



To: Council
From: Steven Bettles and Kabir Kareem
Date: 8 May 2019
Paper: C19/007

The European School of Osteopathy (ESO) – Renewal of Recognised Qualification (RQ)

Classification	Public
Purpose	For decision
Issues	<p>The European School of Osteopathy (ESO) is seeking renewal of its current RQs for the:</p> <ul style="list-style-type: none">a. Master of Osteopathy – four years full timeb. Bachelor of Science (Hons) Osteopathy – four years full time
Recommendation	<p>To renew the recognition of the qualifications Master of Osteopathy and the Bachelor of Science (Hons) Osteopathy awarded by the European School of Osteopathy, subject to the conditions outlined in paragraph 24 from 1 September 2019 to 31 August 2024, and to seek approval of the recognition from the Privy Council.</p>
Financial and resourcing implications	<p>The Recognised Qualification review is undertaken as part of our contract with the Quality Assurance Agency for Higher Education (QAA). This planned 'recognised qualification' review was included in our 2017-18 financial schedule and budget, with a budget of £20,476.</p>
Equality and diversity implications	None
Communications implications	<p>We are required to 'maintain and publish' a list of the qualifications which are for the time being recognised in order to ensure sufficient information is available to students, patients and others about osteopathic educational institutions awarding 'Recognised Qualifications' quality assured by us.</p>
Annexes	<p>Annex A – European School of Osteopathy Review Specification Annex B – QAA Visitors Report</p>

Introduction

1. Section 14(2) of the Osteopaths Act 1993 provides that 'where the Council is satisfied that (a) a qualification granted by an institution in the United Kingdom is evidence of having a required standard of proficiency, it may, with the approval of the Privy Council, recognise that qualification for the purposes of this Act.'
2. Section 15(4) provides that 'The General Council may, in recognising a qualification under section 14, direct that the qualification is to remain a recognised qualification only so long as such conditions as the General Council sees fit to impose are complied with in relation to the qualification.'
3. Section 14(6) of the Osteopaths Act 1993 provides that 'Before deciding whether or not to recognise a qualification under this section, the General Council shall consult the Education Committee.'
4. This paper considers the advice of the Education Committee. The GOsC Policy Advisory Committee undertakes the functions of the statutory Education Committee and this Committee is referred to as 'the Committee' in the remainder of this paper.
5. This paper describes the Committee's recommendation that Council renew the Recognised Qualification (RQ status) for the current qualifications awarded by the European School of Osteopathy. The European School of Osteopathy is one of the nine educational institutions offering osteopathic courses recognised by the GOsC.

Discussion

6. The Committee agreed the RQ specification for the European School of Osteopathy (ESO) on 10 October 2017.
7. On 10 October 2017, the Committee appointed a team of three Education Visitors under s12 of the Osteopaths Act 1993 to undertake the review in accordance with the review specification. The review specification is attached at Annex A. The visit component of the review took place in April 2018.
8. The visit report was drafted and sent to ESO on 1 June 2018 for a period of no less than one month in accordance with the Osteopaths Act 1993.
9. The response of ESO (received on 29 June 2018) focussed on points of factual clarification and was considered by the Education Visitors. The Visitors submitted their final report dated 20 July 2018 and this is attached at Annex B.
10. In July 2018, the ESO notified the Committee of a significant changes to the constitution of their Board and the appointment of a new Chair. In terms of the impact on the Osteopathic Practice Standards, the ESO advised that 'An action plan concerning Board of Trustees reform will be submitted as part of the School's response to the RQ conditions arising from the recent RQ renewal.'

11. On 18 October 2018, the Committee were informed of the outcomes of the RQ visit but also of further additional information.
12. The Visitors report dated July 2018 recommended approval of the Master of Osteopathy and Bachelor of Science (Hons) Osteopathy with conditions, which are:
 - evaluate the operation and impact of the revised academic governance and management structure to provide proportionate and accountable reporting which ensures the achievement of academic standards and the quality of students' learning experience
 - implement the proposals for the reform of the Board to provide a cohesive and responsive framework in supporting the effective future governance of the School
 - evaluate the interim executive arrangements as part of establishing and implementing plans for the medium and long-term responsible and accountable leadership and management of the School.
 - complete and implement the five-year strategic plan to secure the future direction and success of the School.
13. The report also outlined the visitors' conclusions, including strengths, areas of good practice and areas for development. It was further reported that the ESO had provided an Action Plan on 2 August 2018, which had been sent to the visitors for comment. The visitors felt that the plan was realistic and clear and gave feedback to help strengthen this. This was reflected in the updated plan supplied by the ESO dated 31 August 2018.
14. On 18 October 2018, the Committee considered the original RQ report and action plan, taking into account the significant changes reported and information included in the cover paper at Item 9 of the Policy Advisory Committee Agenda available at: <https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pac-october-2018-item-9-european-school-of-osteopathy-renewal/?preview=true>.
15. The Committee also considered a supplemental report from the Executive concerning further reported changes to the senior management and academic team which had been reported in the weeks prior to the Committee meeting.
16. The Committee took into account the matters since the visit report including:
 - a. The appointment of a newly appointed trustee as permanent Chair in July 2018
 - b. The resignation of three trustees from the Board reported in July 2018
 - c. A review of the executive management arrangements reported in September 2018 and
 - d. The resignation of the Dean from the ESO executive team, reported on 16 October 2018.

17. As a result of the changes within the governance and management subsequent to the RQ visit, the Committee agreed that such assurance provided by the report was now weakened. The Committee agreed that the ESO should produce a turnaround plan, demonstrating progress with the conditions, including a plan to manage and maintain academic governance, oversight and delivery of standards, and demonstrate current delivery of standards to enable it to have confidence that only students meeting the Osteopathic Practice Standards were awarded a recognised qualification in order to provide the necessary assurance.
18. On 18 October 2019, the Committee agreed that it did not have the evidence to make a recommendation to Council that it recognises the Master of Osteopathy and the Bachelor of Science (Hons) Osteopathy subject to the proposed conditions from 1 September 2019 to 31 August 2024 at that time. The Committee also agreed that a turnaround plan from the ESO demonstrating compliance with the proposed conditions, including a plan to manage and maintain academic governance oversight and delivery of standards, and demonstrating current delivery of standards, should be presented to the Committee to provide the necessary assurance to enable it to have confidence that only students meeting the Osteopathic Practice Standards were awarded a 'recognised qualification'.
19. The Committee considered the renewal of recognition of the qualifications again at its meeting on 13 March 2019. The Committee considered the original Visitor report, the detailed turnaround plan (which was also supplemented with supporting evidence of actions) submitted by the ESO and a report written by Consultancy in Education and Research (Dr Ian Drysdale); commissioned by the ESO to provide an independent and objective review of the leadership, strategy and procedures within the institution alongside an updated Action Plan detailing how the ESO is complying with and will continue to comply with the proposed RQ conditions.
20. The Committee noted the ESO's acknowledgement of the challenges being faced by the institution in the first paragraph of its turnaround plan:

This plan prepared for submission to the PAC recognises the current risks and perceived challenges facing the institution. The significance of the unprecedented position the PAC has reached is not underestimated and significant work has been undertaken by the Executive Team to provide assurance to the Committee of the quality and standards permeating our pre-registration education, management and governance processes.

21. The Committee was impressed by the efforts of the institution and agreed that the Action Plan was realistic and that the new governance structure provided the reassurance that the ESO was moving in the right direction. It was also agreed that the independent report added considerable weight to the efforts demonstrated and there was more than sufficient evidence that a turnaround was evident. The Committee had sufficient assurance about current and future standards to enable it to make the recommendation to renew the qualifications to the Council subject to the specific conditions proposed by the Visitors and also the general conditions attached to all recognised qualifications.

22. All proposed conditions have been reviewed by the Head of Regulation and agreed to be appropriately worded.

23. The Committee agreed to recommend to Council that, subject to the approval of the Privy Council, Council recognises the Master of Osteopathy and the Bachelor of Science (Hons) Osteopathy subject to the specific and general conditions outlined in paragraph 24 below from 1 September 2019 to 31 August 2024.

