



General  
Osteopathic  
Council



QAA

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

**Member of London College of Osteopathic Medicine**

**Renewal of recognition review**

**London College of Osteopathic Medicine**

**March 2014**

## 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.

Decisions concerning the granting, maintenance and renewal of RQ status are made by the Privy Council following reviews of osteopathic courses and course providers. The Quality Assurance Agency for Higher Education (QAA) manages certain aspects of these reviews on behalf of GOsC. The role of QAA, by its conduct throughout the UK of reviews 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 (Quality Code) 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 team of review 'visitors' who gather evidence to enable them to report their judgements on governance and management, the clinical and academic standards, and the quality of learning opportunities. Review activities include meeting staff and students, observing teaching and learning, scrutinising students' assessed work, reading relevant documents, and examining learning resources. Full details of the process of GOsC review can be found in the *GOsC review of osteopathic courses and course providers: Handbook for course providers*, QAA 2011.

GOsC review may take one of three forms:

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

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

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

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

## **Introduction**

This report presents the findings of a renewal review of aspects of the governance and management, the academic standards achieved, and the quality of the learning opportunities provided in osteopathy at the London College of Osteopathic Medicine (the College). The programme reviewed was Member of London College of Osteopathic Medicine. The review was undertaken by visitors appointed by the General Osteopathic Council (GOsC) in accordance with the GOsC's regulatory responsibilities for safeguarding Recognised Qualification (RQ) criteria under the Osteopaths Act 1993. A prime focus of the review was the relationship of the programmes to the Osteopathic Practice Standards professional competence standard of the GOsC. The review was completed in the academic year 2013-14. The review visitors were Stephen Hartshorn, Jill Lytle and Sarah Wallace, and Simon Ives (Review Coordinator).

## **A Formal recommendation**

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

The recommendation of the visitors for the Member of London College of Osteopathic Medicine programme is:

- **approval without conditions**

## **B Findings**

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

### **Strengths**

- the integrated structure of the programme addresses the individual needs of students (paragraph 9)
- the highly effective progressive strategy for assessing technical and clinical skills and developing students' competence in osteopathic practice (paragraph 14).

### **Good practice**

- the highly constructive and comprehensive feedback provided on students' clinical and practical assessments (paragraph 18).

### **Areas for development**

- feedback on written assignments is limited and not of the same high standard as the feedback on practical and clinical work (paragraph 18)
- there is a lack of an overarching policy for recording assessment policies and procedures in line with the expectations of the Quality Code *Chapter B6: Assessment of students and accreditation of prior learning* (paragraph 19)
- the lack of a formal framework for strategically managing staff development to ensure that it aligns to the aims of the course, and supports the development of teaching practice (paragraph 27)

- the documentation of the extensive information provided to students, including guidance on teaching, learning and assessment, is too fragmented (paragraph 35)
- processes for strategic planning, risk management, enhancement and action planning are at an early stage and are not yet fully embedded (paragraph 43)
- although work has recently been undertaken to document formally the structure and purpose of each of the College's committees, there is a lack of detailed information to explain their roles and responsibilities and how they interact (paragraph 47).

## **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 visitors with at least one visit of two days to the provider. For recognition and renewal review, the review period is typically of six weeks.

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

Documentary evidence typically used includes financial accounts, strategic plans, financial projections, insurance schedules, student work, clinic management records, internal reports from committees, boards and individual staff with relevant responsibilities, and external reports from examiners, verifiers, employers, 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 can remain anonymous to the provider if preferred.

