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MGeneral Osteopathic Council Education Quality Assurance
Renewal of Recognised Qualification Report

This report provides a summary of findings of the provider's quality assurance (QA) visit. The report will form the basis for the approval of the recommended outcome to the Policy and Education Committee.

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

Provider:	North East Surrey College of Technology
Date of visit:	18–20 October 2022
Programme(s) reviewed:	Master of Osteopathic Medicine
	Bachelor of Osteopathic Medicine
	Validated by Kingston University until August 2022, with programmes from September 2022 validated by London South Bank University
Visitors:	Jill Lyttle, Lucy Mackay Tumber, Robert Thomas

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

BoS	Board of Studies
BOst	Bachelor of Osteopathic Medicine
CEP	Course Evaluation Plan
CPL	Certified Prior Learning
CPOMS	Child Protection Online Monitoring System
CQC	Curriculum and Quality Committee
DBS	Disclosure and Barring Service
GDPR	General Data Protection Regulation
GOPRE	Graduate Outcomes for Osteopathic Pre-registration Education
GOsC	General Osteopathic Council
HE	Higher Education
HEA	Higher Education Academy
HoD	Head of Department
ICOM	International College of Osteopathic Medicine
KU	Kingston University
LRC	Learning Resource Centre
LSBU	London South Bank University
LTG	Learning and Teaching Group
MEP	Module Evaluation Plan
MOst	Master of Osteopathic Medicine
NESCOT	North East Surrey College of Technology
NSS	National Student Survey
OEI	Osteopathic Educational Institution
OIA	Office of the Independent Adjudicator for Higher Education
OPS	Osteopathic Practice Standards
PPS	Private Practice Software
PSRB	Professional, Statutory and Regulatory Bodies
QiP	Quality Improvement (Action) Plan
RPL	Recognition of Prior Learning
SSCC	Staff Student Consultative Committee
TLG	Teaching and Learning Group
UCAS	University and College Admissions System
UK	United Kingdom

| VLE | Virtual Learning Environment |

MOst – KU

The programme offers a flexible and adaptable degree which terminates in the award of a MOst. It meets the present academic and vocational requirements of the profession defined by the OPS published by the GOsC and the Quality Assurance Agency Osteopathy Benchmarking statement. The programme aims:

- To produce a graduate who has the theoretical, practical and professional competence required to practice as registered osteopath.
- To produce a graduate who has the necessary reflective, self-evaluative and critical thinking skills necessary to be a safe, caring, ethical and effective osteopath.
- To develop a graduate who has a commitment to lifelong learning and an appreciation and understanding of the importance of research and evidence based practice to their professional development and the development of the profession.
- To prepare a graduate for employment by developing their business, entrepreneurial, problem solving and key (transferable) skills.
- To develop a graduate who has the critical thinking skills and breadth of knowledge to be able to synthesise information and propose innovative ideas and solutions.
- To enable students to write a journal ready research paper.

BOst – KU

The programme offers a flexible and adaptable degree which terminates in the award of BOst. It meets the present academic and vocational requirements of the profession defined by the OPS published by the GOsC and the Quality Assurance Agency Osteopathy Benchmarking statement. The programme aims:

- To produce a graduate who has the theoretical, practical and professional competence required to practice as a registered osteopath.
- To produce a graduate who has the necessary reflective, self-evaluative and critical thinking skills necessary to be a safe, caring, ethical and effective osteopath.
- To develop a graduate who has a commitment to lifelong learning and an appreciation and understanding of the importance of research and evidence based practice to their professional development.
- To prepare a graduate for employment by developing their business, entrepreneurial, problem solving and key (transferable) skills.

MOst - LSBU

The MOst meets the academic and vocational requirements defined by the OPS and Guidance for Osteopathic Pre-registration Education published by the GOsC and also the Quality Assurance Agency Osteopathy Benchmarking statement. The course achieves this by aiming:

- To produce a graduate who has the theoretical, practical and professional competence required to practice as registered osteopath.
- To produce a graduate who has the necessary reflective, self-evaluative and critical thinking skills necessary to be a safe, caring, ethical and effective osteopath.
- To develop a graduate who has a commitment to ongoing personal and professional development.
- To prepare graduates for employment and private practice by developing their business, entrepreneurial, leadership and problem solving skills.
- To develop a graduate's critical thinking skills and breadth of knowledge so they are able to synthesise information and propose innovative ideas and solutions.

- To develop a graduate's research skills and autonomy so they are able to produce a journal ready paper of relevance to the profession.

BOst – LSBU

The BOst meets the academic and vocational requirements defined by the OPS and Guidance for Osteopathic Pre-registration Education published by the GOsC and also the Quality Assurance Agency Osteopathy Benchmarking statement. The course achieves this by aiming:

- To produce a graduate who has the theoretical, practical and professional competence required to practice as registered osteopath.
- To produce a graduate who has the necessary reflective, self-evaluative and critical thinking skills necessary to be a safe, caring, ethical and effective osteopath.
- To develop a graduate who has a commitment to ongoing personal and professional development.
- To prepare graduates for employment and private practice by developing their business, entrepreneurial, leadership and problem solving skills.
- To develop a graduate who has an appreciation and understanding of the importance of research and evidence based practice to their professional development.

Overall Summary

The visit to the College was undertaken successfully over three days. Visitors were welcomed and enabled to meet with a diverse range of relevant groups including staff, students and patients. Open and frank discussions enabled visitors to gain a broad overview of the provision alongside focusing into key areas specific to the osteopathy programme.

Strengths and good practice

The College has a comprehensive annual review analysing student and staff data, which is reported and considered by senior College management and Governors. (1ii)

The College's approach to mitigating the effects of the COVID-19 pandemic by effectively ensuring the continuation of teaching and student support. (2i)

Students report that the osteopathy programme staff are very accessible, supportive and enable a questioning culture. They report that they are supported in developing as practitioners and when dealing with clinical uncertainty, and the small numbers of students enables close working relationships to form which are effective in promoting their learning. (3ii)

The proactive learning support team combined with the well-resourced LRC and the engendered holistic approach to student learning. (5i)

The 'open door' policy is evident which enables regular effective informal channels of communication between the various levels of management, faculty and students and lends an immediacy to action. (5i)

The personal professional development record is a well-considered vehicle for assessment, makes continuous reference to the OPS and teaches the students the importance of clinical reflections. (7ii)

Areas for development and recommendations

Whiles the programme modules have been mapped to the OPS and latest GOPRE, the College should update the internal module and programme documentation to reflect the latest GOPRE. (1v)

The College is no longer retaining graduate outcome data pre 2021 and it would be beneficial for the College to ensure that specific osteopathy programme graduate destination data is collated in order to inform where graduates enter the profession and to provide destination information to inform the provision. Current students indicated at the visit that they would like more information regarding career opportunities and pathways post-graduation so the capture of this data would aid current and future students' knowledge in this key area. (3iv)

Signage from the main car park to the osteopathy clinic could be improved to be clearer and avoid confusion when patients and visitors arrive. (5v)

The College would benefit from a more cohesive approach to marketing of the osteopathic sports clinic around the campus and in local areas. (7i)

There are currently limited opportunities for students to be exposed to and to interact with other allied health professionals. (7i)

The osteopathy clinic would benefit from a strategic marketing plan comprising of targeted advertising to set audiences at set times of the year to ensure a sufficient depth and breadth of patients seen. (7ii)

Greater patient engagement in a more structured and formalised manner would be beneficial to receive regular feedback on clinic services and to inform improvements within the osteopathic curriculum. (9iv)

It would be beneficial to students and patients if the Clinic had a comprehensive list of known local health practitioners where referrals could be made and to offer patients broader treatment options as adjuncts to osteopathy. This may stimulate a cross referral relationship increasing the scope and range of patients attending the clinic. (9vii)

Conditions

The College must refine their data capture and reporting methods to ensure coherent monitoring and forecasting of patient numbers as well as ensuring the attainment of the required hours in clinic. (7ii)

While clinical audit is undertaken on a monthly basis, there does not appear to be a clear strategy to ensure the quality of the breadth of patient interactions that students encounter. The College must improve their recording of patient audit data, and management of student exposure to a full range of musculoskeletal and non-musculoskeletal presentations, to ensure that students see a sufficient depth and breadth of patients. (7ii)

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

The College has a clear and comprehensive admissions policy which is reviewed and updated annually. The admissions policy is published on the website alongside other College policies. It invites disclosure of additional support needs at the point of application and includes information about appeals and complaints procedures. HE applications are made through UCAS. The minimum English score for the BOst programme is six and for the MOst programme 6.5, with no element below 5.5. Senior HE staff indicated that the European Union exit has not affected recruitment to the osteopathy programmes.