24. The conditions are:

CONDITIONS	
a.	The European School of Osteopathy must evaluate the operation and impact of the revised academic governance and management structure to provide proportionate and accountable reporting which ensures the achievement of academic standards and the quality of students' learning experience.
b.	The European School of Osteopathy must implement the proposals for the reform of the Board to provide a cohesive and responsive framework in supporting the effective future governance of the School.
c.	The European School of Osteopathy must evaluate the interim executive arrangements as part of establishing and implementing plans for the medium and long-term responsible and accountable leadership and management of the School.
d.	The European School of Osteopathy must complete and implement the five-year strategic plan to secure the future direction and success of the School.
e.	The European School of Osteopathy must submit an Annual Report, within a three month period of the date the request was first made, to the Education Committee of the General Council.
f.	<p>The European School of Osteopathy must inform the Education Committee of the General Council as soon as practicable, of any change or proposed substantial change likely to influence the quality of the course leading to the qualification and its delivery, including but not limited to:</p> <ul style="list-style-type: none">i. substantial changes in financeii. substantial changes in managementiii. changes to the title of the qualificationiv. changes to the level of the qualificationv. changes to franchise agreementsvi. changes to validation agreementsvii. changes to the length of the course and the mode of its deliveryviii. substantial changes in clinical provisionix. changes in teaching personnelx. changes in assessmentxi. changes in student entry requirements

	<p>xii. changes in student numbers (an increase or decline of 20 per cent or more in the number of students admitted to the course relative to the previous academic year should be reported)</p> <p>xiii. changes in patient numbers passing through the student clinic (an increase or decline of 20 per cent in the number of patients passing through the clinic relative to the previous academic year should be reported)</p> <p>xiv. changes in teaching accommodation</p> <p>xv. changes in IT, library and other learning resource provision</p>
g.	<p>The European School of Osteopathy must comply with the General Council's requirements for the assessment of the osteopathic clinical performance of students and its requirements for monitoring the quality and ensuring the standards of this assessment. These are outlined in the publication: <i>Subject Benchmark Statement: Osteopathy, 2015</i>, Quality Assurance Agency for Higher Education and <i>Guidance for Osteopathic Pre-registration Education, 2015</i>, General Osteopathic Council. The participation of real patients in a real clinical setting must be included in this assessment. Any changes in these requirements will be communicated in writing to the European School of Osteopathy giving not less than nine months notice.</p>

25. The Committee also agreed the updated Action plan. The Action Plan outlines a series of tasks and regular monitoring both by the ESO, the executive and the Committee. The next update will be considered by the Committee at its meeting on 13 June 2019.

26. In the event that there are matters arising from the progress updates which require the earlier attention of the Committee, the executive would take immediate steps to bring these to the attention of the Committee for consideration in accordance with our usual procedures.

Recommendation: To renew the recognition of the qualifications; Master of Osteopathy and the Bachelor of Science (Hons) Osteopathy awarded by the European School of Osteopathy, subject to the conditions outlined in paragraph 24 from 1 September 2019 to 31 August 2024, and to seek approval of the recognition from the Privy Council.

Review Specification for the European School of Osteopathy – Renewal of Recognition of Recognised Qualifications

Background

1. The European School of Osteopathy (ESO) currently provides the following qualifications which are due to expire on 31 August 2019:
 - a. Bachelor of Science (Hons) Osteopathy
 - b. Master of Osteopathy
2. The ESO wishes to renew both of these qualifications. A copy of the current Recognised Qualification award and the last Quality Assurance Agency for Higher Education (QAA) Report is attached for information.
3. Copies of Committee papers relating to the ESO are attached to this specification for information.

QAA Review

4. The GOsC requests that the QAA schedules a combined renewal of recognition review of the following qualifications:
 - a. Bachelor of Science (Hons) Osteopathy
 - b. Master of Osteopathy
5. The aim of the GOsC Quality Assurance process is to:
 - Put patient safety and public protection at the heart of all activities
 - Ensure that graduates meet the standards outlined in the *Osteopathic Practice Standards (OPS)*
 - Make sure graduates meet the outcomes of the *Guidance for Osteopathic Pre-registration Education* (2015) and the *Quality Assurance Subject benchmark statement: Osteopathy* (2015)
 - Identify good practice and innovation to improve the student and patient experience
 - Identify concerns at an early stage and help to resolve them effectively without compromising patient safety or having a detrimental effect on student education
 - Identify areas for development or any specific conditions to be imposed upon the course providers to ensure standards continue to be met
 - Promote equality and diversity in osteopathic education.
6. The format of the review will be based on the GOsC/QAA Handbook (<http://www.qaa.ac.uk/reviews-and-reports/how-we-review-higher-education/general-osteopathic-council-review>) and the *Osteopathic Practice Standards* (<http://www.osteopathy.org.uk/standards/>). Associated guidance will

also include the *Guidance for Osteopathic Pre-registration Education* (2015) (<http://www.osteopathy.org.uk/training-and-registration/becoming-an-osteopath/guidance-osteopathic-pre-registration-education/>).

7. In addition to the usual review format, the Committee would like to ensure that the following areas are explored:

Implementation of the new curriculum and assessment strategies

8. The ESO has been under a period of extensive changes in staffing, curricula and assessment since their last RQ visit in 2013. There have been changes to the assessment strategies and also subsequent revalidation of new curricula and assessments with Buckinghamshire New University. The Committee have been concerned to ensure that the effective implementation of these changes delivers the OPS. The Committee wanted more depth information about the implementation of the changes and identified the need to monitor this implementation of the assessment strategy as a whole to ensure delivery of the OPS.

Governance review

9. The ESO has made some significant changes to governance since the last RQ review. The Committee is concerned to ensure that the governance structures now in place are effective in monitoring the delivery of the OPS.

Student Fitness to Practice

10. The ESO redrafted their Fitness to Study Policy and a revised Disciplinary Policy and trained panel members. The Committee are concerned to ensure that the training remains effective.

Patient Feedback

11. The Committee would like further detail about how patient feedback is gathered and analysed and fed into the quality management process.

Review Specification and Provisional timetable

12. This review specification may be subject to change due to changing circumstances prior to the review. Any changes to the specification will be notified to the Committee.
13. The provisional timetable for the European School of Osteopathy RQ review will be as follows:
 - October 2017 – Committee agreement of review specification and appointment of Visitors.
 - October 2017 – Committee approval of Visitors and scheduling review timetable and visit dates
 - February 2018 – Submission of self-evaluation document

Agenda item 9: Paper C19/007 Annex A

- Visit in April 2018 – Visit (including observation of teaching and learning both clinical and academic and opportunities for discussions with staff and students.)
- May 2018 – Draft Report sent to ESO for comments (report needs to be finalised by September 2018) – statutory period.
- June/July 2018 – Preparation of Action Plan to meet proposed conditions (if any).
- October 2018 – Recommendation from the Committee to Council to recognise the qualifications.
- February 2019 – Recognition of Qualification from the General Osteopathic Council.
- Before July 2019 – Approval from the Privy Council.

This timetable will be the subject of negotiation with the ESO, GOsC and the QAA to ensure mutually convenient times.



General Osteopathic Council review of osteopathic courses and course providers

**Master of Osteopathy (M.Ost)
BSc (Hons) Osteopathy**

Renewal of recognition review

The European School of Osteopathy

April 2018

Foreword

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

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

GOsC review

GOsC review is a peer-review process. It starts when institutions evaluate their provision in a self-evaluation document. This document is submitted to QAA for use by a review team 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, the review team make one of the following recommendations to GOsC:

- | |
|--|
| <ul style="list-style-type: none">• approval without conditions• approval with conditions• approval denied. |
|--|

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

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

Introduction

This report presents the findings of a renewal of recognition review of aspects of the governance and management, the academic standards achieved, and the quality of the learning opportunities provided in osteopathy at the European School of Osteopathy (the School). The programmes reviewed were the Master of Osteopathy (M.Ost), incorporating the BSc (Hons) Osteopathy. The review was undertaken by a review team 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 2017-18. The review team consisted of Mr Seth Crofts, Ms Elizabeth Elander, Mr Manoj Mehta and Mr Michael Ridout (Review Coordinator).

A Formal recommendation

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

The recommendation of the review team for the M.Ost and BSc (Hons) programmes is:

- | |
|---|
| <ul style="list-style-type: none">• approval with conditions |
|---|

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

- evaluate the operation and impact of the revised academic governance and management structure to provide proportionate and accountable reporting which ensures the achievement of academic standards and the quality of students' learning experience (paragraphs 21, 23, 28 and 68)
- implement the proposals for the reform of the Board to provide a cohesive and responsive framework in supporting the effective future governance of the School (paragraph 63)
- evaluate the interim executive arrangements as part of establishing and implementing plans for the medium and long-term responsible and accountable leadership and management of the School (paragraph 65)
- complete and implement the five-year strategic plan to secure the future direction and success of the School (paragraph 67).

B Findings

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

Strengths

- the revised integrated curriculum that provides students with a cohesive framework of understanding and competence to equip them for osteopathic practice (paragraphs 9, 12, 15 and 19)

- the culture of openness and professionalism together with the responsiveness of management to ensure the quality of the students' learning (paragraphs 12, 17, 19, 64, 73 and 74)
- the use of e-portfolios to support students in developing as reflective practitioners and preparing them for professional working life (paragraph 16, 19 and 44)
- the inclusion of Elective options in the revised curriculum to develop students' specialist interest and competences (paragraphs 16 and 45)
- the role of the Learning Technologist in developing the digital literacy of staff and students to enhance the opportunities for technology-based learning (paragraph 41)
- the range and availability of learning and pastoral support to underpin student learning and success (paragraphs 42 and 43).

Good practice

- the emphasis within teaching and learning on the importance of consent and working in partnership with patients to prepare students as competent health professionals (paragraphs 9 and 12)
- the introduction of problem-based learning in levels 4 and 5 to reinforce the teaching and learning strategy and prepare students for supervised clinical practice (paragraphs 16, 19, 24 and 40)
- the redesigned proportionate and innovative assessment strategy to reinforce students' learning and achievement (paragraph 16, 22, 24 and 25)
- the opportunity for students to develop the skills to engage with the GOsC's new CPD scheme in preparing for working life (paragraph 36).