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

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

Key features of GOsC review include:

- an emphasis on the professional competencies expected of osteopaths and expressed in GOsC's Osteopathic Practice Standards
- peer review: review teams include currently registered osteopaths and frequently at least one lay visitor with higher education interests
- a focus on the students' learning experience, frequently to include the observation by visitors of clinical and non-clinical teaching
- flexibility of process to minimise disruption to the provider; there is negotiation between QAA and the provider about the timings of the review and the nature of evidence to be shown
- a process conducted in an atmosphere of mutual trust; the visitors do not normally expect to find areas for improvement that the provider has not identified in its own self-evaluation document (SED)
- an emphasis on governance and management, to include the maintenance and enhancement of standards and quality
- use of the SED as the key document: this should have a reflective and evaluative focus

- an onus on the provider to supply all relevant information: any material identified in the SED should be readily available to visitors
- 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 visitors to reach robust findings and recommendations
- providing transparency of process through the use of published GOsC criteria
- the role of the Institutional Contact, a member of the provider's staff, to assist effective communication between the visitors and the provider
- the facility to engage a further specialist adviser where necessary
- close monitoring by QAA officers.

## **D The overall aims of the provider**

1 The College is part of Osteopathic Trusts Ltd, a registered charity and a company limited by guarantee, which also owns the Osteopathic Association Clinic. The College has been teaching osteopathy since 1946. The premises are owned by the charity and are based in Marylebone in central London. The College provides part-time, vocational osteopathic training for qualified and experienced medical practitioners. It awards Membership of the London College of Osteopathic Medicine on successful completion of the course.

2 The College aims to provide osteopathic training for doctors with a wide variety of medical experience. It teaches osteopathic principles, assessment and treatment methods and aims to integrate these into students' existing clinical practice. Integral to the course is the use of students' prior skills and knowledge acquired in medical practice and postgraduate training and qualifications. Since the last review, the College has redesigned the programme to provide a shorter, more intensive, course of study. The majority of staff and trustees are former students, although the College is seeking to broaden its recruitment to offer a greater mix of experience.

3 The course concentrates on those domains listed within the Osteopathic Practice Standards which are specific to osteopathy, rather than the domains which are generic to health professionals, or those that have already been acquired in medical and postgraduate training. The course places appropriate emphasis on the acquisition of palpation ability to enable development of the distinct skills of osteopathic assessment and osteopathic therapy.

4 The intended learning outcomes of the course are appropriate to a postgraduate diploma at level 7 on *The framework for higher education qualifications in England, Wales and Northern Ireland (FHEQ)*, and are in line with the expectations set out in GOsC's Osteopathic Practice Standards (2012), the *Subject benchmark statement: Osteopathy*, and the Quality Code.

5 In recent years, three or four trainees (students) have been admitted to each 18 month course on an irregular basis. At the time of the visit there were three students on the course being taught by 12 part-time members of staff.

## 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 College prospectus clearly outlines the overall aims of the course. These are to teach osteopathic principles, assessments and treatment methods to qualified doctors, and to integrate these into their existing medical qualifications, drawing upon their prior skills and knowledge. The course aims are clearly evident in curricular documentation and are explicit in the underpinning clinical experiential learning and assessment strategies. Programme aims are widely publicised and well understood by students and staff. Staff research, scholarship and professional activities ensure that the overall aims are aligned with level 7 on the FHEQ. These are commensurate with the expectations of a postgraduate diploma.

7 The College articulates the intended learning outcomes in a curriculum document which identifies 11 curricular domains. This document drives the taught curriculum and is widely available and well understood. The intended learning outcomes for both programmes are extensively mapped to the Osteopathic Practice Standards and the *Subject benchmark statement: Osteopathy*. Additionally, the College maps its intended learning outcomes to the *Good Medical Practice 2013* guidance provided by the General Medical Council, and *Subject benchmark statement: Medicine*. The progressive assessment strategy is effective in developing and integrating osteopathic professional competencies in alignment with the course aims and intended learning outcomes.

#### Curricula

8 The requirements of the Osteopathic Practice Standards are explicit throughout the curriculum, which is consistent with the Subject benchmark statement: Osteopathy, and embeds the FHEQ level descriptors. The 11 curricular domains reflect the Osteopathic Practice Standards, and are mapped across the component parts of the course. These domains outline the increasing competencies and underpinning knowledge base required for osteopathic practice. Curricula content also reflects Good Medical Practice 2013 and the Subject benchmark statement: Medicine. The expectations of the Subject benchmark statement: Osteopathy are also considered. Following the previous review, the College has ensured that the curricula and intended learning outcomes are now clearly documented and fully mapped to the Osteopathic Practice Standards, as summarised below:

