GOsC Education Quality Assurance

Renewal of Recognised Qualification Report

This report provides a summary of findings of the providers QA visit. The report will form the basis for the approval of the recommended outcome to PEC.

Please refer to section 5.9 of the QA handbook for reference.

Provider:	London School of Osteopathy
Date of visit:	19th – 21st October 2024
Programme(s) reviewed:	Master of Osteopathy (MOst) Bachelor of Osteopathy (BOst)
Visitors:	Ceira Kinch, Sandra Stephenson, Sue Kendall-Seatter
Observers:	Hannah Warwick

Outcome of the review

Recommendation to PEC:

☐ Recommended to renew recognised qualification status

☒ Recommended to renew recognised qualification status subject to conditions being met

☐ Recommended to withdraw recognised qualification status

Abbreviations

AcC	Academic Council
AHP	Allied Health Professional
APTA	American Physical Therapy Association
ARCMC	Anglia Ruskin Course Management Committee
ARU	Anglia Ruskin University
AV room	Audio Visual room
BDA	British Dyslexia Association
BOst	Bachelor of Osteopathy
BDA	British Dyslexia Association
CMHD	Common mental health disorders
DSA	Disabled Students' Allowance
EDI	Equality, Diversity, and Inclusion
EDIB	Equality, Diversity, Inclusion, and Belonging
FGM	Female Genital Mutilation
FtP	Fitness to Practise
GDPR	General Data Protection Regulation
GOsC	General Osteopathic Council
GOPRE	Guidance for Osteopathic Pre-registration Education
GP	General Practitioner
HE	Higher Education
HEA	Higher Education Authority
HESA	Higher Education Statistics Agency
HR	Human Resources
IELTS	International English Language Testing System
IO	Institute of Osteopaths
IPL	Inter-professional learning
LSO	London School of Osteopathy
MOst	Master of Osteopathy
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NSS	National Student Survey
OEI	Osteopathic Educational Institution

OIA	Office of the Independent Adjudicator (for Higher Education)
OPS	Osteopathic Practice Standards
PEC	Policy and Education Committee
PSRB	Professional Accreditation, Professional Statutory and Regulatory Bodies
QA	Quality Assurance
QAA	The Quality Assurance Agency (for Higher Education)
RQ	Recognised Qualification
SEEC	Southern England Consortium for Credit Accumulation and Transfer
SET	Standards for Education and Training
SMT	Senior Management Team
SU	Student Union
SWAST	Student Welfare and Academic Support Team
UCAS	Universities and Colleges Admissions Service
VLE	Virtual Learning Environment

Overall aims of the course

LSO confirmed the following aims of the course within the mapping tool:

For both the Bachelor of Osteopathy (BOst) and Master of Osteopathy (MOst):

1) To provide structured learning opportunities for students to enable them to become safe, capable and reflective autonomous osteopathic practitioners committed to evidence-based and ethical practice and lifelong learning.
2) Graduates will be equipped to deliver osteopathic healthcare alone or in teams, and interface with whatever political, social & legal frameworks are relevant.
3) To enable students to meet academic and profession requirements, which are currently set out in the Benchmark Statement for Osteopathy (QAA, 2024), Osteopathic Practice Standards (GOsC, 2019), Graduate Outcomes for Pre-registration Education and Standards for Education & Training (GOPRE/SET) (GOsC, 2022), and the Quality Code (QAA, 2023), and also to articulate the Educational Dimensions, Learning Literacies and Graduate Capitals set out the ARU's Active Curriculum Framework (2019).

For the Master of Osteopathy (MOst) only:

1) To provide Master's level academic skills, which will provide additional merit in terms of research and educational opportunities.

Overall Summary

The visit to the London School of Osteopathy was undertaken over three days between the college location at Grange Road and the clinic site at Cambridge Heath Road. Visitors were able to meet with a range of relevant groups to support work in relation to the visit specification. These groups included staff, students, trustees, an ARU representative and one patient. Meetings held across the three days were held in an open and honest way to support the visitors with triangulation, and these enabled the visitors to gain an understanding of the provision and to focus into key areas.

Strengths and good practice

ARU is actively engaged in their franchise relationship with the College, this is evident from the ARU representative retaining their Link Tutor role with the College despite their own career development to Head of School for AHPs at ARU and releasing their other franchise schools to colleagues. This ongoing relationship provides continuity for the College and having this historical knowledge at the ARU ensures that when applications for the College are approved by ARU they will have been appropriately reviewed in consideration of the demands of the course. (1i)

Staff and student stakeholders were emphatic at the RQ visit that the size of the College was advantageous in ensuring that all parties were kept up to date with any changes and that support was readily accessible and attainable. (1iv)

The use of the ARU Active Curriculum Framework is positive, as the principles are founded in active learning and inclusivity, which better reflects professional practice. (1vi)

The College have demonstrated a flexible approach to curriculum design based on the feedback of stakeholder groups and with the opportunity to feedback at different development stages, including on the name of the final degree awarded. This type of practice ensures continued stakeholder engagement as there is visible evidence of how changes have been made as a result of feedback given. (1vi)

Experienced osteopathic external examiners are employed as part of the final year clinical assessment process. They offer an additional independent and objective assessment of the student body and have experience of other OEIs. (1viii)

Student meetings demonstrate that the College ‘open door’ policy is received by students as a caring and effective approach. (1x)

A strong collegiate approach across all stakeholders, along with appropriate policies and procedures enables a happy, harmonious, and effective learning environment. (3i)

The curriculum and support from staff in preparing students for autonomous practice post-graduation. (3v)

The College has invested in strengthening the research culture across its programmes and this includes the opportunity for students to work across year groups. (3vi)

The detailed contextual analysis of data in the annual monitoring report is to be commended as it shows a deep understanding of the College’s cohort of students. (4i)

Provision of reasonable adjustments and flexibility in balancing work and clinic hours requirements help students to succeed with their learning experience throughout their student journey. (7i)

The recent appointment of a Programme Manager with skills in higher education teaching and learning is an asset that has the potential to impact positively on the work of the College. (8i)

The availability of safeguarding resources relating to the local area in which the College's clinic is situated demonstrates practical application of safeguarding policies to students and how this process may differ according to locality. (9ii)

The intended change to project the daily appointment list on the whiteboard will improve efficiency for the morning clinic supervisor, who is currently required to transfer this information manually. (9iii)

The Clinic reception team have clear lines of reporting and escalation for any issues that may arise, and they are confident in using these processes and display professionalism in their approach to these matters. (9iv)

The College has voluntarily adopted the iO patient charter, which has been produced by the professional body as best practice for patients. (9vi)

Areas for development and recommendations

It would be beneficial for the College to develop a marketing strategy with short and long-term goals to widen participation of students and include consideration of targeting prospective students from the areas where there is a concentrated population of patients. This could support with raising wider awareness of osteopathy and could support with expanding on the diversity of the age of students. If knowledge of osteopathy is a barrier, then educating careers officers at local schools could provide opportunity for a long-term strategy, with an earlier introduction of osteopathy as a career pathway introduced before GCSE and A level options are made by students. (1i)

Feedback/survey fatigue has been identified as a barrier to gaining student feedback on the course. However, this was improved by spreading survey data collection points out over the year. A similar approach may increase patient feedback. The College could therefore consider the implementation of targeted periods across the academic year where feedback is requested from patients, rather than patients receiving a feedback survey after every appointment, which may help to increase patient engagement with this process overall. They should also consider different methods for collecting feedback from patients, including alternatives to online mechanisms, for example signposting that clinic reception staff can aid with use of tablets for collecting feedback or improve accessibility for patients by providing paper or larger font versions. (1vi, 3i, 9i)

The College should provide ongoing evidence of their review of new modules and their actions in response to feedback through the annual reporting process. This would support with demonstrating that the new approach to assessment and programme delivery is embedding the GOPRE and SET. (1vii)

The College should consider providing opportunities for the development of internal moderators in clinical assessments through training to expand the number of staff trained in this area. (1viii)

The College should follow-up on the opportunity given by ARU to provide support for staff gaining AdvanceHE membership through the experiential route of completing a portfolio. Staff development is key to providing a high-quality education experience for students, staff retention, and for succession planning. (1ix)

The College should consider how pedagogical knowledge on practical matters such as classroom management, lesson planning, and standardisation of resource materials could be shared with staff to provide the best education experience for students. (1ix)

The College should ensure the effective signposting of students to ARU resources and ARU Students Union in relation to an academic appeal or other academic matters. (1xi)

The College should update its safeguarding policy addendum to include named safeguarding and deputy safeguarding leads, as well as more clearly outlining the process that is followed when safeguarding concerns arise (2i). Updated documentation relating to safeguarding should be disseminated to all

stakeholders to ensure greater awareness and to support staff and students to be able to follow the documented process. (9ii)

Given the importance of the student voice in the management of their training, the College should keep whether they include student and patients on the Board under review. (2i, 6vi)

The College should provide key documents, including patient information leaflets, consent forms, and complaints policy, in other languages relevant to the local community to ensure the diverse population seen at the clinic is aware of how to raise a concern or complaint. (2iii, 3i, 3ii, 9vi)

The College should explore awareness-raising of the complaints procedure for patients. There is a display noticeboard in reception to highlight other relevant clinic policies and feedback and it may be beneficial to display the information on the complaints procedure here for patients. (3i, 9iv)

The SMT should monitor staff use of the dyslexia friendly template and their adherence to the sharing of resources to students both before and after a teaching session to ensure equality of provision and support for reasonable adjustments. (3iii)

The College should consider compulsory rotational attendance at the infant clinic so students will gain maximum exposure to the patient populations outlined in the GOPRE and SET. (3v, 7ii)

The College should revise the 6 week policy for consistency to make clear whether it is six weeks or six treatments as the terms are used interchangeably throughout the policy, causing confusion for stakeholders. (3v, 7i)

The College should monitor the impact of the weekday part-time route on capacity at the College to ensure that students are not negatively affected. (5i)The College should consider the reinstatement of an infection control policy for use in the Clinic environment and practical classes to meet safety and quality in practice guidelines. The GOsC has additional documentation on infection control guidelines which may support this. (7i)

The College should develop a patient marketing strategy including short-, medium- and long-term actions to ensure that students experience patients that are new to the clinic as well as patients that are new to them. Targeting of specific groups in alignment with the GOPRE and SET should be prioritised. (7i)

The College should consider clinical hours prior to clinical assessment scheduling to ensure parity of exposure to learning for all students prior to assessment. (7ii)

The College should actively pursue the inter-professional learning opportunities that the ARU Representative has indicated are now available. (7ii)

The College should consider more systematic ways to monitor the implementation and progress of the staff development strategy through the use of a clear action plan. (8ii, 8v)

The College should ensure all aspects of safeguarding are included as part of student journey. The Safeguarding policy and process should be covered in induction with other aspects included at appropriate times of their training. For example, prior to starting clinic, students should be aware of FGM, should they observe practices or be informed by a patient then they should have knowledge of the reporting process as outlined by the Home Office. The duty applies to all regulated healthcare professionals and is included in the OPS. (9ii)

The live feed for the cameras and sound to the clinic rooms is accessible to anyone who enters the Team points, which are not locked but are located beyond the reception area where members of the public first

enter. Therefore, it would be pertinent to add a mechanism, such as a keypad, to reduce the likelihood of someone unauthorised entering the team point unwittingly and having access to sensitive information. (9iii)

The addition of a poster to inform patients of the purposes of the cameras live feeding in the treatment rooms should be made available as well as the option to withdraw consent at any time and have the cameras turned off will help to act as a visual reminder of these options. (9iii)

In consultation with ARU, The College should explore how best to manage the process of students moving from fitness to study to fitness to practice, in order to ensure clarity and transparency on the application of the process without potential bias from individual opinion as to when a threshold has been reached. (9v)

The College should seek to collate data from local primary care and community services for patient signposting. (9vii)

The College should conduct a review of local hospital waiting times through resources including www.myplannedcare.nhs.uk and build rapport with local GP practices to understand the local musculoskeletal referral pathways. (9vii)

The College should formalise the inclusion of the NICE guidelines and their practical application in patient care in the clinical environment and relevant lectures as part of the shared decision-making process with patients. (9vii)

Conditions

The College must ensure that a fully agreed and signed Academic Agreement is available and covers existing and incoming students. (2i)

The College must make available the updated Strategic Plan to last until 2026, as stated in the Risk Register. This will provide assurance that the plans are in place to ensure the ongoing sustainability of the College. (2i)

Assessment of the Standards for Education and Training

1. Programme design, delivery and assessment

Education providers must ensure and be able to demonstrate that:

i. they implement and keep under review an open, fair, transparent and inclusive admissions process, with appropriate entry requirements including competence in written and spoken English.

☒ MET

☐ **NOT MET**

Findings and evidence to support this

As a partner institution of ARU, the validating university for the Colleges' osteopathy programmes, the College's policies and procedures are governed by ARU in relation to their Senate Codes of Practice. The admissions process is clearly visible for all prospective students and is available on the College website (www.lso.ac.uk/apply-now/) with entry criteria clearly visible in approved course documentation forms. An annual admissions meeting between the two organisations provides updates on systems management.

Applications made through UCAS apply to all students who wish to attend the full-time programme, with primary screening undertaken by ARU. This process includes confirmation of previous qualifications and IELTS (or equivalent) results.

