



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

**Bachelor of Osteopathy (B.Ost)
Master of Osteopathy (M.Ost)**

Renewal of recognition review

Oxford Brookes University

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:

- **approval without conditions**
- **approval with conditions**
- **approval denied.**

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 of recognition review of aspects of the governance and management, the academic standards achieved, and the quality of the learning opportunities provided in osteopathy at Oxford Brookes University (the University). The programmes reviewed were the Bachelor of Osteopathy (B.Ost) and the Master of Osteopathy (M.Ost). The review was undertaken by visitors appointed by the General Osteopathic Council (GOsC) in accordance with GOsC's regulatory responsibilities for safeguarding Recognised Qualification (RQ) criteria under the *Osteopaths Act 1993*. A prime focus of the review was the relationship of the programme to the Osteopathic Practice Standards professional competence standard of the GOsC. The review was completed in the academic year 2013-14. The review visitors were Professor Brian Anderton, Mr Robert Thomas, Ms Sarah Wallace and Mr Michael Ridout (Review Coordinator).

A Formal recommendations

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 B.Ost and M.Ost programmes are:

- **approval with conditions**

In the case of 'approval with conditions' the conditions are:

- by September 2014, establish an action plan and monitoring framework, to ensure that students receive sufficient clinical experience in relation to the numbers, age range and diversity of patients seen by them in clinic (paragraphs 29 and 46)
- by September 2014, references in the reading lists within module handbooks to Standard 2000 are updated to the Osteopathic Practice Standards (paragraph 49)
- by September 2014, establish an action plan and monitoring framework, to ensure that academic arrangements relating to the teach-out and closure of the Osteopathy Programme are regularly and closely monitored by the Faculty Academic Enhancement and Standards Committee (paragraph 64).

B Findings

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

Strengths

- the promotion of the understanding of allied health professionals (paragraphs 8 and 31)
- the effective assessment strategy (paragraphs 14 and 16)
- the assessment of students' clinical learning experience embedded in the sequential osteopathic modules (paragraph 17)
- the quality of teaching and the approaches used (paragraphs 24 and 25)
- the range and availability of student support (paragraphs 36 and 38)
- the Department's responsiveness to student concerns (paragraphs 40 and 59)
- the involvement and communication with students regarding the programme closure (paragraph 63).

Areas for development

- the lack of transparency in marking processes (paragraph 20)
- the relevance of the subject matter in Partnership in Practice to prepare students for work in professional practice (paragraph 22)
- the limited use of patient feedback to improve teaching and learning (paragraph 30)
- the variability in student use of the practice assessment document (paragraph 33)
- the poor response rates to online module feedback (paragraphs 40 and 57).

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. The Department of Sport and Health Sciences publicised the protocol appropriately and no unsolicited information was received.

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 University is structured into four faculties and seven directorates. Osteopathy programmes are located in the Department of Sport and Health Sciences (the Department) within the Faculty of Health and Life Sciences (the Faculty). The other departments in the Faculty are Biological and Medical Sciences, Clinical Healthcare, and Psychology, Social Work, and Public Health.

2 The Osteopathy programmes aim to produce excellent, confident, competent osteopathic practitioners who are committed to lifelong learning. The provision consists of two four-year, full-time programmes: the B.Ost and the M.Ost; and a five-year, part-time programme: the BSc (Hons) Osteopathy. The part-time programme was closed to recruitment in 2010-11, and there is currently one cohort of students in Year 5 of the programme who are expected to graduate in July 2014. Consequently, the part-time BSc (Hons) Osteopathy was outside of the scope of this renewal of recognition review. The two full-time programmes (B.Ost and M.Ost) commenced in 2007-08, but, following a portfolio review and consultation in 2012, both programmes were closed to recruitment in 2012-13. The final three cohorts of students are in Years 2, 3 and 4 of the full-time programme respectively, with the last cohort due to complete their programme in June 2016.

3 All full-time students enrol on the B.Ost programme and remain on that programme for Years 1 and 2. At the end of Year 2, students who have achieved an average module mark of over 60 per cent are offered the opportunity to leave the B.Ost programme and enrol on the M.Ost. The current RQ status for the Osteopathy programmes is valid until December 2016, by which time all current students would be expected to have completed their programme of study. There may be circumstances where students extend their programme due to taking time out for personal or health reasons or retaking some modules. The University regulations allow a maximum of eight years for students to complete the programme.