Areas for development

- update and embed the three interrelated policies Fitness To Practise, Fitness To Study, and the Student Disciplinary Policy and provide the necessary staff training and development to support their implementation (paragraphs 13 and 14)
- identify and embed approaches to assure students that clinic tutors and classroom teachers are in regular communication about the content of lectures to achieve consensus on the evidence base for taught interventions (paragraph 20)
- review the policy and consistency of second marking, in applying the academic regulations of the two validating universities, to ensure fair and effective assessment practice (paragraphs 26, 28 and 29)
- build on staff training to enhance the quality and consistency of written feedback on students' assessed work, ensuring that clear guidance on how to achieve further improvement is offered to all students (paragraphs 30, 31 and 32)
- increase the current and prospective students' awareness of the exit points and awards available to them where the achievement of the full award is not possible (paragraph 35)
- explore approaches to engage recent graduates in helping to inform curriculum development and enhancement of the student experience (paragraph 38).

C Description of the review method

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

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

The review team 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. There was no unsolicited information submitted relating to this review.

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

The review team respect the principle of proportionality in their enquiries and emerging conclusions.

Key features of GOsC review include:

- an emphasis on the professional competences expected of osteopaths and expressed in GOsC's Osteopathic Practice Standards
- peer review: review teams include currently registered osteopaths and frequently at least one lay visitor with higher education interests
- a focus on the students' learning experience, frequently to include the observation by the review team of clinical and non-clinical teaching
- flexibility of process to minimise disruption to the provider; there is negotiation between QAA and the provider about the timings of the review and the nature of evidence to be shown
- a process conducted in an atmosphere of mutual trust; the review team 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 the review team
- a protocol for unsolicited information
- evidence-based judgements
- ensuring that the amount of time taken to conduct a review is the minimum necessary to enable the review team to reach robust findings and recommendations
- providing transparency of process through the use of published GOsC criteria
- the role of the Institutional Contact, a member of the provider's staff, to assist effective communication between the review team and the provider
- the facility to engage a further specialist adviser where necessary
- close monitoring by QAA officers.

D The overall aims of the provider

1 The European School of Osteopathy (the School) is the trading name for Osteopathic Education and Research Limited, a company limited by guarantee and Registered Charity. Legal responsibility for the overall management and control of the School is vested in the Board of Trustees, which constitutes the Council of the School, and the members of which are directors of the Company.

2 The School was founded in 1951 and originally operated in Paris. In 1965 it relocated to the UK, first to London and then, from 1971, to Kent. The franchise agreement with the College International d'Osteopathie was phased out in 2007. The School's main site, used for administration and teaching, is located at Boxley, near Maidstone, Kent. Its teaching clinic is some four miles away in Tonbridge Road, Maidstone. There are 211 students enrolled on the M.Ost programme, which is studied full-time and is of four years' duration.

3 Seventy students were enrolled on year one of the Buckinghamshire New University programme (that commenced in September 2017). One hundred and forty one students were enrolled on years two, three and four of the Programme and are following the curriculum validated by the University of Greenwich in January 2011. The latter programme is teaching out, as the Buckinghamshire New University programme is phased in, and will be completely phased out by September 2020.

4 The School has 81 teaching (classroom and clinic) staff, of which 98.8 per cent are part-time. There are 54 classroom staff (lecturers and assistants) and 32 clinic tutors (some of the faculty work both in the clinic and in the classroom). 91.4 per cent of the faculty has at least a first degree (89 per cent in 2013) and 38.3 per cent has a teaching qualification (20 per cent in 2013).

5 The School's mission statement states that:

The European School of Osteopathy is dedicated to the provision of the highest quality in:

- osteopathic under and postgraduate education
- clinical care to the community
- osteopathic research.

The School is committed to:

- concern for the individual
- respect for the origins and philosophy of osteopathy
- the need to embrace the wider community of Europe and the world.

The School motto is: Tradition with Vision in Osteopathy.

6 The aims of the M.Ost are, as stated in the SED:

The Integrated Master's Degree in Osteopathy, and the main fall-back award, the BSc (Hons) Degree in Osteopathy, aim to fulfil Osteopathic Practice Standards and comply with the 2015 Benchmark Statement. In satisfying these two standards, the School is concerned that both degrees maintain an osteopathic breadth, combining traditional philosophies with current research and models of practice. The educational aims of the two programmes may be summarised as follows:

- provide the student with knowledge, skills and clinical-training reflective of advancing healthcare standards in osteopathy
- develop the student's competence in applying clinical skills to osteopathic practice

- develop the reflective, critical and analytical powers of the student allowing them to deal in a self-directed manner with complex issues, making sound judgements in the absence of complete data, dealing with the unpredictable
- develop general problem-solving and research skills
- provide the students with the skills to respond positively to change
- enhance interpersonal skills, enabling clear communication with all audience levels
- develop the skills for autonomous practice and team-working
- develop the skills to advance knowledge and understanding by independent life-long learning.

7 All students enrol on the Integrated Master's Degree in Osteopathy. The award of the BSc (Hons) Degree in Osteopathy is made where a student fails the level 7 Research Dissertation, but passes all the other elements of the master's programme and submits a modified dissertation at level 6.

E Commentary on the provision

An evaluation of the clinical and academic standards achieved

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

8 The School offers two full-time programmes of study leading to the award of Master of Osteopathy (M.Ost), one validated by the University of Greenwich in 2011 and the other validated by Buckinghamshire New University in 2017. Year one students (2016-17) on the University of Greenwich programme were given the opportunity to transfer to year two of the Buckingham New University programme; the students opted to continue on their existing programme. Consequently, year groups two to four continue on the original University of Greenwich validated curriculum, whilst year one students who enrolled in September 2017 have started on the Buckinghamshire New University validated curriculum. For both curricula, the programme aims are identical, as is the broad content.

9 Both curricula have been carefully mapped against the current GOsC Osteopathic Practice Standards (OPS) and to the proposed new OPS due to come into effect in September 2019, thereby ensuring that individual module learning outcomes and the programme as a whole address all of the competencies required for professional practice. The Buckinghamshire New University validated curriculum benefits further from alignment with the four aspects of practice highlighted in the Subject Benchmark Statement for Osteopathy (2015): increasing emphasis on osteopaths working in partnership with patients, increasing focus on evidence-based practice and educational theory, increasing recognition that osteopaths are part of the wider health community, and increased recognition of professionalism and the duty of candour.

10 Revalidation of the curriculum delivered in partnership with the University of Greenwich, scheduled for November 2015, was set aside following a mutual decision. It will be phased out completely once the last cohort, the current year two students, has graduated. The School has been careful in its analysis of the differences between the two programmes to ascertain the points of variance and the scope to realign the University of Greenwich programme with the more innovative Buckinghamshire New University version so that there can be parity for all students. The University of Greenwich is supporting the transition by enabling adjustments to be made to the original curriculum. As a result it now offers very similar teaching and learning opportunities to those available to students on the newer curriculum. The School feels that the new university partnership offers improved quality assurance, greater student support and better value for money. An agreement is in place to ensure that the run-out arrangements are fit and proper for the students.

11 Course aims and outcomes for both programmes are set out in the respective programme handbooks and module specifications, available to students via the virtual learning environment (VLE) and the universities websites. Students confirm that the relevant intended learning outcomes are usually brought to their attention at the start of each lecture, and reviewed at the end.

12 The Osteopathic Practice Standards theme A (communication and patient partnership) has been identified in a series of external examiner reports over recent years as being in need of greater emphasis. It is clear that there has been a concerted effort throughout academic year 2017-18 to ensure that teaching and learning about the care, consent and involvement of patients has been strongly reinforced. Although the new emphasis is not conveyed by the curriculum map itself there is a high level of commitment to embedding this aspect of professional standards evident in the module descriptors, the observed lectures and clinical learning and the ethos of the School. Students affirm that obtaining continuous consent from patients is at the forefront of their teaching in all year groups and across all the relevant modules. A clinic audit has shown that over 90 per cent of patients felt they were being engaged in shared decision making. The School has been successful in transforming this area of its provision from a relative weakness four years ago to a positive feature in 2018.

13 Three important inter-related policies, Students' Fitness To Practise (FTP), Fitness To Study (FTS) and the Student Disciplinary Policy reflect the high standards expected of a prospective health professional and are designed to provide a compassionate and robust response to situations in which a student's conduct or health places themselves or others at risk. These policies are currently the subject of a wide-reaching review at the School that is taking account of latest advice from the Office of the Independent Adjudicator and GOsC guidance documents. A programme of staff training has been introduced, to support policy implementation, with the aim of developing an industry standard capacity to manage FTP, FTS and disciplinary situations in-house. The School faces only a small number of such situations each year and is keen to learn from these and resolve problems as quickly, effectively and constructively as possible.

14 Since the review dates are now significantly overdue it is important that the revised policies are finalised and made operational as soon as possible and that the training programme is completed and evaluated. As a public protection issue, the School is aware that it needs to work with the higher education sector to resolve the question of how much information can be legally disclosed to other institutions or employers in the event of a reference being sought for an excluded ex-student. All three policies are available to students via the VLE, and students confirm that they are aware of the policies.