**Theme A: Communication and patient partnership.** This is well embedded throughout the curriculum and in clinic-based learning. The College's Consultation Skills domain is mapped against A1 to A6, and a focus is placed on demonstrating existing medical consultation skills within an osteopathic consultation. Emphasis is placed on active listening skills, responding to verbal and non-verbal cues, and eliciting patient's health beliefs and their ideas. A2 to A5 are mapped against the Techniques domain. Students are expected to be able to explain osteopathic technique and the rationale for its application to a patient. Emphasis is also placed on the acquisition of informed consent and the consideration of absolute or relative contra-indications. The expectations of these two domains are reinforced in the Intensive Course, technique teaching, clinical teaching and lunchtime lecture phases. Visitors observed students addressing the demands of theme A in practice.

**Theme B: Knowledge, skills and performance.** Four College domains are mapped directly against B1 and are reflected in all of the taught phases. The demands of this theme are also evident in assessed student clinical work. B2 is reflected in six areas, with particular emphasis in Evidence for Osteopathy, while Practising as an Osteopath reflects the requirements of B3 and B4. The Management domain is also mapped against B4 and

emphasises patient feedback and discussion with colleagues. This was also observed in practice.

**Theme C: Safety and quality in practice.** C1 and C6 are mapped directly against two specific elements of the curriculum. The demands of C3, C4, C5, C7 and C8 are reflected in three areas: Consultation Skills; Techniques, and Management. These are also considered in three or more of the teaching phases. Seven domains consider the requirements of C2 placing emphasis on a student's ability to formulate and deliver a justifiable treatment plan or provide an alternative course of action. Scrutiny of assessed student work confirms these aspects are well addressed across all teaching interactions. Particular emphasis on self-help is located in Exercise and Ergonomics. C9 is specifically mapped against four areas.

**Theme D: Professionalism.** The requirements of D1 and D6 are mapped against both Management and Practising as an Osteopath. The latter domain considers National Institute for Health and Care (NICE) guidance, commissioning and use of osteopathy as a medical approach within the NHS. Other aspects include the management of work opportunities in the public and private medical sector. Emphasis is also placed on the Osteopaths Act and the responsibilities and requirements expected of a Registered Osteopath. These aspects are considered in the clinical teaching and lunchtime lecture elements. The College does not directly address D7 to D18 as part of the curriculum, as it considers that these elements have been acquired and are adhered to in line with students' medical and postgraduate training. The visitors were satisfied in discussion with staff that these areas are appropriately considered and acted upon as required.

9 Staff confirm their involvement in the curriculum review which addressed the implementation and embedding of the new Osteopathic Practice Standards. Students are very aware of the demands of professional practice and how these are clearly referenced throughout their studies. The course curricula are structured around three key stages. The initial two-month period is studied on a distance-learning programme. This revises basic medical sciences relevant to osteopathy, and provides trainees with an introduction to the course expectations. The second stage is a 10-day intensive course studied on-site over two weeks, which revises musculoskeletal and orthopaedic examinations. The third is an 18-month clinic-based taught course which takes place weekly on Fridays and Saturdays. During this time, students learn with patients in the clinic. They are responsible for patient care and are supervised by experienced tutors. Further technique is taught and practised on Saturday afternoons. Current and former students confirmed their satisfaction with the structure and phasing of the course. The integrated structure of the programme addresses the individual needs of students, and is a strength of the programme.

10 The course is well-designed to challenge students' previously acquired concepts of disease and models for diagnosis and treatment. Throughout the course, emphasis is placed on integrating students' medical training and postgraduate experience with osteopathic practice, leading to the generation of more effective diagnosis and treatment. The majority of the course provides clinic-based learning focused on individual patient needs. This element drives gradual student progression and is intricately linked to the assessment strategy.