4 The programmes are all based at the University's Marston Road site, where the general teaching and specialist space is located. The osteopathy clinic is situated at Mill Court in Headington, Oxford. As part of the closure plans, the Ferndale Clinic in Swindon closed in December 2013. The Mill Court Clinic will relocate to new premises in the Colonnade building on the Gipsy Lane site, as part of the University's Headington campus redevelopment in 2014-15.

E Commentary on the provision

An evaluation of the clinical and academic standards achieved

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

5 The programme specifications clearly set out the aims and intended learning outcomes of the programmes. They reflect the University's graduate attributes and the overall educational and employment ethos of the programmes. The demands of the Osteopathic Practice Standards are well embedded. Programme aims, which are widely accessible and well understood by staff and students, place emphasis on the patient being at the centre of osteopathic care. They aim to promote an awareness of the need to evaluate, reflect and critique on professional performance. There is a strong emphasis on lifelong learning, research and the identification of individual continuing professional development needs.

6 In support of the aims, the programmes embed the development of self-appraisal. Learning and teaching strategies support clinical learning and the development of competent reflective osteopathic practitioners with a commitment to lifelong learning. The M.Ost programme places greater emphasis than the B.Ost programme on developing skills in dealing with clinical uncertainty, research methodology and specialist osteopathic practice.

7 Intended learning outcomes are mapped to the Osteopathic Practice Standards, the *Subject benchmark statement: Osteopathy*, and the Quality Code. Differences between the B.Ost and M.Ost programmes are located in the last two years of the programme and are reflected in those areas associated with advanced clinical practice and research. Within these, the respective learning outcomes differ in their level of expectation, with those of the M.Ost course explicitly reflecting the requirements of master's level study.

8 The intended learning outcomes for each module are provided in module descriptions and module handbooks, and reflect the programme learning outcomes. These correspond to the appropriate academic level on *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ) within the Quality Code and are matched to the aims of the curriculum. The expectations of the *Subject benchmark statement: Osteopathy* are evident. There is explicit reference to, and reflection throughout, of the requirements of the Osteopathic Practice Standards. The sequential and inter-related modules Structure in Health and Disease, Function in Health and Disease, Osteopathic Evaluation and Patient Management, and Osteopathic Clinical Practice effectively develop students' knowledge base and clinically based skills, and their ability to apply these, and reflect upon their effectiveness, in the clinical setting. Emphasis on evidence-based practice, inter-professional collaboration and partnership is developed in the progressive interdisciplinary Partnership in Practice modules.

Curricula

9 Both the M.Ost and B.Ost curricula embed the FHEQ level descriptors and are consistent with the *Subject benchmark statement: Osteopathy*. Curriculum content is directly mapped to the Osteopathic Practice Standards. This was confirmed on scrutiny of student work, and teaching and clinical observations. Students affirmed their awareness and understanding of the Osteopathic Practice Standards.

10 Compared to the B.Ost, greater emphasis is placed within the M.Ost on healthcare finance and management, research methods, critical appraisal to support clinical practice, and the challenges of clinical uncertainty. M.Ost students complete a 60-credit master's level dissertation. Specialised areas of osteopathic practice are considered in paediatrics,

sports care and care of the elderly. Clear progression and incremental development of a student's theoretical, practical and clinical skills and professional attributes is evident in both curricula frameworks. Students and staff confirm their awareness of the differences between the programmes.

11 Staff and students are involved in curriculum review and the embedding of osteopathic practice standards. Curricula development and changes are informed by staff research and scholarship. The University, and programme leaders, confirm their commitment to supporting staff in their professional development activities. Curriculum approval, monitoring and review processes are in alignment with *Chapter B1: Programme design and approval* of the Quality Code.

12 The Osteopathic Practice Standards are explicit throughout the curriculum and the clinic-based learning. They are mapped against both programmes and are reflected as follows.

Theme A: Communication and patient partnership. This is particularly evident in the linked Structure in Health and Disease modules and Osteopathic Evaluation and Patient Management modules. Further emphasis is located in the sequential progressive Osteopathic Clinical Practice modules and Managing Clinical Uncertainty. There are 10 modules directly mapped against A1 and A2. Eight modules reflect the demands of A3. Overall, 11 modules are mapped against A4 with special emphasis on consent being evident in five of these modules. Four modules reflect A5 while seven meet the requirements of A6. These elements were evident in clinical and teaching observations.

Theme B: Knowledge, skills and performance. This is evident in the curricula across all years. Overall 12 modules are mapped against B1 and B2, while 10 reflect the requirements of B3 and B4. Particular emphasis is located in the inter-related Structure in Health and Disease (1 and 2), Function in Health and Disease (1 and 2) and Osteopathic Principles and Philosophy modules. Further evidence is located in the Osteopathic Evaluation and Patient Management (1 and 2), and in the progressive Osteopathic Clinical Practice modules. This was confirmed by teaching observations and scrutiny of student work.