The student induction survey, which includes feedback on the admissions process, is analysed and evaluated by department, with recent survey results evidencing positive feedback.

LSBU will be involved with marketing the osteopathy programmes.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

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

The slogan 'All included at NESCOT' is a major theme within the College. The equality and diversity policy emphasises its application to all other College policies and processes; recruitment and admissions activities are explicitly included. A comprehensive annual review analysing student and staff data is reported and considered by senior College management and Governors. This review results in a detailed outcomes based report, published on the website. Senior HE staff stated that admissions complaints would follow the College's normal complaints process but at the time of the visit there had been no admissions-related complaints.

Strengths and good practice

The College has a comprehensive annual review analysing student and staff data, which is reported and considered by senior College management and Governors.

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's own thorough RPL policy is published on its website, which students on the LSBU programmes are subject to. For the KU programmes, students are subject to the university's academic regulations, which can be seen on their website. Senior HE staff stated that these policies were complementary not conflicting, and that the RPL route has been used from time to time for osteopathy students.

The College confirmed that the teachout of ICOM students has been completed and that no further students would be admitted to the CPL pathway. Both the College and KU stated that the loss of student numbers had had some financial impact on their respective institutions.

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

The College's human resources department manages and monitors formal staff training and development activities, both statutory and voluntary, through an online platform which allows for automated reminders of mandatory training. Regular newsletters and emails inform staff when update or new training is required.

The HoD goes through a comprehensive induction checklist with new staff; formal training in both statutory and College policies must be completed within six weeks of starting. Staff are required to hold a relevant teaching qualification, or achieve this within their first two years.

The College pays for new staff to complete an internally provided recognised City and Guilds Award in Education and Training; meetings with staff confirmed the quality and value of this course. Staff can apply for funding to undertake further qualifications and several osteopathy staff have utilised this opportunity.

In meetings, staff outlined and praised the wide range of formal training opportunities provided by the College, as well as support provided by senior HE staff. They also commended the specialist support from the LRC staff which enables them to develop professionally and to support their students effectively. Students stressed the easy approachability and ready accessibility of all staff if they have any questions or difficulties, and confirmed that College staff provide them with valued academic and personal support.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

The College operates a comprehensive monitoring process for its modules and programmes. These are evaluated through MEPs and CEPs which are overseen by the HoD and the HE Board. Any changes are then implemented by module leaders. The MEP evidences actions taken in response to student feedback through a range of formal and informal mechanisms as well as from external examiner reports. The CEP includes progression and final award data.

The external examiner reports compliment the quality of the work of the internal examiners and confirm that any previous recommendations on curricula and assessments have been addressed and subsequently implemented. They confirm that programme modules are mapped to the OPS and latest GOPRE, however while module outcomes are mapped to the OPS it remains for them to be updated to the latest GOPRE. The

recent final report from an outgoing external examiner comments positively on the quality of the programme. College documentation provides ample evidence of the attention paid to the views of external examiners.

All external examiner reports are scrutinised by the Head of Academic Standards for HE and the Director of HE, and any required actions are included in the QiP for the relevant programme. Recurring themes are identified through an overall QiP for discussion at HE Board and reporting to the CQC.

Strengths and good practice

None reported.

Areas for development and recommendations

While the programme modules have been mapped to the OPS and latest GOPRE, the College should update the internal module and programme documentation to reflect the latest GOPRE.

Conditions

None reported.

| **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 College has well established formal processes for consulting with students through planned surveys and regular SSCC meetings for each programme as well as an overall HE Council. Minutes of these meetings demonstrate the effective response to, and resolution of, any issues raised. Student feedback is an integral part of the evidence base for MEPs and CEPs. Feedback on modules is sought midway during delivery and used to develop provision on an ongoing basis. In addition, the small number of students in each year of the osteopathy programmes facilitates regular informal feedback and discussion between staff and students. Both staff and students confirmed that informal feedback is welcomed by staff and is responded to promptly. Although patient feedback on programmes is not sought explicitly, as formal feedback from patients on their experience is gathered through questionnaire surveys, ongoing patient input is regular and informal.

Teachout of KU programmes

KU annual monitoring reports provided positive evidence of College programme management. The KU representative stated that he had worked with osteopathy staff from the beginning and confirmed that there had been a positive working relationship throughout.

Evidence provided confirmed that students currently on KU courses (BOst and MOst) were informed directly of the change of validating university, face to face by the HoD and by a joint letter from the College and KU in March 2021. These programmes are now in teachout mode and should complete by 2025.

There is no overlap teaching with the LSBU validated programmes. If a student has to repeat all or part of their academic studies, KU is committed to enabling them to complete. The KU representative confirmed that there would be several options available to achieve this and that KU would work with the College to find an acceptable solution. The LSBU representative indicated that LSBU would participate if necessary.

Design and development of LSBU programmes

The LSBU representative explained that the formal relationship with the College was based partly on the legal collaboration agreement between the two institutions and partly on the operational collaborations handbook with its suite of quality management and monitoring documentation; both of these documents were provided as evidence. The representative indicated that the initial priority for LSBU was to strengthen and develop the research profile within osteopathy in the College. The LSBU programmes started in 2022-2023 with year one.

Staff explained that the LSBU programmes, which started in 2022-23 with year one, were designed by taking into account previous student feedback on the KU programmes, although explicit feedback from the current student body was not sought. The work was led by the HoD and a senior member of teaching staff with external input from a staff member in another OEI. All staff were involved in designing curricular changes, which provided the opportunity to reflect on and develop the programmes, partly because LSBU modular credit values differed from the existing KU programmes. This necessitated a thorough consideration of curricular design.

Although student feedback will be gathered regularly during delivery, the initial design process for the LSBU programmes did not include current or previous students or other interest groups.

The College has also developed a part-time BOst pathway which has been validated by LSBU. The HoD stated that this is in response to enquiries from potential applicants who are unable to engage with full-time study. The College is not planning to expand osteopathy student numbers, rather to return total numbers to around 15-20 per intake, whether full-time or part-time. Senior HE staff expressed their view that any potential impact on the full-time programmes would be manageable within currently planned staffing levels.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

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

Both KU and LSBU programme documentation is referenced to appropriate national and GOsC standards, such as the HE Qualifications Framework, the Benchmark Statement for Osteopathy (2019), GOPRE and the OPS. Other evidence provided included curriculum module mapping grids against programme learning outcomes and the OPS, an overall mapping of module outcomes to the new GOPRE has also been completed. Minutes of the LSBU validation meeting commend the College for clear programme mapping and articulation with GOPRE and the OPS. The latest KU external examiner report noted alignment with GOPRE but stressed the requirement to integrate the latest GOPRE into programme documentation and

assessments; this has yet to be carried out. Meetings with staff and students confirmed their awareness of forthcoming planned sessions to discuss the 2022 GOPRE and how it will apply to the programmes. A new osteopathic member of staff with research experience is focussing on further development of the research aspects of the programme as well as supporting the research profile of the staff team.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

| 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

The College operates a sound standard assessment verification process. The teaching team has developed a varied mix and range of formative and summative assessment types across the programmes. Formal assessments are subject to internal moderation and external examiner approval. Programme specifications include indicative assessment guidance for each module; module guides included details of relevant formative and summative assessments. External examiner feedback is valued by staff and any suggestions are taken into account to develop the following year's assessments.

Students spoke positively of the varied nature of assessment types and commented that essays can appear daunting but that there was good support from teaching staff and from the LRC. Students commented that they particularly value the professional practice modules.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

| 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 | ☒ MET |

GOsC or with another UK statutory health care regulator if appropriate to the provision of diverse education).

☐ **NOT MET**

Findings and evidence to support this

Job descriptions for both clinic and osteopathic teaching tutors make it clear that postholders must be registered osteopaths. The HoD is responsible for directly checking staff registration both initially and annually, this is reviewed by the Director of HE. The only current teaching member of staff who is not a practising osteopath is employed solely to teach physiology in the classroom. The HoD explained that the staff team had recently been expanded and that the College had no difficulty in recruiting registered osteopaths, particularly in the clinic, when the need arises. Staff all hold a teaching qualification, some are working toward, or already hold, an HEA qualification.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

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's general compliments, suggestions and complaints policy, available on the website, explicitly encourages positive feedback. The process is managed by the quality department, and issues received are logged and dealt with in accordance with clear published procedures. Issues arise from a number of sources and are categorised as concerns, informal complaints or formal complaints. Formal complaints are investigated by the quality department and those involving staff are investigated by the human resources department.