Curricula

15 The transfer to a new University partner provided an opportunity for the School to redesign and modernise the existing curriculum to address some of the points raised by students, staff and external examiners over previous years. There is now an emphasis on integration within the curriculum. Individual modules are aligned better within years, for example an anatomy lecture is typically followed by an osteopathic skills lecture on the same theme, allowing consolidation of learning before moving on to a different area of the body. There is also better integration of clinical knowledge and skills into classroom lectures so that students in year one and two of the programme can gain more value from their clinic observation activities. A new module, Clinical Methods, delivered in year two, is designed to enhance students' readiness for the more senior clinical responsibilities they will face in year three. In addition, an integrated approach has been applied to modular content that is

naturally linked, for example formerly separate pathology and physiology teaching has been combined in a new pathophysiology modules.

16 Other innovative features of the new curriculum are seen in the assessment strategy where the balance between written exams and practical assessments has been re-evaluated in favour of the latter format, with new problem-based learning and assessments introduced to develop students' clinical reasoning capabilities. There are also recently introduced elective options available in the final year of the programme, within a new Extended Practice module, designed to support professional practice after graduation. There is evidence throughout of students being helped to develop their skills in reflective practice, peer review and portfolio work, all key elements of the requirements of the General Osteopathic Council's new CPD scheme. This is strongly supported by innovative use of ICT such as digital profiling and the use of the e-portfolio.

17 There are four strands throughout the curriculum, Core Knowledge, Integration, Osteopathic skills, Professionalism and Identity. These are well supported by the new management structure which provides a Head of Department(s) to oversee each of the strands. Teachers have commented that this arrangement makes it much easier for them to take forward any issues or ideas for curriculum improvement: proposals can be implemented relatively quickly, within the same academic year, once the Head of Department has agreed the change, provided that it is not so substantive as to invoke university approval processes. There is generally a high level of staff confidence in the senior and middle management teams which staff feel equip the School for the future.

18 Module descriptors with associated intended learning outcomes are set out in both sets of degree documentation and the respective programme handbooks contain the relevant programme specification. Intended learning outcomes throughout both curricula reflect the appropriate level descriptors provided by the *Framework For Higher Education Qualifications in England, Wales and Northern Ireland* (FHEQ). Although the two university partners operate different models of credit volume per module, credit values are appropriately matched to the number of learning hours associated with each module and the complexity of the content. Modules conform to the relevant QAA Subject Benchmark Statement and have been mapped against the OPS.

19 There is clear incremental progression from level 4 to level 7 leading to full autonomous practitionership, criticality, innovation, the ability to respond to unpredictable situations, and the ability to take full responsibility for learning needs. The development of reflective skills and clinical reasoning capability features at an early stage of the curriculum, with problem-based learning used to develop teamwork skills to help prepare students to make a contribution to multi-professional teams, an important aspect of OPS and the new Subject Benchmark Statement. For example, within the module Pathophysiology 1 a series of clinical problem scenarios reflect the range of intended learning outcomes. Reflective learning continues through the curriculum and is reinforced strongly in the final year through the culmination of the group of modules on Professional Skills and Identity. Overall, the curriculum design reflects state of the art development within the UK undergraduate osteopathic education sector.

20 Students' concerns that there could be better communication between lecturers so as to build on learning and avoid duplication has been addressed in the design of the new curriculum. However, there is still an acknowledged need for lecturers and clinic tutors to communicate with each other on a regular basis to enhance the students' experience and achieve consensus on the evidence base for the taught techniques. There is a range of information available to staff about lecture content on the intranet system; nevertheless, face-to-face meetings are valued particularly by part-time staff who can sometimes feel less well connected to programme developments. In the minutes of the Student Experience

Group (SEG) the agreed actions are sometimes unspecified and without deadlines, leading to a risk of items not being followed through to completion as rigorously as they might be.

21 Due to the large number of new features of the curriculum and the untested implementation, the effectiveness of in-house academic governance structures will be critical. The Curriculum and Assessment Committee (CASC) has an oversight role together with the newly reconstituted Quality and Standards Committee, with Heads of Department having most of the responsibility for monitoring and developing the curriculum. Minutes of the CASC do not fully reflect the breadth and depth of deliberations and there is no obvious mechanism to ensure that agreed actions are followed through. External examiner reports are clearly signposted on the students' VLE although they do not appear on the agenda of the SEG meetings. Staff confirm that they have been involved in discussing the reports and the response.

Assessment

22 The Assessment Strategy builds on the Teaching and Learning Strategy and reflects success in reducing the summative assessment workload by 40 per cent since 2014 in accordance with feedback from a number of sources. The current scrutiny process has been introduced relatively recently to replace and enhance the previous system, and is to be reviewed on an annual basis. This rigorous process includes the close involvement of external examiners, peers, Heads of Department and the Programme Leader before final approval by the CASC. The School's Registry is well organised in dealing with assessment documentation and questions about academic regulations; there have been careful plans for a new Academic Registrar to benefit from a long hand-over period with the existing experienced incumbent.

23 The assessment strategies for both programmes reflect the levels in the FHEQ, with the Buckinghamshire New University programme demonstrating particular strength in variety and innovation of assessments. Monitoring the effectiveness of the new assessments during implementation will be essential as progressively more cohorts are enrolled. Responsibility for monitoring, review and development of the assessment strategy, together with the curriculum as a whole, falls largely to Heads of Department. This mechanism for academic management and quality assurance is somewhat untested as it has only been introduced in the last few months. Although this is seen as a positive move, a monitoring system needs to be implemented and maintained, for example through minutes of the Heads of Department meetings, to ensure that matters are recorded and followed through to a satisfactory conclusion.

24 Both curricula include a good variety of assessment formats with formative opportunities available to students to help them to prepare for summative events. Formative activity is often ongoing throughout module delivery with feedback available to students on their performance. The VLE is used to give students a bank of multiple choice questions with indicative content aligned with the problem-based learning schedule so that students can gauge their learning against expectations as the module unfolds.

25 Students were observed undertaking a peer-led formative assessment of physical examination in groups of three, rotating the roles of practitioner, model and assessor, with the teacher collecting and giving feedback on the peer assessment. This type of teaching not only familiarises the students with the formative assessment process it also develops a number of professional skills needed for later in the degree programme and in professional practice. In all the lecture observations students and teachers were highly engaged in well-resourced rooms and lesson plans were clearly being used to provide a structured approach to underpin assessment. The deployment of classroom assistants ensured good teacher-student ratios and the supply of ongoing feedback.

26 The Greenwich programme is well-served by three experienced external examiners, with a fourth identified for the Buckinghamshire New University programme once it moves into year two of delivery. A particular challenge for examiners and markers is presented by the number of newly designed assessments and the fact that the School is running two concurrent programmes each subject to a different set of academic regulations. The pass mark for every module within the Greenwich programme is 50 per cent whereas for Bucks it is 40 per cent including the level 7 module. Although this variation will not affect the level of competency required of students it does require some attention to the mark bandings in relation to assessment criteria. There is a system in place for the internal moderation of marks but the process and outcome is not always evident from the mark sheets.

The contribution of external examiners will be essential in assuring the ongoing integrity of the marking process.

27 From December 2017, software was introduced to strengthen further academic integrity and used by Registry to screen submitted work for plagiarism and collusion, and to allow electronic marking and grading of assessments. Additional training needs to be completed with academic staff before these systems can be fully utilised from September 2018; together with developing further the students' understanding regarding the need for authorial ownership as part of their fulfilment of section D of the Osteopathic Practice Standards: acting with integrity and producing high quality written material.

28 There is further work to do to familiarise staff with the assessment process and to ensure readiness for implementation. It is encouraging that the CASC has recognised this need and agreed that a priority for action in 2018-19 is 'the streamlining of standards, criteria-setting and formatting of paperwork' and that 'a review of grading criteria is required to reflect the new pass rate of 40 per cent at Buckinghamshire New University'. The minutes of CASC meetings are not always consistent in tracking actions through to completion; in this instance following through will be critical to effective implementation of the assessment strategy and to the students' experience, given that by 2018-19 the new curriculum will be in its second year of operation.

29 The evidence from students' assessed work over the last two academic years reveals that the School has been successful in detecting a small number of errors in the addition of marks through the work of second markers checking the marking in a sample of the cohort. There may be further undetected errors of addition within the unsampled work which could potentially affect the overall grade awarded to the student. The policy on second marking, while based on the Quality Code, is not explicit about the criteria used to determine the sample or the threshold at which error detection will lead to remarking of the entire cohort's work. An external examiner's long-standing concerns about the need for sufficient information on exam scripts on how marks were gained or lost appears to have been addressed, with improved clarity evident on the scripts. Continued focus on this issue will assist the process of second marking and minimisation of errors.

30 The evidence from students' assessed work also indicates that a considerable number of staff are involved in marking and giving feedback to students and that there is not always consistency within the marking teams as to approach and quality. There are some excellent examples of feedback on students' assessed work, but the pattern is variable. This may reflect the need for more experience and training opportunities for staff. School managers are aware that staff have been proactive in requesting further training on the giving of feedback to students, including in the clinical setting and several training opportunities have already been delivered. This positive approach could be extended more systematically.