Theme C: Safety and quality in practice. The elements of this theme were observed in action. They are particularly explicit in the progressive sequential Osteopathic Clinical Practice modules and the expectations of their respective assessments. All aspects are considered to underpin the clinic-based learning strategy. Overall, nine modules are mapped against C1, C3, C7 and C8, 10 reflect the requirements of C5 and C6, and eight consider the elements of C2 and C4. The demands of C9 are emphasised in five modules.

Theme D: Professionalism. The requirements of D1 are mapped against 12 modules. Similarly, eight modules reflect the demands of D2, D3 and D4. Five modules place emphasis on D5, D7, D9, D12, D13, D16 and D17. The needs of D6, D7, D10 and D11 are evident in seven separate modules. Likewise, four modules emphasise the requirements of D8 and D14. Three modules are mapped against D15 with a further two being mapped against D18. Discussions with students, scrutiny of student work and teaching observations confirmed this theme was evident in action. The progressive shared Partnerships in Practice Modules are considered to be a particular strength in this theme, placing emphasis on inter-professional working and effective teamwork within health and social care, and introducing integrated and inter-disciplinary study of evidence-based working in partnership.

Assessment

13 The assessments processes and practice comply with the University Assessment Compact, which is underpinned by the Quality Code, *Chapter B6: Assessment of students and accreditation of prior learning* and *Chapter B7: External examining*. Overall, the

assessment strategy allows for the evaluation of Osteopathic Practice Standards requirements.

14 There is a wide range of assessment methods in use which reflect the demands of the Osteopathic Practice Standards and the *Subject benchmark statement: Osteopathy*. These methods include written examinations, written course work, poster presentations, multiple choice examinations and oral examinations. Practical examinations include osteopathic sequential clinical examinations, patient evaluation and management plans, and osteopathic clinical practice assessment. External examiners express their overall satisfaction with the assessment methods. These methods are effective in ensuring that students use different learning styles and practice approaches to demonstrate, and integrate, their developing educational and inter-related professional capabilities.

15 Marking criteria and grids are included in module handbooks. The Faculty's common marking criteria are used, supplemented by module-specific criteria. Threshold marks are set higher for modules being assessed at levels 6 and 7. There is evidence of progressive challenge in practical, clinical and professional competence assessment at different levels, and a clear differentiation in levels of achievement between the two programmes.

16 Assessment loads, tasks and feedback are aligned with the curriculum. Submission deadlines enable students to use feedback. Students confirm their satisfaction with the appropriateness of the assessment methods, their timeliness and link to the intended learning outcomes and the assessment information available to them. There is an appropriate balance of formative and summative assessment. Students confirmed the availability and usefulness of formative feedback throughout their programmes. Overall, the assessment strategy is effective in ensuring the integration of theoretical, practical and clinical skills, and in the achievement of programme and module aims.

17 A student's clinical learning experience is assessed in the progressive, sequential Osteopathic Clinical Practice modules. These effective assessment tasks evaluate a student's ability to integrate theoretical clinical and professional skills, and reflect the expectations of the Osteopathic Practice Standards. They are supported by module-specific compulsory formative tasks which are also effective aids to student learning. Staff and students confirm their satisfaction with this aspect of the assessment strategy.

18 Appropriate arrangements are in place for the final Osteopathic Clinical Practice Assessment within the Year 4 Osteopathic Clinical Practice modules. This assessment involves students evaluating and treating two new and one returning patient. Students are assessed by both an external and internal assessor, who are overseen by an internal moderator. An internal or external observer is also present. External assessors confirm that the overall standard of the students is satisfactory.

19 Internal moderation of assessments and assignments is consistent with University policy and occurs in all modules. Following initial marking, a 10 to 20 per cent sample is second marked, and a third marker is employed if there is disagreement. All dissertations are second marked. Two assessors are present in all practical assessments, which, with the exception of the Osteopathic Clinical Practice Assessments, are videoed for external examiner scrutiny. The external examiner views student work and the accompanying feedback, and is sent copies of examination papers for approval. Following the 2011 RQ conditions, the programme team has worked with the external examiner and has ensured consistent application of University policy and procedures. External examiners consider that these well established processes are effective.