In addition there is a specific HE complaints policy, also overseen by the quality department, with an informal approach for local resolution being the initial step. The formal steps are clearly outlined, initially through the College's quality department, the next step depends on which university validates the programme. If all procedures are exhausted, students may appeal to the OIA. Key findings and recommendations from this process are identified in an annual report and reviewed by senior College management and governors. Outcomes are used to inform internal programme risk ratings as necessary.

There were no formal complaints from osteopathy students from 2017 until July 2022 when one complaint was submitted and dealt with in accordance with College policy. Staff expressed the view that students tend to come to them with queries or problems which are discussed and resolved informally rather than being phrased as complaints. Students confirmed that they were aware of the formal policy through various channels, including induction and the VLE.

Strengths and good practice

None reported.

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

The College's detailed HE appeals policy is clearly set out, including how to seek advice from an appropriate member of staff, and feeds into the relevant validating university process. Information is included in student handbooks and published on both the VLE and the public website. Monitoring takes place through the same College-wide system outlined in 1(x) above.

Until July 2022 there had been no academic appeals from osteopathy students since 2017. The appeal in July 2022 was not upheld by KU at the initial stage due to missing information but senior HE staff indicated that the student was likely to succeed at appeal as the information had now been provided.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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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

The College has a well understood governance and management structure with effective lines of reporting, accountability and monitoring which run between the governing body (the Corporation which comprises up to 21 governors) and its committees, through to the BoS which oversee each programme. Independent audit reports confirm there is an adequate and effective framework for risk management, governance and internal control. Minutes of termly meetings, which are available on the public website, provide evidence of the due care and attention given to College activities and policies as well as to the processes by which compliance is monitored and management held to account. Governors explained that they rely on management to highlight issues arising out of both regular and annual reports which are reviewed closely. Actions arising are logged in the College's QiP and HE Quality Improvement Action Plan (QIAP) which includes both strategic and operating actions. The QiP is monitored for completion by senior College managers and by committees at relevant levels. The CQC is responsible for the annual review and updating of key policies such as equality and diversity and safeguarding.

The CQC set up an HE sub-committee in June 2021 to give time for more effective discussion of HE provision. The Director of HE reports to each meeting and presents the minutes of the HE Board which meets twice a term. The HE Board oversees the College's HE provision, receiving formal reports from each BoS and in person updates from the relevant HoD on students and other academic matters. Each programme is managed by a BoS which includes student membership. College documentation and meeting minutes provide evidence of thorough discussion of internal and external evaluation activities such as CEPs, assessment outcomes, external examiner and PSRB reports, student feedback and the NSS and review of QiP.

Senior HE staff explained that the team managing HE programmes, including dedicated full-time administrative support, work closely together. The Director of HE meets with the osteopathy HoD weekly, who in turn meets with year tutors and the rest of the teaching team.

The College's approach to governance and leadership is exemplified by its swift response in identifying and mitigating the implications of COVID-19. Fortnightly remote Corporation meetings were instigated and a specific risk register was developed and monitored at each meeting. Emphasis was also placed on the wellbeing and support of staff and students. Key groups of senior College and support staff met weekly or even daily. Governors and senior College staff explained that the College's aim was to operate as normal a timetable as possible as soon as possible, focussing on the student experience. The KU representative praised the College's effective response which had led to good outcomes for the students.

As well as investing in laptops to ensure that all students had access to online resources, considerable effort was put into training and supporting teaching staff to deliver fully online teaching and communication with students. Osteopathy staff spoke appreciatively of the support provided by the LRC, particularly during the initial period of adjustment. Both external examiners commented on how well the teaching team adapted modules for hybrid delivery, maintaining the quality of teaching, and elements that worked well have been retained to develop modules. For example, staff and students explained that now, if a student gives prior notice of being unable to attend for a valid reason, classes are recorded for them; this does not happen routinely. The osteopathy BoS recorded positive student feedback on measures taken and on their overall

experience, the additional time and support provided by staff being recognised. These views were echoed in meetings with students.

Strengths and good practice

The College's approach to mitigating the effects of the COVID-19 pandemic by effectively ensuring the continuation of teaching and student support**.**

Areas for development and recommendations

None reported.

Conditions

None reported.

| **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

The College's general fitness to study policy focusses on supporting students before escalating to a break or withdrawal from study with appropriate confirmation of fitness to return; for osteopathy students this would subsume fitness to practise requirements based on GOsC guidelines. Students on KU validated programmes continue to be subject to KU's fitness to practise policy. However, LSBU students will be subject to the College's own recently developed HE fitness to practise policy, published with other HE policies on the College website. College staff confirmed that the investigative process incorporates consultation with internal and external professionals including the relevant PSRB such as GOsC. During a meeting at the visit, evidence was provided of how a fitness to practise case in another PSRB accredited programme was handled.

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's general compliments, suggestions and complaints policy is widely publicised and is referenced in programme handbooks. It outlines the typical route of an initial informal approach to a member of staff, then to the HoD for informal resolution, before embarking on formal procedures. In addition, there is a specific HE complaints procedure which may involve the validating university. Senior HE staff explained that issues raised are logged centrally in the QiP, central action tracker and potentially the HE QIAP, then investigated and monitored for resolution by the quality department. Issues involving staff follow a similar process but are handled by the human resources department. The staff intranet includes the staff grievance procedure, although staff indicated that they would prefer to adopt an informal approach initially before redress to formal procedures.

Students stated in meetings that they knew how to find these policies but that queries are generally raised informally with the relevant member of staff or year tutor. Staff confirmed that any issues are usually resolved at the time. Notices displayed in the clinic explain the complaints policy for patients, which follows a similar route: an informal approach to clinic staff, followed by the formal route through the quality department and/or GOsC. Patients confirmed they were aware of the policy.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

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

It is clear from the public website and policy documentation that the College promotes a culture of openness and transparency. This extends to the publication of minutes of all governance committees. Corporation minutes evidence the active encouragement and valued participation of both staff and student governors. College policies published on the website include the anti-bullying and harassment policy, and the whistleblowing policy, together with associated procedures. Relevant external sources of support are signposted in these policies. Information about accessing policies is included in the HE student induction programme and programme handbooks. Meetings with staff, students and patients confirmed that all groups knew how to report formal concerns but that informal approaches usually resolved issues quickly and satisfactorily.

Students were unanimous that staff were approachable at any time. Discussion could take place in an open area, or in a private room if the student prefers, or through an online meeting. Examples were provided. Staff confirmed that they were happy to meet students at any time with a view to speedy resolution of difficulties. Staff stated that they would speak initially to the HoD if problems arose.

Patients stated that they felt comfortable raising queries with the student treating them or with clinic staff. An example was given of a patient who wished to change the student who treated them, which was handled professionally without difficulty. Patients confirmed they were aware of the clinic complaints procedure.

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

The College promotes an open and supportive culture so that students and staff feel empowered to raise issues and seek advice whatever the nature of the question.

Students were familiar with the range of College support services available in the LRC and were comfortable approaching support staff directly. They confirmed that teaching staff are supportive and are prepared to take time with individual students to explain or discuss any issues arising. Examples of such staff responses were seen during teaching observations. Student issues can also be raised formally through the SSCC or the HE Council.

Staff explained that their initial approach would be to the HoD or the Directorof HE, who would refer them elsewhere within the College if they were unable to resolve the problem themselves.

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

Robust QA systems provide evidence that students have achieved programme learning outcomes. All learning outcomes within each module are assessed and all assessments must be passed in order to pass the module. All modules must be passed in order to complete the programme successfully.

Assessments of learning outcomes set out in module guides (and mapped to the programme specification) are developed and reviewed internally, as well as by an external examiner. Marking criteria are set out clearly and reflect the learning outcomes of the module. Written work is internally moderated and confirmed by the external examiner; practical work is videoed. External examiner reports confirm that students have demonstrated the required learning outcomes, and the thoroughness of staff marking and feedback is commended. Module and programme results are monitored and confirmed at the BoS, which includes staff from the validating university, and are reported to oversight committees within the College.