11 The College's curriculum document provides an overview of topics, knowledge and skills, from which the technique curricula and assessment are derived. The College structures the osteopathic technique curriculum into two stages and this is effective in developing students' learning. Technique 1 reviews and develops the foundations introduced in the Intensive Course. Students are introduced to an appropriate range of examination, technique and treatment modalities. Technique 2 is designed to consolidate previously acquired knowledge and provide in-depth refinement.

12 The experience, qualifications and scholarship of the staff is a strength, particularly in course delivery and in clinical assessment. Feedback from staff, external examiners and students is regularly incorporated into curriculum review and development. This occurs on an informal basis and is evidenced in action. However, there is a limited documentary trail. This aspect requires to be developed in order to ensure full engagement with the key elements of the Quality Code, *Chapter B1: Programme design and approval*.

## **Assessment**

13 The College uses a wide range of effective assessment methods and practices, although it does not have a formal overarching assessment policy. Assessments reflect the Osteopathic Practice Standards and the requirements of the *Subject benchmark statement: Osteopathy*. Assessment practices are appropriately derived from the intended learning outcomes and the curriculum. Trainees' prior knowledge, derived from their medical qualifications and experience, is not consistently assessed but is considered if there is cause for concern in student performance.

14 The well-developed assessment strategy appropriately reflects the overall aims of the course. This places an increasing emphasis on students progressively demonstrating appropriate clinical skills. Assessment methods effectively develop educational and osteopathic professional capabilities. They demonstrate increasing complexity as a student progresses, culminating in the assessment of osteopathic competencies and performance in practice. Assessment expectations are increasingly challenging as the course progresses. This strategy is highly effective in assessing technical and clinical skills and developing students' competence in osteopathic practice.

15 The variety of assessment methods reflect the expectations of the *Subject benchmark statement: osteopathy*. These methods include an essay on somatic dysfunction, critical analysis of a research paper, a case history assessment, patient examination and diagnosis, oral examinations, a technique objective sequential clinical examination, and a final clinical competence examination. The technical and professional competency assessment methods provide an effective means of ensuring that students are well prepared for professional osteopathic practice.

16 The Final Clinical Competence Assessment is in four parts. It involves an objective sequential clinical examination on case history taking, advice and ergonomics, and involves role play and a technique assessment. Students are also assessed with one new and a follow-up patient. The rigorous examination process involves one internal and one external assessor. A further external examiner comments on content and process but does not contribute to any discussion or decision regarding student competence. Visitors concur with external assessors' opinion that this assessment is effective in enabling a student to demonstrate competencies across the four Osteopathic Practice Standards themes.

17 Staff provide regular opportunities for students to receive assessment feedback, and to undertake self-reflection on their performance. Oral feedback is provided initially, followed by full written feedback one week later. Emails containing marks awarded and some feedback are sent to students on the same day. Staff confirmed that they receive regular updates on student performance, and students expressed their satisfaction with the amount, quality and timeliness of feedback.

18 Students confirm that feedback on work is prompt and useful in showing them how to improve. Scrutiny of students' assessed work for clinical and practical skills identified consistent highly constructive and comprehensive feedback. However, feedback on the two written assessment elements is limited, and provides little developmental guidance for students. The College acknowledges the need to develop the assessment feedback on



written assignments and is taking action to ensure that this is of the same standard as the feedback on practical work.

19 The College operates effective quality assurance of assessment. It employs appropriate moderation processes for assessment tasks and assignments, including external input for clinical assessment. A faculty meeting is convened to undertake the role of an examination board. While there are effective assessment practices in action, there is a lack of a formal overarching policy which records the College's assessment policies and procedures, in line with the expectations of the Quality Code, *Chapter B6: Assessment of students and accreditation of prior learning*.

### **Achievement**

20 Student work demonstrates increasing levels of achievement throughout the course. External examiners report that the standard of students' work compares favourably with that of other osteopathic providers. They confirm that students demonstrate excellent interpersonal, communication and professional skills, drawing upon their prior experience and qualifications. Examiners confirm that students satisfy the capabilities required by the Osteopathic Practice Standards.