Whilst there is the opportunity for gaining additional students through clearing, this is not something promoted by the College, however the ARU does signpost students as part of their own clearing process. For the applicants who demonstrate suitability for the course, there are opportunities available to onboard a student close to the start of the new academic year in line with ARU deadlines.

The College primarily serves a population of mature students, with a mean age of 36, and of those, many have previous experience in bodywork. These students actively seek out the College as an institution. There is also a verbally reported high population of students from the European Union, all of whom have a settled status.

Open days occur regularly, and the College also caters for individuals to have a tour of the facilities should they not be able to attend an open day in person. All applicants are interviewed despite the time commitment and low conversion rate of this process. There are key staff members who have received internal training to interview applicants for consistency, and the osteopathic experience is drawn either from osteopathic staff members or alumni, who have also supported this process.

The College has attended local careers fairs but experienced barriers including the public's limited knowledge of osteopathy as a profession resulting in little conversion to applicant places. Some marketing strategies will have a longer conversion rate to applicant places, for example attendance at a career fair for GCSE level students.

The policies and guidance in place, as well as the case studies shared by stakeholders mean that we are confident that this standard is met.

Strengths and good practice

ARU is actively engaged in their franchise relationship with the College, this is evident from the ARU representative retaining their Link Tutor role with the College despite their own career development to Head of School for AHPs at ARU and releasing their other franchise schools to colleagues. This ongoing relationship provides continuity for the College and having this historical knowledge at the ARU ensures that when applications for the College are approved by ARU they will have been appropriately reviewed in consideration of the demands of the course.

Areas for development and recommendations

It would be beneficial for the College to develop a marketing strategy with short and long-term goals to widen participation of students and include consideration of targeting prospective students from the area of Tower Hamlets where there is a concentrated population of patients. This could support with raising wider awareness of osteopathy and could support with expanding on the diversity of the age of students. If knowledge of osteopathy is a barrier, then educating careers officers at local schools could provide opportunity for a long-term strategy, with an earlier introduction of osteopathy as a career pathway introduced before GCSE and A level options are made by students.

Conditions

None reported.

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ii. there are equality and diversity policies in relation to applicants, and that these are effectively implemented and monitored.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

ARU have a valuing diversity & promoting equality statement, which the College applies in their practices alongside the College dignity at work and study policy, and overall complies with ARU policies and procedures. The ARU policies are reviewed on an annual basis.

Staff involved in admissions processes, for which the responsibilities have more recently been devolved amongst multiple staff as opposed to a singular responsible individual, confirmed at the visit that they have been trained to an appropriate level in EDI practices via the ‘e-learning for healthcare’ platform.

The College provide their student data to ARU for HESA returns and to the GOsC as part of the annual monitoring and reporting cycle.

The policies in place mean that we are assured that this standard has been met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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iii. they implement a fair and appropriate process for assessing applicants’ prior learning and experience.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The College Quality Assurance and Student Experience Manager now has responsibility for this area of the admissions process, supporting applicants in the mapping exercise across programme materials and a practical assessment as required. Further support is offered by the programme team if areas are identified during this process.

Final acceptance of the student lies with ARU following a proposal of the applicant by the College and the completion of the processes outlined above in alignment with the procedure set out in the ARU Senate Code of Practice: Admissions.

During the visit, the ARU representative confirmed that, as part of the validation event for the new course, the module mapping of the current courses was completed against the new course to ensure that there could be an appropriate transfer of students across the pathways in recognition of their prior learning.

The stakeholder meetings and the APL documentation provided assures that this standard has been met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

iv. all staff involved in the design and delivery of programmes are trained in all policies in the institution (including policies to ensure equality, diversity and inclusion), and are supportive, accessible, and able to fulfil their roles effectively.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Through the recruitment process, the College staff gain access to the ARU intranet site, which has further information on their policies and procedures, and includes access to staff development materials. Individual staff groups confirmed at the visit that they receive training appropriate to their roles held at the College, which may extend across more than one area of responsibility.

ARU governance processes are such that their institutional policies are ratified and disseminated in November of each academic year. All staff and students reported being aware of the timing of this process as they received an electronic notification of policy updates and changes. Anything that may have a material impact on the student journey is notably highlighted by the programme team to those impacted.

Staff groups are in the most part aware of the chain of command if escalation is required when applying a policy and are confident in gaining access to the relevant staff member as required. Students are happy to approach any staff member whether clinical or non-clinical about any situation in the knowledge that the ‘open door’ policy operating at the College will get them the support they require with appropriate

signposting. Out of hours support is also accessible to students, with signposting to external services that operate 24 hours per day.

The annual ARU process for disseminating policies and stakeholder confirmation of this process, assures us that this standard has been met.

Strengths and good practice

Staff and student stakeholders were emphatic at the RQ visit that the size of the College was advantageous in ensuring that all parties were kept up to date with any changes and that support was readily accessible and attainable.

Areas for development and recommendations

None reported.

Conditions

None reported.

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v. curricula and assessments are developed and evaluated by appropriately experienced and qualified educators and practitioners.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Osteopathic staff share their professional indemnity insurance policies with the College as part of annual checks, aligning with GOsC's mandatory registration requirements.

As many of the teaching faculty have roles both in the clinic and in the teaching environments, there is a good understanding of the course structures and how students are assessed at each level. Peer review and observation forms part of the induction processes and annual review processes. Staff and students have confirmed that there is a rounded opportunity for feedback with students providing feedback to tutors on a regular basis.

External examiners are nominated, approved and appointed via the College and ARU governance processes. The role is to support the programme quality assurance and enhancement of the courses by providing annual reports following the evaluation of programme materials and student results. A range of results and assessment materials are accessible to the external examiners online through the College's Google Drive following submission, marking and moderation of assessments. The set-up of this drive was accessible during the RQ visit.

Annually, module leaders and the external examiners review the assessment process in consideration of the previous year's results and student feedback. Qualitative and quantitative feedback is gained from students through methods including focus groups from summer workshops and questionnaires.

ARU have recently piloted a new template and platform for the annual reporting processes, which will analyse and highlight the data provided by partner institutions. It was indicated at the visit by the ARU representative that this new process will be rolled out to the College in the coming academic year with the intention of making the annual reporting process more dynamic and easier to highlight hotspots where support and attention may be required across a programme.

There is an annual staff faculty day which focuses on relevant topic areas for each year of delivery, as evidenced by the faculty day delivery programme. The data and knowledge gathered at these annual events has been collated to form a document which contains information on best practice in teaching and learning, which having been approved at 2024s Academic Council is now disseminated as an induction resource for new teaching staff.

ARU's approval process of all of the College staff and appointed external examiners assures us that this standard has been met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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vi. they involve the participation of students, patients and, where possible and appropriate, the wider public in the design and development of programmes, and ensure that feedback from these groups is regularly taken into account and acted upon.

☒ MET

☐ **NOT MET**

Findings and evidence to support this

The new programme curriculum design has been led by the Research and Development Officer, applying GOPRE and SET and OPS as core to building the framework and supported by the ARU active curriculum framework. The new programme has been designed to reflect sector changes and to provide stimulating and interesting learning experiences. The process has been supported by stakeholder consultations with alumni, staff & faculty, trustee, student, and patient consultation groups. Engagement on providing feedback for the new programme varied across stakeholder groups. The data presented by the SMT at the RQ visit introduction showed that stakeholders did not provide strong opinions in any particular area.

The key changes to the programme have included reduction of anatomy and physiology modules in alignment with the sector. This has provided additional credits for other modules, which now focus on modern aspects of healthcare such as wellness and resilience.

Although students present during the RQ visit were not involved in the new curriculum design, they were able to give examples of how feedback they had provided had been acted upon. This in turn was confirmed by those in junior year groups who had benefited from the feedback change. The best example of this was the re-introduction of the clinic induction. Students who had received this felt more prepared for clinics and this confidence was noted by the clinic supervisors spoken to as part of the RQ visit.

The College has recently received their ARU NSS data, something that has not been available before due to cohort sizes. The ARU annual reporting process will capture the actions relating to this data. The College have indicated that they are considering the adjustment of current student feedback questions to reflect some subject areas captured in the NSS.

Patient feedback is collated after every clinic encounter with reports from students that some students have struggled in gaining any feedback, which is required as portfolio evidence.

The College SMT and clinic management have indicated that despite attempts to engage patients in a forum to provide ongoing feedback there is lack of engagement. This aligns with the limited patient engagement encountered at the RQ visit.

Evidenced changes to the new programme and meetings with the students assure us that this standard has been met.

Strengths and good practice

The use of the ARU Active Curriculum Framework is positive, as the principles are founded in active learning and inclusivity, which better reflects professional practice.

The College have demonstrated a flexible approach to curriculum design based on the feedback of stakeholder groups and with the opportunity to feedback at different development stages, including on the name of the final degree awarded. This type of practice ensures continued stakeholder engagement as there is visible evidence of how changes have been made as a result of feedback given.

Areas for development and recommendations

Feedback/survey fatigue has been identified as a barrier to gaining student feedback on the course. However, this was improved by spreading survey data collection points out over the year. A similar approach may increase patient feedback. The College could therefore consider the implementation of targeted periods across the academic year where feedback is requested from patients, rather than patients receiving a feedback survey after every appointment, which may help to increase patient engagement with this process overall. They should also consider different methods for collecting feedback from patients, including alternatives to online mechanisms, for example signposting that clinic reception staff can aid with use of tablets for collecting feedback or improve accessibility for patients by providing paper or larger font versions. (1vi, 3i, 9i)

Conditions

None reported.

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vii. the programme designed and delivered reflects the skills, knowledge base, attitudes and values, set out in the Guidance for Pre-registration Osteopathic Education (including all outcomes including effectiveness in teaching students about health inequalities and the non-biased treatment of diverse patients).

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

A mapping exercise has been provided as evidence and details the alignment of the PSRB guidelines across the courses delivered at the College. The new course has been aligned with ARU's active curriculum framework and mapped to these principles. The learning outcomes of the new curriculum have been shaped directly by the GOPRE and SET at each academic level. Assessments have been retained based on their value being highlighted in the feedback provided and then further scrutinised against the ARU assessment and feedback strategy.

Research is now embedded into the programmes and a new journal club has been set-up with good engagement from both staff and student stakeholders, who also help to drive the topics and agenda covered. This additional exposure to research helps to consolidate this aspect of required learning, even if students chose to remain at Level 6 study and not progress to MOst level and complete a major research study.

The programme team indicated at the visit that there are plans in place to further review the new course modules as the students progress through the course.

The GOPRE mapping exercise and meetings with the programme team assures us that this standard has been met.

Strengths and good practice

None reported.

Areas for development and recommendations

The College should provide ongoing evidence of their review of new modules and their actions in response to feedback through the annual reporting process. This would support with demonstrating that the new approach to assessment and programme delivery is embedding the GOPRE and SET.

Conditions

None reported.

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viii. assessment methods are reliable and valid, and provide a fair measure of students' achievement and progression for the relevant part of the programme.

☒ MET

☐ **NOT MET**

Findings and evidence to support this

Assessment types (both theoretical and practical) are guided by ARU programme design requirements, outlined in their assessment feedback and strategy document. They are then scrutinised as part of the course re-approval process, which undergoes extensive quality checks and requires external and subject matter input.

The appointment of external examiners, their input and ongoing reports, are a standardised part of the quality assurance processes. Assessments are supported with clear objectives of achievement and feedback; marking sheets have clear global rating scales that align with the SEEC level descriptors. The evidence provided for external examiners demonstrates that constructive feedback is provided to students individually. This helps to give a structure for improvement and provide portfolio evidence to demonstrate progression through the course.

Clinic supervisors confirmed that they are trained internally for assessments, with an initial period of shadowing prior to becoming an assessor. There is also opportunity for training at the staff faculty day. However, there isn't such an opportunity for training as a moderator, which requires a different skill set to assessing.

The programme documentation, which outlines assessment methods and has been scrutinised through ARU quality processes, assures us that this standard has been met and continues to be monitored through the external examiners.

Strengths and good practice

Experienced osteopathic external examiners are employed as part of the final year clinical assessment process. They offer an additional independent and objective assessment of the student body and have experience of other OEIs.

Areas for development and recommendations

The College should consider providing opportunities for the development of internal moderators in clinical assessments through training to expand the number of staff trained in this area.

Conditions

None reported.

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ix. subject areas are delivered by educators with relevant and appropriate knowledge and expertise (teaching osteopathic content or supervising in teaching clinics, remote clinics or other clinical interactions must be registered with the GOsC or with another UK statutory health care regulator if appropriate to the provision of diverse education).

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The programme team consists of a mix of newer and experienced staff members. Following the Covid-19 pandemic there were several staff changes due to various factors. ARU approves new staff members as part of the recruitment process. All staff who teach the parts of the courses that would require an osteopath in post, such as practical osteopathic classes or clinical supervision, are registered with the GOsC and provide assurance of their registration and insurance on an annual basis. As part of the clinic supervisor induction processes, there is an opportunity for a period of shadowing prior to solo supervision but there are also other osteopathic staff members on-site or accessible by telephone should additional support be required.

Students indicate that they welcome their former student colleagues joining the faculty after graduation. Other teaching staff include subject matter experts in areas such as research and pedagogy, bringing transferable skills to the College.

The ARU representative reported ongoing opportunities to support the College staff in gaining their AdvanceHE membership. This will help provide the teaching and clinical faculty with updated information in the Higher Education teaching and learning sector. The SMT have advised that they have identified an appropriate group of staff for this process, but progress has stalled due to the timing of the ARU quinquennial review and the RQ process. This activity is now expected to resume.