31 An aspect that could lend greater support to students' achievement is the giving of feedback to the more able students to help them to move from good to outstanding. Feedback sheets tend to note areas in which the student has done well, but offer less guidance on how a high achieving student might obtain even more marks, for example to raise their results from the 70-80 per cent level towards 100 per cent. The support offered to students who are struggling or who face particular challenges is often exemplary; this attention to student support and progression could be applied throughout the full spectrum of each cohort to ensure that every student is appropriately stretched. The plan to introduce more online marking should support this endeavour by offering additional feedback opportunities.

32 The minutes of the March 2018 meeting of the SEG show that two different cohorts were disappointed about a delay in receiving assessment feedback for written assignments. Staff conceded that there have been some issues but the Programme Leader confirmed that controls have been tightened so that any such incidents now trigger a full investigation. It was acknowledged by some staff that they feel under pressure with the volume of marking and the tight deadlines, particularly if employed on a part-time basis. Middle and senior managers are aware of this challenge and have put in place more systematic plans to identify well in advance the periods of the academic year when marking will be taking place and to allocate sufficient time to complete the task. It is too early to test the effectiveness of the new approach and consequently its evaluation will be important. It is expected that the planned introduction of online marking will also improve turn-around times.

33 The School's SED highlighted five targets for action on assessment, with timescales that fall within the 2017-18 academic year. Completion of these actions, coupled with work on the additional areas identified in this report, will help to confirm the level of confidence in the effectiveness of the Assessment Strategy.

Achievement

34 Student attrition data indicates that there is a strong record of low drop-out and high completion, with between 90-95 per cent of the School's graduates moving into employment or further study within six months of graduation. Over 90 per cent of enrolled students successfully graduate. Student progression data indicate that disability is no bar to achievement.

35 Students are largely unaware of the awards available to them at different exit points of the programme and this information is not obvious in the programme documentation. It is unclear what provision is made for less academic students who might be disadvantaged by the requirement to study at level 7 Masters but could nevertheless meet all of the OPS and become very competent osteopaths. The SED refers to 'the main fall-back award, the BSc Hons Osteopathy' which also confers entitlement to practise under the title osteopath. This is important because the School's Equality and Diversity Policy states that 'our aim is that ...our student body will be truly representative of all sections of society'. Students and prospective students could be made more aware of the opportunities available to them to leave the School with a worthwhile qualification even if it transpires that they are unable to obtain a degree.

36 Consistent with the professional concept of lifelong learning, the School recognises that student achievement should be ongoing, beyond the need to pass exams. Considerable effort is invested into helping students to find work and succeed once they have graduated. For example, the final year module Extended Practice offers an innovative opportunity for entry to the local NHS Clinical Commissioning Group and other potential employers, strongly reflecting the Subject Benchmark Statement priority on the role of osteopaths in the wider health community.

37 In addition, the Careers Fair is an excellent initiative designed to introduce final year students to the Institute of Osteopathy, Regional Osteopathic Groups and other networks to support professional development and to widen the professional horizon, for example by inspiring students with the right capabilities and interests to move into a career in lecturing or research alongside their work as an osteopath. Evaluation of the Careers Fair indicates that it is making a very positive contribution to the students' experience.

38 It is also positive that alumni in their first year of practice are supported by being allowed continued access to the VLE, by a newsletter and by invitations to CPD events. However, more could be done systematically to collect and analyse data on the destination of graduates in order to determine the level of achievement attained in professional life. There does not appear to be a formal mechanism for obtaining feedback from alumni on how well the degree programme has prepared them for the professional and business challenges they are facing, and for such feedback to influence curriculum development, to ensure that the curriculum remains responsive to emerging priorities in the workplace.

The quality of the learning opportunities provided

Teaching and learning

39 The Teaching and Learning Strategy for the Integrated Master's underpins the overall aim of the programme and the curriculum over the four years. The learning outcomes of modules demonstrate progression from level 4 to level 7 and reflect the FHEQ level descriptors. At level 4, the teaching and learning strategy is designed to impart basic knowledge, leading to an understanding of a range of issues. Teaching is fairly didactic and practical work is under close supervision and the concept of critical thinking is introduced at this level. At level 5, teaching is still didactic and practical osteopathic skills and students are introduced to more complex clinical examination routines/techniques. Critical thinking is brought one stage further, giving the student the ability to critically evaluate a research article using guided background reading.

40 In the Buckinghamshire New University Programme, problem-based learning has been introduced at levels 4 and 5 to reinforce the teaching and learning strategy of preparing students for supervised clinical practice in levels 6 and level 7. At level 6, the strategy employs learning outcomes and assessment that require the student to move yet closer to the goal of autonomous and reflective practitionership. At level 7, the strategy focuses on developing student's ability to work autonomously and engage in self-critical evaluation and reflection.

41 The School has developed a VLE which is available to students, academic and support staff. The potential of this resource in promoting teaching and learning has yet to be fully realised. As a consequence, the School has recruited a Learning Technologist who will provide training for students and staff on the use of VLE and support the M.Ost Programme team in development of the Learning Technology Strategy.

42 The School has re-introduced peer-review of teaching following student feedback on variability in quality of teaching. A mid-year and end of year survey has been introduced to seek feedback on teaching. Training has also been provided to appropriate staff members following concerns raised by students regarding the quality of research supervision. New members of academic staff are taken through the induction process and Heads of Departments undertake teaching observations and provide appropriate support. Academic staff are also made aware of the adjustments that need to be made to accommodate the needs of those students with specific learning needs so that they can provide appropriate

support. In addition to guidance provided on specific disabilities, academic staff also have an opportunity to attend workshops arranged by the University of Greenwich.

43 Academic staff employ a wide range of teaching and learning activities and are required to prepare lesson plans, that include the learning objectives, and make these available on the School's VLE. Observation of a sample of teaching sessions suggests that there is effective engagement between lecturers and students. Some academic staff also provide tutorials outside of the scheduled lecture times, to students who require additional assistance.

44 Throughout the four years of the programme students are expected to maintain an e-portfolio containing reflection on feedback on assessments, critical incidents and action plans that is submitted during the final year. As a result of student feedback on the variability in the level of supervision, the School has started to address this by having an action plan covering training, resources and monitoring.

45 Clinical training includes observation by year one and two students and clinical internship within School's out-patient teaching clinic in year three and year four. In the Buckinghamshire New University programme, year four students will have elective options whereby they can select two areas of special interest within which they wish to further develop their competences beyond the requirements of the OPS. To provide this opportunity, the School is aiming to develop networks with local sports clubs, Occupational health centres, educational institutions and the NHS.

46 The School uses formal and informal mechanisms to elicit patient feedback. Formal feedback is sought by way of a patient feedback form and informal feedback is received by clinic reception staff, clinic tutors and/or clinical students. The feedback received is discussed during regular meetings between the Head of Department for Clinical Education and the Clinic Administration Manager and appropriate actions are taken. Feedback on the service environment is discussed and acted upon by the Corporate Operations Manager. The School has recently formed a Patient Experience Group which has met once and there are plans for this group to meet once a term from September 2018.

Student progression

47 The School reviewed its Admissions Policy and Procedure during the academic year 2016-17 to improve transparency and ensure that prospective students are fully aware of Fitness to Practise issues. The School has certain minimum entry requirements such as five GCSE's including a minimum of Grade C in English and Maths and three A-levels (to include two science subjects) with minimum of Grades BBB. Offers are only be made in Tariff points if students are studying a broader range of subjects and these offers will require an applicant to have studied science/sports or health-based subjects to an acceptable level (minimum level 3 or equivalent). In these cases, the minimum UCAS Tariff point requirement is normally 120 Points.

48 The Admissions Process is very flexible and the School accepts a wide range of alternatives including the International Baccalaureate and Access Courses. The School also offers a short two-week Summer Science Course covering aspects of Biology, Chemistry and Physics, intended for mature candidates with proven study skills but in non-science areas requiring re-orientation. The School has independent membership of UCAS and operates an equal opportunities policy. All applicants are interviewed, and all offers are conditional upon a satisfactory criminal record check by the Disclosure and Barring Service.

49 The School attracts home, EU and non-EU international students and has implemented appropriate processes to ensure that the requirements of the United Kingdom Visa and

Immigration (UKVI) are met. Students whose first language is not English are normally required to provide English Proficiency certification. From September 2016, in line with changes to UK visa policy, the School only accepts an International English Language Testing System (IELTS) qualification as proof of English language proficiency from either the IELTS Secure English Language Testing (SELT) Consortium or Trinity College London. The School requires a score of 6.5 overall including a score of at least 5.5 in the writing section.

50 The School operates a week-long induction process for new students during which issues relating to disability, health and fitness to practise are discussed. During the induction week, students are alerted to their responsibility in the learning process and this is also highlighted in the Student Charter. The School has an Equality and Diversity Statement that outlines the process for students with learning disabilities and the support that is available. Students also receive a Student Handbook that contains basic guides to learning resources and other external facilities.

51 Students on the University of Greenwich programme that is being taught out have been informed that those required to “repeat the year” can only do so by transferring to the Buckinghamshire New University programme. Those students in that position are given additional support to ensure that any deficits are/will be made good and that their subsequent progress is not hindered. Equivalent support is available for students whose studies have been interrupted and who return to study. Additional support is being provided for Greenwich students in year two, with the provision of some of the key features of the Buckinghamshire New University programme, namely the provision of some Clinical Integration sessions to aid their progression into the clinic (terms two/three) and some additional osteopathic technique sessions both in years two and three.