21 The College is committed to ensuring individual student progression and achievement. Students' needs are identified on an individual basis and the programme of study is effectively tailored to suit their working practices and previous experience. The curriculum domain Practising as an Osteopath is effective in supporting the specific needs of individual students and ensures that they are well prepared for professional osteopathic practice.

22 Past students confirm their satisfaction with the course in developing skills and in preparation for entering osteopathic practice. Former students work in a variety of situations, including some who have chosen to become sole osteopathic practitioners and some who integrate osteopathy into their medical practice.

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

### **Teaching and learning**

23 The College employs an appropriate range of teaching methods in the delivery of the curriculum. Faculty staff make effective use of teaching aids in order to encourage student participation. Observation by visitors confirms that teaching is of an appropriate standard, and that staff bring a wide range of skills and experience into the teaching environment. The College makes an appropriate use of current technologies. These offer an accessible repository for the storage of a wide range of course documentation, support opportunities for distance study by students, and facilitate independent learning. Students, who often live far from the College, can engage flexibly with the programme, both on-site and remotely.

24 Students are encouraged to maintain patient and technique logs and journals throughout the period of their training. Although a template is provided, completing logs is not a formal requirement of the course. The process of reflective practice is encouraged, to reinforce the development of continuing personal and professional development, but it is not formally integrated into the programme.

25 Clinical teaching takes place at the College's premises in Marylebone, which provide a professional learning environment. Students are exposed to clinical activity early in the programme and are actively encouraged to take appropriate responsibility for patient care. A significant component of the programme is delivered through clinical practice and

students see sufficient numbers of new patients to meet the expectations of the *Subject benchmark statement: Osteopathy*. Students confirm that they see a wide variety of patients with a range of presentation types which allows them to develop appropriate clinical skills and techniques.

26 Visitors' observations confirm that clinical teaching is of a good standard. Clinic tutors ensure that students are appropriately supported by ensuring that academic knowledge is translated into clinical practice at a level that matches their individual stage of development. The College has a range of formal and informal processes for monitoring student development, which ensures that clinic-based teaching is tailored to individual need, experience and development.

27 Staff development activity is predominantly driven by areas of personal interest and the requirements of professional registration. The College has no formalised framework for strategically managing staff development to ensure that it aligns to the aims of the course and supports the development of teaching practice. There is no formal requirement from the College for faculty staff to keep up to date, other than the expectations of the GOsC and the GMC register. Regular faculty days provide opportunities for shared technique teaching involving students and faculty members. These are effective in allowing for peer observation of teaching for both faculty staff and students.

### **Student progression**

28 The School provides a wide range of effective support mechanisms which underpin student progression. These fully reflect the expectations of various sections of the Quality Code, including *Chapter B3: Learning and teaching* and *Chapter B4: Student support, learning resources and careers education, information advice and guidance*.

29 The admissions process is rigorous in ensuring that prospective students have the appropriate qualifications to enrol. New applicants are screened to ensure that knowledge and prior experience are consistent with the overall course requirements. Potential candidates are encouraged to visit the College in order to gain a better understanding, and to discuss career planning with faculty staff. Present and former students confirm that the information they received prior to enrolment was comprehensive and helpful. Several students stated that they had visited the College on a variety of occasions to meet staff and students and to observe activities, which they found valuable.

30 The initial distance-learning programme focuses on re-introducing students to the learning process, osteopathic theory and anatomy. Students find this programme useful but challenging. They are allowed to enter the course prior to successful completion of the distance-learning programme examination, but are required to pass this at a later stage.

31 The regular monthly meetings of the College and Clinic Committee are effective in encouraging dialogue between students and staff. A wide range of operational, administrative and quality issues are discussed. Students report that they feel able to give feedback freely regarding the various elements of the course, and that staff respond to issues raised.

32 Well-developed and well-understood formal and informal networks provide effective student support. The small student cohort and the strong mutual support network reflecting the ethos of the College are effective in identifying and supporting individual student's learning needs. Students can progress at their own rate, while taking responsibility for their own learning. The very small student numbers allow for regular interaction between students and staff. Support includes the assignment of a mentor who is able to provide one-to-one feedback on both academic and pastoral matters.