The LSO's annual requirement of staff providing registration evidence alongside staff development days assures us this standard has been met.

Strengths and good practice

None reported.

Areas for development and recommendations

The College should follow-up on the opportunity given by ARU to provide support for staff gaining AdvanceHE membership through the experiential route of completing a portfolio. Staff development is key to providing a high-quality education experience for students, staff retention, and for succession planning.

The College should consider how pedagogical knowledge on practical matters such as classroom management, lesson planning, and standardisation of resource materials could be shared with staff to provide the best education experience for students.

Conditions

None reported.

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x. there is an effective process in place for receiving, responding to and learning from student complaints.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The College relies just as much on the informal as well as the formal processes for the transfer of information, in a confidential manner, about students. This 'open door' policy reassures students that actionable issues will be dealt with in a practicable way. The formalised part of feedback takes place at the formal SWAST meetings, which are held on a regular basis throughout the academic year. Students confirmed that representatives attend these meetings. Not all requests or feedback can be acted upon, but the students confirmed that a rationale is provided for this by the programme team, which is then disseminated to the cohort.

A locally adapted student complaints policy is accessible via the student extranet. There is encouragement for resolution at the informal stages. The escalation process includes signposting to the Office of Independent Adjudicators if required.

There have been no formal complaints to date. Formal reporting of informal complaints on an annual basis is not required but where good practice or an enhancement of a process has occurred from the SMT actioning an informal complaint, it would help to disseminate this information to demonstrate ongoing improvement to stakeholders.

The student stakeholder meetings assured us that this standard is met and that there is a process in place with the student voice heard.

Strengths and good practice

Student meetings demonstrate that the College 'open door' policy is received by students as a caring and effective approach.

Areas for development and recommendations

None reported.

Conditions

None reported.

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xi. there is an effective process in place for students to make academic appeals.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Academic appeals follow ARU Academic Regulations. The documentation is available on the College extranet for students, who are signposted as required.

The ARU and the College draft franchise agreement indicates that ARU-registered College students have access to ARU SU under the remit in relation to advice on academic matters, as defined by the ARU's SU constitution. At the student stakeholder meeting, students reported a lack of awareness about access to ARU student resources available to the students. Although membership of the College students to the ARU SU is not possible, the ARU SU has been to the College to present and meet with students.

The ARU academic regulations in place assure us that this standard has been met.

Strengths and good practice

None reported.

Areas for development and recommendations

The College should ensure the effective signposting of students to ARU resources and ARU Students Union in relation to an academic appeal or other academic matters.

Conditions

None reported.

2. Programme governance, leadership and management

i. they effectively implement effective governance mechanisms that ensure compliance with all legal, regulatory and educational requirements, including policies for safeguarding, with clear lines of responsibility and accountability. This should include effective risk management and governance, information governance and GDPR requirements and equality, diversity and inclusion governance and governance over the design, delivery and award of qualifications.

☐ **MET**

☒ **NOT MET**

Findings and evidence to support this

We were confident that the College has an effective governance and management structure which includes appropriate involvement from ARU. The Board of Trustees is appropriate in size and skill set, with expertise from across osteopathy, healthcare, finance, business, and human resources. There are no patient or student trustees on the Board. Discussions with the Board revealed there is a good understanding of the strategic priorities of the College and a willingness to deploy individual expertise to assist where useful, for example, in human resources policy matters and risk management. Members of the Board are appointed for a three-year term which is renewable, and it was clear that they have an appropriate induction programme and access to their own set of resources to assist them in their roles.

The Risk Register follows a structure and process advocated by the Charity Commission. This live document is reviewed and revised at each meeting of the Board, and Trustees are clear where the 'red' risks are, and the mitigations put in place to manage these. The Risk Register identifies the development of a new Strategic Plan as 'minor' as the current one will be extended to 2026. The Academic Agreement with ARU expired in August 2024 and a revised draft was under discussion at the time of writing the report. Both of these documents are important in providing reassurance of the ongoing sustainability of the College. Without a final Academic Agreement in place there is a risk to the contractual relationship between the ARU and the College, which affects the academic underpinning of the degrees, financial arrangements, and thus the current and future student body. The Strategic Plan is an essential requirement which should evidence how the College projects and plans for the sustainability of their offering and as such needs to be provided.

The SMT reports via the Principal to the Board and holds operational responsibility for all aspects of the academic and clinical offering. The SMT is made up of five roles, all of which are part-time. The roles are clearly defined on paper and include all necessary functions for a small college including academic, clinical, and operational leadership as well as quality assurance, student experience, and professional services. The Board have begun to work with the SMT to ensure sustainability and succession planning by exploring role and function overlap amongst members of the SMT. In discussions with internal stakeholders, it is clear that students and staff have a high regard for the SMT, though there may be an over reliance on key individuals in the team as 'go tos' to get things done rather than using the delegated function roles.

The College operates an appropriate committee structure with an Academic Council whose membership includes students and a representative from ARU. The student voice is channelled via the SWAST. Student stakeholders from across the College spoke positively about this forum as an effective way to raise issues and receive updates on policy and procedural changes.

Academic and student policies are determined or guided by ARU, which are localised by the College to suit the College and the requirements of GOPRE and SET. The ARU safeguarding policy (v4.0 January 2024) makes specific provision for partner colleges, and accordingly the College has an up-to-date addendum (January 2024) to explain how this policy is applied in the College and clinical setting and with reference to the GOsC requirements for registration. In discussions with staff and students, whilst they reported knowing how to escalate safeguarding concerns and felt assured that they would be dealt with, the formalised process that is practically applied was more difficult to decipher. It would be helpful for the named safeguarding and deputy safeguarding leads to be more clearly identified in the policy addendum and a

clearer process articulated. This could then be signposted via posters, taking into account the part-time nature of most members of staff.

EDI governance is underpinned by the ARU rules and regulations procedures. These are embedded for the College in the dignity at work and study code which is reviewed annually to ensure compliance. Staff and students at the College have access to the GOsC EDIB framework and other materials to illustrate expected behaviours. Students spoke about feeling valued and included and felt that they could raise issues relating to EDI if needed and that their concern would be dealt with. GDPR governance is considered a 'high risk' and additional staff training has been rolled out to maximise mitigation.

Academic quality and standards are managed effectively in conjunction with ARU. All programmes are validated in line with the ARU academic regulations and monitored annually through the programme monitoring process which includes external examiners. Representatives from the ARU expressed confidence in the formal monitoring processes and stressed these were enhanced by strong interpersonal communication channels between the College and ARU which resolved any issues swifty.

The lack of a current signed Academic Agreement with ARU and the College Strategic Plan means we are unable to be confident this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

The College should update its safeguarding policy addendum to include named safeguarding and deputy safeguarding leads, as well as more clearly outlining the process that is followed when safeguarding concerns arise (2i). Updated documentation relating to safeguarding should be disseminated to all stakeholders to ensure greater awareness and to support staff and students to be able to follow the documented process (9ii).

Given the importance of the student voice in the management of their training, the College should keep whether they include student and patients on the Board under review (2i, 6vi).

Conditions

The College must ensure that a fully agreed and signed Academic Agreement is available and covers existing and incoming students.

The College must make available the updated Strategic Plan to last until 2026, as stated in the Risk Register. This will provide assurance that the plans are in place to ensure the ongoing sustainability of the College.

ii. have in place and implement fair, effective and transparent fitness to practice procedures to address concerns about student conduct which might compromise public or patient safety, or call into question their ability to deliver the Osteopathic Practice Standards.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

ARU has a clear fitness to practise procedure embedded within their rule and regulations procedures for students. It is clear that this procedure is to be applied alongside any relevant PSRB requirements, and to

that end students at the College are provided with a link to these university rules in their handbook. The GOsC guidance about professional behaviours and fitness to practise for osteopathic students is also made available to the students on their shared drive. It would aid access and clarity for all stakeholders if the fitness to practise procedures were more clearly signposted including how the university and the above GOsC guidance aligns. Whilst the College reports no fitness to practise cases, we were assured that there is a clear understanding from staff about how the procedure would work in conjunction with the university if required.

The policies and guidance in place mean that we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

iii. there are accessible and effective channels in place to enable concerns and complaints to be raised and acted upon.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The College demonstrated that they have regularly reviewed and up to date complaints policies available for both students and patients. These were last reviewed in 2023.The student facing policy is accessible via the shared drive and provides clear guidance outlining the process and links to sources of support at the College, ARU and the OIA.

The patient complaints policy and process is managed within the Clinic. The policy is up to date and contains a detailed set of guidance. Whilst this policy is clear and there is provision for support to access it if there are reading or language barriers, the terminology is complex and sector specific. This may present an issue for some patients. A simple flow chart may make it more accessible and user friendly.

There is a strong culture, which was evidenced by staff and students, that issues are dealt with informally and through speaking about the problem. All stakeholders told us they had confidence that matters raised this way were effectively dealt with. Clinic staff were confident that they could manage low level issues and escalate to senior staff for awareness raising and resolution if needed.

The College reported no formal complaints. It would be good practice to collate and evaluate any trends and themes in the informal complaints and report these via the annual monitoring and reporting processes.

The policies and guidance in place, as well as confidence expressed by students and staff in knowing a complaint will be dealt with, mean that we are satisfied that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

The College should provide key documents, including patient information leaflets, consent forms, and complaints policy, in other languages relevant to the local community to ensure the diverse population seen at the clinic is aware of how to raise a concern or complaint (2iii, 3i, 3ii, 9vi)

Conditions

None reported.

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iv. the culture is one where it is safe for students, staff and patients to speak up about unacceptable and inappropriate behaviour, including bullying, (recognising that this may be more difficult for people who are being bullied or harassed or for people who have suffered a disadvantage due to a particular protected characteristic and that different avenues may need to be provided for different people to enable them to feel safe). External avenues of support and advice and for raising concerns should be signposted. For example, the General Osteopathic Council, Protect: a speaking up charity operating across the UK, the National Guardian in England, or resources for speaking up in Wales, resources for speaking up in Scotland, resources in Northern Ireland.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Discussions with internal stakeholders (SMT, students, staff) evidenced a commitment and confidence in managing inappropriate behaviour if it arises. An anonymous example was shared by students, where inappropriate behaviour was reported and satisfactorily dealt with. They evidenced confidence that their concerns would be listened to and resolved.

At the beginning of the year all students receive a welcome email which includes the names, office hours, and means of contact for staff who can help them with raising concerns or seeking support. This is reinforced through posters in the College facilities. SMT and ARU cited examples of where the College had sought further guidance in behaviour related matters.

The College has an up-to-date dignity at work and study policy (2023) which is available to both staff and students on the shared drive. Of note is the guidance to understand bullying and harassment, discrimination, and protected characteristics and how these need to be understood in relation to the clinical environment and links to the OPS. Students are provided with the GOsC guidance about professional behaviours and fitness to practise for osteopathic students and course content is mapped to the OPS standards on professionalism.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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v. the culture is such that staff and students who make mistakes or who do not know how to approach a particular situation appropriately are welcomed, encouraged and supported to speak up and to seek advice.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Documentation submitted and discussions with stakeholders revealed a strong commitment to an 'open door' policy. Current and former students demonstrated they were confident in knowing where to go for guidance over a particular situation. They made it clear they were encouraged to share matters of concern, whether in Clinic or the College, and there was a high level of confidence in the resulting action. Of note, they also expressed appreciation for the feedback and explanations that they received, either formally via the committee structure or in person.

Academic, Clinic, and support staff know who their line managers are, and they are encouraged to seek support as needed. Use of buddying and peer mentoring encourages staff to be open and seek guidance. The SMT consider more significant issues that have been brought to their attention and, where appropriate, use any trends to inform staff training at faculty days.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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vi. systems are in place to provide assurance, with supporting evidence, that students have fully demonstrated learning outcomes.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The College evidenced they have an appropriate set of systems in place to provide assurance that learning outcomes have been demonstrated. It was clear that there is a strong working relationship with ARU, and this leads to a degree of confidence that the mechanisms to monitor quality and standards are robust. Documentary evidence submitted demonstrated how learning outcomes are assessed using internal first and

second markers, and how external examiners are consulted throughout the process, including in clinical assessments. External examiner reports confirm students have demonstrated the learning outcomes and these results are confirmed by the module assessment panels of ARU. External examiners confirm that the use of marking rubrics are a strong feature of the marking and assessment procedures.

The College is required to return annual monitoring reports to both the ARU and GOsC. These reports include cohort monitoring data. Any trends or issues identified in this data can then be used to support minor modifications to the validated modules.

The documentation submitted prior to the visit and discussions with ARU mean that we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

3. Learning Culture

i. there is a caring and compassionate culture within the institution that places emphasis on the safety and wellbeing of students, patients, educators and staff, and embodies the Osteopathic Practice Standards.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The College has a range of policies in place which embody the OPS (safety and quality in practice) and which relate to the safety and wellbeing of students, staff, and patients including safeguarding, dignity at work and study, fitness to practise and fitness to study and the senior clinic protocol. A member of the SMT has responsibility for safeguarding across the organisation.

The College student issue sheet allows staff to record, track, and monitor any issues such as learning needs and required adaptations, extensions, disciplinary issues, intermissions, and exceptional circumstances to support students in their learning and progression. Students confirm all policies are accessible through 'Google Classroom' and that they are advised through the VLE if any are updated. Summaries of changes to policies are also shared at SWAST meetings. Students confirm that safeguarding is delivered early on in their course and through their professional studies modules, with resources available on the VLE. All feel confident that they could raise any issues or concerns with a number of staff and that they would be supported.