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 active safeguarding policies which are reviewed on an annual cycle and publicised to staff each year. Updated training is provided, and staff record acknowledgement of the policy on the MyHR system. The student support services are clearly detailed on the College website for students to access, the wellbeing department is proactive in supporting students and liaises across faculty and with outside departments where relevant. The ProMonitor system is used across the College effectively for staff to log support provided for students. Relevant policies are clearly available including the anti-bullying and harassment policy, equality and diversity policy and the NESCOT complaints policy.

Staff undertake a full range of relevant training to enable them to support students on an ongoing basis which include PREVENT, safeguarding, child protection and online safety. Completion of these is monitored by the human resources department and communication with staff, including reminders, are provided over the MyHR online system, alongside emails from the HoD and newsletters issued by the quality department. Staff report they are provided with time to undertake these within group meetings to enable completion within the working day. Staff note that they are kept abreast of any issues and are enabled to remain up to date with policy through completion of the mandatory training courses. Staff are aware of the wider support services within the College and one member of staff has utilised the counselling service that was previously available.

The College provides a range of staff support services which are managed by the human resources department. These include 24/7 access to the Education Support Partnership telephone care line, online health and wellbeing resources and wellbeing events during the staff continuing professional development week.

Group Tutors are allocated to all students and provide ongoing academic and pastoral support. Students are able to contact tutors via email and follow up face to face meetings occur, or online meetings are scheduled. Group Tutors report exploring students' needs and liaising effectively with the LRC to ensure students' needs are met. Information is logged on the ProMonitor system to be shared with relevant staff to ensure that needs can be met across the programme.

Information is provided and signposted to students at induction regarding where to seek support, and new students note that this is detailed and informative. Students report an inclusive culture within the osteopathy department with good access to all staff with the ability to seek support where required. Students confirm that they are able to access staff face to face, and also via email to request meetings. Students report that they are enabled to have private discussions with staff where required and that staff are understanding, amenable and supportive.

Patients report they are treated with respect and shown care throughout their journey in the teaching clinic. They confirm they are provided with full information as to what to expect and students are proactive in communicating further information when they attend. Patients report that clear informed consent is gained at relevant points during their consultations, and they feel listened to by osteopathic staff and students. They report a high standard of care received from the tutors and students and that they have confidence in the

abilities of the students. Patients state that they feel secure in the clinic environment, that good procedures are in place to protect them from COVID-19 and that their needs are fully met whilst onsite.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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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

The College has a range of policies in place to ensure students and staff have recourse to support where circumstances arise, including a whistleblowing policy and procedure and an anti-bullying and harassment policy, both of which are available to staff and students online. A clinic complaints policy is in place should patients seek to raise an issue.

The College provided a range of activities to support staff resilience through the summer continuing professional development week with training in resilience and professionalism. Although no formal feedback was undertaken to explore the effectiveness of this, staff report that it has been useful. In order to further support staff and students, osteopathy programme staff are now being offered a free certified qualification looking at building resilience through Coursera Campus, an online learning portal.

The HoD operates an open door policy which both staff and students report is helpful. Group tutors provide regular and accessible support to students. Students report that they are able to discuss issues freely and provide feedback through both formal and informal channels.

Students report that there is a culture where they can question tutors and challenge ideas and that this promotes the development of their knowledge. They state that the osteopathy programme staff are open to discussion and a questioning culture. They report that staff are accessible and supportive to their needs.

The Specialist Support Tutor SST previously provided support to students requiring adaptations to support their learning and progression, however this member of staff left during the summer and recruitment is currently underway for a new Academic Support Mentor. During this period two other members of learning support staff are providing this service to existing students. Programme staff and the LRC staff are also reaching out to new students to ensure that any needs are met and that students are fully supported on the programme.

Patients report an inclusive and respectful culture as in section 3(i).

Strengths and good practice

Students report that the osteopathy programme staff are very accessible, supportive and enable a questioning culture. They report that they are supported in developing as practitioners and when dealing with clinical uncertainty, and the small numbers of students enables close working relationships to form which are effective in promoting their learning.

Areas for development and recommendations

None reported.

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 quality department and Director of HE ensure that a wide range of policies are up to date and comply with latest legislation and these are disseminated through the College and are available to staff and students online.

Staff undertake mandatory training on a cyclical basis through the Educare online training system. The human resources department undertake audits to ensure compliance and maintain records to ensure that staff are up to date.

Staff evidence awareness of exploring whether students require additional support and evidence was seen at the visit on the ProMonitor system to show communication with learning support teams regarding students' individual needs.

Students report that there are clear opportunities to raise and discuss learning needs, that they are signposted to relevant staff who can support them and that learning needs are addressed satisfactorily. Students note that the staff are supportive in the Learning Resource Centre, and they appreciate the variety of resources which are located there. They state that they are familiar with where they are and how to access these. Students report that they are treated with respect by osteopathy programme staff and enabled to form good working relationships with them. They report staff as being good role models.

Learning support staff report that reasonable adjustments are made successfully to enable students to succeed and progress. Learning support records indicate that students who approach the department for support receive a diverse range of adaptations to support their needs. Progression data indicates that students in receipt of learning support assistance and adaptations progress comparably with fellow students.

Progressing students who already had been identified to Student Support Services for access arrangements continue to be supported by the remaining two experienced (qualified to L7) SSTs while recruitment of a new Academic Support Mentor is undertaken.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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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

The College publishes a range of policies including a student disciplinary policy, a whistleblowing policy and procedure and a complaints procedure. These are accessible to students both on the website and on Google Classroom. New students report that they are made aware of these policies at induction.

Students confirm that they are enabled to provide feedback via formal surveys, for example the module evaluation survey once a year and through SSCC meetings. Minutes of the SSCC meetings indicate that feedback is sought from all year groups and issues are actioned in a timely manner. Students state they feel listened to and their feedback is respected and acted upon through this route. Students also report being able to provide informal feedback directly to staff or course management where required, which also results in change. Recent graduates report that no formal complaints were made, however low level dissatisfaction regarding the timely provision of information regarding assessment which were informally raised were addressed. Other small areas of dissatisfaction, for example parity of exposure to new and returning patients in clinic, were not formally raised and therefore not addressed.

Students are enabled to provide feedback on individual staff through anonymous module evaluation surveys and this data is recorded and analysed. Staff report that they are provided with the results of the module evaluation data to help inform provision of teaching and learning.

There is a student voice policy which provides students with the knowledge of how they may provide feedback and participate in formal meetings regarding course management and development. Two student representatives confirmed their attendance at meetings. Minutes of all meetings are clearly recorded and stored. Student representatives state that they receive minutes of meetings via email but no further dissemination is made to the wider student body. Dissemination also takes place through posters which are placed around the College.

The College no longer collects graduate outcome data through the Graduate Outcomes Survey portal and report that they are planning on collecting this data through a new process, however it is not clear how previous data has informed the osteopathy provision.

Strengths and good practice

None reported.

Areas for development and recommendations

The College is no longer retaining graduate outcome data pre 2021 and it would be beneficial for the College to ensure that specific osteopathy programme graduate destination data is collated in order to inform where graduates enter the profession and to provide destination information to inform the provision. Current students indicated at the visit that they would like more information regarding career opportunities and pathways post-graduation so the capture of this data would aid current and future students' knowledge in this key area.

Conditions

None reported.

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The professional practice modules delivered in years one, two, three and four provide a supportive framework for students to develop as learners as well as professionals. In year one students are required to produce an essay on the importance of personal and professional development. Students are required to reflect on their growing clinical experience and learning progression within these modules each year. In year four students are required to produce a business plan alongside mapping their learning experience to the osteopathic practice standards to evidence achievement of learning within all areas.

Visits from GOsC and the Institute of Osteopathy in year one help to reinforce to students that they are joining a profession with clear expectations regarding skills, knowledge, attitudes and behaviours. The clinic handbook which is provided to all students is comprehensive and clearly sets out the recommendations for professional behaviour, conduct and responsibilities as students progress through the programme.

During COVID-19 and until the start of this academic year clinical interactions were live streamed to enable junior students and those not participating in the consultation to view the interaction live. Tutors report that this enabled valuable discussion and reflection on the strengths and weaknesses of the consultation undertaken and promoted discussion and further study in key areas raised in the consultation. Students report that this was beneficial, but they requested face to face interaction at the start of this academic year, which was granted, and the live streaming ceased.