33 Tutors provide continual academic guidance and feedback. Open practical sessions are offered in the clinic and teaching sessions are organised in response to specific student requests. These are often related to areas for development or individual student or staff interest. The close interaction of staff and students at all levels, and the mentoring process, enable staff to identify and resolve any potential difficulties at an early stage.

34 Students who are retained generally progress well within the course. In most cohorts there is usually one student withdrawal. In cases where a student decides to leave the course the College uses a variety of methods to evaluate the lessons learned and adapt the application procedure.

35 The student handbook is provided in the form of a number of documents stored within a subsection of the College's electronic information repository. The information provided is extensive, including guidance on teaching, learning and assessment, but is too fragmented.

### **Learning resources**

36 The College's premises in Marylebone include a large, well equipped classroom with a fixed data projector and screen, anatomical models, presentation boards, and hydraulic plinths to facilitate the teaching of practical sessions. There is a small but adequate library on site, which provides students with access to essential textbooks and reading materials. A wireless network provides access, throughout the building, to a digital repository where additional student learning resources can be found. This allows students ready access to online journals, research articles and document repositories which contain additional course information. Students report that the available provision of online access to information is sufficient to support their learning needs.

37 The College's clinic provides a well-equipped and professional environment for students and patients. Attendance is monitored to ensure that students complete a sufficient number of clinical hours, and that they are exposed to an appropriate range of patients. The number and diversity of patients treated by each student meets the requirements of the *Subject benchmark statement: Osteopathy*.

38 Teaching is delivered by a team of 12 part-time staff, some of whom teach at other osteopathic or medical institutions. Staff demonstrate a broad range of skills and experience, and are generally highly qualified osteopathic and medical practitioners. They bring valuable experience from the workplace into the learning environment. Many staff are also former students. However, the College is taking steps to widen its staffing base. Only a small number of staff have formal teaching qualifications, although this experience has brought valuable new approaches to learning methodologies. The College considers that further opportunities exist for faculty staff to undertake teaching qualifications. Osteopaths working in the College and the clinic are self-employed. There is a well-understood process for the induction for new staff. This encourages a culture of mutual support and is effective in ensuring that staff are properly integrated into the College.

### **Governance and management (including financial and risk management)**

39 Overall authority for the activities of the College and Osteopathic Association Clinic are vested in Osteopathic Trusts Ltd (the Trust). This is a registered charity which owns the premises in Marylebone, and employs four staff who look after the building and its activities. The Trust has the aim of promoting osteopathic education, treatment and research. The College is not an independent legal entity.

40 The College is governed by a Board of Trustees (the Board) which meets formally on an annual basis. There is a close working relationship between the Course Director,

Deputy Course Director and other staff. The chair and secretary of the Board regularly attend the College's management committee and report to other trustees after meetings. Other interactions between trustees and staff take place on an informal basis throughout the year. Relevant documents are available to trustees and faculty staff through an electronic repository. The long-standing Chair of Trustees stepped down in 2013 and a new chair and several trustees have recently joined the Board.

41 The Management Committee meets quarterly and is responsible to the Board for the strategic and operational management of the clinic, the course and the building. Quality assurance for the course is delegated to staff, under the guidance of the Course Director. The Chair receives all faculty minutes and papers.

42 Following the last review, the College and its trustees have taken action to ensure that a more stable and robust financial strategy is in place to ensure long-term viability. Developments in financial management since the previous review have resulted in the production of more useful, regularly updated information for monitoring and decision-making at all levels, and this has allowed the financial situation to be consolidated.

43 Progress has been made since the last review in developing a strategic planning and risk assessment process. A detailed risk register, covering a wide range of issues, has recently been developed and is currently in draft for discussion by the Board. The proposed register has the potential to facilitate regular review, action planning and enhancement of all key aspects of the clinic and the College, including quality assurance processes and procedures. However, processes for strategic planning, risk management, enhancement and action planning are at an early stage and are not yet fully embedded.