Patients are encouraged to give feedback, and processes for making a complaint are made available at the Clinic and through the website. Staff confirm procedures for supporting patients in giving verbal or written feedback and escalating issues, based on patients' wishes. At the Clinic we witnessed professional and positive interactions between students and patients. When asked about the Clinic environment, a patient confirmed it is functional and that reception staff are kind. They are grateful to have access to the Clinic at a reasonable price. Boundaries training at a staff faculty day supported staff in their understanding of patients as educators' and the importance of patient voice in public protection.

Throughout the three-day visit a caring, compassionate, and collegiate atmosphere was observed. Students, staff, and alumni spoke clearly about their passion for the College and its courses and the very strong, supportive relationships between them all. ARU representatives told us it is a pleasure to work with such an enthusiastic team. All staff we met confirmed highly supportive relationships with ARU.

The documentation submitted and meetings with all stakeholders at the visit mean that we are confident that this standard is met.

Strengths and good practice

A strong collegiate approach across all stakeholders, along with appropriate policies and procedures enables a happy, harmonious, and effective learning environment.

Areas for development and recommendations

Feedback/survey fatigue has been identified as a barrier to gaining student feedback on the course. However, this was improved by spreading survey data collection points out over the year. A similar approach may increase patient feedback. The College could therefore consider the implementation of targeted periods across the academic year where feedback is requested from patients, rather than patients receiving a feedback survey after every appointment, which may help to increase patient engagement with this process overall. They should also consider different methods for collecting feedback from patients, including

alternatives to online mechanisms, for example signposting that clinic reception staff can aid with use of tablets for collecting feedback or improve accessibility for patients by providing paper or larger font versions. (1vi, 3i, 9i)

The College should explore awareness-raising of the complaints procedure for patients. There is a display noticeboard in reception to highlight other relevant clinic policies and feedback and it may be beneficial to display the information on the complaints procedure here for patients (3i, 9iv).

The College should provide key documents, including patient information leaflets, consent forms, and complaints policy, in other languages relevant to the local community to ensure the diverse population seen at the clinic is aware of how to raise a concern or complaint (2iii, 3i, 3ii, 9vi).

Conditions

None reported.

ii. they cultivate and maintain a culture of openness, candour, inclusion and mutual respect between staff, students and patients. ☒ **MET** ☐ **NOT MET**

Findings and evidence to support this

All students, staff and alumni told us that the small cohort sizes and the crossover of staff between the Clinic and the College ensures positive, supportive relationships between them and an environment of mutual respect across the College. Policies are in place to support this, including whistleblowing, freedom of speech and valuing diversity and promoting equality. The dignity at study and work policy clearly sets out the expectation that everyone within the College community is treated with dignity, courtesy, and respect. This is to allow a culture where everyone feels valued, respected, and safe and where bullying and harassment are not accepted. The code of conduct applies to all staff and students, including in their behaviour towards patients. The policy is further backed up by the Clinic protocol and OPS.

The dignity at work and study policy clearly sets out expectations for student and staff conduct. Students sign the student contract confirming they will act in a professional manner and will display responsible attitudes towards all staff, students, visitors, and patients. ARU confirmed the College reports issues, such as student. behaviour to them, with a joint approach taken.

The Clinic protocol concerning duty of candour and professionalism clearly sets out expectations for students and the required processes to follow. The bystander effect and relevance to the College statement reinforces students' responsibility even as a bystander or observer to report. Students told us they would, as per the policy, report incidents to the Clinic supervisor. They told us that supervisors engage them in professional conversations around safeguarding to help them to develop as autonomous practitioners.

There is an 'open door' policy in operation at the College for staff and students, which is confirmed by all stakeholders we spoke to. Staff and students told us they support and feel supported by their peers and that there is a feeling of family across the College.

A complaints policy is in place at the Clinic and online should patients need to raise an issue. Their feedback is frequently sought, collated, and reviewed. There are a range of opportunities for patients to give feedback including by email, verbally, and through Survey Monkey. It was noted that patient information at the Clinic, including requests for feedback or to make a complaint, are only available in English. Students told us that language barriers can be a challenge at the Clinic. A patient we met expressed some concern that the feedback would be received personally by the student and not the Clinic, so therefore they might not be

confident in giving accurate feedback. Students are encouraged to review and reflect upon all feedback, both positive and negative, and it is a requirement to include in their portfolio. Additionally, students must reflect on a critical incident and demonstrate their learning from it.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

The College should provide key documents, including patient information leaflets, consent forms, and complaints policy, in other languages relevant to the local community to ensure the diverse population seen at the clinic is aware of how to raise a concern or complaint (2iii, 3i, 3ii, 9vi).

Conditions

None reported.

iii. the learning culture is fair, impartial, inclusive and transparent, and is based upon the principles of equality and diversity (including universal awareness of inclusion, reasonable adjustments and anticipating the needs of diverse individuals). It must meet the requirements of all relevant legislation and must be supportive and welcoming.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The small staff team, many of whom work across the College and the Clinic, enables consistent, close working relationships to support students. Modules are provided prior to the start of the programme to support all students, regardless of their background, to begin to engage with material relevant to the course. We heard that there are clear roles for support staff with strong communication to ensure that students are signposted to the relevant support. Face-to-face and online sessions are offered by librarians to support students to access resources at the College and ARU. All students receive study skills sessions at the start of the course and undertake tests to identify learning needs, including the BDA adult screening test, with further support provided by the College to help students diagnosed as dyslexic with their DSA application. Students were happy with the level of support received by the College but often did not feel that they were well supported with their needs by ARU. Some students reported a disconnect between ARU and themselves as students, feeling that for help with issues such as student finance they were at the back of the queue.

Students are supported to develop their research skills by a range of staff, including librarians and the Research and Development Officer.

Recent staff faculty days included identifying CMHD and coping with patients and students with CMHD, as well as EDI, creating a supportive environment for learning and identifying and supporting those with additional needs.

The nature of a student's learning need and reasonable adjustments are recorded in the students' issues file which is monitored by the SMT and student advisor. The SMT told us that when planning for the exams the student files are reviewed and provision put in place for students, such as additional time, a separate room,

noise cancelling headphones or the use of a computer. Another reasonable adjustment provided throughout the course might include coursework extensions. Students told us of support provided including a printer and dictation program to support students with specific needs.

A number of policies are in place, including the dignity at work and study policy, which confirm that students must not be discriminated against, either directly or indirectly, due to a protected characteristic. Nor can students be treated unfavourably due to maternity, pregnancy, or disability. Students confirmed that any updates to the EDI policy are notified to them through Google Classroom. They told us the College is inclusive with all students valued and welcomed, however EDI was questioned from a learning perspective for some. Students highlighted that delivery of content through Zoom could be a challenge for neurodivergent students, such as in the 'head and neck' session. However, others valued the approach, which was recorded and allowed them to watch and rewatch it to support their understanding. We were told by the Student Experience Manager that standardised slides using a dyslexia friendly template are available but not universally used. Students confirmed the value of the early upload of lesson resources to support learning needs through pre-reading but that access to this varied, depending on the tutor. They also valued the recording and upload of teaching sessions as a reference after the lesson but again said that this was not consistently done in a timely manner.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

The SMT should monitor staff use of the dyslexia friendly template and their adherence to the sharing of resources to students both before and after a teaching session to ensure equality of provision and support for reasonable adjustments.

Conditions

None reported.

iv. processes are in place to identify and respond to issues that may affect the safety, accessibility or quality of the learning environment, and to reflect on and learn from things that go wrong.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Students confirm they are made of aware of a range of policies which are all available through Google Classroom with updates provided through the SWAST. Staff confirm that policies are reviewed and updated in-house and through their HR provider according to a policy review schedule. The College report to ARU, as required of them, through the Academic Agreement.

Students told us that they complete surveys regularly related to all aspects of the course, at the College and the Clinic. Some surveys and evaluations are adapted from ARU to be localised and relevant to the College. The College designs its own surveys and students are also invited to complete the ARU module evaluation

surveys. Areas for development identified through feedback and evaluations are included in staff faculty days.

ARU's student charter sets out expectations that students, staff, and the university will all play their part in the education provided. Students are expected to give feedback and to act as student representatives. Staff and students told of their roles in the SWAST; meeting minutes show representation from all cohorts, each of which are able to share their experiences and raise concerns.

In addition to formal processes such as the SWAST, students and staff also confirm that the small organisation, 'open door' policy, and positive relationships allows for issues to be responded to quickly and informally.

Feedback regarding the physical conditions of premises is addressed within the limits of what can be achieved given the nature of the buildings. For example, an issue of excessive heat at times at the Clinic was raised. We heard from Clinic support staff that the SMT are very responsive when issues such as the temperature are raised, with immediate purchase of additional fans or heaters to allow a swift resolution. They told us patients always have access to cool drinking water through the water cooler provided in the reception area. Students told us of issues with a leaky roof in the Clinic during wet weather and a water-stained ceiling was seen in one of the treatment rooms during the visit. However, the College operates the Clinic from a council-owned building and are limited in what they can do. The visit team observed the Clinic to be functional, clean, and bright, despite there being no windows in some rooms.

The policies and guidance in place, meetings with stakeholders, and visits to the College and Clinic, assure us that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

v. students are supported to develop as learners and as professionals during their education.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Professionalism is developed throughout the course both at the Clinic and the College. The spiral curriculum helps students to develop as learners with the strong emphasis on self-reflection further developing them as professionals. As students progress through the course, they reflect on their increasing clinical experience and are supported towards becoming autonomous practitioners. They are required to reflect upon a critical incident in year two and to develop a business plan in year five. Students told us safeguarding is delivered as part of the 'Professional Studies' module with their understanding and decision-making further developed through conversations with Clinic supervisors. Clinic supervisors will ask them 'what would you do, how do you think you should proceed?' supporting them in their professional practice and decision-making. We

heard that some of the Clinic supervisors work across both the Clinic and the College which further supports students to link theory and practice.

The professional trust development PIECE model guides students in self-reflection to support their development as professionals. It guides students to consider their personal approach, interaction and communication, engagement and relationships, and empowerment and education when writing reports for inclusion in Clinic report books. The professionalism survey delivered early in the course supports students' understanding of professionalism as an osteopath by asking them to consider their own professionalism in all aspects of their life, both as a student and in their life outside of the College. The APTA professionalism questionnaire is used at start and end of the course to enable students to rate themselves against professional attributes and to identify their personal growth. Students are encouraged to be candid in their responses.

Students told us there is a strong focus on them as graduates, particularly in year five. We heard of strong tutor support around clinical uncertainty and how to reach out for support when qualified and working as an autonomous practitioner. The requirement for developing a business plan was described as one of the best modules, with effective critique and challenge from tutors enabling a different perspective for the students moving toward graduation. Alumni told us of excellent support and guidance from the College with preparing them for being autonomous practitioners. We also heard that the work on developing a business plan allowed them to reflect on their post-graduation plans and how to be fully prepared.

Information and opportunities for work options post-graduation are signposted. Recent graduates are offered the opportunity to return to the Clinic to manage their own patient lists. Alumni told us that many of their peers have done so. They are directed to the IO locum placement list and towards opportunities within the NHS.

The new 6 week clinic policy shared with patients is designed to manage patients' expectations about who they will see in the Clinic and supports students by giving them access to a wider range of learning experiences. Clinical experience is monitored and audited to assure parity of access to a range of patients. The Clinic experience reflection activity supports students to develop a deeper understanding of good practice and supports their learning. Clinic supervisors told us students experience adult and child patients but that for infants, students are limited to observing due to a requirement that only post-graduates are allowed to treat infants. Paediatric osteopathy sessions are delivered to students in year five. The documentation submitted and meetings with all stakeholders at the visit mean that we are confident that this standard is met.

Strengths and good practice

The curriculum and support from staff in preparing students for autonomous practice post-graduation.

Areas for development and recommendations

The College should consider compulsory rotational attendance at the infant clinic so students will gain maximum exposure to the patient populations outlined in the GOPRE and SET (3v, 7ii).

The College should revise the 6 week policy for consistency to make clear whether it is six weeks or six treatments as the terms are used interchangeably throughout the policy, causing confusion for stakeholders (3v, 7i).

Conditions

None reported.

vi. they promote a culture of lifelong learning in practice for students and staff, encouraging learning from each other, and ensuring that there is a right to challenge safely, and without recourse.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The Clinic format allocates six senior students and four other students to a shift with a clinical supervisor. Students observe each other, including in the treatment room and through the live feed available at the Clinic. Live feed from the treatment rooms allows clinical supervisors to observe interactions between students and patients. Clinic reflections allow students to recognise gaps in their own knowledge and understanding and to identify where they can seek out information, in addition to working with the clinical supervisors. Learning from challenging experiences is used, for example as a group tutor session or as the basis for presentations to peers. Information videos at Clinic introducing students to the use of Cliniko, developed by a final year student, allows students to gain understanding from a student's point of view.

Much learning and development for staff is delivered internally, with staff receiving one-to-one guidance with experienced staff or through work shadowing. Annual staff faculty days deliver training across a range of subject areas. The staff peer observation rubric guides them through the process with good practice observed being shared through the staff faculty days.

