



General  
Osteopathic  
Council



QAA

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

## **Programmes**

Master of Osteopathic Medicine (full-time)

Master of Osteopathic Medicine (part-time)

**Type of review: Renewal of recognition review**

**Name of institution: Plymouth Marjon University**

**January 2020**

## 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 the 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 of qualification review of aspects of the governance and management, the academic standards proposed, and the quality of the learning opportunities in osteopathy at Plymouth Marjon University. The programmes reviewed were Master of Osteopathic Medicine (full-time) and Master of Osteopathic Medicine (part-time).

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 programmes to the Osteopathic Practice Standards professional competence standard of the GOsC. The review was completed in the academic year 2019-20. The review visitors were Dr Marvelle Brown, Ms Ceira Kinch, Mr Robert Thomas and Mr 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 Master of Osteopathic Medicine (full-time) and Master of Osteopathic Medicine (part-time) programmes is:

- **approval with conditions**

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

- Undertake, by June 2020, further systematic embedding of the new Osteopathic Practice Standards (2019) and the revised Subject Benchmark Statement for Osteopathy (2019), and ensure their requirements are fully integrated throughout the programme, and that all staff teaching on the programme understand their requirements (paragraph 25, 26, 30, 35 to 37 and 56).
- Review, by June 2020, all outward-facing information regarding taught osteopathic techniques to ensure it is accurate and complete and reflects current course delivery (paragraph 27 and 28).
- Undertake, by June 2020, a more effective and systematic process for the ongoing review and evaluation of the programme, to include the analysis of data, the recording of meetings, action planning, and regular monitoring of actions; to allow for informed decisions to be made about the future planning, development and to manage risk (paragraph 33, 34, 107 and 109).
- Implement, by August 2020, a revised marketing strategy for the recruitment of students and patients, and ensure that an appropriate range and diversity of patient presentations are available to meet students' learning needs, consistent with the expectations of the Subject Benchmark Statement for Osteopathy and the Guidance for Osteopathic Pre-registration Education (paragraph 70, 91, 92 and 102).

- Implement, by August 2020, a revised five-year clinic resource and development plan to respond to the planned increase in student numbers, and the treatment of patients from specialist populations (paragraph 87, 88 and 89).
- Introduce a revised structure for external examining of the programme to ensure that, by September 2020, an additional examiner is appointed, so that two examiners are in post for the first graduating student cohort, and that in future at least one examiner is a registered osteopath (paragraph 114).

## **B Findings**

### **Strengths**

- The breadth of optional clinical placements available support students' future employability, and raise awareness of osteopathy among potential patients and in the wider community (paragraph 39, 40, 82 and 85).
- The support and recognition provided for staff development, including research, scholarship and external activity, and the intention to contribute further to osteopathic research (paragraph 62).
- The pedagogic focus on the use of group work, problem solving, integrated and progressive reinforcement of previously learned material is a strength of the programme (paragraph 57).
- The interdisciplinary and inter-professional approach to teaching and learning, informed by a strong research ethos, effectively supports evidence-based learning (paragraph 65 and 66).

### **Good practice**

- The well-embedded formative assessment strategies in place across all modules are effective in supporting students' achievements (paragraph 44).
- The extensive and well-embedded framework of academic and pastoral support underpins the opportunities for students' personal and professional development (paragraph 76, 77 and 78).
- The well-embedded and widely appreciated formal and informal processes for staff and student interaction, and the accessibility and responsiveness of staff underpin an engaged learning community (paragraph 79 and 80).
- The ongoing training and development in place to support the Programme Leader and Director of School in managing their newly devolved responsibilities for financial planning and management, and risk management of the programme (paragraph 99).

### **Areas for development**

- Formalise the processes for curriculum development and review, taking account of feedback from students and patients, and evaluate and record the outcomes of those activities (paragraph 32 and 33).

- Review the quality assurance processes for developing and approving information for students including assessment instruments, examination papers and teaching materials, including through peer review, to ensure that documents are consistent, accurate and use appropriate language (paragraph 45 and 47).
- Systematically analyse, and reflect further on, the reasons for students' non-progression, in order to promote ways of actively identifying and assisting students, and signposting them to appropriate support mechanisms (paragraph 49 and 52).
- Further develop the clinical practice modules for Level 6 and 7 study to include full information about the learning and teaching strategies to be utilised (paragraph 58).
- Review the clinical arrangements to ensure that they provide a suitable environment for patient and practitioner interaction (paragraph 87 and 89).

## **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 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 teams include currently registered osteopaths and 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 Plymouth Marjon University (the University), formerly the University of St Mark and St John, was founded in the early 1840s in response to the growing demand for trained teachers, the two constituent colleges (St Mark's and St John's) were originally based in London, moving to Plymouth in 1973. The University was awarded University College status in 2007 and received legal confirmation of University title in 2013.

2 The University was originally founded as two separate colleges - St John's, Battersea in 1840 and St Mark's, Chelsea in 1841. The two colleges combined on the Chelsea site in 1923 and the College of St Mark and St John moved from London to Plymouth in 1973.

3 Plymouth Marjon University considers itself to be a progressive university where students are encouraged to achieve their full potential. The University values small and manageable class sizes and is committed to providing a well-rounded study experience. The University is focused on teaching quality and has been ranked first in England for teaching quality in *The Times* and *Sunday Times Good University Guide* in 2019 and 2020. Marjon was placed first in England, and third in the UK, in the category for teaching quality in 2020.

4 The University's vision is to inspire creative and engaging learning environments, to embrace the holistic development of all those within the university community and to deliver an authenticity of experience to empower a self-realisation.

5 Plymouth Marjon University delivers undergraduate and postgraduate education across a wide range of subjects. The University takes a holistic approach to its students' development during their time studying, encouraging students into extracurricular activities and helping them to apply for opportunities such as international exchanges and internships, bringing out and testing out all the unique talents and abilities students can offer through working in partnership with patients and other health professionals.

6 The University has a range of programmes for which it has professional recognition including the Health and Care Professions Council, the Society of Sport Therapists (SST), the Federation of Holistic Therapy (FHT), the British Association of Sport Rehabilitators and Trainers, the Federation of Holistic Therapy (FHT), the Register of Exercise Professionals (REP), and the British Association of Sport and Exercise Science Undergraduate Endorsement Scheme (BUES).

7 The University's mission is the development and dissemination of theory-informed applied education and research, designed to meet the needs of a range of professions developed through its core subject areas of communication, education, health, language, media and sport.

8 In support of this mission, the University has four key values. Humanity: being student centred and making a difference in society, creating human connections and community; Ambition: achieving more by working together and sharing achievements; Curiosity: pushing boundaries and enjoying searching for a better way; Independence: nurturing self-belief, independence and wellbeing.

9 At the time of the recognised qualification review visit in 2020, the University had approximately 2900 full-time students and 548 part-time students, supported by xxx full-time equivalent staff. The University's research degree provision is through a partnership agreement with the University of Chichester.

10 Currently, the University delivers a range of other health and related courses in the Faculty of Sports and Health Sciences. These programmes include BSc Sports Therapy, BSc Rehabilitation in Sport and Exercise and BSc (Hons) Speech and Language Therapy (regulated by the Health and Care Professions Council).

11 The University has been offering the Master of Osteopathic Medicine (MOst) at Plymouth Marjon University since September 2017 after gaining the Recognised Qualification from GOsC in August 2017. The programme is offered as a four-year full-time or six-year part-time pre-registration undergraduate integrated Master's programme. The six-year part-time route is studied part-time for the first four years, when students complete Level 4 and 5 modules, before becoming full-time students for Level 6 and 7 modules, in line with sector practice. There are currently xx students enrolled on the MOst programme with senior students now in their fourth year of study. The first graduating cohort of students will be in 2021.

12 The University's self-evaluation and programme specification state that the emphasis of the programme is on providing structured learning opportunities, offered within the framework of the GOsC Osteopathic Practice Standards, the Subject Benchmark Statement for Osteopathy, and the Quality Code. The intended learning outcomes for the pathways and modules have been mapped to the Osteopathic Practice Standards.