44 The main risk faced by the Trust is insufficient student recruitment to make a financially viable programme. Board discussions about financial viability take place before any course starts. Each course is of 18 months' duration and only one cohort of students is in training at any time. It is therefore possible to assess financial viability with reasonable accuracy on a course by course basis. Prior to granting approval, the Board ensures that it has confidence that sufficient resources are available to enable students to complete the course. This relatively short planning horizon is appropriate given the length of the course. The College has been recognised by the UK Border Agency since 2011 and holds Highly Trusted Sponsor status which enables it to recruit students from outside the EU.

45 The clinic is in continual operation even when the course is not running, with staff covering patient appointments. The clinic does not always generate sufficient income to produce a surplus. In some years this has meant selling investments to subsidise any deficit. The Board has been effective in increasing income from renting surplus space in the building. Various strategic options are under consideration with the aim of ensuring the continuance of the clinic and the course in its present location.

46 The Trust obtains additional income through renting out rooms to similar organisations, for teaching and clinical purposes. The Board holds an investment portfolio which generates income and provides access to top-up finance if required. The Trust does not currently perceive any financial difficulties, and the building is unencumbered. The finalised 2013 accounts were not available at the time of the visit. However, internal financial records indicate that any deficit is likely to be less than in recent years. The market value of the investment portfolio varies from year to year and currently appears healthy, contributing to a more stable financial situation overall.

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

47 The College has a well-established and effective network of committees which employ collegiate decision-making at all levels. Until recently, most trustees and faculty staff were graduates of the College, and therefore implicitly understood its policies and procedures. Since the last review, the College has begun to develop more explicit guidance to explain its structures and processes. Although work has recently been undertaken to document formally the structure and purpose of each committee, there is a lack of detailed information to explain their roles and responsibilities and how they interact.

48 The management committee includes the Course Director, Deputy Course Director, Chairman of the Trust and the Company Secretary. Through its overlapping membership it maintains strong links with trustees and with staff and students. Other users of the building attend meetings as relevant. Faculty staff, who are all part-time, are kept up to date with decisions through email, and information is also disseminated through an electronic repository and through faculty meetings.

49 There are effective processes for ensuring that important issues are considered and relevant information is disseminated. Faculty meetings are held quarterly and provide the key forum for discussion of all academic matters, including quality assurance and assessment decisions. Regular and emerging academic and student issues are discussed and actions identified. These include refinement of the admissions process, consideration of individual student performance, assessment, external examiners' reports; and curricular development. The small size of the student cohort enables detailed discussion of individual student progress at each meeting. Feedback is given to each student after these meetings. Faculty days enable tutors and students to share experience, knowledge and good practice through joint technique demonstration and discussion.

50 The College Clinic Committee (CCC) is responsible for the clinic and meets monthly. It is the main forum for clinic-related operational matters, so the focus is on student and patient experience. Students attend regularly and raise any issues. As students are graduates with varied professional experience they contribute positively to developments under discussion and find these meetings very helpful. An example of this was the redesigning of the clinic leaflets by a previous student cohort.

51 The College's quality assurance framework includes thorough and well-documented admissions procedures, clear curricular and assessment documentation, scrupulous use of external examiners' reports, and a range of formal and informal ways of obtaining and responding to student feedback. Policies and procedures are generally understood by tutors and students. The College is currently considering how to gather and use feedback from patients to enhance patient experience and student learning.

52 Information about the College's policies and procedures is available from various sources on the website and electronically. However, there is no single location where all quality assurance information is readily accessible in a structured format, although some is available in the College Regulations. More explicit and cohesive documentation of the College's approach to quality assurance and enhancement would facilitate regular structured review of policies and aid action planning.

53 The College benchmarks its practice against relevant sector standards such as Osteopathic Practice Standards, Good Medical Practice and the Quality Code. Individual faculty members engage with a range of external bodies and activities within the sector and share their knowledge and experience. The College responds in detail to external reviews and advice.

54 The team found the College's self-evaluation document to be an open and honest reflection of its situation. Together with the further documentation provided, it proved helpful in explaining the unique nature of the College. Overall, the College manages successfully the responsibilities vested in it by the GOsC.

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