The new curriculum includes an 'Engaging with Evidence' module which has a more clinical focus than previous research which was threaded through other modules. We heard that research is a pioneering thread in the new curriculum which demonstrates the College's ethos. Research and Journal Club is open to staff and students, and we heard it elicits very high-level discussions. Resources and the discussions are recorded and shared with those who cannot attend. Alumni spoke highly of the Research and Journal Club and how it had supported students with their research. Library staff have developed an in-school resource where fifteen years of the College's research dissertations are made available to students to support them in developing research skills.

ARU's learning and teaching resources are open to staff. A local study group may be available with a number of new staff interested in joining to complete the HEA qualification through ARU.

The documentation submitted and meetings with all stakeholders at the visit mean that we are confident that this standard is met.

Strengths and good practice

The College has invested in strengthening the research culture across its programmes and this includes the opportunity for students to work across year groups.

Areas for development and recommendations

None reported.

Conditions

None reported.

4. Quality evaluation, review and assurance

i. effective mechanisms are in place for the monitoring and review of the programme, to include information regarding student performance and progression (and information about protected characteristics), as part of a cycle of quality review.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The College's programme monitoring and review mechanisms are directed by ARU whose systems are established and robust. The SMT has responsibility for managing this process locally and then reporting to the university's course management committee and academic council. Outcomes of this monitoring process are reported to the Trustees and GOsC. Student admissions, performance, and progression data includes detailed and informed analysis by protected characteristics.

Data for programme monitoring is drawn from student feedback (informal and formal gathered via the established student representative mechanisms) as well as from student surveys. In addition to ARU's module evaluation questionnaires, the College carries out its own surveys which cover teaching and learning, resources, welfare, and support. All of this data is drawn together and submitted with detailed contextual analysis and presented in the university's annual monitoring of delivery report with an appended action plan. Students report confidence in the mechanisms in place to monitor quality, though the proliferation of surveys can create additional pressure.

Documentation submitted, as well as discussions with the SMT and university, give us assurance that this standard is met.

Strengths and good practice

The detailed contextual analysis of data in the annual monitoring report is to be commended as it shows a deep understanding of the College's cohort of students.

Areas for development and recommendations

None reported.

Conditions

None reported.

ii. external expertise is used within the quality review of osteopathic pre-registration programmes.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The main source of external expertise is drawn from the pool of external examiners who reflect higher education and osteopathic experience. External examiners were consulted on the development of the new programme and submit an annual report to the College and ARU and comment on standards of academic, clinic, and professional elements of the course. The reports confirm the parity of standards with other courses, rigorousness of assessment, and note the good curriculum design.

ARU's quinquennial review process has also allowed for the exchange of ideas and expertise with peers in other healthcare settings and OEIs.

Documentation submitted, as well as discussions with the SMT, staff and university, give us assurance that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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iii. there is an effective management structure, and that relevant and appropriate policies and procedures are in place and are reviewed regularly to ensure they are kept up to date.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The management diagram provided, which is published in all student handbooks, demonstrated an appropriate structure and indicated how the trustees, SMT, Academic Council, and ARU work in what the College wish to state is a 'non-hierarchical' way. The combining of the College Academic Council with the university's Course Management Committee is an effective form of collaboration, and staff and university representatives felt it reflected well on the partnership.

An extensive suite of policies and procedures are in place and published to staff and students. These include academic and student related policies and procedures from ARU which are suitably amended for the local and profession specific context at the College. In addition, the College has developed appropriate clinic policies and procedures which are informed by the GOPRE and SET. ARU's policies provide a strong foundation on which the College can build. The appointment of an HR company to oversee and update HR policies and procedures ensures compliance with latest legislation. The SMT holds a policies tracker which ensures a systematic review schedule, and updates are shared with staff and students via the shared drive.

Documentation submitted, as well as discussions with the SMT, staff, students, and the university, give us assurance that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

iv. they demonstrate an ability to embrace and implement innovation in osteopathic practice and education, where appropriate.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

We were assured that the College has an ability to embrace change and innovation in the osteopathic and academic elements of their programmes. The institutional review by ARU in 2024 cites the 'innovative and stimulating curriculum' that is offered, and which has been updated in response to sector changes such as the offering of programmes which are less credit intensive. The review also celebrated the strengthening of the research offerings throughout the new programmes and embedding of 'an outstanding introduction to osteopathy' provided by the training clinic.

The College demonstrates a commitment to ensuring staff and students are enabled to contribute to workshops for which agendas are developed to reflect sector priorities, institutional needs drawn from survey data, and individual professional interests. Staff confirmed they value the opportunity to participate in these events where practice is shared.

Documentation submitted, as well as discussions with the SMT, staff, students, and ARU, give us assurance that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

5. Resources

i. they provide adequate, accessible and sufficient resources across all aspects of the programme, including clinical provision, to ensure that all learning outcomes are delivered effectively and efficiently.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The College operates across two sites; the teaching and administration College is located at The Grange, in Bermondsey. We heard there is sufficient space at the college to accommodate all five cohorts on-site at the same time. We note the introduction of an additional weekday part-time route. The Mayfield House Clinic is situated in Bethnal Green and offers eight treatment rooms, an office, reception, tutor point, AV room, and laundry room. Live feed from the treatment rooms to the tutor point provides an additional learning opportunity.

We heard there are challenges with maintaining the college's Victorian building but saw a good range of facilities across floors. Adaptations to the kitchen area during the pandemic have resulted in a large, well-presented area which offers staff and students a comfortable space. There are five large teaching rooms and additional teaching/seminar rooms which offer students space to study and practise techniques, with extra wide plinths available in some rooms. Some classroom spaces are mixed use for theory and practical. Upkeep and maintenance of the classroom areas should be included as part of the ongoing maintenance programme. The senior and clinic management teams advised that all surfaces in clinic are wipeable in line with infection control practices applied during Covid-19, however, fabric chairs were observed in the Clinic team points and treatment rooms.

There is a designated library with key textbooks and journals. It offers students computer access and librarian support for research, study skills, and signposting to ARU online learning resources.

The Clinic has treatment rooms, tutor rooms, and a mixed area tutor room with a welfare area with kitchenette facilities available. Students have access to changing and shower facilities and library books. The library at the college site provides a service where students can request books from the main library to be sent across to the clinic and a return service.

The student handbooks set out the range of learning opportunities including a mixture of self-directed and group study, student directed osteopathy practice sessions, and osteopathy practical and course content either face to face or remote. Students are required to complete clinic hours and tasks before progressing to the following year. A skills workshop is held in the summer vacation with additional compulsory clinic attendance.

Staff, students, and alumni all told us that they highly valued the 'open door' policy as it allows regular effective, informal channels of communication between staff and students. It is appreciated by students and staff, who told us that they could always speak with a member of staff so that issues were resolved swiftly. We heard of the accessibility to librarians, IT staff, and tutors throughout and beyond the College hours. We had some concerns of the significant workload and impact to staff wellbeing in responding outside of College hours and the risk of a lack of formal reporting of situations resolved outside the workplace.

Some students expressed the opinion that the Clinic environment is not great for students or patients. They cited the lack of windows and natural light and the absence of a designated welfare room. None of the Clinic staff, nor the one patient spoken to as part of the visit, criticised the physical environment of the Clinic, instead confirming that it was a very positive environment which they enjoyed, although they acknowledged the student environment is very busy. We observed a number of rooms available to students to take breaks.

The documentation provided prior to the visit, meetings with stakeholders and visits to both the College and Clinic mean that we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

The College should monitor the impact of the weekday part-time route on capacity at the College to ensure that students are not negatively affected.

Conditions

None reported.

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ii. the staff-student ratio is sufficient to provide education and training that is safe, accessible and of the appropriate quality within the acquisition of practical osteopathic skills, and in the teaching clinic and other interactions with patients.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Cohort sizes are small, with an average of fourteen students. Sixteen Clinic supervisors, some of whom work across the classroom and Clinic. Specialist tutors, librarians, IT officer, a Student Advisor, and the Quality Assurance and Student Experience Manager support student learning alongside fifteen module leaders. Four of the SMT deliver teaching sessions, three of whom are registered osteopaths. The SMT told us that coping with the Covid-19 pandemic allowed them to recognise they are agile and able to do things differently. They have kept some of the changes made to offer greater flexibility to students, including some remote teaching which supports students with work and caring responsibilities and reduces travel costs.

There are not currently any IPL opportunities available for students. However, the institutional review conducted in May 2024 flagged this and it will be looked into in the near future.

The Clinic day is split into three shifts to cover the Clinic hours across eight treatment rooms. A Clinic supervisor is allocated for the 8am to 4pm, 10am to 6pm, and 12 midday to 8pm shifts, with usually six senior and four junior students allocated to each supervisor per shift. Oversight is provided by the Clinic Manager.

Documentation provided, meetings with stakeholders, and visits to the College and Clinic mean we are assured that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

iii. in relation to clinical outcomes, educational providers should ensure that the resources available take account, proactively, of the diverse needs of students. For example, the provision of plinths that can be operated electronically, the use of electronic notes as standard, rather than paper notes which are more difficult for students with visual impairments, availability of text to speech software, adaptations to clothing and shoe requirements to take account of the needs of students, published opportunities to adapt the timings of clinical sessions to take account of students' needs.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

All students and alumni that we met told us that the provision of classes at the weekend, part-time options, flexibility and the small cohort sizes attracted them to the College as it was the institution that could meet their individual needs. Students gave examples of the flexibility of the College, such as working one long day in Clinic allowing them to meet their study, work and homelife responsibilities. Mature students told us that information and guidance about mature students provided on the College website gave them confidence that they would be well supported.

We heard of support available for individual student needs including workbooks prior to the start of the course with study skills sessions from induction onwards. Each cohort receives study skills sessions at the start of each academic year which helps them as they progress across levels. All students undertake screening in their first year in order for reasonable adjustments to be put in place, as required. Information videos are provided to introduce students to the use of Cliniko and develop their understanding and independent use.

Cliniko software was implemented during the pandemic and as a result all patient notes were converted to being electronic as part of a phased process as patients gradually returned to clinic. The notes can be accessed on electronic devices that are installed with this software. Students confirmed the availability of text to speech software. Students are expected to wear appropriate footwear and dress professionally in Clinic. All students receive a learning resource bursary which in the first year covers costs for core textbooks, clinic coat, and badge. After year one, students choose how to spend their bursary, which for some helps to overcome digital poverty.

The documentation submitted and meetings with all stakeholders at the visit mean that we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

iv. there is sufficient provision in the institution to account for the diverse needs of students, for example, there should be arrangements for mothers to express and store breastmilk and space to pray in private areas and places for students to meet privately.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Due to available space, the College and the Clinic cannot offer permanently designated areas as a prayer room or parent and baby room. At the College, signs are displayed to demonstrate a room's temporary designation for private prayer and asking for quiet from others. Similarly, if a student needs to express breastmilk, a room will be made available to them with appropriate signage. Fridge facilities are available for storage.

The Clinic is in a diverse area with a number of places of worship within a short walk. However, the Clinic also sets aside a room for private prayer when required, such as during busy exam times when it is difficult for students to leave the building to pray. A chair is placed in the shower room to allow parents to feed babies or to express milk. Clinic staff also reported that the paediatric treatment sessions are booked with gaps between appointments, allowing additional space for nursing if needed. The paediatric treatment room, which is only in use two half days a, also offers an additional quiet or private space for students when not in use for appointments. Tutor points offer students a space to meet with Clinic supervisors or their peers. Various seminar/treatment rooms and the library are available at the College for students to meet privately, if needed.

The documentation submitted and case studies provided mean that we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

v. that buildings are accessible for patients, students and osteopaths.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The College and the Clinic are both well served by public transport with information about travelling by train, London underground, and bus available on the College website. New patients receive information about transport options to the Clinic and are advised that parking is not available and travel by car is not recommended. The College has some off-street parking available for visitors and staff, access to which is controlled by the College. Access to the College is secure, through lanyard pass card or by College staff admitting visitors in person. Entry to the Clinic is through a door buzzer system through to the Clinic

reception which is controlled by reception staff. Patients report to the receptionist and wait to be admitted to the clinical area by the student or a member of staff.

Both the College and the Clinic entrances are accessible for wheelchair users and those with disabilities. The Clinic area is located on one floor at ground level with toilets and a shower within the reception area. At the College, there is a stairlift to access the top floor with the ground floor and lower floor / portacabins accessible step-free.

We are assured that the buildings are accessible to patients, students, and osteopaths.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

6. Students

i. are provided with clear and accurate information regarding the curriculum, approaches to teaching, learning and assessment and the policies and processes relevant to their programme.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

We were assured that students are provided with clear and accurate information relating to the course, including the curriculum, learning and assessment, and approaches to teaching and learning. The student handbooks offer a detailed overview of each of the course structures, teaching approaches, and assessment strategies. It also directs students to where they can find additional support and guidance during their course.

Students confirmed they access all relevant policies through the VLE and receive notifications through Google Classroom signposting them to any revisions or updates. Summaries of revisions and updates to policies are shared at the SWAST.

The small team at the College are able to support students in all aspects of their learning. The Quality Assurance & Student Experience Manager, Student Advisor, librarians, and IT Technician told us of strong communication between themselves to ensure that students are signposted to the most appropriate person or information to support their learning journey.

The Clinic protocol provides comprehensive information about expectations and responsibilities for students in the clinical environment with signposting to support. A clinic induction has been reintroduced for the first-year students. Information relevant to the Clinic is provided, for example a student perspective set of videos introducing Cliniko.