Student satisfaction data for their clinical experience evidence that students value the experience and their exposure to clinical interactions. Students report that they do not feel they have sufficient exposure to specialist areas, for example pre/post-natal, child or sporting presentations. Individual student clinical data does not appear to be regularly analysed and is limited to consultation type, gender, age and area of the body treated. This does not allow an audit of a wider range of demographic data which would enable programme management to ensure that students are exposed to a full range and breadth of patient types and presentations. Students and recent graduates reported that there did not seem to be regular or focal management of exposure to new or follow-up patient consultations.

Students report they are supported in building up the ability to take responsibility for decision making on patient care throughout the course. Students also report that they are supported in dealing with clinical uncertainty and developing strategies for seeking information or support when at the limit of their knowledge or competency.

Osteopathy programme final award data indicates that most students complete the course successfully with a fair range of grades awarded consistently across recent years.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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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

Students report an informal 'buddy system' whereby senior students support junior colleagues in the clinical environment, however this is not a formal programme requirement. Students report a culture where they are able to question and challenge lecturers and tutors safely, and staff report that they promote a culture where they are open to challenge and welcome this. Final year students report that they feel the programme is steadily preparing them for autonomous practice.

Students undertake personal and professional development records which incorporate self-reflection on their clinical observation experiences and learning from year one. Final year students are required to audit their clinical experience including the use of statistical analysis and the production of an action plan. They are also required to summarise, analyse and reflect upon patient feedback received. Students map their learning experience to the OPS to ensure their learning covers all areas in preparation for entering the profession. These activities are designed to prepare students for the continuing professional development requirements post-graduation.

A new requirement developed under the new validating university requires students in the final year to work in a team to formulate and present an educational workshop on the self-management of a common musculoskeletal condition to interested parties (for example patient groups, peers, College staff and local companies). This development has been aimed to enable students to develop confidence in presentation skills to stakeholders outside of the osteopathy programme but also to develop employability skills.

Students are provided with access to the College's careers advice service and are signposted to the National Careers Service who now work with adult students. Recent graduates however commented that focal help on developing curricula vitae and preparing for interviews was not evident and further support in this would be helpful.

Students are provided with the facility to undertake adjunctive short courses to support their learning and enhance wider skills via the online learning platform, Coursera. Recent courses recommended have been "Work smarter not harder" and "Building resilience".

Staff are supported via twice yearly team days where presentations and activities are undertaken to enhance staff development. These are recorded so any staff unable to be present are enabled to watch the recording. Activities undertaken are linked to developmental areas raised through external examiner reports or professional requirements. An upcoming team day is focussing on assessment strategies and sharing and enhancing best practice. This has been fed through recent external examiner feedback comments. Staff are also invited to the HE and cross college continuing professional development programme where recent presentations were provided across a range of subjects including professionalism, feedback and student resilience. CPD also takes place throughout the year, such as rolling short programmes on the HE Staff Development Google Classroom.

Staff are supported to develop within the wider College HE environment through the HE LTG as well as within specific osteopathic practice and education. Minutes of more recent LTG meetings demonstrate a clear shift from reporting to more active discussion and reflection on staff development including identification of good practice. Feedback on projects trialling in different subject areas, including osteopathy, is shared at this forum, and the HoD feeds back to staff who are not present.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

4. Quality evaluation, review and assurance

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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 has put in place effective programme monitoring and review mechanisms through its integrated evaluation process of MEPs and CEPs. The HoD, reporting to the HE BoS, is responsible at operational level. The annual cycle begins with the preparation of MEPs by module leaders, evidence used includes student outcomes and progression together with feedback from students, staff and external examiners. These feed into the CEP which is considered by the HE BoS and reported to the CQC. The validating university chairs joint MEP and CEP meetings and also carries out an annual review of the partnership; reports are consistently positive.

Data relating to protected characteristics is gathered, anonymised, collated, reported and reviewed at College level by the equality diversity management group chaired by the Deputy Principal. Each subject area receives relevant information about its own student cohorts. The College publishes a comprehensive equality and diversity report each year, including commentary on progress against external benchmarks and internal targets. The report monitors equality and diversity for both staff and students.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The use of external expertise is primarily evidenced by the external examiner process. External examiners comment in their annual report on the appropriateness of standards, both academic and professional. These confirm and commend rigorous and fair internal marking and moderation processes and also identify commendations and suggestions for development. These are responded to in detail by the course team in accordance with College procedures. Resultant changes are acknowledged by the external examiners in the following year's report. The HoD explained that KU validated programmes had two external examiners as ICOM numbers necessitated this. LSBU currently requires only one external examiner for all osteopathy programmes.

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

Management structure diagrams provided outline the College's line management structure from the Corporation to HoDs and the Corporation committee structure shows the reporting lines. These operate effectively at both strategic and operational levels. College policies are available on the public website, each policy identifies the member of staff responsible together with an audit trail of review interval and approval dates. External auditors are engaged to review and report annually on the College's framework for risk management, governance and internal control. This is consistently confirmed as adequate and effective with relatively minor suggestions for improvement. See also 2(i).

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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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

Innovation is encouraged by the College and by the osteopathy department. Good practice and innovation identified in lesson observations is shared within the department. Due to COVID-19, the College and staff focus was on developing and enhancing online teaching capability which was successfully implemented in all

aspects of osteopathy programmes, albeit no substitute for practical work. Training and development is still ongoing.

Senior HE staff commented that the response to COVID-19, and the teaching innovation required, represented a major skills development for staff. During COVID-19, TLG sessions were held online and a blended mode of delivery has continued with presentations being recorded for the benefit of staff who cannot attend, which has increased participation. The osteopathy teaching team meeting agenda includes explicit sharing of good practice from those present; sessional staff are paid to attend formal continuing professional development events on team days.

Staff confirmed that they value these team days which enable them to present and share aspects of their own teaching practice with other staff. They considered that students being exposed to different views is helpful for their learning experience. Students confirmed that they value the different approaches brought by staff as they consider it helps them to question and develop their own way of working.

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 osteopathic department benefits from the College's onsite LRC. The LRC contains the library with 220 study spaces, Student Finance, Reprography, a designated Higher Education Zone and breakout areas including a large classroom. Help desks are manned by friendly, knowledgeable staff and a nurse is situated within the LRC.

Programme handbooks comprehensively outline the various support services and opening times including a virtual tour of the LRC accessed via a hyperlink. During term time the LRC is open six days per week, with later opening hours on Monday to Thursday, and open five days per week during vacation periods. The twilight and weekend options occurred following student feedback with both Saturdays and Sundays open until fairly recently. The library offers an extensive collection books, e-books and journals. An LRC online portal is accessible 24 hours a day and contains reading lists and subject specific online resources. Students also have access to the KU and LSBU resources, dependent on their course validator.

The LRC offers a structured, compulsory induction for all new students, beginning with information literacy sessions familiarising students with logins, accessing databases, e-books, reading lists and an introduction to the online portal. Tasks are later offered preparing students for assessments tailored to their particular subject areas. The LRC also offers a 'drop in' service for students to be assisted with grammar and punctuation, mathematics skills, referencing and plagiarism. Refresher sessions are offered throughout the students' time at the College assisting them with skills reflecting the various stages of the course. Information literacy develops to include assistance with research, referencing and the writing up of dissertations. Meetings during the visit confirmed a culture of active working relationships with tutors and lecturers being aware and appreciative of the services offered. The LRC Student Survey 2021-22 showed high levels of satisfaction for all LRC key performance indicators and students in meetings valued the services and accompanying support.

The osteopathy department is managed by the HoD (FTE 0.8) who manages a mature team of 16 staff, comprised of sessional and fractional staff, with a department total FTE of 3.6. All but two are registered osteopaths and eight out of 10 clinic tutors also lecture ensuring a good link between the theoretical and more clinical aspects of the course. Four faculty members, appointed as Group Tutors, take responsibility for the academic and pastoral care of their designated year group. The HoD meets weekly with the Group Tutors to maintain oversight of the course, to create greater awareness of management activities and to devolve responsibilities. Following the recent departure of a significant member of staff, new appointments have been made to assist with departmental responsibilities and to assist with future plans; administrative support has been increased to support this. The clinic is supported by a full-time Clinic Administrator and a Clinic Receptionist.

Offices for key staff are situated in close proximity to where osteopathy teaching takes place. An 'open door' policy is evident which enables regular effective informal channels of communication between the various levels of management, faculty and students and lends an immediacy to action. Whilst appreciated by students and staff, it was admitted that this may lead to less formal reporting of situations. Students and faculty spoke positively about the approachability of the various members of staff and gave examples where their feedback led to immediate action.