52 The progression and achievement data, including reasons for unsuccessful completion of a given level of the programme, is considered by the M.Ost Programme Committee. The progression rates for next level and graduation ranges from 64-98 per cent in 2014-15, 79-100 per cent in 2015-16 and 91-96 per cent in 2016-17 academic years. Students can also monitor their own progress and have opportunities to discuss issues with academic staff, the Programme Team and their Personal Tutor. The Student/Programme Handbooks identify key individuals to approach for specific support and, in addition, the School operates an open-door policy. The School operates a Student Attendance and Support Committee that includes consideration of student disability, and has the function of monitoring attendance and identifying those whose attendance is falling short of the recommended 80 per cent. The School's Welfare Officer also provides support to students in matters relating to health, disability, study skills and proof reading essays written by students who either have a disability, or whose first language is not English.

53 Students repeating a year are only required to take the modules which were not completed successfully. The School strongly recommends that such students attend all classes for all modules at that level but they are not required to take any of the assessments for those modules already passed. Such students are only charged for those modules they are required to resit.

54 To facilitate career management, the School has organised an annual Careers Fair for final year students from the academic year 2016-17. During these Fairs students receive presentations from various organisations and attend a workshop on interview skills. The School communicates with its graduates by way of the Alumni News, that contains information on various activities that the School is engaging with and CPD courses.

55 The School's full-time Master's in Osteopathy programme (validated by the University of Greenwich) has four exit awards. Diploma in Higher Education Clinical studies is awarded after completion of level 5 and BSc (Hons) Clinical Studies is awarded after completion of level 6. At the end of level 7, students who successfully complete all level 7

modules are awarded M.Ost. Students who do not successfully complete the level 7 Research module are awarded BSc Honours Degree in Osteopathy if they successfully complete a level 6 Research Dissertation. However for the Bucks validated Programme there are 6 exit awards: a Cert HE offered following completion of level 4; a DipHE offered following the completion of level 5; a BSc Clinical Studies offered at the completion of levels 4 and 5 plus any 60 credits at level 6; a BSc Hons Clinical Studies offered following the completion of levels 4,5 and 6; a BSc Hons Ost offered following the completion of all modules at levels 4, 5, 6 and 7 except the level 7 Research Dissertation Module; M.Ost following the completion of levels 4, 5, 6 and 7.

Learning resources

56 The programme is delivered on two sites. The majority of class-based learning takes place at Boxley House which has six classrooms, Library, Research Laboratory, staff room and administrative offices. Clinical teaching and practice takes place at the Tonbridge Road, Maidstone site. The School's out-patient teaching clinic at Tonbridge Road has 24 treatment rooms with a hydraulic plinth, one classroom, two staff rooms, two team rooms and room containing small number of books and computers.

57 The School clinic is well established and attracts sufficient numbers of patients from an extensive catchment area to provide appropriate clinical experience for students. In addition to the general out-patients clinic, the School also offers special interest clinics, namely Maternity and Children's Clinic, Sports Injury Clinic and Diagnostic Ultrasound Clinic, Women's Health Clinic, Headache Clinic and from January 2018 Osteomap will be introduced. Osteomap consists of six, one hour sessions during which patients with persistence musculo-skeletal pain, receive a combination of osteopathic treatment and mindfulness-based exercises that would assist patients to manage their condition. A satellite clinic at the British Legion Village has been suspended because of small numbers of clinical students during academic year 2017-18.

58 Clinic management staff use a Clinic Monitoring System to capture data relating to patient profiles, the number of new and returning patients and student engagement. This data is reviewed by clinic management staff and the Marketing Committee and appropriate strategies are developed to increase patient numbers or the number of certain clinical presentations. The average number of new patients for academic years 2014-15, 2015-16 and 2016-17 was 3007; which enabled graduating students to see the recommended minimum number of 50 new patients cited in the Subject Benchmark Statement for Osteopathy. Student intake during academic years 2016-17 and 2017-18 was significantly higher compared to previous new intakes and therefore the Marketing Committee and clinic management staff have produced a Clinic Marketing Plan that outlines the number of new patients required for academic years 2018-19, 2019-20 and 2020-21, when larger cohorts of students will be working in the School's Out-Patient Clinic.

59 The main Library in Boxley House contains relevant texts and journals. The Library is open from 8.00 - 19.30, Mondays to Thursdays and 8.00 - 18.00 on Fridays. The Library also houses a variety of anatomical models, DVD recordings, printer, photocopier, laminator, seven laptops, one wall mounted tablet, projectors, television with video player and diagnostic equipment. Students and staff can access the library catalogue remotely. Students also have access to University of Greenwich's and Buckinghamshire New University's online resources. Access to Buckinghamshire New University's online resources, however, is limited and therefore the School has allocated funds to subscribe to online journals in the budget projections for the next four academic years.

60 The VLE is the School's primary learning resource and plagiarism-detection software, electronic marking and grading of assessment has recently been added to the VLE

and training in the use of this software will be offered in 2018. The School has completed the first phase of the development of a bespoke software package which interacts directly with the UCAS central database and provides an automated application process, following the journey of an applicant digitally.

61 Staff are well qualified; 98 per cent of academic staff are part-time and of these 91 per cent have a minimum of a first degree. Thirty eight per cent of academic staff have a teaching qualification. The School has 30 support staff members. All new faculty and support staff are taken through an induction and mentoring process. The Staff Development Committee considers the training and development needs of staff and allocates appropriate funds. The School encourages scholarly activity among academic staff and such activities include funding for the Post Graduate Certificate in Higher Education, the Post Graduate Certificate in Academic and Clinical Education, PhD and in-house postgraduate events. The School recently arranged for staff to receive professional training in 'investigative practice' to support implementation of the Fitness to Practise and Fitness to Study procedures.

Governance and management (including financial and risk management)

62 The School is a registered charity established as a company limited by guarantee in the name of Osteopathic Education and Research Limited. The ultimate accountability for the management and governance of the School rests with the Board of Trustees (the Board). At the time of the review, the Board delegated the executive and operational management responsibilities to an Interim Executive Team.

63 The Board represents a range of professional expertise, including senior level experience in financial services and financial management, together with leadership experience from both the private and public sectors and representatives of the Osteopathy profession. The School is currently in the process of undertaking a major review of the operation and composition of the Board, with a specific focus upon clarifying the relationship between strategic and operational leadership. Efforts have been made to support the Board, through specific development sessions and the introduction of an appraisal process for Trustees. There has been a longstanding recognition, that it is desirable to extend the constituency of the Board to include staff and student representatives, however, this has not yet been achieved. The review of the Board, aims to establish a fixed tenure for Board membership, which will result in defined periods of office for Trustees. There has been a concerted effort made to fill Trustee vacancies and some progress has been made. The Board has some very longstanding members, with the longest member of the Board being appointed 30 years ago and other Trustees with service of over 10 years. The review team established that there was a clear recognition by the School, that the current review of composition and operating practices of the Board needs to be concluded with some urgency and that the Board should fully implement the review of their Terms of Reference. This review will provide a definitive statement in relation to the constitution of the Board that will set out terms of office for Trustees and make provision for staff and student representation.

64 The Interim Executive Team has been in office since September 2017 and prior to that was the Executive Team under the leadership of the then Principal. The School does not currently have a Principal in post. From September 2017 an Interim Executive Team was appointed and assumed collective leadership responsibility for the day to day running of the School, this consists of the two Vice Principals and the Corporate Operations Manager. The Interim Executive Team, alternate the chairing of Executive meetings and work collaboratively to ensure that the smooth operation of the School is effectively maintained and that a high-quality student experience is provided. This interim structure has been put in place to stabilise the School during a very turbulent period resulting from senior staff turnover. The Interim Executive Team has empowered the middle management of the

School and worked to devolve some of the responsibilities for the management of teaching and learning and clinical experience. The Interim Executive has employed a philosophy of shared decision making and collective responsibility both between themselves and the middle management tier. The review team established that the Interim Executive Team has been highly effective in stabilising the School and have worked together effectively, to introduce revised arrangements in relation to academic governance. The revised management arrangements have been well received by academic and administrative staff and the student body.

65 However, the Board recognises that these arrangements are temporary. They have committed to review the Executive arrangements to establish a sustainable proposal for the Executive leadership of the School. The review team concludes that it is essential for the Board to fully evaluate the Interim Executive arrangements and to establish and implement proposals for leadership that can support the School in the medium term, while the Board considers the longer term strategy for the institution.

66 The School has effective processes to ensure that the financial health of the institution is maintained, and that sufficient resources are available to invest in staffing and the learning infrastructure. The School's accounts reflect that there are adequate resources to maintain operations. A Finance and Resources Sub-Committee of the Board maintains scrutiny of the institutions financial health and deliberates on investment decisions.