The guidance and policies seen, and confirmation from staff and students, means we are confident this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

ii. have access to effective support for their academic and welfare needs to support their development as autonomous reflective and caring Allied Health Professionals.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The small team at the College have an overlap of roles and responsibilities ensuring there is always a member of staff available who can support a student. Academic, clinic, reception, and administrative staff we met all told us of their role in offering face to face or online support.

The provision of an annual bursary supports students with access to core texts and to digital technology to support their learning. The culture at the College ensures that everyone recognises the external needs of students relating to work and family and they are supported to manage these and their learning. The external examiner commends the level of support provided by the College in the development of students. The College places a strong emphasis on students supporting each other and students and alumni confirmed peer support is invaluable.

ARU policies are in place which address all aspects of student academic and welfare support, with localised College adaptations, such as the student charter, the student support flowchart, and signposting in the student handbooks for counselling services. Students and alumni told us that the support provided by the College is key. However, students told us they did not feel connected to ARU, did not receive any benefits such as SU access and were unaware of any ARU online services. With regards to any student finance issues, or access to the DSA they felt they were at the back of the queue with ARU. Alumni confirmed a feeling of disconnectedness with ARU but that they had everything they needed from the College and could not fault their support and encouragement. Through the College students are members of the Institute of Osteopaths and able to access support and services.

The documentation provided, and meetings with students and staff, mean that we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

iii. have their diverse needs respected and taken into account across all aspects of the programme. (Consider the GOsC Guidance about the Management of Health and Disability).

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The College provides all relevant information to prospective students on its website about the demands of the courses on offer and the support available. This includes information about the range of ages of students across both part-time and the full-time courses, with specific information for mature students. Entry requirements are detailed, and the College's widening participation agenda stated. It details activities in induction week including support for students in identifying their preferred learning style and screening to help identify any learning needs that may have been previously overlooked and require reasonable adjustments.

The student issues file demonstrates a range of adjustments made for students to support their diverse needs. We heard in meetings with students and alumni of a culture of inclusion where the EDI requirements of students are fully considered, respected, and protected. Students experiencing challenges, such as health or financial, are supported to continue on the course, where possible, including through intermission and a supported return.

The policies and guidance in place, meetings with stakeholders, and visits to the College and Clinic assure us that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

iv. receive regular and constructive feedback to support their progression through the programme, and to facilitate and encourage reflective practice.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

External examiner reports confirm that feedback tends to be both extensive and informative, providing students with strong guidance regarding areas of strength with useful feedforward advice on possible areas of development to improve future submissions. External examiners comment that there is parity and equitable feedback due to staff adherence to the feedback format for each module.

The student handbook advises students of the importance of being open and accepting of feedback and, should they disagree with it, to take time to reflect on why there might be disparity of views. Students told us they received constant feedback from the Clinic supervisors. We heard of less frequent feedback from academic staff but that this was dependent on the tutor. In the most recent NSS survey, although almost two-thirds of students were positive about assessment and feedback, only 36% reported that assessment feedback had been received on time.

Students confirmed they submit work through Turnitin and receive formative feedback. The SMT shared the new Google Classroom function which will enable students to submit draft work and receive timely feedback.

Documentation provided and meetings with students and staff mean that we are confident this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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v. have the opportunity to provide regular feedback on all aspects of their programme, and to respond effectively to this feedback.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Feedback opportunities include the NSS, ARU surveys and evaluations, Clinic surveys differentiated between senior and junior students, resources, and graduate surveys. Students and alumni confirmed a range of feedback mechanisms including surveys and module evaluations and through the student voice forum SWAST. Student handbooks emphasise the importance of giving honest and respectful feedback to peers and staff. Minutes from the SWAST confirm attendance by each cohort's representatives with cohort-specific content discussed. Each meeting opens with feedback related to the previous meeting and actions taken. Students and alumni told us the College is listening and they appreciate that the rationale behind decision-making is shared with them. Students gave a number of examples where feedback from their year has been incorporated into the following cohort's course delivery. Students told us they had received the curriculum review documentation and been asked for their opinion.

The College's 'open door' policy allows students to give feedback in a timely manner without waiting for scheduled feedback opportunities. The SMT told us that students are proactive in sharing immediate feedback concerning the quality of teaching, sharing positive and negative views about tutor delivery and lesson content. Feedback from student surveys is reported to the AcC, Board of Trustees, and discussed at the SWAST.

The most recent NSS showed that two thirds of respondents were positive about student feedback being heard and acted upon. 82% reported that staff value students' views and opinions about their course.

The documentation submitted and meetings with all stakeholders at the visit mean that we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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vi. are supported and encouraged in having an active voice within the education provider.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Student representation opportunities are through the SWAST, AcC, and ARCMC structures. We heard that there are two representatives for each cohort who attend the SWAST meetings. Alumni and students confirmed the effectiveness of meetings and the flow of information between the student group and the College. Minutes show a sharing of issues from each cohort allowing for all students, whether full-time or part-time, on the MOst or BOst courses to have their voices heard.

One student per cohort attends the AcC with further representation on the ARCMC. The Board of Trustees reviews student and patient feedback but does not have any formal interaction with students. There is no student representation on the Board of Trustees.

Alumni told us they had found the role of student representative provided a good insight which supported them in their learning journey. A further link to the IO through their role as cohort representative provided useful networking opportunities.

Documentation provided and meetings with students and staff assure us that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

Given the importance of the student voice in the management of their training, the College should keep whether they include student and patients on the Board under review. (2i, 6vi).

Conditions

None reported.

7. Clinical experience

i. clinical experience is provided through a variety of mechanisms to ensure that students are able to meet the clinical outcomes set out in the Guidance on Pre-registration Osteopathic Education.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The College's clinic located in Bethnal Green, is approximately 30-40 minutes travel time from the teaching site located in Southwark. The high street Clinic location has decal signage, plenty of local footfall, is easily accessible, and serves a well-populated urban community. This prominent position in the local community helps to attract patients and a new 6 week policy has been implemented to ensure that students and patients gain maximum exposure in the teaching environment. On reviewing the policy there is confusion between whether it relates to six treatments or six weeks, which could be confusing to stakeholders and make it difficult to apply. It was confirmed at the patient meeting about the awareness of this policy, but when there is transfer of care from one student to another it appears the reason is not always communicated clearly to patients. The patient at the stakeholder meeting reported not knowing whether they had changed student practitioner because the student had graduated or because of the policy.

Students have autonomy when booking their clinic sessions for both observation and treating patients. This provides flexibility for students, who are often balancing work and home life with their studies. The students are encouraged to swap days throughout their 'trimesters' to achieve a greater exposure to clinical supervisors as there is a limit of three supervisors per day.

Clinical experience in the new course is part of a zero-credit clinic module, in line with modules for clinical placement on other AHP programmes at ARU. This helps to overcome several blockers including compression of required learning into 360 credits to align with Level 6 requirements. The clinic hours continue to be monitored on a consistent basis by the clinic management team in addition to the hours being submitted at the end of year for modules. The programme team reported a misalignment in the deadline for uploading this information onto the ARU system and the timeframe that hours are completed, which is why local monitoring still takes place. There is also an expectancy for students to have autonomy when booking their clinical hours required for their course. The clinical hours requirement and time frame is clearly stated in programme documentation relating to clinic modules and there is reiteration of this to students to provide clarity, for example between the full-time and part-time first year students where there is a distinct time difference i.e. one 'trimester' as opposed to one academic year to complete the same number of clinical hours i.e. 50 hours.

Students have commended the support of the clinical staffing teams in helping to provide flexibility in attaining their mandatory hours, including consideration of personal external factors. Reasonable adjustments may look like extended daily clinical shifts on one day rather than a split shift across two days with regular monitoring and adjustments as required.

The Clinic reportedly runs at capacity with patients reflecting the population in the locality of the Clinic. There is a lack of targeted marketing for the Clinic as there is already a patient demand for treatment and the Clinic is well known in the area due to its location over the past ten years. The SMT have assured us that there is another recently completed ten-year agreement with the owners of the Clinic building.

There is evidence visible in the Clinic remaining from the Covid-19 pandemic of infection control practices. There are

cleaning materials for use but there is no longer an infection control policy in place, without a clear rationale being provided for its removal from a clinical healthcare environment.

The student and clinic team stakeholder meetings mean that we are confident that this standard is met.

Strengths and good practice

Provision of reasonable adjustments and flexibility in balancing work and clinic hours requirements help students to succeed with their learning experience throughout their student journey.

Areas for development and recommendations

The College should revise the 6 week policy for consistency to make clear whether it is six weeks or six treatments as the terms are used interchangeably throughout the policy, causing confusion for stakeholders (3v, 7i).

The College should consider the reinstatement of an infection control policy for use in the Clinic environment and practical classes to meet safety and quality in practice guidelines. The GOsC has additional documentation on infection control guidelines which may support this.

The College should develop a patient marketing strategy including short-, medium- and long-term actions to ensure that students experience patients that are new to the clinic as well as patients that are new to them. Targeting of specific groups in alignment with the GOPRE and SET should be prioritised.

Conditions

None reported.

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ii. there are effective means of ensuring that students gain sufficient access to the clinical experience required to develop and integrate their knowledge and skills, and meet the programme outcomes, in order to sufficiently be able to deliver the Osteopathic Practice Standards.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Students keep a record of the case types that they have seen as part of self-auditing and are advised to seek the opportunity of observing a clinic session for a specific clinical condition or patient group if they are lacking in a particular area. Clinic demographic data has previously been captured by Clinic management through the Cliniko system. Students use this software to capture patient types and presentations which are to be collated as part of their portfolio and clinical experience reflections.

Students have resumed their clinical experience from the start of their courses now that restrictions implemented during the Covid-19 pandemic are no longer required. Following student feedback, the Clinic introduction for junior students has also now resumed, which the students who have benefited from have found useful. There are no formalised postgraduate pathways in osteopathy available at the College. Individuals can seek to further their knowledge in an area of expertise, but it is not a current regulatory requirement.

Outside of the general clinic there is a paediatric clinic but no other specialist interest provision. Paediatrics is considered as a postgraduate area of interest at the College, with students receiving three lectures on this area at undergraduate level and only those who have interest in the area attend the infant clinic,, which is run by subject matter experts. It has been reported by SMT members that there is limited resourcing or patient appetite to sustainably run specialist interest clinics.

Prior to the Covid-19 pandemic there was a significant relationship with the local NHS infant feeding team, whereby the paediatric clinic tutors have raised awareness of paediatric osteopathy but there was no reported reciprocity of student exposure to this specialist area or the inter-professional learning environment at that time. Efforts are now being made by the paediatric clinical supervisors to re-establish this former relationship following a turnover in team members in the infant feeding team.

The ARU representative expressed at the RQ visit a desire for inter-professional learning opportunities following the expansion of the ARU programmes in Allied Health and Medicine. The Programme team expressed that the campuses are not in optimal proximity for inter-professional learning. However, learning opportunities need not be restricted to face to face experiences, with online learning available such as expansion of the journal club already in place at the College.

The clinic observation and visit and meeting with the ARU representative assures us that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

The College should consider clinical hours prior to clinical assessment scheduling to ensure parity of exposure to learning for all students prior to assessment.

The College should consider compulsory rotational attendance at the infant clinic so students will gain maximum exposure to the patient populations outlined in the GOPRE and SET (3v, 7ii).

The College should actively pursue the inter-professional learning opportunities that the ARU Representative has indicated are now available.

Conditions

None reported.

8. Staff support and development

i. educators are appropriately and fairly recruited, inducted, trained (including in relation to equality, diversity and inclusion and the inclusive culture and expectations of the institution and to make non-biased assessments), managed in their roles, and provided with opportunities for development.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

We were assured that the College places a significant focus on the recruitment, selection, and induction of their staff across all functions (management, faculty, clinic, and support staff). The College has employed the services of a specialist HR company to support them in the management of these processes, and to that end we were assured that all relevant HR policies were up to date and compliant with current employment legislation. Documentation submitted indicated a clear and transparent approach to advertising, interviewing, and selecting staff. These processes were adjusted for specific roles including the requirement to give a sample lecture if applying for a faculty post. Once in post there is a clear induction process set out, and this includes access to EDI training from ARU and signposting to all relevant policies including the dignity at work and study policy which covers bullying and harassment. The recent development of an all-encompassing employee handbook is welcomed by staff (as evidenced in the staff survey) and assures us that staff have access to all policies and procedures as well as signposting to training and development.

The performance and review policy was updated in 2024 and makes clear the mandatory set of training all staff are expected to undertake, and how often these are to be completed and by whom. Training includes data security, health and safety, EDI, safeguarding, learning disabilities, Prevent, first aid, and fire safety.

Staff met at the visit, across all roles, had a line manager and demonstrated confidence that they would seek their support and guidance as required. Staff surveys report a very high level of confidence in the support they get for their teaching from their managers, and they know where to go to get support. All staff, new to the College or moving into new roles, explained that ‘shadowing’ was an important staff induction and development tool used at the College.

A significant emphasis is placed on peer observation and review for faculty, and survey results demonstrated that staff value this opportunity. The documentation to support this process is comprehensive and evidences a strong commitment to developing learning and teaching strategies for students with different learning needs. The appointment of a Programme Manager with experience in higher education pedagogy has the potential to provide further enhancement opportunities for faculty development.

Overall, we were assured that educators are appropriately and fairly recruited, inducted, trained, and managed in their roles.