The osteopathy department has access to six classrooms of various sizes, four with plinths and some with interactive white boards and video facilities for recording of lectures. For the current cohort sizes there is ample space for theory and practical classes, together with an extensive array of anatomical models and posters in all rooms to support teaching.

The onsite osteopathy clinic is well equipped and has nine modern treatment rooms of continental design following investment from the now completed ICOM partnership. Each treatment room contains a plinth, a desk and two chairs and has ample space for at least two observers. An adjacent large room doubles as a tutorial room and contains a plinth, exercise equipment and an inversion table. Unoccupied treatment rooms are used as discussion rooms in addition to the spacious tutorial room, which enables staff and students to relax and have refreshments as well as impromptu tutorials. There are two gender neutral toilets and one large disabled toilet which can be used for baby changing. Treatment rooms are made available for breast feeding if required.

A positive emerging from the events of COVID-19 is the change of VLE platform. Following consultation with all HE stakeholders, the College moved to the use of Google Classrooms. This replaced the previous Moodle platform and supersedes Weblearn, however Weblearn is still used by students for coursework submission due to the continued use of the plagiarism software, Turnitin. During the visit, management demonstrated the cleaner interface, greater versatility and improved visibility on smaller devices such as phones and tablets. Google Classrooms is deemed more user friendly for uploading lectures and course material, and students and staff receive online training in the use of this platform. Students spoke positively about the accessibility of key information such as assessments, e-books, handbooks, calendars, course material, reading lists, lecture notes, presentations and policies. In cases of planned student absence, special arrangements can be made for lectures to be recorded and then viewed at a later date on this platform. University specific policies are available via hyperlinks from course documents, as are links to the GOsC website.

Another direct method of communication utilised by the college marketing team and the wellbeing team is 'NesComms'. This phone application allows students to receive general notifications about college news and events as well as individualised texts from members of staff. However, during meetings with students, only one student was aware of this method of communication.

Strengths and good practice

The proactive learning support team combined with the well-resourced LRC and the engendered holistic approach to student learning.

The 'open door' policy is evident which enables regular effective informal channels of communication between the various levels of management, faculty and students and lends an immediacy to action.

Areas for development and recommendations

None reported.

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

In accordance with the Benchmark Statement for Osteopathy (2019) and GOPRE requirements, the College maintain appropriate staff-student ratios to maintain effective and safe supervision in the clinical and classroom environments. The College provides ratios of one tutor to 10 students in practical classes and one supervising tutor to six students in clinic, with one tutor to three students actively involved in rooms with patients. Currently, with the maximum cohort size of 12 students, this equates to two tutors per clinic session. This was evidenced in the mapping document and in classroom and clinic observations. The department have a faculty of sessional and bank tutors who are able to cover clinic sessions in periods of holiday or absence, meaning set ratios are never threatened. In exceptional cases, urgent cover could be provided by the HoD.

The children's clinic is supervised by a tutor with specific experience and qualifications in the field of paediatric osteopathy and due to the enhanced supervision when treating babies and young children, generally only two rooms are operating. Similarly, the sports clinic is run by a tutor with a specific interest and experience in the treatment of sports injuries.

The osteopathic faculty are all experienced osteopaths and, having trained at a range of other UK osteopathic education institutes, have a range of views, experiences and approaches to osteopathic education, enriching the student experience. The students valued the variety of osteopathic approaches and the quality of support offered and, whilst thought confusing on occasions, the differing views were ultimately considered beneficial to their learning.

Small cohort sizes benefit from the small group discussions and close supervision in technique classes with tutorial style sessions. Whilst beneficial in some respects, students do not have the benefit of practising on a broad range of colleagues of differing ages and body types and therefore their practical experience, in the form of palpatory skills, may be considered limited compared to those of larger cohorts.

Teaching observation demonstrated effective class activities with positive student engagement. The small class sizes allowed for good interaction in a non-intimidating environment. One clinical skills class used a quiz as a means of refreshing information taught in a previous lecture. The delivery was well paced, informative and gave students the options to ask questions. Similarly, the year three class observed consisting of nine students was interactive and enabled a two-way discussion on differential diagnosis, deviating from the traditional didactive approach. Both lecturers utilised anecdotes from their own experience to supplement the information taught giving a sense of credibility and reality to their material.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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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 ☒ **MET**

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.

☐ **NOT MET**

Findings and evidence to support this

Effective channels of communication exist between the osteopathic faculty and the learning support team. Faculty are aware and familiar with the services offered. Additional learning needs are generally raised by the students either at the admissions stage or within the induction process.

Once on the learning pathway, faculty may become aware of students' learning difficulties and may request additional support in a number of ways. With the student's permission they may enter a request via the ProMonitor platform, adding relevant colleagues such as the HoD or Group Tutors. Students are included in email interactions and have the option to comment as required. In some cases, the tutor or lecturer may physically visit the learning hub with the student to support an application for support.

Level seven trained Specialist Support Teachers are available to facilitate changes and adaptations within HE courses. Dependent on needs, partial adjustments will be made or if needs are more significant, one to one sessions are offered. For example, Read and Write Gold and other software assist with dyslexia and is available throughout the College. Other suggestions may include altering font sizes and background colours, utilising audio accompaniment in documents and listening to electronic books where available. With permission from lecturers and colleagues, voice recorders maybe used in classrooms and lecture material released early. In cases of a more sensitive nature the learning support team will discuss appropriate adaptations on behalf of the student.

The learning support team spoke positively about available options to support the diverse needs of students. Students in meetings appreciated the variety of support available and cited examples of colleagues who had received assistance.

The osteopathy clinic currently uses traditional paper case notes and it was not evident that there were plans to move to an electronic format and all plinths seen were hydraulic.

Students are expected to dress professionally, and appearance and clothing is referenced in the clinic handbook. In clinic observations, students were dressed appropriately and clean black comfortable footwear in the form of trainers was often the choice for students.

Respecting the fact that students need to earn money and have commitments outside of their course, reasonable adjustments are made where possible. Group Tutors gave the example of where a student was unable to attend clinic on their specified evening due to fixed working schedules. It was agreed that hours could be made up in holiday periods to not fall behind in accruing clinical hours.

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

Students are made aware of additional facilities in their programme handbooks and within the comprehensive inductions with the LRC and student support hub. Osteopathic faculty members are updated on changes to services on continuing professional development days, via the HoD, newsletters, emails and e-learning staff hubs.

Following student feedback, the HE common room has recently been refurbished and offers six private study pods, each with a desk and a PC and provides space for private discussions and individual or small group study. The LRC houses a HE room, specifically designated for HE students and is well equipped with 10 PCs. When in clinic, extra rooms can be utilised for discussion and practice. Senior management noted that if the need arose for a student or patient to have privacy for breast feeding then a room would be provided. A prayer room is available onsite, as is a sensory room, opposite the Learning Support Assistant offices.

In addition to the refectory and cafes, there are a range of other internal and external areas for students to socialise. For those wishing to play sport or to engage in physical activity, a large, covered multi-use games area, sports hall and fitness gym are available onsite for public and student use.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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

☒ **MET**

☐ **NOT MET**

Findings and evidence to support this

The College is easily accessed by car and rail. The new car park is large and is covered by CCTV cameras with a designated staff parking area. Students and patients are also allowed to park onsite. Access into the main buildings is via the main reception where access is restricted unless a lanyard with pass card is visible. Students and staff receive a tour of the facilities as part of their inductions and site maps are readily available.

Upon making an appointment with the osteopathy clinic, patients receive an introductory email with information about what to expect from their first visit and directions to the College. Upon arrival patients are asked to report to the main reception desk where receptionists check patients in and issue a lanyard. Patients then wait to be escorted by a student or member of staff to the clinic. The main reception is not

always manned on evenings and during the holiday periods, so a sign at reception asks patients to wait to be collected. Patient feedback from a recent survey of 32 respondents was generally positive with 15 (46.9%) agreeing that the clinic was easy to access. Lifts are available for those unable to use the stairs and all buildings have ramp options for wheelchair users. The clinic phone number is given for those with mobility issues and for those who may need assistance from the car. Security guards are also available to assist where needed. Other written feedback captured in the recent patient survey commented on the lack of efficient signage upon entering the College entrance. Plans are in place to remove the existing ICOM branding following the cessation of the ICOM partnership. The change in branding is managed by the marketing department and has been deliberately slow to avoid confusing patients in the local area and a threat to brand recognition. Rebranding will also entail the review and reissue of clinic-related and promotional literature and other marketing activity.