## **E Commentary on the provision**

### **An evaluation of the clinical and academic standards achieved**

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

13 The overall aims and outcomes of the programmes are set out in the Programme Specification. [103] The programme learning outcomes match the aims of the curriculum and are mapped to individual modules. The intended learning outcomes for each module are provided in the module descriptors [104-123] and are aligned to *The Framework for Higher*



*Education Qualifications in England, Wales and Northern Ireland (FHEQ)* through the use of the University's Generic Level Descriptors. [102] This area has been enhanced following the external examiner's recommendations [246] focusing on the quality of the module descriptors available on the course web page, and now reflects FHEQ requirements, providing clearer expectations for each unit of study. [104-123]

<https://www.marjon.ac.uk/courses/osteopathic-medicine-degree/>

14 The overall aims of the programme are to develop osteopathic undergraduates who have a good understanding of the importance of interdisciplinary team working and interrelationship between the context of practice, a multi-professional approach and the promotion of health within communities and individuals. The course aims to foster a strong recognition of professionalism and the duty of candour. The published course aims to broadly map against the four core themes of the GOsC Osteopathic Practice Standards (OPS) [103 p3] which set out the standards of conduct, ethics and competence required from osteopaths. [103 p21]

15 The course aims and outcomes are reflective of the Guidance for Osteopathic Pre-registration (GOPRE) requirements, which reflect the OPS. The GOPRE are further embedded within the MOst programme in the osteopathic modules, which focus on professional requirements inclusive of the common approaches to osteopathic treatment. [105, 106, 111-112, 118,119 & 121] The clinical modules, which are progressive in nature to aid with learning, [110,120,122] consider theoretical and practical cases. This content exposes students to the common components of an osteopathic consultation and to a range of clinical presentations, which is consolidated through clinical audit activities [127,131,133] and designed to reflect professional development activities.

<https://cpd.osteopathy.org.uk/>

#### **Standard A: Communication and patient partnership**

16 Standard A is embedded within the curriculum across 12 of the modules with osteopathic and clinical focus. These cover all aspects of osteopathic practice relevant to patients including clinical practice management through to the clinical encounter and ongoing treatment and rehabilitation.

#### **Standard B: Knowledge, skills and performance**

17 Standard B is embedded across 17 modules with foundation knowledge acquisition reflective of the GOPRE requirements. The research-focused modules are not specifically mapped but reflect the requirements of the OPS and focus on keeping knowledge and skills up-to-date, and supported by evidenced-informed research.

#### **Standard C: Safety and quality in practice**

18 Standard C is mapped across 14 modules with a clinical practice focus including patient safety, infection control, patient evaluation. Safeguarding aspects are covered but are limited from the aspect of formalised training for the students. [240 p2]

#### **Standard D: Professionalism**

19 Standard D is present both implicitly and explicitly within the programme and is embedded across 15 modules. Professionalism is encompassed, not only in osteopathic skills and clinically-focused modules, but in personal and professional development. This theme takes account of osteopathic healthcare in the UK, including collaboration with healthcare colleagues, developing business skills, and the associated professional requirements and fitness to practise elements of the osteopathic profession.

20 The Programme Specification [103 p4] identifies the following specific aims which are broadly aligned to the OPS themes.

- To develop comprehensive knowledge and a critical understanding of the concepts, theories and principles underpinning osteopathy in the context of the individual and the community.
- To enhance employability with the development of a range of skills which ensure that students become proficient in clinical practice.
- Allow students to develop their research and practical skills in applied aspects of health and osteopathy with an appreciation of moral, ethical, education and legal issues.
- Allow students to design, implement and evaluate safe and effective osteopathy practice.
- To develop the intellectual skills necessary to be able to take full advantage of further study, including progression to postgraduate study. **[103 p4]**

21 In addition, the programme learning outcomes **[103 p5-6]** are identified within four key areas of knowledge and understanding: intellectual skills, transferable skills, key skills and practical skills. These have been designed utilising the University's generic grade descriptors. **[102]** The learning outcomes provide evidence of appropriate academic progression throughout the course and are additionally mapped within the Programme Specification. **[103 p21]**

22 Each student receives a copy of the Programme Specification, which is available on the virtual learning environment (VLE), known as the Learning Space. Full information is also freely available the MOst course page on the VLE. Live links to the module descriptors are embedded within the programme specification. **[103 p14]** Appropriate reference is made in the Programme Specification to the Subject Benchmark Statement for Osteopathy (SBS). **[103 p2]** An initial mapping exercise has been completed using the updated OPS against the modules in the overall programme structure, **[103 p18-20]** in addition to mapping of the programme learning outcomes against the modules. **[103 p21]**

23 The Programme Specification **[103 p1]** provided for the GOsC initial recognition review, is dated September 2017, reflective of the initial cohort. At the request of the GOsC Policy Advisory Committee all providers subsequently undertook an updated mapping exercise to reflect the requirements of the revised OPS (2019). **[240] [224 p5]**

24 Since the initial Recognised Qualification (RQ) visit and as part of the original conditions, **[315 paragraphs 12-15]** the updated OPS, SBS and GOPRE have been comprehensively mapped across the programme documentation and received formal sign-off by GOsC's Policy Advisory Committee (PAC) in May 2017. **[public agenda item p2 <https://reviewextranet.qaa.ac.uk/sites/gosc/10942/TeamDocuments/public-item-10d-annex-d-marjon-action-plan.pdf>]** These changes are not reflected within the Programme Specification provided, **[103]** nor are they currently available on the University's VLE MOst course page. **[334]**  
**[[https://moodle.marjon.ac.uk/pluginfile.php/882922/mod\\_resource/content/0/Master%20in%20Osteopathic%20Medicine%20%28OME%29%20%28Integrated%20Masters%29.pdf](https://moodle.marjon.ac.uk/pluginfile.php/882922/mod_resource/content/0/Master%20in%20Osteopathic%20Medicine%20%28OME%29%20%28Integrated%20Masters%29.pdf)]** Further supporting evidence of dissemination of the updated OPS (2019) mapping exercise **[240]** among relevant stakeholders is limited. Since the completion of the mapping exercise, the Staff and Student Liaison Committee (SSLC) met three times **[228-232, 321]** with no evidence of discussion or how the revision is to be implemented within the programme. However, students whom the team met, acknowledged that they had been briefed on requirements of the updated OPS and were able to articulate how this had impacted on their studies. **[M2]**

25 Regulatory documentation is continually updated and is reflective of professional progression. The MOst programme team needs to take account of this as part of regular programme monitoring to ensure documentation is up-to-date. Further mapping of the updated SBS, OPS and GOPRE will be required across programme documentation to modular level, with updates disseminated to relevant stakeholders and reflected as changes within appendices for university documentation, as necessary.

26 The MOst course pages on the website contain updated information, testimonials and pictures to reflect the maturity of the course with inclusion of information on the clinical environment. However, the course content information available specifically about *craniosacral therapy*, and the implication that osteopathic techniques could help patients with headaches, has the potential to be misleading for prospective students and patients.

27 Additionally, PAC expressed reservations about the taught content of the High Velocity Low Amplitude technique taught at an early stage of the degree. **[224 p5, 5.2]** Despite this, there is an advertisement on the course pages with a student testimonial indicating that this is taught in Year 1. This is misrepresentative of the course content and the University's assurances to the PAC that this subject content has been removed. **[226 p3, 6a & 7a]** The MOst programme team and students have satisfactorily confirmed that there is compliance to this within the programme's taught content. **[M2]** Further work needs to be undertaken to ensure that the outward facing information and marketing relating to the MOst programme delivered at the University is reflective of the GOsC conditions and of the Consumer and Markets Authority (CMA) and Advertising Standards Authority (ASA) guidance. **[<https://www.asa.org.uk/advice-online/health-osteopathy.html>]**

## Curricula

28 The initial curriculum development for the MOst was informed by an interdisciplinary team with external input from a subject-specific expert. The ongoing theme of interprofessional collaboration is emphasised throughout the MOst course. This collaboration is reflective of the development of the osteopathic profession in the UK and its inclusion as an Allied Health Profession since 2017.

29 The Programme Specification **[103 p14]** outlines the course structure which consists of 20 credit modules at Level 4 and 5, covering a range of subjects relevant to osteopathic practice. The clinical practice modules at Level 6 and 7 are substantially larger and allocated 40 credits, and the Master's project with 60 credits. The module structure and the breadth of courses and faculty expertise at the University allows some modules to be co-taught across courses. This provides a good experience for students and supports the building of interprofessional team relationships and exposes students to industry standard requirements within the Allied Health Professions. While this interprofessional teaching approach provides opportunities within the teaching and learning strategies, the University needs to continue to ensure that teaching within shared modules provides appropriate focus on the requirements of the OPS. Students commented that, for the shared modules, they generally kept in subject-specific groups, but found the engagement to be useful.

30 The course design incorporates the interprofessional and osteopathic aspects of the programme aims. **[103 p14]** Students study research methods and analysis in sport and health sciences **[SHSD01]** at Level 5 although there is no further research-led activity until Level 7 in the Master's project. **[OMEM03]** The Research Methods and Analysis in Sport and Health Sciences module **[SHSD01-X:]** is an integrated module with sports students. The Annual Programme Report **[205 6 p5]** action includes an intention to provide greater focus on osteopathic research. Some modules have a clear sequential pathway including personal and professional development, osteopathic skills and clinical practice. There is limited focus

on human anatomy with only one 20 credit module dedicated to this at Level 4, which is also combined with human physiology content.