20 Students consider that feedback on work has generally and progressively improved in its timeliness and usefulness. The University's formal policies, clinic-based learning,

and the strong informal staff and student networks are effective in identifying and supporting an individual student's learning needs. Scrutiny of student work highlighted variability in the marking practices employed and in the provision of comprehensive feedback, particularly in assessments of practical skills and competencies. The processes lack robustness and transparency. Despite an overall mark being awarded by an examining team it was not always possible, due to the lack of constructive comment and the recording of individual marks awarded by team members, to gauge how and why the final mark had been achieved or awarded.

Achievement

21 External examiners report that the standard of student work compares favourably with that of other osteopathic providers. Scrutiny of assessed student work confirms that the students demonstrate an appropriate level of knowledge and skills required for osteopathic practice, in line with the requirements of the Osteopathic Practice Standards. Work demonstrates a clear differentiation between levels of achievement in B.Ost and M.Ost dissertations.

22 The sequential Partnerships in Practice modules, and the Managing Clinical Uncertainty and level 7 Managing Finance in Health and Social Care modules, aim to prepare students for work in professional practice. These modules are mapped to the Osteopathic Practice Standards. Student feedback queried the relevance of the subject matter in the Partnerships in Practice modules, although they acknowledged the content became more relevant on progression through the programmes. Former students confirmed its usefulness. Review of curricular content and student work queried the relevance to the graduating osteopath of some of the content of the Managing Finance in Health and Social Care module. This was evident in the emphasis on funding allocations to health and social care organisations, the development of 'managerism', providing an insight to relationships within an organisation and the management of day-to-day finances. An area of relevance was business planning and the development of business cases.

23 Final achievement in recent years has been good. Over the period 2010-11 to 2012-13 inclusive, 80 per cent of students on the M.Ost programme achieved a merit or above. On the B.Ost, over the same period, 61 per cent achieved upper second-class honours or above.

The quality of the learning opportunities provided

Teaching and learning

24 The programmes use a broad range of teaching and learning methods to enable students to develop active learning techniques, achieve module-specific learning outcomes and apply their learning to osteopathy. Module handbooks clearly explain the roles of lectures, tutorials, seminars, practical sessions, presentations and problem-based learning. All students are required to participate in action learning sets and, in Year 1, module leaders organise and guide these groups. Teaching and learning methods are appropriate for each module, reflect the stage of the course, and assist in the development of the required skill sets as outlined in the *Subject benchmark statement: Osteopathy*.

25 Teaching observations demonstrated the provision of effective learning environments and teaching approaches which fully engaged students. The lectures observed showed clear links to the Osteopathic Practice Standards' core themes, encouraged shared clinical reflections and promoted awareness of the role of allied healthcare disciplines in patient care. This evidence supports the views of the external examiner.

26 Observations at the Mill Court Clinic revealed innovative teaching methods to develop palpation skills. Final year students assisted Year 2 students, who were observing the clinic, therefore maximising learning opportunities. A culture of inter-year collaboration has been fostered. The programme management team are considering plans to operate a graduate clinic at the Gipsy Lane site from 2015, to provide this inter-year support for the final cohort of students. This clinic will serve to mentor Year 4 students, maintain patient numbers and offer employment to recent graduates. As student numbers decrease in the final year of the course, the undergraduate clinic will run on three days of the week and students, it is anticipated, will be exposed to a range of tutors, as is the case currently.

27 National Student Survey results show increasing satisfaction with the quality of teaching and staff. In particular, students at all levels consistently give positive evaluations of the clinic tutors. A number of the tutoring team are also lecturers on the programme and are able to offer a currency to their teaching, coupling evidence-based approaches with clinical examples. Students confirmed this in meetings, praising the dedication of teaching staff and the excellent quality and diversity of the teaching.

28 Students undertake a mixture of campus-based work and clinic-based practise experience. In clinic, students are required to achieve over 1,000 clinic hours and see a minimum of 50 new patients in line with the *Subject benchmark statement: Osteopathy*.

29 A new practice management system has been implemented to address inadequacies in the previous system for the monitoring of students' clinical experience and patient allocation. A recent analysis for the year 2012-13 using statistics from the new system identified 87 per cent of total patients were aged between 18 and 64 years, with only two per cent being aged between 0 and 17 years. Monthly reports monitor student activity for professional requirements and inform future marketing initiatives. However, it is unclear how current marketing plans will ensure the diversity of conditions and age range of patients necessary for students to receive sufficient clinical experience and meet the needs of the programme.