Strengths and good practice

None reported.

Areas for development and recommendations

Signage from the main car park to the osteopathy clinic could be improved to be clearer and avoid confusion when patients and visitors arrive.

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

Students are provided with programme documentation, College policies and procedures and induction information via the VLE at the start of the academic year. Programme handbooks for both validating university programmes are clearly available on Google Classroom and these are comprehensive and informative; new students report that these are helpful in providing the information they need. Students report being able to locate all relevant documents and links to policies through the programme handbooks on Google Classroom.

There is a Group Tutor for each year group and these staff, alongside the LRC staff, are available to help students to find any information they need. Clear signposting is made to different documents in folders online and these are kept up to date with the latest publications. The Terms and Conditions for Higher Education Students 2022-23 includes expectations for student conduct.

The programme handbooks outline the curriculum, teaching and learning policies, outcomes and assessments in relation to each module. The documents clearly state the aims of the module, their relation to the osteopathic practice standards, learning outcomes and indicative content. There are details of both formative and summative assessments and students are directed to key texts to support their learning.

Students are also provided with a clinic handbook which provides full guidance to students regarding attendance and expectations of behaviour while on site. It also details expectations for student roles and responsibilities at each level of the programme.

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 College follows a comprehensive learning support policy. Students report that the Learning Resource Centre provides a wealth of resources to aid and support their learning and welfare needs. They state that

the range of learning support services are all located physically close to one another and are readily accessible both in person and online.

Requests for further resources were previously made on paper but these are now enabled on Google Forms and via Google Classroom. The LRC staff are open to requests for suggestions, and regularly monitor usage of physical core texts via system reservations and increase purchases in response to this if required. Tracking of electronic resources is made on a monthly basis via statistical monitoring and licences adjusted in response to this. Staff and students confirm that they have access to necessary resources for the osteopathy programme.

The Learning Support Officer previously provided support to students with access to assessment and advice. This member of staff left during the summer break and the existing team of Learning Support Officers in the HE team are covering the support function while recruitment is underway. This team is based in the same location and is progressing the needs of existing students with learning support needs already identified. Where students have found difficulty in accessing assessment of their learning needs, staff have made efforts to ensure that internal assessment of students' needs enables the provision of appropriate remediation and support for their learning, and appropriate adaptations are put in place. No new students on the osteopathy programme have identified learning needs at present but staff are scheduled to reach out to new students at the half term point to remind them of the support and services available. The Learning Resource Centre receives information from learning support staff or programme staff verbally or via email, and work cohesively to support students at all stages of their learning journey and adapt their provision to enable students to achieve success. This is undertaken via individual tutorials or by the provision of resources, for example larger print materials or the provision of printed material otherwise offered virtually.

Group Tutors engage with students at all levels of the programme and report exploring with students what their needs are and directing them to help and resources. Tutors liaise with the HoD and wellbeing department staff via email and log information on ProMonitor. Recent graduates reported that students were sometimes required to take the initiative to reach out to staff to receive support, but when requested this was available. Current students report that staff are accessible and supportive to their needs and they have good relationships with Group Tutors.

Students are enabled to observe in clinic during their junior years, then step up to treat patients as they transition to senior students. Students are supported in doing this under close supervision by Clinic Tutors and are progressively supported in taking responsibility for decision-making during their final year. Students report that staff are extremely supportive in helping them to develop confidence across clinical practice and learning how to manage clinical uncertainty.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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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 has an equality and diversity policy and an annual report is produced to review progress. The College has a clear learning support policy which details the support that students can expect to receive in order to overcome barriers to learning and succeed on the programme. The College uses ProMonitor to document students' learning needs when raised through programme or learning support staff, and these are shared appropriately with staff as needs require. Records of adjustments made for students are securely logged and adhered to. Resources are available such as IT equipment, for example laptops or adaptive software, and financial assistance can be available through bursaries or hardship funds.

The College uses a safeguarding platform, CPOMS, where any staff member can record indicators and/or signs and logs any safeguarding issues. The safeguarding team monitor this system. A safeguarding presentation is delivered to all new students at induction alongside a talk about online safety and radicalisation, and information is available online. During induction students are familiarised with the site and informed where they would need to go if they had concerns or were to see something they felt was not right, and are made aware that support is available.

Due to an increased concern for the mental health and wellbeing of students across the full College provision, members of the College wellbeing team have been trained as mental health first aiders. Where previously the College provided in-house counselling services, there has now been a move to referrals to external services, and staff report that students are encouraged and supported to seek services via their GP. The wellbeing team have recently launched a programme where students and staff can sign up to do additional online courses (for example PREVENT, values) in order to support their wellbeing.

The wellbeing team contribute to continuing professional development days for staff and produce monthly newsletters with tips and hints including some accessibility information.

The College has a fitness to practise policy in place although there have been no occurrences of issues in this area in recent years. Two students withdrew for 'health related' reasons at the end of the 2021 academic year, however the withdrawals occurred with discussion and prior support from their Group Tutor and HoD. This policy clearly delineates the process undertaken to explore a student's ability to continue on the programme and staff report awareness of the process.

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 indicate that good feedback is provided to students. Students report that feedback on their work is provided in a timely manner and is informative in helping them to remediate. They further state that staff are readily available to discuss feedback on academic work and provide support to students in putting an action plan together in order to improve. Students report that clinical staff provide ongoing feedback during their clinic attendance. Senior students report that their knowledge is challenged appropriately in clinic and tutors direct them to appropriate learning resources. Students report that tutors are particularly supportive when dealing with clinical uncertainty and support students on reflecting on their knowledge and skills in order to be able to make safe clinical decisions.

Staff report that students are welcome to approach staff to explore feedback received and to receive help in creating action plans to improve their learning. Staff note that they support one another when providing feedback to students through additional meetings with students and by reinforcing agreed learning plans to ensure that students understand where they need to direct their learning in order to improve.

Staff training has been undertaken to support staff in providing good feedback to enhance their practice. This is a continuing theme with further focus for an upcoming continuing professional development team day where sessions are planned to explore the mechanism of assessment and to share and enhance best practice.

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

Students have the opportunity to complete a range of surveys in order to provide feedback on the programme which include module report surveys, the SSCC and the NSS. These provide the opportunity for students to give feedback both in-person and anonymously across the breadth of formal surveys. The surveys provide students with the opportunity to supply feedback on individual staff, the osteopathy programme and the College provision. SSCC meeting minutes indicate that year group feedback is acknowledged and acted upon. Students are aware of these formal surveys and report using them effectively to provide feedback, however due to the small cohorts the ability to provide truly anonymous feedback may be diminished.

Students also report the ability to provide feedback directly to the osteopathy department, either through the open door policy direct to the HoD, or to academic staff and/or Group Tutors. Students feel they are listened to and recounted how feedback on the osteopathy programme has been acted upon and improvements made to the teaching and learning provision. Students reported that they were able to approach the HoD when they were unhappy with a particular area of the teaching provision, and this was acted upon and changes made within one week.

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 representatives are invited to formal College meetings and osteopathy student representatives participate. Students report that they are aware of the existence of formal meetings but only a small number of students participate. The College provides a student representation handbook which clearly sets out to students how they may participate with information regarding the role. It delineates the aims and expectations alongside a clear estimation of the time attendance at these meetings will demand. Student representatives report that they are emailed the outcomes and minutes of meetings but these are not formally passed on to the student body.

Students provide feedback to management on the programme through the SSCC meetings which evidence that their feedback is considered and acted upon. The osteopathy students state they feel able to voice their opinions and concerns informally direct to the HoD and across the spectrum of staff. The HoD reports that he liaises directly with staff and students where feedback is received. Group Tutors report there are two formal points in the year when they seek feedback from students but ongoing feedback is received on a regular basis. This is listened to and shared with senior management so action can be undertaken.

Student feedback boxes are available on campus although osteopathy students did not report using these.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

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

Students primarily gain their clinical experience in the onsite osteopathy clinic. No structured clinical placements are offered and previous arrangements for off-site satellite clinics have now ceased.

The course specifications for both validated MOst and BOst programmes outline the requirement for students to achieve 1000 clinical hours by the end of the programme. This minimum figure aligns with the Benchmark Statement for Osteopathy (2019) and the GOPRE. All relevant documents are available via hyperlinks from the course specifications. As a result, 100% attendance in clinic is essential. A breakdown of these hours reflects the deliberate progressive design of the course developing the student from a novice to an autonomous practitioner.

