant loss of students in the first two years of the programme through withdrawal or failure, means that fee revenue may be reduced. Taking a conservative view of its recruitment, the College's budgetary projections forecast a return to a modest overall deficit in 2019-20. There is more opportunity for the College to intensify its strategy for the management of student recruitment and retention to support its work in putting the institution on a sound financial basis. Secondly, the termination of the Camden clinic contract, and the switch to a relationship with the University College London Hospital as the commissioning body, poses a financial risk, as the College has as yet been able to secure a contract from the University, and is operating on the basis that the University is continuing to commission it to provide clinical treatments for patients. This is significant, as this work represents around £100K of the College's income in 2017-18 and a substantial proportion of clinic patients. The College is confident that this work will continue and that in due course it will be put on a firm contractual basis. However, at the time of the visit, the potential loss of this income stream remains a significant risk for the College. The third contingent risk relates to the bank loans the College has taken out. The review team confirmed with senior staff that these loan agreements contain a covenant that, if student recruitment falls below a specified level, the bank has the right to terminate the loan and demand full repayment. Set against these contingent risks, however, the College has substantial assets, primarily its freehold premises, which provide a financial safety-net for the College.

69 The College manages risk through the maintenance of a register that operates within the guidelines of its risk management policy and procedures. It also has a business continuity plan to mitigate the effects on the College of various adverse risks. The risk register is managed by the Principal. The risk register is considered as a routine item at most meetings of the Board of Governors; additionally, it is part of the Finance and Administration Committee's role to review the effectiveness of the internal controls of risk.

Governance and management (the maintenance and enhancement of standards and quality)

70 The College continues to have a complex committee structure, with overlap and a lack of clarity about student engagement in the formal deliberative processes. The Academic

Board deals with all academic matters on behalf of the Board of Governors. Its terms of reference include responsibility for the development and monitoring of College academic activities, quality assurance, and maintenance of validation partnerships and accreditation by the GOsC. The College committee structure shows the Academic Board as being chaired by the Principal. However, in practice, the Head of Osteopathy fulfils this role. Other members include senior academic and administrative staff and Board of Governors representatives. The Academic Board normally meets three times each academic year. The focus of its business is predominantly operational rather than strategic. College documentation relating to the six committees reporting directly to the Board of Governors shows student representation only on the Academic Board. However, the Principal told the review team that student representation had been specifically excluded on the Academic Board, which was confirmed by an examination of the minutes of the Academic Board.

71 Reporting to Academic Board is the Academic Standards and Management Committee. This carries out a wide range of key academic processes, including undertaking annual monitoring; maintaining academic and clinical standards; responsibility for programme approval and minor changes; establishing quality assurance procedures; considering and debating academic policy and planning; curriculum development; ensuring appropriate teaching and learning resources; establishing the admissions policy; establishing the academic staffing policy; monitoring clinical provision; and receiving reports from its five subcommittees. Membership comprises the Principal and the Heads of Department; as such, the Committee a sub-set of the membership of the Academic Board. Reporting to the ASMC are five subcommittees: the M^{OST} Programme Committee, the Subject Assessment Panel and Awards Board, the Special Needs Committee, the Faculty Committee, and the Research and Ethics Subcommittee. Student representation is only explicit on the M^{OST} Programme Committee. The previous RQ review in 2013 advised the College to review its committee structure with a view to streamlining it through removal of unnecessary overlap. Senior staff stated that several academic committees had been merged or run sequentially, although there is a lack of clarity about this approach. The College should continue to review the operation of its committee structure. with a view to avoiding duplication and achieving further streamlining, and also to engage current students with its senior deliberative bodies.