31 Curriculum development is intended to be informed by the annual quality cycle through student feedback at the SSLC, **[SED 0 p19 2.1]** patient feedback and driven by staff research, and professional and scholarly activity. Staff are considered key stakeholders in curriculum development and feedback from them is imperative to provide reflective insight on the programme and provide review and evaluation of the first year of programme delivery. **[224 p3]** However, programme team minutes **[335-6]** demonstrate that review activities focus on operational practicalities rather than strategic course development. The comprehensive list of research and scholarly activities undertaken by the University **[326]** will help to inform clinical activity and syllabus content. All programme faculty are experts within their subject fields and are encouraged to participate in scholarly activity and personal development. **[265-76; M3 & TLO 1]**

32 Annual module reports identify **[206-223]** that scrutiny and monitoring of actions developed from the module reports in the previous academic year are considered at the first SSLC and University Board of Studies **[227]** in the following academic year. Data has been provided for the SSLC **[228-235, 321]** but it lacks evidence of curriculum development activity. Minutes are generic and there is no evidence of ongoing tracking of actions. **[227] [228-235, 321]**

33 Apart from the annual quality monitoring processes, **[227]** there is no formalised evidence of course-specific curriculum development activities, **[M2; M3]** although there have been a number of significant changes to the syllabus and delivery content. The MOst course development team initially applied a unique approach to the delivery of the curriculum content, with the lower extremity the focus of Year 1 and upper extremity the focus for Year 2. **[246]** There has also been a review of content to reflect teaching of both areas across Level 4 and 5 **[M2, M4]** which has seen a beneficial change and was noted by the current Level 4 and 5 students. **[M2]**

34 There is evidence of thorough embedding of the OPS throughout the osteopathic subject-specific modules. **[TLO 2; VLE, M2]** However, the non-osteopathic staff have limited knowledge of the OPS **[M3]** and of the requirement that these should be embedded through their own modules. There is little evidence to support the updated Subject Benchmark Statement for Osteopathy within the area of safeguarding in the curriculum or mandatory activities. However, staff explained that they completed annual safeguarding training. **[M3,103 p14]** The GOsC initial recognition review report of 2016 **[315]** outlines the requirement of the OPS to be explicitly mapped against the module descriptors as well as additionally mapping against the Subject Benchmark Statement for Osteopathy and to the Guidance on Osteopathic Pre-registration Education (GOPRE). **[315 p21]** In turn, each element of the OPS was to be covered more than once throughout the programme. **[315 p6 14]** The intention from the University was that the programme team development activities would be assisted by newly employed staff members for the MOst programme. **[315 p6 14]**

35 The MOst curriculum is implicitly reflective of the requirements of the Subject Benchmark Statement for Osteopathy **[0 pp2, 19, 26, 31]** and some updated mapping of the new OPS (2019) has taken place. **[240, 133]** However, the mapping provided is only at an initial summary level and details are not provided on how the OPS are embedded into the curriculum and its associated activities. There is no explicit mapping of the intended learning outcomes within modules and therefore it is difficult formally to evidence how the learning outcomes fully meet the OPS requirements. **[0 p8, 1.7]** Nor is it clear how the recent changes to the SBS - such as, the addition of exercise and rehabilitation to the example list of treatment approaches, and the addition of consent, safeguarding and candour to the

indicative list of professional attitudes, values and behaviours - have been addressed within the curriculum.

36 In June 2019, the GOsC Policy Advisory Committee (PAC) confirmed that the University had met the original condition from the initial recognition review report - that the programme team revisit and comprehensively map external reference points, including the Osteopathic Practice Standards (OPS), the Guidance for Osteopathic Pre-registration Education (GOPRE) and the Subject Benchmark Statement for Osteopathy, and ensure that their requirements are fully embedded throughout the programme. Subsequently, the University produced a further mapping document which does not take account of all elements of the revised OPS and additionally does not comprehensively map its requirements across individual modules and the intended learning outcomes. **[240]**

37 The clinical variety checklist **[133]** allows students to record information on patients to indicate a variety of case presentations. This is reflective of the common range of clinical presentation requirements of the Guidance for Osteopathic Pre-registration Education **[GOPRE 2015 p16]** and the objective activity exercise of the new CPD scheme. **[<https://cpd.osteopathy.org.uk/themes/objective-activity/>]** Students have the opportunity to be exposed to a diverse range of patient populations through a variety of internal and external clinic observations. **[SED 0 1.7 p9]**

38 The clinical placement opportunities for the students are reflective of the interprofessional nature of the MOst course with opportunity to complete optional observation placements in a range of internal and external clinical environments. **[SED 0 p8]** These placements were specifically useful during the period before the dedicated Marjon Osteopathy Clinic was in place. However, the marketing for the new clinic has provided ample opportunity for new patients in the first three months. The clinic is likely to benefit the students in exceeding the minimum requirements of taking the clinical lead on 50 new patient presentations. **[GOPRE 2015 p14]** There are suitable student fitness-to-practise procedures in place, which take into consideration the professional behaviours required from the GOsC. **[241 10.4 p3] [SED 0 1.7 p10, 241].**

39 The Observational Placement Learning Agreement **[128 p.1]** outlines clear responsibilities of the observational placement provider, university and student. In addition, the learning agreement permits the establishment of criteria for placement evaluation, in consultation with students. **[128 p.7] [M4]**

## **Assessment**

40 The MOst programme is supported by the University's assessment regulations and procedures **[243]** which set out the framework for review of assessment materials. Formal processes include the Module Assessment Boards (MABs) and the Progression and Award Boards (PABs) which review the programmes and modules and ratify individual student results. Students are able to progress to the next level of study under exceptional circumstances trailing a limited number of credits.

41 The current university assessment practices **[244]** provide a clear outline for the development of assessment design, approval and review processes. This framework is informed by the Quality Code. A wide range of assessment methods is used throughout the programme and is designed to test the achievement of the learning outcomes of each module. A variety of assessments to support the clinical and academic requirements of the programmes are in place. The external examiner comments positively on the diversity of assessments within the programme. **[246]** The Module Descriptors **[104-123]** and Programme Specification **[103]** outline a variety of summative assessment strategies suitable for testing students' ability to demonstrate their achievements of module learning outcomes. **[0 2.4 p28]** There is a high proportion of coursework assessment at 50% and 55%

at Level 4 and 5. Students are comfortable about the amount of coursework assessment undertaken. Fitness-to-practise processes are considered both within class and then further assessed through essay content. **[M2]**

42 Module descriptors **[104-123]** provide appropriate information on summative assessment strategies. The programme team asserted that formative assessment strategies are available in module handbooks as stated in the Programme Specification **[103 p.8]** although the visitors were unable to find evidence to support this assertion, and no individual module handbooks were provided.

43 Student attainment is supported on the M<sup>O</sup>st programme through formative assessment strategies which are included in the introductory lectures at the start of modules. **[TLO 1 & VLE]** Each lecture at the start of the semester includes a timetable overview of the module with specific weeks ring-fenced for formative assessment activities. The schedules are available for reference on the Learning Space. Students are introduced to the summative assessment strategies in the initial class so they fully understand how the formative activities can build success for the summative assessments. All students receive feedback on the formative assessment activities. The Personal and Professional Development module identifies the compulsory nature of the clinical practice hours which are assessed as pass or fail elements. **[106 OMEC02 p1]** Further support is provided for the new clinical practice module assessments with one day per week for four weeks, to prepare students for the practical assessments. **[M4]** This strategy is manageable with small cohorts of students but may require revision when class sizes increase. The University gives students access to Studiosity, **[304]** an independent on-demand academic feedback service to use with coursework assignments. **[Marjon Additional Evidence Request p7; M2; M3]**

44 Assessment instruments are developed at module level often by individual staff, with some oversight provided by the Programme Leader. However, there is little evidence to demonstrate that there is a scrutiny process by which assessments are peer-reviewed or moderated at programme level, prior to these being given to students, to ensure that they are coherent and sequential in approach. **[M4]** Some of the published assessment material and examination papers use terminology that is inconsistent and which often contain language and spelling errors. The inconsistencies and errors in language and terminology is also evident within some teaching materials. These inaccuracies have the potential to look unprofessional to students and to be confusing to those where English is a second language. The role of the external examiner includes the formal signing-off of all assessments prior to them being issued to students, although neither of the reports provided makes reference to these matters.

45 The marking criteria for assessments is reflective of FHEQ level requirements. Marking criteria are used during formative assessment processes, which helps prepare students for summative assessment. **[TLO 1]** The external examiner confirms that assessment processes are fair and robust and that some modules have particularly good marking sheets, although others were deemed to have rather high marks. **[248]** Double and second-marking processes are clearly understood by staff, and detailed in the university regulations framework and assessment policy. However, although the samples of students' assessed work provided for the review demonstrate first and second-marking, it is unclear as to how the final assessment mark was reached, as no accompanying commentary is provided. **[L drive students assessed work]** The University has a draft assessment policy **[345]** intended to formalise the assessment processes to provide more marking transparency, alongside assessment regulation procedures and practices. **[243-4]**

46 For the 2019-20 academic year, there is a new focus on the clinical assessments with a clinical competence assessment identified. Students are prepared for this assessment task with formative assessment activities conducted by clinical staff at a suitable period prior

to the summative assessment. The assessments are conducted in the clinical environment with patients to provide an authentic simulation of the summative assessment. This clinical practice module is consolidated with a supporting assessment task, which includes a clinical practice portfolio and an extended research proposal. The assessments are reflective of the professional skills required of an osteopath and their postgraduation professional development.