30 A patient satisfaction survey is conducted on a biannual basis and results indicate high levels of satisfaction with the clinic facility. However, the survey has not led directly to informing teaching and learning as patients have used the survey to compliment and praise the clinic, rather than suggest improvements. More recently a patient satisfaction tool has been developed and piloted with a view to gathering and using patient feedback more formally, but this has yet to be fully implemented. The Clinic management team are compliant with Data Protection Act requirements and employ an external archiving company to this end. Programme handbooks inform students of the University's regulations relating to information technology facilities.

31 The students have many opportunities to integrate and learn with students studying on other health courses. This integration instils an awareness of the broader healthcare landscape and provides a context for students to better understand the importance of other health professionals.

32 The University's virtual learning environment (VLE) is well used and aims to support students' study and enable students to demonstrate digital and information literacy. Currently the VLE exists more as a repository for programme information and its potential is not yet realised. Learning is supported, however, by a number of online learning exercises and assessments in shared partnership modules.

33 The curriculum is designed to encourage and achieve progressive development and autonomous learning. Reflection and criticality permeate early modules and are gradually developed as students gain greater clinical experience. As part of the practice education assessment, students complete and submit a practice assessment document

which is evidence of practical experience and ability to reflect on learning experiences. The team found variability in student compliance to complete these documents. While students appreciate the value of this as a reflective tool, time constraints in clinic prevent its effective use in its current format.

Student progression

34 Cohort sizes have reduced in line with recruitment targets as part of the osteopathy programme closure plans. The current Year 2 cohort contains only 14 students which will be the final cohort to graduate. As a result, the number of students in clinic will reduce over the next two years from the current 55 in 2013-14 to 35 in 2014-15 finishing with 14 in 2015-16.

35 Year 1 student retention has been 100 per cent over the past two years and progression rates over the past two years have been 90 per cent and above. The University has robust and effective mechanisms to support student retention and progression.

36 At the beginning of the course all students are assigned to an academic adviser who will help students with academic issues. This role is complemented by student support coordinators who focus more on any practical or personal problems that may be affecting study and who are highly familiar with University services. Student support services are accessible at both Marston Road and Gypsy Lane sites. Comprehensive programme handbooks and yearly inductions keep students informed of the available services. The VLE offers detailed student support information, is easy to navigate and is a constant reference point for students.

37 Support and academic guidance from clinic tutors is highly appreciated by students. As part of the clinic induction process, first and second year students attend mandatory pre-clinic days which familiarise them with clinic processes, staff roles, expectations and the importance of fitness to practise issues. Students confirm that clinic inductions are satisfactory and have recently been improved.

38 Tutors capitalise on learning opportunities with patients in the clinic rooms but also offer ad hoc tutorials in response to student requests and performance outcomes. They complete clinic logs which document clinic activity and serve as a record upon which to give feedback to students. A 30 minute timetabled post-clinic session allows tutors the opportunity to give feedback and for students to reflect. The relatively small and cohesive clinic environment enables tutors and clinic staff to quickly identify any potential difficulties with student performance or fitness to practise issues. All matters are referred to the Practice Education Lead who, in consultation with tutors, determines an appropriate course of action.

39 Staff are informed of student performance in well attended staff meetings which take place twice a year and in module evaluations. Staff commented on the effective informal, as well as formal, networks of communication that exist within the relatively small teaching team, which help ensure students receive additional support where needed. Students are unequivocal in their appreciation of teaching staff and the immediacy of support given.

40 Staff are responsive to student feedback. Student feedback is gathered in various ways from module evaluations, meetings with student representatives and National Student Surveys. The student representatives meet with the Programme Lead at least once per semester. Feedback from these meetings has proved more significant owing to the poor response from module evaluations, which have all been electronically collected in the 2012-13 academic year. The programme team recognises this as an issue and are piloting different forms of feedback collection. Students commented positively on the programme team's responsiveness to student feedback. For example, the timing of workshops assisting students in their preparation for dissertations was reviewed and amended.

41 Students are made aware of fitness to practise requirements at every stage of the programme and these are adequately communicated in programme and module handbooks. The Practice Education Unit and Practice Education Lead manage these issues and authorise progression to each stage once requirements have been met. On admission, students undergo a Disclosure and Barring Service check and an Occupational Health Clearance, and accept an agreement to the understanding and compliance of standards of conduct and fitness to practise processes.

Learning resources

42 Staffing levels have been gradually reduced over the past year in line with programme closure plans and the eventual reduction in student numbers. A formal process has been completed which involved mapping staff against modules to ensure that appropriate staff with the required mix of skills are available to support the final cohort through to graduation. Staff were well informed and engaged in this process and students expressed satisfaction with the closure plans.