67 The Board and the Interim Executive Team have been involved in a process of reviewing the strategic direction of the School for the past two years. There has been some significant debate between the previous Executive and the Board in relation to the future strategy for the School. This review has been put on hold due to leadership changes. The Interim Executive Team in partnership with the Board have prepared a medium-term strategy to provide stability for key stakeholders. The strategy places much emphasis upon ensuring effective delivery of the current portfolio of activities undertaken by the School to ensure business continuity and to provide a high quality learning experience for students. The review team concludes that the priorities of this medium-term strategy were being addressed and that there was a strong degree of support for the current Interim Executive Team and the strategy that they were pursuing. However, the work on providing a strategic plan for the School remains uncompleted. The review team identified that the School should complete the five-year strategic plan and produce a strategy that provides a response to the key challenges faced by the School and gives direction and a clear statement of intent for key stakeholders.

68 Major changes in academic governance, were implemented in January 2018. This has involved a review of the committee structure with some new committees being established. However, further refinements had been made by the Interim Executive Team by the time of the review, which involved extending the committee structure further. Although the review team identified that these academic governance arrangements resulted in effective deliberations and detailed scrutiny of academic standards at the School, it was acknowledged that the development of the academic governance structure was ongoing and may be subject to further revisions. The review team concludes that the School should evaluate the revised academic governance structure over the next academic year and ensure that it is effective and does not place an unreasonable burden upon the academic staff which may impact upon the student experience.

69 The School completes periodic risk assessments during the academic year and detailed risk management plans are produced. Risk assessments are reviewed by the Board. A comprehensive risk assessment document is continually monitored by the Board of Trustees, throughout the year to ensure that effective risk controls are in place.

70 The School has established mechanisms to listen to the student voice, including a SEG, which meets throughout the academic year. Issues raised and efforts are made by the academic staff to address issues raised and provide feedback to students. However, on occasion it can take time for staff to address issues raised by students, and follow-up action plans, resulting from student concerns raised at SEG meetings can lack detail. Students are also represented on the Programme Committee and Academic Board. A useful Student Representative Handbook has been developed, which provides clear guidance for student representatives. Detailed feedback is collected from individual students through module evaluations, which are analysed by the module leaders and contribute to module reports. Student representatives reported that academic staff were approachable and keen to resolve concerns that are raised.

71 The School delivers awards that are validated by two universities. Each university has a Link Tutor to support the collaborative delivery at the School and Memoranda of Agreement are in place between the School and each university. The review team found that the School had well established systems in place to ensure that the requirements of each university were met.

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

72 The School has comprehensive and systematic processes that drive annual programme monitoring, this involves using multiple layers of feedback from students, deliberations at Committees and feedback from external examiners. This process also takes account of data on student progression and achievement. Annual monitoring reports result in detailed action plans that seek to improve the student experience. These reports are reviewed through the Quality and Standards Committee and then considered by Academic Board before being reported to the Board.

73 External examiners are recruited by the School and appointed by the validating Universities. A systematic process has been established to ensure that external examiners' feedback is carefully considered and acted upon, with detailed responses to external examiners' reports drafted by the School and sent out from the relevant university. The Quality and Standards Committee considers the recommendations in these reports and ensures that agreed actions are tracked throughout the year. The reports are then reviewed by Academic Board and the Board. The review team noted that as the new academic governance arrangements were being introduced in a phased way the School should monitor these new deliberative structures to ensure that academic monitoring and feedback from external examiners was being managed effectively (See paragraph 68).

74 The review team found that the Interim Executive Team had worked effectively to empower middle managers at the School, and promoted open communication between all staff. This has enabled a more responsive approach to programme development and the Interim Executive Team has worked hard to establish the foundations for a culture of continuous improvement and enhancement which has been well received by students and staff at all levels.

75 The School has an agreed complaints procedure which is well understood by academic and professional support staff. Complaints are carefully investigated and effort is made to ensure that lessons are learned as a result of student complaints. The School makes an effort to be responsive to students concerns and to resolve complaints on an informal basis, to achieve prompt resolution.

Meetings and documentation

Meetings held

ME1	Corporate management and governance
ME2	Meeting with students
ME3	Intended Learning Outcomes, Curricula, Assessment and Student Achievement
ME4	Teaching and Learning, Student Progression and Learning Resources
ME5	Management and enhancement of standards and quality
ME6	Meeting with teaching and clinical staff
ME7	Meeting: Past students
ME 8	Update on ESO (from Interim Executive Team)

Major documentation

000	Self-Evaluation Document
001	Mission Statement
002	Statistical Data (for Section 1)
003	Satisfying of the Conditions of 2013 RQ Review
004(a)	Greenwich Programme Document (inclusive of Programme Specification)
004(b)	Greenwich Programme Course (Module) Specifications
005(a)	Bucks Programme – Context Document
005(b)	Bucks Programme - Appendix to Context Document
005(c)	Bucks Programme – Programme Specification
005(d)	Bucks Programme – Module Descriptors
	Note: The abbreviation SB used in the prefatory Module Descriptor list signifies the module is taught in both semesters.
005(e)	Reflection on Yr 1 Bucks Clinical Integration Teaching
006	Greenwich Course Change Forms
007	Greenwich Student Handbook
008	Bucks Student Handbook
009	Learning Outcomes at the start of each lecture
010 (a)	Lesson Plan – Yr 1 Clinical Integration (Bucks)
010 (b)	Lesson Plan – Yr 2 Clinical Integration and Facilitator Notes (Greenwich)
010 (c)	Lesson Plan showing student involvement
011	Evidence of External Examiners awareness of learning Outcome associated assessment and assessment criteria
012	Teaching and Learning Strategy for the M.Ost
013	Evidence that Final Year students are supported in gaining greater clinical autonomy
014(a)	Student and Faculty feedback as the main drivers for curriculum change
014(b)	Yr 1 (Bucks) Student Feedback on Clinical Integration
015	Head of Department Module responsibility (Table)
016	Course Modification proposal form
017	Review of Learning Outcomes and associated assessments in the light of student and external examiner feedback (evidence)
018	Response of Programme Committee to suggestions for curricular change (evidence)
019	Programme Committee remit
020	Academic Board remit
021	PEG remit
022	Patient Surveys

- 023 Report of September 8th 2017 to the PAC
- 024 Post Graduate Certificate in Higher Education Course Outline
- 025 Post Graduate Certificate in Academic and Clinical Education Course Outline
- 026 GOsC Annual Report of 2013-14
- 027 GOsC Annual Report of 2014/15 and PAC follow-up (including analysis of Progression Statistics)
- 028 Grading Descriptors
- 029 CVs of External Examiners
- 030 Assessment Scrutiny flow-chart
- 031 First & Second marking Policy Document (draft)
- 032 Use of Turnitin & Grademark
- 033 Equality & Diversity Policy and Single Equality Scheme
- 034 Use made by the Programme Committee of feedback in assessment review
- 035 Action Plan for the review of research methods and statistics teaching and dissertation supervision
- 036 Action Plan for the review of Final Yr Portfolio supervision and marking
- 037 External examiner reports (last 4 years)
- 038 National Student Survey 2016/17; 2015/16
- 039 Evidence for the provision of student support
(The Examiner Handbook referred to within this Appendix is currently under review)
- 040 External Examiner Reports and responses – last three years
- 041 Student Charter
- 042 Student engagement in quality policies, processes and procedures – Committee representation
- 043 Student Representative Handbook
- 044 Progression Statistics to show that disability is no bar to achievement
- 045 Recognised Prior Certificated Learning Policy
- 046 Student Experience Group (remit and sample of Minutes)
- 047(a) CVs of Faculty (A-G(inc)) In fifty percent of instances, the CV data recorded here appears in the context of Bucks “Partner Staff Approval Forms” compiled for the purpose of satisfying the requirements of the University for Blackboard Access Approval. However the data are almost identical to that required in a standard CV.
- 047(b) CVs of Faculty (H-P(inc)) In fifty percent of instances, the CV data recorded here appears in the context of Bucks “Partner Staff Approval Forms” compiled for the purpose of satisfying the requirements of the University for Blackboard Access Approval. However the data are almost identical to that required in a standard CV.
- 047(c) CVs of Faculty (Q-W(inc)) In fifty percent of instances, the CV data recorded here appears in the context of Bucks “Partner Staff Approval Forms” compiled for the purpose of satisfying the requirements of the University for Blackboard Access Approval. However the data are almost identical to that required in a standard CV.
- 047(d) CVs of Senior Administrative Staff
- 048 Evidence to show encouragement of Faculty Research and Scholarship
- 049 Table: External activity of the Faculty
- 050 Effects of student feedback on everyday teaching
- 051 List of Feedback approaches used
- 052 Faculty and Staff Induction
- 053 Guidance given for inclusivity of teaching
- 054 IT Development Strategy
- 055 Teaching Observation Forms + Guidance Notes
- 056 Personal Tutor System
- 057 Support for Yr 3 and Yr 4 students
- 058 Admissions Policy and Procedures