## **Achievement**

47 The overall programme design enables students to develop professional and transferable skills which prepares them for current osteopathic practice. This is further supported through effective student support mechanisms provided through the University.

48 The University provided extensive statistical data charts within the self-evaluation, although there is no supporting commentary analysing or contextualising student achievement and progression rates. **[SED 0 1.4 p7]** The external examiner's reports confirm that students are achieving the expected standard in relation to the intended module learning outcomes **[246-8]** and that student achievement of the levels currently being delivered is comparable with similar programmes. **[246, 248]** The examiner also comments on notably high achievement in some modules and that appropriate action was taken to moderate the grades awarded. **[248]** There has been no graduating cohort.

49 Additionally, the external examiner comments that it would be useful for staff to review student and module grades on one spreadsheet to enable the staff and examiners to view students' performance across all modules and identify any areas that have high grades. **[248 p5]** This presentation of data would allow the faculty to compare the module rates across year groups with ease.

50 Student progression and achievement is monitored through the University's quality assessment cycles and using the university academic regulations. Student results are ratified at Progression and Award Boards (PABs). **[253-261]** Modules are considered at Module Assessment Board (MABs). **[250-252]** This, in turn, informs modular and programme level review. The MABs provide evidence of additional moderation scrutiny prior to confirmation of marks by the Programme Leader.

51 The University's self-evaluation reported that a significant percentage of students - nearly 29% - were not successful at completing Year 2. **[0 1.4 p7]** No commentary or explanation was provided on summative assessment and achievement data, and little evaluation is provided through the annual monitoring process. **[0 1.5 p7]** Data provided **[327]** indicates a high failure rate at Stage 1 with 38% of the 2017-18 cohort failing at the first attempt, and 57% of the 2018-19 cohort failing at the first attempt. This failure rate is reflected across the range of modules. Further discussion with the programme team identified that with small cohort sizes, raw achievement data may provide an unbalanced view. At the review visit, the programme team was able to offer narrative related to a variety of students' personal circumstances which saw four students withdraw, and others transfer onto another programme at the University. **[258]**

52 An extensive personal tutor development programme with Personal Development Tutors (PDT) is in place to support students throughout their learning journey. There is a variety of activities that students can participate in, including supporting modules on study skills and academic writing workshops. All academic activities are supported through the FutureLearn team and complementary activities are available to students on the Learning Space. This set of positive support mechanisms effectively assist students' personal and academic development. **[262-264]**

## The quality of the learning opportunities provided

### Teaching and learning

53 The University's values of 'Humanity, Ambition, Curiosity and Independence' are evident and embedded in all aspects of teaching and learning. **[Marjon Values 5, clinic observation, teaching observations, M3, M2, 315]** The recently revised Learning and Teaching Strategy 2020-25, now in final draft format, was created following a democratic and consultative process, inviting views of all relevant stakeholders. The structured process of the strategy is one of 'Intent, Implementation and Impact', ensuring focus and the achievement of goals. The document will be ratified through the appropriate committee structures before becoming a live document. **[M1]**

54 The University's vision is 'to inspire creative and engaging learning environments'. **[322 p.1]** All internal and external stakeholders are expected to engage with the University's three strategic aims identified: digital engagement, global engagement and employer engagement. **[242]** The aims of the strategy align with the Higher Education Funding Council for England (HEFCE) proposals to support the sector in areas relating to student experience. The strategy's impact will be determined by a series of key performance indicators reviewed annually. **[Learning, Teaching and Student Experience Strategy 242, draft document 322]**

55 Changes in the Osteopathic Practice Standards (2019) have been relayed to students in specific lectures, highlighting updates and encouraging case-based discussion and ethical opinion. However, changes in course documentation have been slow to be implemented, with only recent revisions of the OPS mapping document. In meetings with non-osteopathic teaching staff, awareness of the Osteopathic Practice Standards, the Subject Benchmark Statement for Osteopathy (2019) and the recent revisions was limited. **[Programme Specification 103; M1; M2, M3]**

56 The Programme Specification and Module Descriptors **[Module Descriptors 104-123, Programme Specification 103]** highlight a broad range of teaching methods enabling students to achieve the learning outcomes of each module. These include a suitable mix of lectures, tutorials, quizzes, group work, practicals where appropriate, and guest speakers. There is a deliberate deviation from the didactic approach with a focus on group discussion and problem-based learning. Core skills such as critical thinking, evidence-based reasoning and complex problem solving are encouraged. **[103; 322]** The curriculum is research informed with constant reference to good practice and current management guidelines. This approach was evident in clinic and teaching observations and in discussions with programme staff. Students spoke positively of the range and variety of teaching methods and of the inspired teaching and accessibility of teaching staff. **[teaching observation; clinic observation, M2; M3; M4]**

57 The GOsC initial recognition report of 2016 commented on the very limited information on the teaching and learning strategies intended to underpin clinical education, particularly in Level 6 and 7 clinical practice modules. This remains unchanged with relevant module descriptors only stating the required number of clinical placement hours. **[GOSC RQ Report 2016 – 315 p.10 para 31; Programme specification 103; module OMEH03; module OMEM02; M4]**

58 Many modules have 50% of self-directed learning time, assisted by elearning opportunities. For example, clinical case studies and critique of journal articles, with clear learning objectives are published on the VLE Learning Space to facilitate independent study. **[Programme Specification - 103]** This balance of contact time and self-directed learning



allows students the opportunity for reflection. An assessment calendar is available in advance ensuring workloads are not too onerous. Current Year 3 students stated that they were incredibly busy when the Marjon Osteopathy Clinic was launched in September 2019. Following the Christmas break and with the introduction of charges for continuing patients as of January 2020, clinic sessions are now less hectic. Year 3 students valued their introduction to clinical training and benefitted greatly from the experience. Students from all cohorts considered workloads to be acceptable. **[M2]**

59 The University boasts a strong research ethos with the ambition to be one of the leading research institutions in the area of osteopathic medicine, sport and musculoskeletal biomechanics and rehabilitation. **[Self-evaluation document p.24]** In the first year of the programme, students commented that there was too much focus on matters related to sport, especially in shared modules and when looking for research topics. Module leaders responded positively to this feedback. **[Module SHSDO1-X Research methods and analysis in sport and health sciences; Annual Programme Report 204 p.5]** More recently, an interdepartmental research collaboration is planned, which is intended to be a unique and enriching experience for the University's osteopathic students. **[SED; M2]**

60 The culture of the University promotes a broad range of staff active in research from a variety of health-related disciplines - many published in recognised professional journals. **[Staff CVs 265-276]** The range of research is extensive and topical, focusing on back pain and nerve biomechanics, running biomechanics and gait retraining, and the management of back pain through physical activity and exercise programmes. **[Research informed list of publications - 326]**

61 Staff CVs demonstrate a wealth of experience with many at Doctoral level and actively engaged in research and scholarly activity. This interdisciplinary environment aligns with the University's aims and intentions. **[Staff CVs 265-276; M2]** **[Staff Development Policy -134; M1; M2]** The quality of teaching is maintained by annual Personal Development Review (PDR) which is recorded through the 'iReview' system. **[iReview User Guide 135, Self-evaluation document p.16]** Staff are required to take part in annual peer observations which form part of the PDR. This activity is supported by a Peer Observation Policy which has recently been updated, reiterating responsibilities and obligations. **[Self-evaluation document , Peer Observation Policy 136, Final meeting]** Faculty members are grateful for this cross-curricular process, enabling a greater understanding of other relevant disciplines. **[M3]** A popular Staff Development Policy supports this, with faculty members being entitled to a minimum of 25 days allocated per year for academic and scholarly activity. **[Staff Development Policy 134; Request for additional evidence]** Senior management actively encourage these development activities as the established infrastructure and supporting resources are widely available. Applications are discussed and reviewed annually. **[M1]** Teaching faculty are appreciative of these opportunities and believe their experiences enhance their teaching. **[M3, M4 Clinic observation]** Teaching staff also attend a learning and teaching development day which takes place annually.