43 There are four osteopathic staff members (3 full-time equivalents) which will be reduced to three members (2.5 full-time equivalents) for the academic year 2014-15 and reducing to two members (1.5 full-time equivalents) in the final year 2015-16. The programme team will be supported by an already existing large pool of experienced associate lecturers. The review team were satisfied that, despite the reduction in staff, the diversity of the skill set will be maintained and that the commitment of the current teaching staff remains strong. The staff who currently hold senior posts will continue to be involved in teaching but under associate lecturer contractual arrangements. The programme team and the University confirmed their commitment to maintaining the student learning experience in the closing years of the programme.

44 A diverse and highly experienced team of professionally qualified practising and non-practising osteopaths contribute to the teaching. Many have either worked, or continue to work, at other osteopathic educational institutions or are employed as external examiners, which enriches the teaching provision and offers students a variety of approaches and points of view. The University supports professional, scholarly and research activity and allocates time for these activities. Three staff members are currently completing courses at master's level, one is currently registering for a PhD qualification and a majority already hold postgraduate teaching qualifications.

45 All staff participate in the Performance and Development Review process which takes place each year as a requirement of the University. The process not only focuses on discussing goal setting and objectives but attempts to identify areas for development for team members, which will be funded by the University. Development opportunities are then provided by the Oxford Centre for Staff and Learning Development. The University has reassured staff of their commitment to continue staff development opportunities throughout the duration of the programme.

46 The new clinic will house eight treatment rooms (one more than the Mill Court Clinic), a staff room, and classroom and showers. A lift is available from the ground floor level to assist less ambulant patients. Adjacent units within the building will be populated by other healthcare practitioners such as dentists and a general practice surgery. It is envisaged that as student numbers decrease elements of the programme may be delivered in this facility, therefore reducing the need for students to travel between sites. Staff believe that there should not be a drop in patient numbers as a result of the clinic move owing to the close proximity of the current clinic. A concern exists regarding vehicular access to the new clinic as parking at the Gypsy Lane site is at a premium and patient parking will be limited. It is not clear what plans are in place to ensure that students receive a sufficient clinical

experience with regard to patient numbers and breadth of patient profile as the programme closes and clinical activities are scaled down.

47 The Marston Road site is well equipped to serve the needs of the staff and students. Classrooms are shared with faculty partners and students have the opportunity to work and socialise with students from other health-related disciplines. The skills laboratories are spacious and well stocked with hydraulic plinths, anatomical models, wall charts and up-to-date audio-visual and information technology equipment, with wireless access. Three out of the six large classrooms have overhead cameras that are used for teaching and moderation purposes following practical assessments. Students have access to a dedicated and well used 'Anatomy TV' suite of learning materials and 'PhysioTools', a patient exercise software programme.

48 The University library is well stocked and students have access to all of its three sites. Programme-specific material is located at the Headington Library on the Gypsy Lane site, the location of the new clinic facilities. There are no library facilities at the Marston Road site where the majority of the classroom teaching takes place. The library has increased its purchase of e-books and has plans for complete electronic access for all current journals, with databases that can be accessed remotely. Information, communication and technology facilities are extensive. Students are informed of the library facility and services in the programme handbooks, the VLE and through comprehensive induction processes.

49 All module handbooks have detailed indicative reading lists; however, some have not been updated since 2005 and include GOsC documents such as the Standard 2000 and the Code of Practice. Such inconsistencies are evident in other course documentation and in library stock.

Governance and management (including financial and risk management)

50 The University has a clearly defined and effective system of governance. The Board of Governors meets five times a year and, in accordance with the Education Reform Act 1988, is responsible for the overall administration and management of the affairs of the University. This includes ensuring an effective system of internal control, and the requirement to present audited financial statements for each financial year. It comprises nine non-executive governors, the Chief Executive (the Vice-Chancellor), two governors representing University staff, the President of the Students' Union and the chair of the Westminster College Oxford Trust Ltd. It has four subcommittees, and it is responsible for determining the mission of the University, and approving the University's Key Objectives, Academic Plan and key strategies.

51 The Vice-Chancellor is the Chief Executive/Principal of the University, and heads a Senior Management Team (SMT) which meets formally on a fortnightly basis. Members of the SMT constitute the Executive Board, the role of which derives from the executive powers of the Vice-Chancellor. The objectives of the Executive Board are to ensure that an appropriate level of consideration is given to strategic decisions, that there is accountability for those decisions, and that improved communication with the wider senior management group is achieved. The Vice-Chancellor retains ultimate executive responsibility.