72 A key feature of the management of the College, which has been strengthened over the period since the last review, is the culture of openness and transparency. Senior managers have shown a willingness to communicate wide-ranging information relating to the operation of the College, including its financial position. Staff are able to comment openly and frankly about matters relating to the running of the College, and commented positively about this engagement. The termly staff question-and-answer meetings provide a valuable forum for the two-way exchange of information between senior managers and staff. Meetings take place over an extended period, usually a week, allowing an opportunity for all full and part-time staff to engage. The topics discussed, and any outcomes, are captured in written feedback that is made available to all staff. Students confirmed that they are closely involved in the operation of the College and that management information is shared with them. This information has included the financial constraints under which the College has been operating for the last few years. The College has formalised aspects of this open approach more recently through newsletters for current students and alumni - the BCOM Bee and BUZZ Newsletters respectively - providing information about the College and its progress. The culture of openness and transparency is widely appreciated by both staff and students, who consider themselves to be extensively engaged in the operation of the College.

73 Plymouth University has ultimate responsibility for academic standards on the College's programmes. The University discharges this responsibility by periodic review and validation of the programmes, with the last successful review in 2015-16, and through the receipt of annual monitoring reports from the College. The College also completes annual

monitoring reports to the GOsC as part of its professional accreditation. Teaching staff engage with the process of annual review through completion of module review reports. Reviews include the evaluation of student performance on each module annually. The comparison of this data with that of previous years helps monitor and enhance the quality of students' learning opportunities, and supports the maintenance of academic standards. The annual module reviews form the basis for annual programme review.

74 The College's programmes are overseen by external examiners formally appointed by Plymouth University but with recommendations from the College. Examiners report annually using the University's standard external examiner report document. External examiner reports show a high degree of confidence in the way the College conducts its assessment processes, and in the quality of assessment outcomes. External examiners confirm that they receive responses from the College to their reports. Examiners comment positively on how the College has involved them in the review of its assessment strategy, and on the outcome. External examiner reports are available on Osteonet to both staff and students. Teaching and clinical staff generally rely on summaries of external examiner comments provided within the College, rather than to access the full reports. Students who met the review team were unaware that external examiner reports are available for them to access.

75 Students are enabled to engage in the quality assurance of their programme of studies through representation on Programme Committee meetings, and through providing regular feedback. Student representatives are supported in the role through the Programme Representative Handbook, although students regard peer support as the principal means by which they were guided in their representative role. Student feedback is gathered through individual module evaluation questionnaires, an online survey through Plymouth University, and a survey undertaken by the College. The survey is extended to accommodate the practical and clinical aspects of the programme. The collated results from these surveys are considered by module leaders and are discussed at the Programme Committee. The Principal consolidates survey outcomes into an annual Student Feedback Report as part of annual review. Students confirm that they regard the College as listening to their voice and being responsive, and cite examples of student feedback leading to positive changes. In addition to student views, the College effectively ascertains the views of patients who use the clinic through the Patient Participation Group.

Meetings and documentation

Meetings held

M1 Senior Management Group (SMG) and presentation by College

M1A Phone conference with Chair of Board of Governors

M2 Students

M3 Teaching, delivery and professional staff

M4 Clinical Staff

M5 Final meeting

M6 Meeting concerning Diploma in Osteopathy

Major documentation

Appendix 2: SED Documentation Evidence

Document Number	Name	Footnote Number
SED001	Academic Co-operation Agreement with Plymouth 2017	1,60
SED002	Programme Specifications 2017	2,26,27,28,48,55,81
SED003	Most Validation Documentation Plymouth 2016 and London Met	3,10,22
SED004	Plymouth Handbook of Regulations	4,46
SED005	GOsC Osteopathic Standards (OPS) 2012	5,90,91
SED006	QAA Subject Benchmark Statement, Osteopathy 2015	6,83,93
SED007	BCOM Strategic Plan	7,42
SED008	Student Handbooks, Plymouth University	8,49,80
SED009	BCOM Admissions Policy and Procedure 2017	9
SED010	FCCA Reports 2014-15, 2015-16, 2016-17	11,72,76,92
SED011	BCOM Single Equality Scheme	12,78
SED012	BCOM Equality Objectives	13
SED013	UK Quality Code for HE Chapter B4	14,16
	Equality Act 2010 Available on line www.legislation.gov.uk/ukpga/2010-15/contents	
SED014	BCOM Special Needs & Resources Committees Minutes	17,43
SED015	External Examiners Reports	19,20,31,34,35,53,56,57,62,63,64,67,68,69
	Past Examination Script Examples in Module Boxes	
SED016	BCOM Governance & Structure: Minutes of Meetings	23
SED017	SPQ Feedback 2016-17	18,37