62 New staff undergo a formal induction process involving their line manager, HR, programme leader and module leaders, with an emphasis on the Student Regulation Framework and GOsC Fitness to Practise procedures. **[SED; M3]** Prior to supervising in the clinic, new members of staff shadow senior tutors although the current written guidance for students and faculty entering clinic is limited. As part of the probation review, new staff are required to complete the Postgraduate Certificate in Higher Education. **[Self-evaluation document p.16, Clinic Procedures 308, 309,311,312,313 and 314; M3]**

63 Students' clinical experience is gained through supervised clinical training in the Marjon Osteopathy Clinic and also, from February 2020 onwards, at the BBC regional headquarters in Plymouth, enabling students the experience of working in a corporate environment. Students are required to spend a total of 850 timetabled hours in the Marjon Osteopathy Clinic forming their supervised clinical training, 350 hours in Year 3 and 500 in Year 4. Students in Year 1 and 2 are currently required to complete a minimum of 150 clinic observation hours observing senior colleagues. Combined, these hours make up the required 1,000 hours in accordance with the Subject Benchmark Statement for Osteopathy. **[Self-evaluation document p.21, Module descriptors 106;111; 120;122 Subject Benchmark Statement for Osteopathy 2019 p.19]**. As part of the programme, students are encouraged to complete optional observation placements in a range of internal and external clinical environments'. **[Self-evaluation document p.8]** Students appreciated their placement experiences, especially the observation of their senior colleagues in the Marjon Osteopathy Clinic, which assisted their familiarisation of clinical processes. **[M2]**

64 Owing to the range of health-related courses available at the University, students have the unique opportunity to learn, research and collaborate with students from other relevant disciplines. The University is committed to emphasising interprofessional learning, **[SED p3/4]** highlighting the value of osteopaths working as part of the wider health community and stressing the importance of partnership and multidisciplinary team working with healthcare professionals and patients.

65 The programme structure outlines a number of shared modules where osteopathic students learn alongside students on health-related programmes. **[103]** Students are exposed to a broad range of lecturers, osteopathic and non-osteopathic, all highly-qualified and research-active. In 2017-18, the external examiner initially expressed a concern about the limited number of practical teachers, and the fact that students may not be exposed to a diverse range of osteopathic views. In line with staff planning the faculty has now been developed to include six staff with osteopathic qualifications - the equivalent of three full-time staff and additionally two hourly-paid lecturer/practitioners in osteopathy. The total number of teaching staff is planned to increase to five full-time equivalent by September 2020. **[Self - evaluation document p.31; External Examiner Reports 2017/18 - 246, 248 External Examiner Response 247]**

### **Student progression**

66 Prospective students apply to the programme through UCAS and in accordance with the established University Admissions Policy and Procedure. The entry requirement is currently BBC at A level or 112 UCAS points, consistent with other Osteopathic Education Institutes in the UK. Applicants attend for interview and places are offered if students match the MOst admissions and interview criteria. The University reviews its admissions activities annually. Unsuccessful applicants can apply for feedback following interviews and an appeals process is available as part of the Admissions Policy. **[Self-evaluation document para 1.2 p.4; University Admissions Policy and Procedures -124; MOst Admissions and interview criteria -125, Marjon website]**

67 The MOst offers a four-year full-time or six-year part-time, pre-registration integrated Master's programme. The programme has not appealed to students wishing to study part-time on the extended pathway and there is no discussion or analysis of this. The programme team has not used the Accredited Prior Certificated Learning (APCL) or Accredited Prior Experiential Learning (APEL) processes. Students wishing to join from other university courses have been advised to start in Year 1 rather than allow a transfer of credits. **[Self-evaluation document p.2 and 7, Current Cohort Grid 307; 327; M4]**

68 For the initial cohort in 2017-18, there were 37 applications which converted to 13 students enrolling - a conversion rate of 35%. In 2018-19, the number of applications more than doubled to 89, converting to 30 enrolments - a 33% conversion rate. The external examiner warned of rapid expansion in cohort size and urged the University to allow slower growth. **[External Examiner Report 2017/18 - 246]** However, for 2019-20 entry there were only 66 applications with 12 students accepting places with a conversion rate of 18%. Owing to six students retaking the first year, following unsuccessful progression, enrolments rose to 18 - double the size of the cohort entering their second year. To date, there are 71 applications for 2021-22 entry. **[SED; M1, 327]**

69 No formal analysis of application to enrolment conversion rates is evident, nor any exploration of alternative destination statistics, or reasons for non-enrolment. Recruitment activities take place in association with the University marketing team but no formal student recruitment marketing plan was evident. University representatives attend roadshows, UCAS events and visit schools as outreach work to promote osteopathy. The programme has been advertised in Devon, Cornwall and Somerset. **[Campus tour, M3, student numbers 327]** Financial costing scenarios have been conducted on the basis of 40, 25 and 10 students with the clinic operating at 50% capacity for the hours that students are timetabled in clinic. The University is confident that the course is still viable until 2024, with the worst case scenario of only 10 students per cohort. **[M5; 338; 339;340]**

70 The Learning, Teaching and Student Experience Strategy (LTSE) outlines the University's aspirations for a diverse body of students. To date, the demographic is predominantly that of white students, with a balanced mix of male and female. **[Learning, Teaching and Student Experience Strategy - 242 p. 4; SED]** The MOst had a 20% increase in students with disabilities from 2017-18 to 2018-19. The Active Participation Plan 2019-20 and 2020-21 refers specifically to students with disabilities. Students and staff have access to a range of equality and diversity policies and guidance through the University's main website and new faculty members complete online training in these areas as part of their induction. **[SED; Request for further evidence document, Access Participation Plan 297 a,b ; Marjon website; M3]**

71 Students have access to programme material through the virtual learning environment (VLE) known as Learning Space and through the programme home page on the University website. The home page includes essential documents such as the Student Regulations Framework 2019-20, Marjon Student Charter, Student Support and GOsC Fitness to Practise Guidelines. Students also can access programme evaluation forms, information about the teaching and management team and latest announcements. **[334 Learning space Programme Page]**

72 The Programme Specification clearly outlines the programme structure in table format with hyperlinks to module descriptors. **[External Examiner Report 2018 246; 247, Programme Specification103; Module Descriptors]** Module information is comprehensive, highlighting assessment formats and dates. Students can preview lecture presentations and review lectures through an innovative electronic recording system. All lectures are recorded and uploaded onto module pages within 48 hours, with a focus on the onscreen material and audio of lecturer and participants. Contact details of key module staff are also available. **[Campus tour; M2; VLE exploration]**

73 In Year 1, during their induction period, students attend a module entitled 'Engaging with Learning: Osteopathic Medicine'. The module aims to develop and inspire student engagement and supports them in the transition to degree-level study. Support is offered by academic advisers, module teaching teams and professional support services to assist

students with accessing and creating resources, using library media and encouraging virtual collaboration. The module is also utilised to introduce students to the Osteopathic Practice Standards (OPS) and fitness-to-practise issues. **[M2; M3; OMEC90 284; OPS; Fitness to Practice Policy]**

74 Prior to students entering clinic in Year 3, students attend a pre-clinical day which covers a range of topics including clinical processes, student and tutor responsibilities, patient consent and infection control. Written guidance supports this in the Clinic Handbook but supplementary information specific to clinic procedures and protocols contain many grammar and spelling errors. **[Clinic Handbook 239; clinic procedures documents 308-313]**

75 The Student Handbook is comprehensive and signposts students to a range of support services. **[VLE, no reference for student handbook]** The framework includes a dedicated student support department, the chaplaincy and the Marjon Student's Union. The University consistently highlights its commitment to the student experience and students on the osteopathic programme have full access to the range of university facilities for academic and pastoral support and guidance. Support mechanisms include academic advisers, a disability and inclusion service, student funding and student counselling and wellbeing. For students requiring IT support, there is an onsite 24-hour support centre. Prior to submitting written work through plagiarism detection software, students are able to seek guidance on referencing, grammar and spelling, through a service known as Studiosity. **[Self-evaluation document; Personal development Tutor Process / Programme 262-264; Studiosity 304]** Students spoke highly of the University support services and willingness of staff to assist with their learning. **[M2]**

76 All students are allocated a Personal Development Tutor (PDT) for academic support at the start of their first year. Students are entitled to one-to-one meetings at various points throughout the course, decreasing as they progress through their studies. The PDT process is supported by a series of documents which clearly outline the responsibilities for students and tutors. The process enables tutors to rapidly identify issues - personal or academic - which may impact on a student's ability to achieve learning outcomes, or progress through the course. If concerned, tutors initially email students before more formal processes are initiated. **[M1; M2; M3; PDT process 262-264]** As part of the faculty retention plan, the academic tutor system was given added emphasis with additional tutor slots and a six-week revision programme was organised for Year 1 and 2. **[Annual programme Report 2018/19 205 - 4.2.2]**

77 Effective formal and informal processes exist to monitor student attendance and engagement. To monitor attendance and gauge immediate feedback, an innovative check-in system was implemented 18 months ago. All classrooms and clinic space have posters with a prominent QR code to be scanned using tablets or mobile phones. Generated reports are monitored by the Programme Leader and Director of the School. Feedback to students is often timely with 'You said; We did' slides at the beginning of the next lecture. Programme staff are alerted when students miss three consecutive lectures and a student data management system highlights potential student disengagement at an early stage. **[M1; 323 Check in data, M6]**