52 The Faculty is managed by the Faculty Executive Team comprising the Pro Vice-Chancellor/Dean, three Associate Deans, four Heads of Department and the Heads of Finance and Planning, and Administration and Support Services. Osteopathy provision is managed within the Sport and Health Sciences Department by the Programme Lead. Academic responsibility is vested in the Faculty Academic Enhancement and Standards Committee, which reports to the University-level Academic Enhancement and Standards Committee, which reports to Academic Board.

53 The University continues to operate within the framework of its strategic plan, Strategy 2020. This identifies four key priorities, the most relevant of which to the Osteopathy provision is 'to enable a student experience of the highest standard possible'. At Faculty-level, there is an annual strategic plan which incorporates a strategic financial plan and risk appraisal document. This was demonstrated in the appropriateness of the management and financial support for the teach-out of the osteopathy programmes.

54 The 2012-13 accounts state that the University met all its financial targets and key performance indicators for the year. During 2012-13, the University drew down £33 million of a £75 million loan facility to fund capital investment, and it anticipates drawing down the remainder of this facility during 2013-14. The University's five-year financial forecast, taking into account likely changes in the higher education environment, suggests the University will continue to generate surpluses. The external auditors have provided a clean audit certificate for the 2012-13 accounts, and the University is financially sound, and is likely to remain so over the period which the RQ review covers.

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

55 The osteopathy programmes are subject to the University's standard procedures relating to quality assurance and these are effectively implemented. The Faculty Academic Enhancement and Standards Committee is responsible for quality assurance and enhancement of the osteopathy programmes. This includes programme approval and review, oversight of annual monitoring outcomes, consideration of external examiner reports, and the outcomes from student feedback as part of the National Student Survey and end-of-module feedback surveys.

56 A six-yearly review of programmes in the Department of Sport and Health Sciences was undertaken in May 2012. The review panel recommended the continued approval of the programmes within the subject group, including the B.Ost and M.Ost, for a further six years. This was subject to three generic conditions covering all programmes in the subject area, but there were no conditions specific to either B.Ost or M.Ost.

57 End-of-module student evaluations are a key mechanism for student feedback, with their results incorporated into a module report and action plan. In 2012-13, module evaluations were all completed electronically. The response rate, however, was poor. In the Annual Review, the programme team proposed to pilot the use of mobile devices for the collection of module evaluations in timetabled sessions in order to enhance the response rate, however, the effectiveness of this has not yet been evaluated. The University gives a high priority to analysis of, and response to, the National Student Survey outcomes. In 2010, the responses of final year students on the B.Ost programme gave cause for concern. These concerns have been addressed, for example, through a change in programme lead arrangements. Examination of the National Student Survey results for the B.Ost and M.Ost programmes shows a sharp increase in student satisfaction from a base in 2009-10 significantly below the sector average for this type of provision, to a level in 2012-13 on a par with the upper quartile of satisfaction. This places the University fifth out of 18 institutions in terms of student satisfaction in 2012-13.

58 Elected student representatives provide feedback through mid-semester Subject Committee meetings. Representatives, who are elected from the student body, tend to continue in post from year-to-year, and receive training from the University's Students' Union to equip them to fulfil their role. Minutes from recent Subject Committee meetings show reasonable attendance. Agenda items include discussion of individual modules, learning resources and external examiner reports and comments.

59 The programme team seeks to ensure that students are kept informed of its responses to their feedback in a number of ways. The Subject Committee is one forum in which this is discussed, and the team also pointed out that, in a relatively small and focused provision like osteopathy, informal arrangements to 'close the loop' with students work well. There are plans for the annual module reports to be published so that they are available to students, and the Programme Lead publishes a 'you said, we did' response to student feedback issues. Overall, students believe their views are listened to by the University, and the University is responsive to their feedback.

60 Quality assurance processes relating to assessment are effective. The programmes are regulated by the University's standard assessment regulations. An external examiner is appointed to cover both the B.Ost and M.Ost programmes, in accordance with the procedures laid down in the University's Quality and Standards Handbook. The external examiner approves examination papers and other assessment instruments, and moderates student assessed work. In accordance with University quality assurance procedures, the external examiner is required to submit an annual report. External examiner reports relating to the last three years are generally positive and show an improving trend. The Programme Lead normally prepares a response to the external examiner report, and this is approved by the Associate Dean Student Experience. Both the external examiner report and response are made available on the Faculty page of the website, and are thereby made available to students. The reports are also available to students and staff through the Personal Information Portal on the University database. The external examiner report and response are also discussed at the Subject Meeting as part of the consideration of the Annual Report.