059	Open Day materials and interview proformas + Student Ambassador Handbook
060	New student Feedback
061	Portfolio elements in Yrs 3 & 4
062	Learning Engagement and Professional Behaviour
063	Clinical Examination form
064	Student Fitness to Practice Policy
065	Student Attendance and Support Committee Remit
066	Training of examiners in use of LEPB/CEX forms and in the provision of feedback.
067	Student Feedback on quality of dissertation supervision
068	Course Review Forms
069	Student Wastage rates (5Yrs)
070	Executive Committee remit
071	CVs of Senior Management
072	Faculty List with qualifications
073	Employee Handbook
074	Staff Development Committee remit
075	Research Department restructure + the new Research Assistant
076	Research Report
077	Library Physical Resource + e-resources (including data base access for both Universities)
078	Upgrade to ICT Network
079	Learning Technologist Job Description
080	Clinic Monitoring systems and links to marketing
081	Governance & Management Structure
082(a)	Trustee Action Plan – Strategy
082(b)	Trustee Action Plan – Board of Trustee Working Practices
082(c)	Trustee Action Plan - Leadership
082(d)	Trustee Action Plan - Minutes of the Board of Trustee Meetings
083	Capital Expenditure Programmes
084	Academic Management Structures
085	Policy Management Committee remit
086	M.Ost Programme Monitoring Report 2016-17
087	Quality Management Process
088	Memorandum of Agreement with the University of Greenwich
089	Academic Collaboration Agreement with Buckinghamshire New University
090	Operations Manual for Bucks (no Greenwich equivalent)
091	Monitoring of the Quality Management Process
092	Quality and Standards Committee;
093	Curriculum Assessment Committee.
094	Mapping to the Benchmark Statement
094a	Copy of 2016-17_ESO_Bucks_Assessment OPS Mapping_FINAL
095	Part-time and Full-time modes of attendance
095a	Board Paper re alternative modes of attendance
096	Student Disciplinary Policy 15-02-16
097	Outcomes of Fitness to Practise panels
098	Fitness to study policy 15-02-16
101	Differences between Bucks and Greenwich Programmes
102	Transfer Vote
102a	Student Transfer letter
102b	Bucks Programme Overview
102c	UoG Programme Overview
102d	Assessment Regulations -Buck vs Greenwich
102e	Ballot paper1
102f	Letter Yr 1 May 3rd 2017

103	The New OPS - ESO approach
104	Clinic_marketing_plan
104a	Copy of Clinic Marketing Plan 2017-18 Update - Appendix 1
105	Monitoring the Bucks and UoG programmes-gs_v2.0_FINAL
105a	2017_18_Assessment Template Overview_v2.0
105b	Meet Greet Dec 2017
105c	Meet Greet Mar 2018
106	Patient Feedback and Quality Management
106a	Patient Feedback and Quality Management Addendum
107	Student Appeals
108	Electronic Submission System
109	Staff Competence
109a	Clinic Tutor Training final version
109b	Presentation 1- What is the role of a Clinic Tutor
109c	Presentation2 Direct observation
109d	Presentation3 The Tutorial
109e	Presentation4 Assessment
109f	Plan a tutorial around the following
109g	Remember when
109h	What is your role as a Clinic Tutor
109i	Staff training in assessment changes
109j	Private Item 6 - ESO 20160603-gs
110	Alumni data
112	SEG update
112a	Year 4 Student Clinic Evaluation Form
112b	Student Mid-Year Module Evaluation_Questions_v1.0
113	Copy of q113_2017-18_Action Plan_v1.0
114	Clinic Electives
115	Repeat the Yr students and maintenance of skills
116	Clinical Integration – clarification
116a	Comparison of Confidence Measures Case 3
117	Updated data for Session 2017-18
118	Statistics Disparity
119	Eighty percent attendance policy
120	English Language requirement
120a	ESO-International-Student-Guide-2017-1
121	New and Returning Patients 2014-2017
123	The Capacity of the ESO
124	Trustee Performance Review
125	Flow Chart Data gathering to Academic Board
126	Vice Principal - Governance and Compliance - JD
127	Medium-term Strategy
128	External Examiner Reports and their Management
129	Quality Committees
130	Copy of Planning Calendar
131a	Annual Report 31st August 2015 FINAL 7
131b	Annual Report 31st August 2016 FINAL post AGM
131c	Annual Report and Accounts FINAL 2016_17
132	Extraordinary Meetings of the Trustees
133a	2017-18_SASC_4_Minutes_180321 V2
133b	Research Ethics Committee Minutes
133c	Health and Safety Mins 2016-2018
133d	Marketing Committee Minutes
133e	Executive Meeting Minutes Sept 2016 - Dec 2015
133f	Executive Meeting Minutes Jan 2018 - Oct 2016
134	Academic_Board_Minutes_2015_16-2017_18

135	Copy of Risk Management Review 30 Nov 2017
136	Minutes of the Finance Subcommittee
137	PEG Minutes of 13th December 2017
138	Student_Experience_Group_Minutes_2015_16-2017_18
139a	Annual Programme Monitoring Report -2014-15
139b	Annual Programme Monitoring Report 2015-16
139c	Annual Programme Monitoring Report 2015-16-Appendix
139d	Annual Programme Monitoring Report 2016-17
140	Programme_Committee_Minutes_2015_16-2017_18
141	Curriculum_and_Assessment_Committee_2017_18
142	Policy Management Committee_Minutes_Mar18
143	Student Complaints
143a	ESO Student Complaints Policy Procedures 12-17
143b	Review Commissioning Paper
143c	Report of case review – Confidential
143d	Bond Solon Training
143e	Student Complaints Procedure-jw-gs-v2 -Draft
144	The Curriculum Development Group
145	GOsC Review ESO Additional Information Requests
146	Comparison Assessment Regulations
147	Examples of student feedback being acted upon - emails
147a	Examples of responses to student feedback-SEG March 22nd 2016
147b	Examples of responses to student feedback-SEG May 17th 2016
147c	Examples of responses to student feedback-SEG Nov 22nd 2016
147d	Examples of responses to student feedback-Executive Minutes 21st December 2016
147e	Examples of responses to student feedback-SEG March 21st 2017
147f	Examples of responses to student feedback-SEG May 25th 2017
147g	Examples of responses to student feedback-SEG 6th March 2018
148	Copy email Responding to students – You said – we did
149	New patient allocation flow cycle
150a	Patient Feedback Form - email
150b	PEG Minutes of 13th December 2017
150c	Patient Feed Back Form
151	Student Support - Cover paper
151a	Student Support Doc 1 - Health Assessment Form
151b	Student Support Doc 2 - Disability Equality Questionnaire
151c	Student Support Doc 3 - Feedback from Week 1
151d	Student Support Doc 4 - Induction Week
151e	Student Support Doc 5 - Personal Tutor training
151f	Student Support Doc 6 - ESO Student Welfare needs
151g	Student Support Doc 7 - Support discussion with students
151h	Student Support Doc 8 - Disclosure Agreement
152a	Clinic numbers 2017-18_Clinic Planning Overview_v1.0
152b	Clinic numbers 2017-18_Clinic Timetable Weekly Overview_v1.2
152c	Clinic numbers 2017-18_ESO Clinic Profile Overview_v1.0
152d	Clinic numbers 2017-18_ESO_Student Clinic Hours Running Total Summary_v1.0
153	Draft fitness to practise, study and disciplinary policies background information
153a	Draft-B - Fitness-to-Practise-Procedure
153b	Draft-B - Fitness-to-Study-Procedure
153c	Draft-E - Fitness to Practise policy 15-02-16 (1)
153d	Draft-E - Fitness to study policy 15-02-16
153e	Draft-FTS ESO revision v1 DR
154a	Clinical Integration Confidence Measures -Clinical Integration Case 1 and 2 Confidence Measures

- 154b Clinical Integration Confidence Measures-Comparison of Confidence Measures Case
- 155 Trustees Pen Portraits
- 156 Example materials to address use of specific tests in teaching and clinic
- 157a BNU Academic-Assessment-Regulations
- 157b ESO Academic-Assessment-Regulations
- 158a Tariff Score Points
- 158b Copy of UCAS Tariff Points 2016 Entry
- 158c Copy of 2016 2017 exam results
- 159 ESO Clinic Marketing Activity Plan 2017-18
- 160 Patient Feedback re Practitioner handover
- 161 GraduateCareersFair17+18
- 162 Alumni Newsletter-Campaigns
- 162a AlumniNLJan17
- 162b AlumniNLJan17-SupplementPaper
- 162c Alumni NLJul17
- 162d AlumniNLJan18
- 163a Library Database Provision viz BNU-email
- 163b Budget Library Database investment 5 year projection
- 163c Data bases to which the Year 1 Bucks students have access via the University
- 164 Future board composition -strictly private and confidential
- 165 QAA Update Paper 22nd April 2018
- 166 Teaching and Learning Observation Notes
- 167 Student Work Assessment Notes
- 168 Entry Requirements - 2018 Entry Webpage (<https://www.eso.ac.uk/entry-requirements-2018-entry/>)
- 169 ESO Policies & Procedures Webpage (<https://www.eso.ac.uk/eso-policies/>)
- 170 ESO Virtual learning environment screenshots: Practice guidance; e-portfolio; and study skills
- 171 ESO OsteoMAP Patient Information Sheet-2018

R9889 - July 2018

© The Quality Assurance Agency for Higher Education 2018
Southgate House, Southgate Street, Gloucester GL1 1UB

Registered charity numbers 1062746 and SC037786

Tel: 01452 557050

Website: www.qaa.ac.uk