Strengths and good practice

The recent appointment of a Programme Manager with skills in higher education teaching and learning is an asset that has the potential to impact positively on the work of the College.

Areas for development and recommendations

None reported.

Conditions

None reported.

ii. educators are able to ask for and receive the support and resources required to effectively meet their responsibilities and develop in their role as an educator.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Documentation submitted, including the performance review and the peer review processes, make it clear that staff needs will be identified, and training and development needs discussed. The College state that staff have a responsibility to engage in the development on offer, and this can include in-house events and tools (such as mentoring, team meetings, and networking) as well as externally funded qualifications relevant to their role. Discussions with the SMT and ARU evidenced the support available for faculty staff wishing to apply for fellowship of Advance HE.

Faculty days are seen as important opportunities to address sector priorities and policies, as well as teaching and learning. Staff have the opportunity to request topics for inclusion in the days and they are recognised for their attendance. Staff surveyed strongly agreed they knew where to go for support with their teaching and they found peer observation helpful in developing their teaching.

Evidence submitted and discussions with stakeholders indicated a very strong learning and development culture and reassures us that this standard is met. Whilst rich resources and opportunities are provided, the College could benefit from monitoring both attendance and the impact of these.

Strengths and good practice

None reported.

Areas for development and recommendations

The College should consider more systematic ways to monitor the implementation and progress of the staff development strategy through the use of a clear action plan. (8ii, 8v)

Conditions

None reported.

iii. educators comply with and meet all relevant standards and requirements, and act as appropriate professional role models.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

We were assured that staff comply and meet relevant academic and professional qualifications. It was evidenced that the recruitment process ensured osteopathic faculty and clinic tutors are registered with the GOsC, and all faculty either hold or are working towards a teaching qualification. This data is recorded and monitored centrally. Documentation submitted in the form of the employee handbook evidences how all policies and procedures relevant to new and existing staff are made available and signposted. Professional

conduct expectations are made clear and linked to the OPS. The dignity at work and study policy sets out unacceptable behaviours and procedures to deal with these should they occur.

The evidence submitted and the discussions with the SMT gave us assurance that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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iv. there are sufficient numbers of experienced educators with the capacity to teach, assess and support the delivery of the recognised qualification. Those teaching practical osteopathic skills and theory, or acting as clinical or practice educators, must be registered with the General Osteopathic Council, or with another UK statutory health care regulator if appropriate to the provision of diverse education opportunities.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The College demonstrated that they have a staff team with the capacity to teach, assess, and support the delivery of a recognised qualification. All staff are part-time, including the SMT. Three of the five SMT are osteopaths and four are involved in teaching. The pool of 28 tutors who teach osteopathy are registered osteopaths, as are the 16 clinic tutors staffing the Clinic. Some tutors act in both capacities.

Module leaders oversee their modules and take responsibility for managing the part-time tutors teaching their content. The Programme Manager is relatively new in post and manages the module leaders. Students reported being able to access support from faculty or clinic as required. A recent appointment has also been made to take a lead in research development and there was evidence that this role is already strengthening the evidence base to the taught programmes and engaging students in a research community. There is a culture of building capacity in the qualified staffing pool by encouraging recent graduates to become involved as classroom assistants with a view to become faculty.

There was sufficient evidence from documentation and meetings with internal stakeholders, that the College have met this standard and have in place mechanisms to manage qualified staffing requirements across full and part-time weekday and weekend delivery.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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v. educators either have a teaching qualification, or are working towards this, or have relevant and recent teaching experience.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Evidence submitted indicates that currently all programme staff have, or are undertaking, a relevant teaching qualification. Documentation submitted indicates 86% of faculty already hold a teaching qualification and/or a Masters degree. 75% of module leaders hold a teaching qualification with recent expressions of interest to work with ARU to seek advanced higher education professional qualifications aligned to AdvanceHE.

The ambition to grow the number holding such qualifications is set out in the staff development strategy which stated its aim for 80% of faculty to hold a formal teaching qualification. In discussions, the SMT articulated the strategy including through the provision of some funding, academic support with applications, and research projects. The risk register identifies staff training as a moderate risk after mitigation. Efforts to monitor the staff development strategy and its progress could be strengthened.

The evidence presented before and at the visit provides assurance that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

The College should consider more systematic ways to monitor the implementation and progress of the staff development strategy through the use of a clear action plan. (8ii, 8v)

Conditions

None reported.

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9. Patients

i. patient safety within their teaching clinics, remote clinics, simulated clinics and other interactions is paramount, and that care of patients and the supervision of this, is of an appropriate standard and based on effective shared decision making.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Duty of candour is included in the Clinic protocol and as part of a lecture produced on the subject for students, confirmed in the evidence provided and at stakeholder meetings. The Clinic protocol references escalation and reporting in the event of concerns but the process for this is unclear.

Patients are actively encouraged to give feedback and the benefits of this are highlighted in a poster in the clinic reception area. Patient feedback is gathered after each clinical encounter via an online link with standardised questions, with the opportunity for patients to provide their contact details or alternatively raise confidential feedback directly through the Clinic email address. Individual feedback is provided to the students for use of self-reflection. If a concern is raised by a patient this is monitored by the Clinic Manager, who then cross checks the student's name against the Cliniko session records to allow follow-up. In the absence of the Clinic Manager, the Clinic reception team complete this function and keep the Clinic Manager informed of any matters of concern. It has been confirmed by the non-clinical staffing teams that should an incident raise serious concern that this would be escalated via the Clinic Manager to the SMT.

It is unclear to patients, as indicated in the patient stakeholder meeting, whether the feedback is intended for personal and professional development for practitioners or whether it is intended for service improvement. It is indicated that different feedback would be provided in each instance.

There is the opportunity for clinical supervision to be undertaken face-to-face or remotely via the live clinic feedback cameras. The choice of observation may be selected due to patient choice or for enhancement of the learning experience.

Peer to peer learning is encouraged informally throughout students' clinical experience, until the final clinical year where it is incorporated into Clinic reports for students.

The Clinic protocol and evidence provided at the clinic management, student, and clinical teaching stakeholder meetings means that we are confident that this standard is met.

Strengths and good practice

None reported.

Areas for development and recommendations

Feedback/survey fatigue has been identified as a barrier to gaining student feedback on the course. However, this was improved by spreading survey data collection points out over the year. A similar approach may increase patient feedback. The College could therefore consider the implementation of targeted periods across the academic year where feedback is requested from patients, rather than patients receiving a feedback survey after every appointment, which may help to increase patient engagement with this process overall. They should also consider different methods for collecting feedback from patients, including alternatives to online mechanisms, for example signposting that clinic reception staff can aid with use of tablets for collecting feedback or improve accessibility for patients by providing paper or larger font versions. (1vi, 3i, 9i)

Conditions

None reported.

ii. Effective safeguarding policies are developed and implemented to ensure that action is taken when necessary to keep patients from harm, and that staff and students are aware of these and supported in taking action when necessary.

MET

☐ **NOT MET**

Findings and evidence to support this

The College safeguarding policy was provided at the RQ visit; this policy is an addendum to the ARU safeguarding policy. All staff are required to undergo safeguarding training, and this is completed on an external platform. The College safeguarding policy includes aspects related to Safeguarding as outlined in the OPS, including FGM.

Safeguarding resources are available online in a repository accessible to both staff and students and updated annually in relation to services available in the local area of Tower Hamlets. Some of these resources are paediatric focused.

Safeguarding procedures and processes need to be in place at all times for all stakeholders at the College or accessing the College's services/premises. Students confirmed that safeguarding is delivered early on in their course and through their professional studies modules, with resources available on the VLE. Clinic administrative staff confirmed annual training which includes safeguarding and that if any safeguarding concern arises would refer to the policy to ensure they adhere to the correct procedures.

Whilst staff, students, SMT, and Trustee stakeholders reported an understanding of how to deal with safeguarding concerns, comprehension of the College's specific process and points of contact, and awareness of how to access information about safeguarding could be improved.

There are posters available across the sites signposting students and staff to various staff members for services such as finances, EDI, and student advice. This signage could be improved by including information about – or being supplemented with posters in communal spaces in at the College and Clinic covering - the safeguarding process, as these were not seen by visitors during the visit.

The policies in place and information shared at the visit give us assurance that this standard is met.

Strengths and good practice

The availability of safeguarding resources relating to the local area in which the College's clinic is situated demonstrates practical application of safeguarding policies to students and how this process may differ according to locality.

Areas for development and recommendations

The College should update its safeguarding policy addendum to include named safeguarding and deputy safeguarding leads, as well as more clearly outlining the process that is followed when safeguarding concerns arise (2i). Updated documentation relating to safeguarding should be disseminated to all

stakeholders to ensure greater awareness and to support staff and students to be able to follow the documented process (9ii).

The College should ensure all aspects of safeguarding are included as part of student journey. The Safeguarding policy and process should be covered in induction with other aspects included at appropriate times of their training. For example, prior to starting clinic, students should be aware of FGM, should they observe practices or be informed by a patient then they should have knowledge of the reporting process as outlined by the Home Office. The duty applies to all regulated healthcare professionals and is included in the OPS.

Conditions

None reported.

iii. the staff student ratio is sufficient to provide safe and accessible education of an appropriate quality.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

There are three distinct clinical shifts across a working day in the Clinic for general patients with the staff to student ratio as 1:8 and in alignment with the GOPRE and SET. The infant clinic is staff led only, run by osteopaths who are subject matter experts. The students in attendance are a mix of year groups with 'junior' and 'senior' students' present. There are six treatment rooms available.

If patient consent is gained, there is the opportunity for two observing students to observe the clinical interaction in person. In addition to face-to-face interactions, there is a camera system in place that provides a live feed from the clinical room to various team point rooms. No recordings are taken or stored, and patients are made aware of the cameras prior to treatment. This system allows the clinic supervisors to observe the clinical interaction and decide when it is appropriate to join the clinical interaction at an appropriate point. It also provides a useful opportunity to observe the entirety of a clinical interaction to ensure patient safety and provide constructive feedback to the students.

Daily patient appointments are added to a whiteboard in the main team area, so the allocation of patients is visible to all. The clinic management have indicated that this will be upgraded to a projection of the appointment list directly from Cliniko onto the whiteboard, which will save time and effort and reflect live updates made in the system.

Clinic supervisors are easily located in one of the team points, welfare areas or if they are supervising another session their name badges are clearly visible outside of the treatment room.

The evidence seen including the Clinic visit assured us that this standard is met.

Strengths and good practice

The intended change to project the daily appointment list on the whiteboard will improve efficiency for the morning clinic supervisor, who is currently required to transfer this information manually.

Areas for development and recommendations

The live feed for the cameras and sound to the clinic rooms is accessible to anyone who enters the Team points, which are not locked but are located beyond the reception area where members of the public first enter. Therefore, it would be pertinent to add a mechanism, such as a keypad, to reduce the likelihood of someone unauthorised entering the team point unwittingly and having access to sensitive information.

The addition of a poster to inform patients of the purposes of the cameras live feeding in the treatment rooms should be made available as well as the option to withdraw consent at any time and have the cameras turned off will help to act as a visual reminder of these options.

Conditions

None reported.

iv. they manage concerns about a student's fitness to practice, or the fitness to practice of a member of staff in accordance with procedures referring appropriately to GOsC.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The College implements the ARU rules, regulations, and procedures as part of their student fitness to practice procedures. The ARU fitness to practice procedure provides flexibility for the College to apply the relevant local procedures. The GOsC's guidance on student fitness to practice is published on the extranet. The ARU representative has confirmed that there will be institutional support provided in matters of fitness to practise.

The SMT have advised that the student fitness to practice relates to clinical and professional behaviours but there is a fitness to study policy, which relates more to mental health conditions and wellbeing.

Should a patient wish to raise a complaint, it was evident from the stakeholder meetings that the Clinic reception team were well versed in how to deal with a complaint and consistently signposted to both informal and formal complaints procedures. Patients can raise a complaint directly with both clinical and non-clinical staff.

There is an indication that clinic administration staff may not always pick-up on an obtuse indication from patients that they have been unhappy with the service provided but this was limited to one response. However, there is acknowledgement from the patient stakeholder group meeting that there are opportunities to provide feedback on their clinical interaction with the student. The clarity of whether this is service feedback or learning experience feedback for the students is unclear for patients.

The Clinic e-mail address is only accessible to employed clinic reception staff, when students are completing their reception experience this application is closed on the computer to prevent accessibility to sensitive information.

The Clinic protocol has been highlighted as a document that contains further information on the GOsC published osteopathic student-professional behaviours document, but the extract provided solely relates to the duty of candour and not the full breadth of the areas covered in the GOsC document. However, there is an indication that a deviation from the OPS may result in a student not being able to register with GOsC.

The employee handbook and LSO capability policy provide the framework for management of staff fitness to practise procedures. As registered osteopaths, they will also need to comply with OPS requirements and reporting to GOsC.

The student fitness to practice procedures and the stakeholder meetings with the ARU representative and the students assured us that this standard is met.

Strengths and good practice

The Clinic reception team have clear lines of reporting and escalation for any issues that may arise, and they are confident in using these processes and display professionalism in their approach to these matters.

Areas for development and recommendations

The College should explore awareness-raising of the complaints procedure for patients. There is a display noticeboard in reception to highlight other relevant clinic policies and feedback and it may be beneficial to display the information on the complaints procedure here for patients (3i, 9iv).