78 The University's central support system known as Marjon Futures, with its own dedicated team, offers students: career, travel, volunteer, enterprise and professional development opportunities. Year-round workshops run by dedicated team members supplement the PDT process, helping students identify their values, career choices and assist with the development of key employability skills. **[Campus tour; Marjon website; M4]**

79 The University is committed to promoting the community and family ambience of the campus and committed faculty members are approachable and accessible for regular face-to-face interactions with students. This, combined with small class sizes, encourages more informal feedback and expedient resolution of issues and may be a reason for the variable uptake and perceived need for the formal personal tutoring process. Students spoke highly of the University's support services and commented positively on the responsiveness and accessibility of programme management and teaching staff. **[M2; M3]**

### **Learning resources**

80 The new onsite clinic facilities, based in the Campus Sports and Health Centre enables current students to achieve the 1000 clinic hours and minimum 50 new patient encounters required by the Subject Benchmark Statement for Osteopathy. The new clinic opened in September 2019 as planned, in preparation for the first cohort of Level 6 students. The Sports Centre is well-placed geographically with good transport links and free parking for centre visitors. The sports centre also houses a swimming pool, climbing wall, two gyms, a strength and conditioning laboratory plus a sports hall and two outdoor artificial pitches. Students and staff have private access to these facilities at a preferential rate. **[M1; Tour; clinic observations; SED; 315, Peninsula Allied Health Centre, Subject Benchmark Statement 2019]**

81 As part of clinical training, Year 1 and 2 students are required to undertake 150 timetabled hours of observation in the Marjon Osteopathy Clinic. **[SED, Programme specification]** Prior to the clinic opening in September 2019, current Year 2 and 3 students gained their required observational experience in a variety of external placements, mainly organised by the University. To supplement their clinical training and in addition to their timetabled clinic hours, students are encouraged to attend optional external observational placements. This supports the University's aim to offer students a multi-disciplinary experience and to broaden their awareness of allied health professions and interprofessional team working. **[Self-evaluation document p.9/10]**

82 Placement opportunities include onsite rehabilitation clinics and programmes for back pain, sports injury and patients diagnosed with conditions such as fibromyalgia and cancer. In addition, two external observation placements were secured in 2017-18 at surgeries in Stoke and Devonport, Plymouth, offering an NHS commissioned osteopathy service. Others include observations at private osteopathic, chiropractic and physiotherapy clinics. **[Self-evaluation document p.9/10, M3]**

83 Students choosing their own placements follow the University's auditable external placement process using specialist software. Here they can apply for placements for approval from the Placement Tutor. The placement provider is required to complete and submit an agreement as well as ensuring they have appropriate liability insurance. **[Observational placement Learning agreement 128]** All documents supporting the placement process state explicitly that placements are for observation purposes only and that providers will not offer any formal tuition. **[The Observational Placement outline 129; Information and Guidance for students 2019-20; Observation placement Outline 2019; Self- evaluation document p.9/10]**

84 As the programme develops the external placements may be utilised less; however, the breadth of clinical placements available supports students' future employability and raises awareness of osteopathy among potential patients and in the wider community, and is a strength of the programme.

85 Practical classes take place in two large adjoining classrooms shared with the sports therapy programme. The rooms are stocked with anatomical models and a total of 28 hydraulic plinths. Nearby rooms, also with hydraulic plinths, are available for self-practice outside timetabled classes. Learning resources are readily available with a dedicated storeroom of anatomical models and medical equipment purchased as part of the initial budget allocation at the outset of the course. Students are appreciative of the resources available and confirmed that purchases were made expediently when a need was identified. **[M2; M3; Campus tour]**

86 The Marjon Osteopathy Clinic operates from a large facility on the first floor of the Marjon Sports and Health Centre and is modelled around the existing Marjon Sports Rehabilitation Clinic. The dedicated clinic space has eight cubicles for treatment with one small breakout room for private discussion and a reception desk. Cubicle space is defined by pull round clinical curtains which, in some cases, may compromise effective clinical tutoring and patient-practitioner interactions. Patients waiting in the cubicle, while their student presents their case history to the tutor in the breakout room, would be in earshot of a case history being taken in adjoining cubicles. This was highlighted as a concern in the initial GOsC RQ report 2016. While this arrangement is the norm for NHS in-patients and other healthcare environments, it is inconsistent with clinical facilities in other osteopathic educational institutions. **[Campus tour; SED; M4, GOSC RQ report 2016 p.14/15]**

87 Students also have access to a large biomechanics' laboratory across the hall. It is hoped that, as part of the broader patient management plans, students may invite patients in for gait analyses and biomechanical assessments. On the ground floor, students are also welcome to utilise other sports science equipment for supervision with patients or for research activities. For example, patients with knee pain may be supervised on an anti-gravity treadmill for the same fee as a follow-up osteopathic treatment. A full-time scientific officer is available for added supervision. **[Tour]** As of February 2020, students will have the opportunity to treat workers at the BBC headquarters in Plymouth. This off-site osteopathy service will be available for two hours per week. **[Self-evaluation document p.15; Marjon review Specification, p.7]**

88 Currently there are only nine students in Year 3, split into two teams of four and five operating on different clinical sessions on the three and a half days per week that the clinic is open. There are no formal plans in place for the expansion of clinic facilities as cohort sizes increase. Senior management aspire to achieve cohorts of up to 40 students. **[SED; M1, M5]** In September 2020, the incoming Year 3 cohort size may consist of 18 students, requiring more clinic breakout space for discussions and writing up of notes. Suitable breakout rooms are essential for private and sensitive discussions, and are a requirement of the Subject Benchmark Statement for Osteopathy. A large classroom adjacent to the clinic has been cited as a potential space for extending facilities. **[Subject Benchmark Statement for Osteopathy 5.10, Clinic observation; Campus tour]**

89 Faculty members with osteopathic qualifications have gradually been employed or had hours increased in line with development plans and in preparation for growing cohort sizes. To capitalise on the interest from local osteopaths and to recruit qualified staff, the University holds 'talent pool' days twice a year. **[M5]** The University is fully committed to its plans for growth and recruitment for new lecturer/practitioner posts is ongoing. **[M2, M3, M5, SED]** Ratios for clinical supervision will not exceed one tutor to four students treating patients or one to ten students in practical classes in accordance with the Benchmark Statement for Osteopathy. Students commented positively about the support and feedback from osteopathic faculty members. **[Benchmark Statement for Osteopathy 2019; SED; Clinic observation; M2]**

90 Patients have been attracted to the new clinic by a series of marketing initiatives which formed part of the marketing strategy requested in a condition following the initial RQ review in 2016. This was completed with an action plan being presented in 2017 highlighting a variety of marketing activities, such as mailouts to GP clinics, posters, press releases to local papers and radio stations, feature articles, newsletters to schools and colleges and social media posts. **[SED p.13]** The response was positive with large numbers of patients attending the clinic free of charge. Patient numbers were more than adequate for the small Year 3 cohort and formed a good basis for developing patient numbers for future cohorts. All treatment was free of charge until Christmas 2019 and continues to be free for new patients. As of January 2020, continuing treatments will be charged. A number of partnerships have been struck with local organisations and many potential contacts remain untapped as the clinic has been allowed to grow. Current partnerships include employees from Devon and Cornwall Police, the Environment agency and members of England Netball. **[Campus tour; Clinic observations].**

91 Discussions have taken place regarding the employment of interns or graduates from the programme covering clinic in the 2021 summer vacation. However, the Marjon Osteopathy Clinic intends to close over the summer 2020 vacation period and there are currently no formal plans to maintain a patient base across the summer period in preparation for opening the clinic for five days a week in the new academic year. **[Clinic observations; M5]** In September 2020, Year 4 students will be joined by a potentially much larger cohort of up to 18 students - all requiring new and continuing patients from general and specialist populations. No specific clinic marketing strategy is evident to meet the needs of the intended growth in student numbers. **[Student numbers 327]**

92 Patients book appointments online through Cliniko, the online cloud-based documentation system. Clinic statistics and students' clinical activity can be monitored by accessible reports. Patient numbers are reviewed by the Programme and Module Leader in quarterly meetings. Patient information on the University website guarantees continuity with a particular student for a maximum of six sessions. The patient is then required to attend again as a new patient for a 90-minute session with a new practitioner, enabling students to see a broad range of patient profiles. **[Self-evaluation document p.14,15, p.31, Marjon website]**

93 Students take patient case histories electronically, entering details onto a standardised template to be authorised by clinic supervisors before submission. In addition, students obtain written consent from patients for the consultation and tick boxes collecting data on patient types by anatomical region, demographic and complaint. As additional evidence, students can also complete a clinical variety checklist to add to their clinic portfolio. However, students and clinic staff were unfamiliar with this recent initiative which aims to document a student's range of experiences, scenarios, cases and patient types. **[M2; Clinic observation Case variety checklist - 133 updated to 314 ]**