61 Appropriate processes have been put in place to manage the closure of the programmes. Following a period of consultation from July to October 2012, the closure decision was taken by the Faculty Executive Team and this was endorsed by the University's Senior Management Team. In accordance with University requirements, the Faculty convened an Exit Management Group to oversee the closure arrangements. Its key roles include drawing up and monitoring an action plan for closure; carrying out consultation with students, staff and other stakeholders; agreeing the means and timing of internal and external communications; and drawing up the proposed teach-out and quality assurance arrangements to be put in place. The Associate Dean Strategy and Development as chair of the Exit Management Group is required to report progress to the Faculty Executive Team.

62 The Osteopathy Exit Management Group will continue to operate until all students have completed the programme. The Group has no formal terms of reference, but meetings follow a series of standard agenda items. There is no University requirement for student representation, but the Faculty has recognised the importance of engaging with students, and student representatives joined the Group in September 2013.

63 Initially, students felt that they had insufficient information about the closure and its implications for them, and that consultation had not been all that students desired. The University responded by holding meetings with individual student groups at the end of 2013 and early 2014, as well as including student representatives on the Exit Management Group. Students have also recently been provided with a summary document relating to the Faculty's Closure Plan for Osteopathy. Students indicated that they now feel sufficiently well informed, and the University is responsive to their concerns.

64 Although the University's procedures specify that the Faculty Academic Enhancement and Standards Committee should take responsibility for monitoring the teaching-out plans for a closing programme, the minutes of that Committee do not reveal discussion or oversight of the academic arrangements relating to the teach-out and closure

of the osteopathy programmes. As a result, there is some lack of assurance that implementation of the arrangements that have been put in place will be regularly reviewed in terms of maintaining academic standards, assuring the quality of student learning opportunities, and monitoring completing students' fitness to practise.

Meetings and documentation

Meetings held

Overview of provision
Management and Enhancement of Standards and Quality
Teaching Staff Meeting
Intended Learning Outcomes ,Curricula, Assessment and Student Achievement
Teaching & Learning, Student Progression and Learning Resources
Corporate Management and Governance Issues
Full time Student Meeting
Osteopathic clinic visit
New clinic site visit
Part time student meeting
VLE demonstration

Major documentation

Self-evaluation Document
About Brookes
Faculty of Health & Life Sciences
Department of Sport & Health Sciences
MOst Structure Diagram
BOst Structure Diagram
Osteopathy Exit Management Group – minutes
Disability and Dyslexia Service
Brookes Assessment Compact
Annual review reports
Subject committee meeting minutes
Module handbooks
Subject examination committee minutes
Quality and Standards handbook
Associate Partner Colleges
Practice Education Management System (PEMS)
Graduate Attributes
Year 3 and 4 module learning outcomes
Module mapping to the Osteopathic Practice Standards
MOst Programme Handbook
BOst Programme Handbook
Practice Education Unit
OBU Standards of Conduct: Fitness to Practise
Programme Specification
Module Descriptions
Brookes Assessment Compact
External examiners reports
Module evaluation reports
Academic Advising
Staff CVs
Closure module mapping

Conference presentations
Research papers
Performance & Development Review
Oxford Centre for Staff and Learning Development (OCSLD)
Oxford Brookes Library
Software list
Space to Think
Clinic plans
Structure and Governance
Directorate of Finance & Legal Services
Annual accounts

OBU Preliminary Visit Information Requests (Additional Evidence Document)
Practice Education Handbook 2013 2014
Clinical Assessment Schedule
OCPA Guidelines
Subject Examination Committee meeting minutes June 2012
Subject Examination Committee meeting minutes June 2011
OCPA report 1011
OCPA report 1112
OCPA report 1112
OCPA report 1213
OCPA feedback form
Student numbers by cohort
Module report U43771 Partnerships in Practice 3
ModuleReviewP44813 2012 13
Timetable S1 1314
Timetable S2 1314
Patient feedback questionnaire
Osteopathy Exit Management Group Meeting Notes 201113
Minutes Osteopathy Subject Committee Oct 13
Osteopathy – Closure Budget
Faculty Academic Enhancement & Standards Committee
Programme Closure Guidelines
Module Tutor Allocation 2013-14 to 2015-16
Assessment Plan 2013-14
Closure of Osteopathy Programme – Student Version
Practice Education Handbook/Practice Assessment Document
Periodic Review Meeting
Module file boxes
Osteopathy clinic file boxes
Patient Survey/Information
Review of student work (SWANS)
Teaching observations
NSS 2013 Faculty Health and Life Sciences (HLS) Results
OBU Staff Qualifications

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