Conditions

None reported.

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v. appropriate fitness to practise policies and fitness to study policies are developed, implemented and monitored to manage situations where the behaviour or health of students poses a risk to the safety of patients or colleagues.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The College has appropriate staff and student fitness to practice policies, provided as part of the evidence for the RQ process. The policies relevant to the student stakeholder group are supported by the associated ARU policies and the GOsC frameworks for fitness to practice. Each policy is regularly reviewed with any changes recorded in the policy and this is monitored as part of the quality cycle. Any ARU policy changes are disseminated to all stakeholders on an annual basis towards the start of the academic year.

The fitness to study policy is reliant on staff experience and judgment as to when the fitness to practice policy and procedure would be triggered because of continued application of the fitness to study policy. It may be useful for this to be reviewed and formalised in any new revisions so there is a clear process for the purposes of transparency for students and in the event of succession planning.

The College has no current recorded fitness to practice cases in the last annual reporting cycle. Through the meetings at the RQ visit it is indicated that students are satisfied that if a concern is raised to staff that it will be dealt with appropriately. The ARU Representative, who is also the Head of School for Allied Health and Social Care,, demonstrated that they provide support to the College as required highlighting the longevity, transparency, and openness of the partnership.

Strengths and good practice

None reported.

Areas for development and recommendations

In consultation with ARU, The College should explore how best to manage the process of students moving from fitness to study to fitness to practice, in order to ensure clarity and transparency on the application of the process without potential bias from individual opinion as to when a threshold has been reached.

Conditions

None reported.

vi. the needs of patients outweigh all aspects of teaching and research.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The concept of consent is introduced from the first year across all courses and carried throughout the programmes. The Clinic patient sheet provides comprehensive information to patients prior to the start of their first consultation. Patients read this information and tick a box, indicating consent to proceed. There is support in place from the clinic administration team to support this process as required.

Patient interactions are conducted in the full knowledge of the patient being aware of the cameras live streaming and in line with a privacy policy. On observation in the clinic, patient needs are prioritised throughout the clinical interactions from comfort to prioritisation of clinical examinations and procedures.

There is a robust process for ethical research to be conducted at the College with the additional layer of expertise applied by the ARU ethics committee for all student research projects.

The information provided to patients and the Clinic visit assured us that this standard is met.

Strengths and good practice

The College has voluntarily adopted the iO patient charter, which has been produced by the professional body as best practice for patients.

Areas for development and recommendations

The College should provide key documents, including patient information leaflets, consent forms, and complaints policy, in other languages relevant to the local community to ensure the diverse population seen at the clinic is aware of how to raise a concern or complaint (2iii, 3i, 3ii, 9vi).

Conditions

None reported.

vii. patients are able to access and discuss advice, guidance, psychological support, self-management, exercise, rehabilitation and lifestyle guidance in osteopathic care which takes into account their particular needs and preferences.

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

Patients are informed that they will receive support information as part of the patient clinic information leaflet.

Patient consultations are supported with access to ‘Rehab My Patient’, an online exercise prescription platform, and there is opportunity to have printed copies if patients are unable to access this online. Students have time to demonstrate the exercises in Clinic and the programme can be updated as progress improves.

Cursory mention is made of NICE guidelines, which was observed across the teaching site in the practical osteopathic class and in the Clinic interaction. There is further opportunity for these guidelines to be practically applied in ongoing patient care and shared decision-making processes.

Understanding what services are available in the local community for patients via primary care and community services and local waiting list times will aid in managing patient care. The local musculoskeletal pathway may provide opportunities for patients to access adjunctive modalities of treatment when managing certain conditions and support their osteopathic treatment programme.

The evidence seen including at the clinic visit assured us that this statement has been met.

Strengths and good practice

None reported.

Areas for development and recommendations

The College should seek to collate data from local primary care and community services for patient signposting.

The College should conduct a review of local hospital waiting times through resources including www.myplannedcare.nhs.uk and build rapport with local GP practices to understand the local musculoskeletal referral pathways.

The College should formalise the inclusion of the NICE guidelines and their practical application in patient care in the clinical environment and relevant lectures as part of the shared decision-making process with patients.

Conditions

None reported.

A. Evidence

A.1 Evidence seen as part of the review

1st Appointment Cliniko with audit boxes
About charity trustees with hyperlinks
Academic Council ToR
Accident Report Form
Aclands anatomy resource information
Action Plan GOsC PEC RQ requirements
Admissions Survey Responses Nov 2023
Admissions Survey Summary Nov 2023
AHP Strategy AHPs Deliver 2022
Analysis of EE Feedback 2022-23
Analysis: LSO Quality Assurance Survey - Clinic 2022-23
Analysis: LSO Quality Assurance Survey - Formal teaching 2022-23
Analysis: LSO Quality Assurance Survey - Formal teaching 2023-24
Analysis: LSO Quality Assurance Survey - Learning Resources etc 2022-23
Analysis: LSO Quality Assurance Survey - Learning Resources etc 2023-24
Anglia Ruskin Course Management Committee (ARCMC) ToR
APTA professionalism questionnaire
ARU Academic Calendar
ARU Academic Regulations
ARU Active Curriculum Framework v2019
ARU APL form template
ARU Assessment and Feedback Strategy v2022
ARU LSO Institutional & Course Review Report 2024
ARU LSO Institutional Review Report 2019
ARU MEQ Summary 2022-23
ARU MEQ Summary 2023-24
ARU Rules & Regulations for Students
ARU Senate Code of Practice Admissions
ARU Senate Code of Practice Assessment Ed 7 Sept 2022
ARU Senate Code of Practice Collaborative Provision
ARU Senate Code of Practice Curriculum Approval & Review
ARU Senate Code of Practice External Examiners
ARU Senate Code of Practice Quality Assurance & Enhancement
ARU Student Charter
ARU Valuing Diversity & Promoting Equality
Audit of student clinical experience 22-23
Audit of student clinical experience 23-24 incomplete

BoardLead_London_Charity_Application
BOD model 21-22
Boundaries Key Points PPT for Faculty Day 2022
Clinic 6 week policy
Clinic Audit Data Summary of practice revenue 2022-23
Clinic demographic summary for 6-week period April - May 2024
Clinic Experience mapping
Clinic Experience Reflections template
Clinic Experience reflections worked example jnr student
Clinic Experience reflections worked example sen student
Clinic Patient feedback Nov 23- Jan 24
Clinic Patient feedback Nov 23- Jan 24 summary
Clinic Report template final year
Clinic Supervisor Job Description vJan23
Clinical Infobite folders screenshot
Completed Peer observation Form for practical session 2022-23
Completed Peer observation Form for practical session 2023-24
Completed Peer observation Form for theory session 2022-23
Completed Peer observation Form for theory session 2022-23
CONSENT for video recording pts assessment
Continuity of Care notice for Clinic
Course Specification Form BOst full-time
Course Specification Form BOst part-time
Course Specification Form MOst full-time
Course Specification Form MOst part-time
Course Specification Forms NEW (same as evidence 177)
Covid-19-passenger-guidence-infographic
Curriculum review inc mission (Responses) staff survey Nov 23
Dates 2022-23 FT & PT Programmes
Draft LSO Academic Franchise Agreement (UK)
Employee Handbook vJan23
External Examiner report NH 22-23
External Examiner report NH 23-24
External Examiner report RJ 22-23
External Examiner report RJ 23-24
Extract from Clinic Protocol regarding Duty of Candour
Extract from Mayfield Clinic QA Survey (Junior Students)
Extract from Mayfield Clinic QA Survey (Senior Students)
Extract from Professionalism Lecture regarding Duty of Candour 2022
Faculty Day Agenda 14.07.24
Faculty Day Agenda 23.08.2023

Faculty Day: Assessment Calibration Workshop new 2023
Faculty Day: EDI PPT new 2023
Feedback form examiners of practical and viva assessments
Final Year New Patient Numbers June 2024
Final Year Student Hours June 2024
Flowchart for Appointing New Personnel
Follow-up regarding Trustee Induction process July 2024
Fraud Awareness & prevention for students
GOsC GOPRE (was 2015, now 2022)
Grade Conversion for Practical Assessments
Graduate Survey Analysis 2021-2023
Graduate Survey Questionnaire responses
Guidance about Professional Behaviours & Fitness to Practise for Osteopathic Students
Interview checklist
Interview grid for lecturer
Interview grid for programme manager
Learning Resource Bursaries 2022-23 (excel)
Learning Resource Bursaries 2022-23 pdf
Low Cost Accommodation for LSO Students
LSO Academic Agreement
LSO Accessible PPT session template
LSO Active Curriculum mapping 2024
LSO Admissions policy v Sept 2023
LSO ARU AMR Action Plan for 2023-24
LSO ARU AMR for 2022-23
LSO Capability Policy
LSO Charity Memorandum and Articles
LSO Clinic Advert 2024
LSO Clinic Patient Consent confirmation sheet 2024
LSO Clinic Patient Information Sheet 2024
LSO Clinic Protocol Senior 2023-24
LSO Clinic Tutor Guide vSept 23
LSO Dignity at Work & Study v Feb 2023
LSO Diversity summary 22-23
LSO Fitness to Study policy v Feb 2023
LSO GOPRE/SET mapping to learning outcomes
LSO Governance Structure
LSO inclusive curriculum analysis Dec 2022
LSO Induction and Welcome Pack for new trustees
LSO interview assessment scale

LSO Management structure scalar chain Sept 23
LSO MOst/BOst Re-approval Doc 1
LSO MOst/BOst Re-approval Doc 2 (CSFs & MDFs) 2024
LSO pathway for students with additional learning needs v Sept 2023
LSO Patient Complaint Policy v Feb 2023
LSO Performance Review Policy
LSO Policy approval and review tracking
LSO Presentation for RQ Oct 24 (to commence RQ visit)
LSO Prevent Risk Register vOct23
LSO Process for appointing new staff v Jan 2022
LSO QA - Learning Resources etc 2022-23
LSO QA - Learning Resources etc 2023-24
LSO QA Survey - Clinic Experience Junior 2022-23
LSO QA Survey - Clinic Experience Senior 2022-23
LSO Quality Assurance Survey - Module Evaluation 2022-23
LSO Quality Assurance Survey - Module Evaluation 2023-24
LSO Risk Register v7 2024
LSO RQ QAA visit report Oct 2018
LSO Safeguarding policy ARU addendum
LSO Self directed learning policy v Sept 2023
LSO SMT Job Descriptions
LSO Staff Development Guide Oct 23
LSO Staff Development Process
LSO Staff Development Strategy
LSO Staff Induction Policy
LSO Student Complaints Policy v Jan2022
LSO Student Discipline policy
LSO Student Handbook 23-24 FT
LSO Student Handbook 23-24 PT
LSO student interview assessment form
LSO Student support folder list of items
LSO Student support links from student handbook
LSO Student support who to go to (extract from Student Handbook)
LSO Teaching and Learning Best Practice Guide 2024
LSO Trustee list & brief CVs
LSO Trustee Recruitment & Induction policy 2019
LSO Whistleblowing Policy
Mapping of curriculum to OPS
Marking and Feedback sheet for DD essay
MASH safeguarding info LBTH 22-23
MOCK Yr2 FT Osteopathy III Self Assessment
Module Guide Osteopathy I L4 2022-23

Module Guide Osteopathy III L5 22-23
Module Guide Portfolio L7
Module Guide Professional Studies I L5
Module Guide Professional Studies III L7 2022-23
Module Report Form
National Student Survey Analysis 2022-23
Part-time Course Structure – Number of credits per year
Patient Feedback Poster
Patient feedback proforma
Patient Forum Poster 2022
Peer observation - guidance for the observer
Peer observation clinic tutor 21-22 example
Peer Observation form 2022-23
Peer Observation form 2023-24
Peer observations form for Clinic Tutors 21-22
Photo & video in class guide & consent
Photo & video release form in class paper version
Portfolio GOPRE reflections student example 21-22
Portfolio OPS Grid self mapping student example 21-22
Professional trust development PIECE model
PT group map geographical
Rehab My Patient Example
Request for short term extension
Review of Action Plan for 2022-23
Risk Assessment ver7 2024
Serious incident reporting example table
Serious Incident Reporting Policy v1 April 2024
Staff feedback of their peer observation experience
Stone, J (2022) Boundaries supporting professionals protecting patients
Student Adviser Job Description
Student Attendance Tracking Report 2022-23
Student Contract updated for 23-24
Student Feedback opportunities
Student Issues Recording Sheets
Student Paper Feedback Sheet
Student Registrations (as at 24.11.23)
Student Summer Workshop feedback analysis 2022-23
Subject Benchmark Statement Osteopathy 2024
SWAST Minutes PT 12.11.22
SWAST Minutes PT 18.02.24

SWAST Minutes PT 18.03.23
SWAST Minutes PT 28.10.23
SWAST ToR and Rep Guidance
The Good Trustee Guide 1 What is a charity
The Good Trustee Guide 1 What is a charity trustee
The Good Trustee Guide 1 What trustees must do
The Good Trustee Guide 1 How trustees look after the charity
Top tips for remote Board new Trustees
Trustee skills inventory overview March 2021
Trustee skills inventory template NCVO
Training for Examining MCCA 2020 ver 2024
Trustee Induction Folder screenshot
UCL inclusive curriculum healthcheck 2018
Welcome from Staff Sept 2023
Year 2PT_ Professionalism Survey - Google Forms
Year All folder contents 2022-23