94 Clinic hours and placement experiences are recorded on clinic timesheets **[126 Timesheets]** and signed off by tutors at the end of every session. Clinic logs found in the Student Practice Handbook encourage written reflection on students' clinical experiences and supervisors assist with brief feedback on ideas for independent study. Timesheets are the only consistent record of clinic attendance and students must submit them at the end of every four-week clinic allocation cycle. **[Student practice Handbook - 239]** These documents form the clinic portfolio also known as the Practice Assessment Document. **[Clinic Log form 127; Time sheet 126; Case variety Checklist 314; Self-evaluation document, Student Practice Handbook 239, p.2]** Students' clinical activity is also recorded and reports provide levels of attendance. While this data is collected, there does not appear to be a standard operating procedure for central collation, monitoring and sign off. As the

programme progresses and as cohort sizes grow, clinic administrative roles, duties and responsibilities will need to be more formalised. **[Clinic observation; M6]**

95 The well-established campus library offers a range of help and support with comprehensive guides assisting students with finding, borrowing and renewing books. The library opening hours are 08.30 to 19.00 on weekdays and 11.00 to 16.00 at weekends. Students can remotely access library resources through the VLE including 2,000 ebooks. A single search facility assists students with print and electronic resources. Study skills support and guidance is offered on a range of topics and support is available 24 hours, seven days per week through the study skills page in the Student Handbook. **[Student Handbook; Marjon Library hard copy booklets, Marjon website]**

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

96 The University has well-established processes to assure financial sustainability. A Finance and Resources Committee oversees the management of financial governance and deliberates on financial planning including establishing a strategy for investment in major infrastructure projects. The University is currently in financial surplus, as indicated by the 2018-19 accounts and financial statements.

97 The University has an established business planning process, which identifies areas of new programme development and formalises the requirements for academic staffing and learning resources. This planning process includes developing specialist teaching and clinical accommodation. The University has identified the risks associated with the implementation of the osteopathic provision, and calculations have been made in relation to the requirements for clinic sessions, including patient numbers and the availability of specialist clinical staff.

98 The recently appointed Finance Director has instigated robust measures to ensure the continued financial viability of the University and of individual programmes including the MOst **[meeting with finance director]** A management accountant is attached to each school of the University. This engagement provides a much closer working relationship between the finance department and the School, and develops a greater understanding of the needs of staff and students. Ongoing training has been put in place to support the Programme Leader and Director of School in managing their newly-devolved responsibilities.

99 There has been a substantial reduction in the number of new students enrolled over the last two academic years. In 2018-19, there were 30 new students enrolled and in 2019-20, there were 13 new students. **[SED]** The University has recognised the recent decline in enrolments as a serious issue with financial implications and potentially detrimental impact on students' learning opportunities. In response, it has undertaken a robust risk assessment of the MOst programme, **[328-344]** and risk management workshops at operational and management level for Directors of Schools and Programme Leaders are planned. Monthly forecasts are undertaken to identify risks early and various cost modelling templates are being designed to be more intuitive. It will include additional areas on inventory and marketing costs and these actions will be important to achieve the intended increase in student numbers which will require an increase in clinical facilities and in staff numbers.

100 The Programme Leader stated that an intake of 30 students could be accommodated with planned changes to the clinical infrastructure, but specified the programme would still be viable with cohorts of 10 students. A risk analysis has been undertaken taking into account an annual student attrition rate of 10% which indicates that the programme would still remain financially viable. **[329]** A proposal by the Programme Leader for an equivalent increase in staff numbers has been agreed to support the intended growth in student numbers. The new planned posts of lecturer/practitioner are intended to ensure that new staff are skilled in delivering teaching which supports the linking of theory to



practice. Currently the Programme Leader is able to draw on an established talent pool of osteopathic practitioners who have gone through the University's human resources initial appointment process and are available for urgent coverage.

101 The review team identified the need for a formal focused marketing strategy to address both increasing the numbers of students, as well as having an increase in numbers of patients and patients with diverse conditions. This matter is addressed fully under the section on learning resources.

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

102 The University has an effective committee structure that deliberates on academic standards, and ensures that the learning opportunities for students are continually enhanced. The senior committee is the Academic Board, which takes ultimate responsibility for the oversight of academic standards and ensures the effective delivery of programmes. The Academic Board is supported by well-defined terms of reference. A number of standing committees and panels report to Academic Board, including the Academic Development Committee, and Academic Quality and Standards Committee. The deliberative structures focus on university-wide issues as well as faculty-specific discussions.

103 The University has a small student population which is a positive feature as it provides opportunities for a cohesive and supportive environment for both students and staff. The MOst espouses the University's core values and promotes its links with the wider community **[SED]** and harnesses the University's drive to engage with the local community.

104 The University has robust and effective governance and management processes in place, with the Vice-Chancellor (VC) having overall responsibility for the organisation. An appropriate senior management structure supports the VC **[1]** with clear lines of accountability. The senior management team focus is on leadership and management, reporting to the Senate, which has responsibilities for academic quality and enhancement **[202]** and which receives reports from the University Board of Studies. **[203]** The Senior Management Team reports on strategic matters directly to the VC who is accountable to the Board of Governors.

105 There is a very clear academic school structure **[2]** and the MOst sits within the School of Sports Health and Wellbeing, the largest of the academic schools. The positioning of the MOst in this school enables opportunities for interprofessional learning, exposing students to a wide breadth of clinical, as well as professional knowledge and skills, valuable to osteopathic practice. This matter is also addressed under teaching and learning.

106 There is a robust system of monitoring and reviewing adherence to the University's Quality Assurance Framework **[227]** by the Academic and Quality Standards Committee. Annual monitoring processes and procedures are in place at university-level. **[227]** It is evident that the MOst team adheres to these processes through the production of module reports **[206-223]** and Annual Programme Reports. **[204-205]** However, there is a distinct lack of detail and analysis in the MOst programme reports. None of the module reports contain student evaluations, an issue only commented on in two of the reports - OMEDO218 18/19 **[218]** and OMEDO518. **[289]** In the Annual Programme Report 2017-18, **[204]** there was limited analysis and discussion in relation to the data presented on key statistics such as recruitment, retention and achievement. The Annual Programme Report 2018-19 **[205]** provided more information but still lacked detailed evaluation and analysis. No commentary was provided on the overview of modules, and the report lacks an effective evaluation of student development, programme delivery and learning as these matters are not discussed. No comprehensive action plan is provided to address emerging issues. Neither of the Annual

Programme Reports provided to the team have been signed off by the Director of School. This indicates that the planned oversight has not been effective in practice.

107 Well-established university processes exist for gathering student feedback. As part of the quality assurance mechanisms students are able to provide feedback through mid-module evaluations and Staff-Student Liaison Committee meetings (SSLC) every six weeks, and as part of the National Student Survey (NSS). **[Self-evaluation document p.19; SSLC feedback 228-232]** Feedback from these channels informs end-of-module analysis and end-of-year reporting. At programme level, the SSLC provides a platform for students to comment on issues concerning the programme and, while these meetings are minuted, **[228-232]** reports are brief and repetitive.

108 The formal processes for student feedback have been limited in their effectiveness. SSLC minutes and mid-module evaluations, subsequent Annual Module Reports and Annual Programme Reports demonstrate little scrutiny and analysis of student views. **[227; 204; 205; 233; 234]** The combination of small cohorts, approachable and responsive programme staff and management has led to an over-reliance on informal processes which need to be further formalised to ensure that matters are effectively recorded, analysed and addressed.

109 Feedback to students occurs through the posting of programme reports, external examiner comments and action points from relevant meetings available on the VLE and formally through elected student representatives at the SSLC meetings. **[Self-evaluation document p.19; Staff Student Liaison Committee feedback 228-232]** Students commented positively on the methods of communication and consider themselves well-informed. **[M3]** Student representatives from all programmes attend the University's Student Experience Council chaired by the Student's Union which gives students a greater insight into issues arising in other programmes. **[M5]**

110 Patient feedback is gathered through an online survey through the Marjon Osteopathy Clinic website and manually through electronic tablets. The process for gathering, monitoring and evaluating patient feedback and engaging stakeholders in the formal deliberative processes are at an early stage of development. The current survey is more focused on satisfaction and likelihood of future recommendations. To date there has been minimal uptake with only one theme identified - that of insufficient information offered to patients. The Clinic Handbook was immediately updated to address these deficiencies. **[Self-evaluation document p.18, Patient feedback form – 236; Patient feedback responses - 237; 239 Clinic Handbook ]** A further survey is planned gathering patient feedback after the allocated six sessions with a particular student. **[M4]** There are currently no formal plans to engage service users more significantly in areas such as curriculum design and assessment.