SED018	BCOM Aide Memoires of Staff Q&A Meetings	24
SED019	BCOM Module/OPS Categories Mapping Document	25,19
SED020	UK Quality Code for HE: Chapter B7	29,51,66
SED021	SEEC Credit Level Descriptors www.SEEC.org.uk	30
SED022	Academic Board Minutes	32,40
SED023	Academic Standards and Management Board Minutes	32,36,43,52
SED024	GOPRE Document	33
SED025	UK Quality Code for HE: Chapter B1 and B5	38
SED026	London Metropolitan Annual Monitoring Reports	39,44
SED027	Plymouth University Annual Monitoring Reports	39, 44
SED028	BCOM Professional Practice Handbook	41,82
SED029	Course/Programme Committee Minutes	43
SED030	GOsC Annual Reports 2013-14 2014-15, 2015-16, 2016-17	45
SED031	BCOM Learning, Teaching & Assessment Strategy 2017	47
SED032	UK Quality Code for HE Chapter B6	51,54,59,71
SED033	Assessment Board Minutes 2013-14, 2014-15, 2015-16, 2016-17	
SED034	Research Project Guidelines	58
SED035	Mitigating Circumstances Spreadsheets 2013-2017	61
SED036	Coursework Flow Diagram	65
SED037	Invigilator Guidance Notes	70
SED038	Programme Leadership & Management Guide	73,101
SED039	Module Leadership & Management Guide	74,102
SED040	HEA Pedagogy for Employability https://www.heacademy.ac.uk/knowledge-hub/pedagogy-employability	75
SED041	Course/Programme Representatives Handbook	79
SED042	Patient Survey Questionnaires	
SED043	Staff CVs	85
SED044	BCOM Staff Handbook	89
SED045	Osteopathic Practice Standards	88,95
SED046	Professional Practice Reports	88,95
SED047	Patient Forum Feedback	84,96,97
SED048	Academic Facilitator Reports	98
SED049	Staff Development Allocations Committee Minutes 2014-15-16-17	99
SED050	Peer Observation: Collaborative Teaching Quality Enhancement Handbook	100
SED051	Proposed Staff Teaching and Reward	103

	Scheme (STARS)	
SED052	Research Annual Reports 2014-15-16-17	104
SED053	BCOM Governance & Committee Structure Document	105
SED054	Memoranda and Articles of Association	106
SED055	Littlejohns: Auditors Appointment Letter	107
SED056	BCOM Annual Report and Accounts 2014-15-16	108
SED057	Student Disabilities Facilitator Job Description	77
SED058	Joint Board of Studies Minutes	

Additional Evidence Uploaded

SED059	Completion Statistics	
SED060	BCOM Student Demographics	
SED061	Academic Year Progression Tables	
SED062	Reasons for Non-Completion	
SED063	Staff Numbers at BCOM	
SED064	Engagement of Staff in HE	
SED065	Reference Source List	
SED066	Programme/Course Committee Minutes	
SED067	Appendix 1: Mapping showing changes in modules	
SED068	Academic Board Minutes	
SED069	Clinic Team Meeting Minutes	
SED070	Sager Lecture Slides	
SED071	Budget Meeting Minutes	
SED072	Risk Analysis and Business Continuity Plan	
SED073	Profiles of BCOM Board of Governors	
SED074	Assessment Board Minutes	

Additional Information Requested at Visit

SED075	Graduate Survey	
SED076	Student Feedback Report	
SED077	Emails re Unsolicited Information	
SED078	Student Numbers by Level/Academic Year	
SED079	Work Experience Pack	
SED080	BCOM Bee and BUZZ Newsletters	
SED081	Progression Results by element of assessment	
SED082	CPD Events and Meetings	
SED083	Cranial Module Outline	
SED084	Fitness to Practise Policy	