111 There are comprehensive student support structures which include the Student's Union, the Student Engagement and Output Panel which has clear terms of reference **[317]**, a recently appointed Student Engagement Officer and the Student Experience Council. **[meeting 5]** Student experience is also addressed at the Board of Studies and students are involved in validation panels. **[294a]** The Personal Development Tutor guide **[263-264]** identifies areas of student development across the programme. This process is effective in illustrating for students' possible expectations for personal growth and development. The University has a comprehensive student complaints procedure policy **[295]** and the MOst team have provided students with additional guidance. **[238]**

112 A robust system for appointing external examiners is in place. There is a comprehensive university handbook detailing the processes of appointment, responsibilities and support for external examiners. **[245]** The MOst currently has one external examiner who provides detailed feedback on assessments and who reports that the programme team

has been responsive to issues raised. **[247-249]** The external examiner has commented positively on the teaching approach taken on the MOst and the different delivery approaches when compared to other osteopathic providers. The examiner has also complimented the team on the diversity of assessments, indicating these have increased the quality of the programme. **[246, 248]**

113 The current external examiner who, at the time of appointment, was involved in UK osteopathic education, is no longer registered with the GOsC as a practising osteopath. This situation means that over the longer term, there could be a lack of up-to-date engagement with the osteopathic profession and changes in regulatory requirements. The University, along with the programme team, confirmed in discussion with the visitors the intention to appoint an additional examiner who is currently registered as an osteopath. The University considered that the proposal for a dual examiner model would support the programme team more effectively, with the intention that an additional appointment would be in place for the first graduating cohort.

114 The Programme Leader has overall operational responsibility for the programme which currently has six experienced and registered osteopaths teaching on the MOst. The Programme Leader is well supported by the School's senior management team and the Pro-Vice-Chancellor (Academic), all of whom have significant insights into osteopathic education. The Programme Leader chairs the programme team meetings **[335-336]** which are intended to identify and address student and programme issues.

115 A robust system for identifying and supporting struggling students is in place with a personal tutor system and a centralised system known as Futures. This highlights adjustments students might need to assist them with their studies as well as signposting students to resources such as AIMS - Acquire, Improve, Master System. A comprehensive third-party facility is provided by the University for students - Studiosity - to support academic skills which is highly valued by students. **[304]**

116 There is a robust staff appraisal system which is recorded through iReview. **[135]** Access to developing skills in research and other scholarly activities are made available to staff. **[Meeting 3 with academic staff]** Research is undertaken by some of the staff **[326]** which supports teaching and learning.

117 The Staff Development Policy is comprehensive but includes an expectation that all academic staff will be qualified to Master's level. However, not all the osteopathic teaching team hold a Master's qualification and where this is the case, the University needs to ensure that those teaching at Level 7 are appropriately supervised and supported.

118 The MOst currently has interim awards allowing flexibility for students exiting at the end of Level 4 to be awarded the Certificate in Healthcare Studies; students exiting at the end of Level 5 to be awarded the Diploma in Healthcare Studies and students exiting at Level 6 to be awarded the BSc in Healthcare Studies. **[103 section 10]**

## **Meetings and documentation**

### **Meetings held**

M1 A Presentation by the Programme Leader and Director of School

M1 Meeting with Senior Management Team

M2 Meeting with students

M3 Meeting with academic staff

M4 Meeting with clinical staff

M5 Final meeting with senior management team

M6 Feedback to senior staff and facilitator

M7 Meeting about Quality and Standards

M8 Meeting with Director of Finance

M9 Meeting with Director of Finance

### **Major documentation**

1. University Management Structure 2019

1B. University Management Structure 2019 (updated)

2. Academic Structure 2018-19

3. Marjon Growth Plan 2017-21

4. Marjon Growth Plan (phase 2) 2019-25

5. Marjon Values

101 University Generic Level Descriptors

102 University Generic Grade Descriptors

103 Programme Specification

104 - 123 Module Descriptors

124 University Admissions Policy and Procedures

125 MOst Admissions and Interview Criteria

126 Timesheet

127 Clinic Log Form

128 Observational Placement Learning Agreement

129 Observation Placement Outline 2019

130 Information and Guidance for Students 2019-20

131 Clinic Statistics

132 Clinic Flyer

133 Case Variety Checklist

134 Staff Development Policy  
135 iReview User Guide  
136 Peer Observation Policy  
201 Senior Management Team (SMT) Terms of Reference  
202 Senate Terms of Reference  
203 University Board of Studies (UBoS) Terms of Reference  
204 Annual Programme Report 2017-18  
205 Annual Programme Report 2018-19  
206 – 223 Annual Module Reports  
224 - 226 Policy Advisory Committee minutes  
227 Annual Monitoring Processes and Procedures  
228 - 232 SSLC Feedback  
233 Mid-Module Evaluation – Sem A  
234 Mid-Module Evaluation – Sem B  
235 Programme Evaluation – End of semester  
236 Patient Feedback Form  
237 Feedback Responses  
238 Further Feedback or Complaints Procedure  
239 Clinic Handbook  
240 Appendix A mapping against professional standards  
241 Fitness to Practise Procedure 2019-20  
242 Learning, Teaching and Student Experience Strategy  
243 Assessment Regulations and Procedures  
244 Assessment Practices  
245 External Examiner's Handbook  
246 External Examiner Report 2017-18  
247 External Examiner Response 2017-18  
248 External Examiner Report 2018-19  
249 External Examiner Response 2018-19  
250 Module Assessment Board minutes June 2018  
251 Module Assessment Board minutes June 2019  
252 Module Assessment Board minutes September 2019  
253 - 261 Progression and Award Board minutes  
262 Personal Development Tutor Process

263 Personal Development Tutor Programme 2018-19  
264 Personal Development Tutor Programme 2019-20  
265 – 276 Staff CVs  
277 Teaching Research and Clinic equipment list  
278 Teaching Timetable for visit  
279 NUTC01  
280 OMEC01 Module Guides  
281 OMEC02  
282 OMEC03  
283 OMEC04  
284 OMEC90  
285 OMED01  
286 OMED02  
287 OMED03  
288 OMED04  
289 OMED05  
290 SHSD01  
291 SSHW School Report 2018-19  
292 Governance Structure  
293 Clinical Processes Observation guide for students  
294a Marjon Annual Financial Statement\_July2019  
294b MOST Resource and Financial Viability Statement  
295 Student Complaints Procedure 2019-20  
296 Entry Profile 2019-20  
297a Access and Participation Plan 2019-20  
297b Access and Participation Plan 2020-21  
297c Summative-Annual-Equality-Report-2018-19  
297d Harassment and Dignity at Work Policy June 2014  
298 Osteopathic Medicine Observational Placement Outline 2019\_20  
299 Osteopathic Medicine Placement process 2019\_20  
300 Osteopathic Medicine Observational Placement Checklist 2019\_20  
301 Osteopathic Medicine Information and Guidance for Students 2019\_20  
302 2019\_20 Submitting your placement or project on InPlace  
303 Observational Placement Learning Agreement Osteopathic Medicine

304 MARJON Studiosity  
305 External Examiner Nomination Form  
306 External Examiner CV  
307 Current cohort  
308 Clinical practice new patient TUTORS GUIDE  
309 Clinical procedures returning patient TUTORS GUIDE  
310 Clinical Absence\_student  
311 Time keeping and running late  
312 Clinical policy student new patient  
313 Clinical procedures returning patient student process  
314 Case variety checklist  
315 GOsC RQ report University of St Mark and St John final  
316 Senate 19-02-07 research and knowledge exchange strategy 2020 (draft)  
317 ToR 2019-20 student engagement and outcomes panel v2  
318 ToR 2019-20 committee structure v2  
319 BA (Hons) PE with Dance Programme Approval Report  
320 Module modification OMED01 OMED04  
321 SSLC Feb 2019 - Year2  
322 Learning and Teaching Strategy Jan 2020 (draft)  
323 Checkin data  
324 Module register  
325 Monitoring and evaluating provision senate 19-02-20  
326 Research informed teaching and List of publications\_GOSC  
327 Student numbers  
328 AiP integrated MSc Osteopathic Medicine costing tool  
329 Risk assessment course costing tool  
330 Context slides  
331 MOst Priority Risk Register  
332 Osteopathy Finance Extract Jan 2020  
333 Plymouth Marjon-GOsC Annual Report 2018-19  
334 Learning Space Programme Page  
335 Minutes for M.ost team meeting in July 2019  
336 Minutes for M.ost team meeting in Dec 19  
337 OMED04 Written Exam paper Jan 2020

- 338 Risk assessment\_Course costing tool\_Year 1
- 339 Risk assesssment\_Course costing tool\_Year 2
- 340 Risk assesssment\_Course costing tool\_Year 3
- 341 Osteopathy Finance Extract Jan 2020\_ department
- 342 Osteopathy Finance Extract Jan 2020\_budget SHW
- 343 Osteopathy Finance Extract Jan 2020\_budget staffing
- 344 Osteopathy Finance Extract Jan 2020\_FR committee
- 345 Assessment policy 2019-2020
- 346 Peer Review Policy 2019-20
- 347 BBC Osteopathy clinical work

#### **QAAXXX - RXXX - Mth 20**

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