Attaining clinic hours and attending clinic according to set timetables is the responsibility of the student, according to the clinic handbook. Students are gradually introduced into clinic and familiarised with protocols in the first two years of the programme where they must attain 56 hours observation per year. Some students take the opportunity to observe osteopaths or other healthcare practitioners in private practice where individual contacts have been capitalised upon. Clinic hours may be granted for these observations but arrangements need to be made with Group Tutors and reflections on the visit must be completed in a specific 'record of practice visit'. Whilst this is encouraged by the College, these opportunities are not a feature of the programme and are therefore not formal arrangements. Before embarking upon the third year, students start treating patients in the summer vacation accruing a further 124 clinic hours. In year three 238 hours are attained, a further 106 in the summer vacation, prior to adding a further 420 in year four.

Year three students are required to attend two 3.5 hour sessions per week in clinic and in year four, three 3.5 hour sessions per week increasing to four sessions per week in semester two.

During the COVID-19 pandemic, and with written patient consent, years one and two students observed senior students treating via a live streaming of activity in a separate classroom. Students said that they benefited greatly from these sessions lead by tutors as the observation gave an opportunity to observe and ask questions in a non-intimidating environment. However, since the relaxation of COVID-19 restrictions and despite the benefits, students and staff expressed a desire to go back to physical observations in the treatment room. Students were appreciative of the opportunistic moments of practical learning, when physically observing senior students. The clinic handbook highlights and encourages these mentoring activities.

The clinic runs at below capacity. Some of this is a result of infection control measures instigated during the COVID-19 pandemic whereby new patient sessions were extended from 90 minutes to two hours and follow up appointments increased from 45 minutes to one hour.

An associate clinic was started to maintain patient numbers during the COVID-19 period where less students were available in clinic. This affords the students an option to observe a qualified osteopath. However, in discussions with students it transpired that students do not typically capitalise on this opportunity.

Aside from the general clinic, the clinic also offers patients a babies and children clinic on a Thursday morning, with rates in line with other concessions. This is mentioned briefly in the clinic leaflet but no detailed information regarding paediatric osteopathy is available on the clinic website or in other clinic literature.

The College has recently recruited a tutor with a special interest in sports injuries and, being tutor dependent, this clinic only operates on a Wednesday afternoon. Similar to the children's clinic this provision is not sufficiently advertised and as a result students do not see a range of athletes and sporting injuries as yet. The HoD mentioned potential links with the onsite gym, local sports clubs and local GPs but nothing formal had been agreed at the time of the visit. A year three module focusing on the treatment of special populations and developing the scope of practice support these initiatives. The College website does offer another sport injury clinic run by the two-year foundation degree sports therapy programme with a similar arrangement of treatment under the supervision of tutors. This separate provision may be confusing to patients and a more cohesive approach to College marketing would be beneficial. Greater advertising around the campus and in local areas would be considered an area for development.

In the past, additional clinical activities were offered to students, including enrichment certified workshops such as an ITEC qualification in sports massage. Currently all enrichment and enhancement activities have been paused as a direct result of COVID-19. Recognising a need to develop extended learning opportunities for students, Senior Managers mentioned the imminent recruitment of a Business Coordinator who will be 0.4 FTE, rising to 0.6 FTE after the first year. At the time of the visit the job description was being drafted with a view to an appointment at the beginning of 2023. Line managed by the HoD, the remit broadly would be to assist with the clinic management as well as developing continuing professional development opportunities for students and local healthcare practitioners. The aim is to develop links with allied health practitioners and to further utilise the clinic facilities over weekends and evenings. In view of the plan to offer a part-time provision, future plans also include opening the general clinic on Saturdays. Resourcing of these extra sessions was not deemed to be an issue by management due to the bank of sessional osteopathic staff currently working on the programme.

During COVID-19, the clinic offered remote sessions to patients with students using the Microsoft Teams platform to run the virtual sessions. Whilst this option is still available there is now little uptake from patients who prefer face to face visits. Tuition for remote consultations is referenced in the clinic handbook with a link to regulator and professional body guidance on the subject and webinars offered by the University College of Osteopathy.

There are currently limited opportunities for students to be exposed to and to interact with other allied health professionals. This was recognised by the HoD as an area for development. Students do not receive talks from other healthcare practitioners and are not formally required to observe other healthcare providers at work, this therefore could give students a restricted view of how osteopathy fits within the broader healthcare landscape. Students and management both mentioned the possibility of having one tutor who has experience of working in the NHS giving a talk to students about NHS roles and emerging opportunities.

Management are hopeful that the move to LSBU as validator will lead to greater opportunities and innovations. In Governance meetings, the LSBU representative highlighted possible interprofessional learning and collaboration with their Physiotherapy, Chiropractic and Sports Science and Rehabilitation programmes. LSBU are developing their provision and services in the Croydon area which being in close proximity to the College, could allow greater links. Also, LSBU have Pan London contacts with Health Education Institutes including Guys and St Thomas's Hospital, meaning greater intelligence about NHS employment opportunities.

Strengths and good practice

None reported.

Areas for development and recommendations

The College would benefit from a more cohesive approach to marketing of the osteopathic sports clinic around the campus and in local areas.

There are currently limited opportunities for students to be exposed to and to interact with other allied health professionals.

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 are made aware of clinic protocols and requirements via the comprehensive clinic handbook. Observation sessions and inductions, supplemented by lectures incorporating clinical scenarios provide a good foundation for encounters with patients in clinic and familiarity with clinic procedures.

The tutor to student ratios of one to six students, or one to three students actively engaged with a patient, are in accordance with PRSB guidelines. This close supervision by qualified and experienced osteopaths provides effective learning support and mentoring as well ensuring the safety of patients.

At each clinic session, students may be assigned a new patient or a continuing patient. The tutor receives a printed page showing the patients and students to be supervised for that session, including observers allocated to each patient. Documents state that the Clinic Administrator also allocates new patients to those students who are low on new patient numbers to maintain equality in experience. Monthly spreadsheets are submitted to the HoD to maintain oversight of students' clinical experiences. Any students falling behind are 'flagged up' by tutors and clinic administration staff, and necessary adjustments are made. Clinical hours are made up when students have been absent, and this diarising of hours was observed in clinic observations when students found time to correlate their hours with the Clinic Administrator. Any students needing additional support or specific mentoring will be highlighted to colleagues and programme managers via the My Concern platform.

COVID-19 caused an abrupt change in clinic working practices. The college made the decision to shut but the osteopathy clinic was permitted to open in September 2020 dependent on a comprehensive infection control policy. Effective infection control measures were implemented upon opening with extended session times including fallow periods for aeration and cleaning and to limit numbers of patients in the building. As a result of this policy, new patients are booked for a two hour session and one hour for continuing patients, where in the past this has been one and a half hours and 45 minutes. This means that the with existing clinic hours and extended session times, less patients can be seen. The HoD will be reviewing these times with a view to reverting to the pre-pandemic session times at the start of 2023.

Students are supported through all the stages of a new patient encounter; the case history, the differential diagnosis discussion, examination phase, treatment and management. If patients are not deemed suitable for treatment or if referrals are needed students are supervised with the writing of referral letters. Prior to seeing continuing patients, students give presentations to tutors either before the session or after the initial interview where they report on patients' comments regarding progression. Tutors are readily accessible and

observe students in the various stages of the treatment session. Students spoke highly about the approachability of tutors, their depth of knowledge and willingness to help.

Clinic hours and patient numbers are recorded in three ways; tutors register students' attendance on an electronic register known as EBS, by keeping their own record of their attendance as outlined in the clinic handbook and by the Clinic Administrator entering data on the clinic booking software known as PPS. The Clinic Administrator is ultimately responsible for the allocation and recording of students' clinical activity and for correlating these three sets of data. This includes a coding system capturing data about a region of the body treated. As the PPS system is used for patient bookings, detailed patient data is captured including age and gender. Prior to the visit requests were made to see evidence of these clinic logs for the past three years to assure externals that the necessary clinical requirements had been achieved and that effective correlations existed between data. The spreadsheets submitted did not provide a clear numeric outcome summary demonstrating the achievement of at least 50 new patients. This again was not evident when observing the Clinic Administrator as spreadsheets were dis-jointed and did not show a coherent progression through a students' clinical journey to the minimum 50 new patients by the end of their course. The PPS software undoubtedly has the capability of producing the necessary reports, but the spreadsheets generated do not allow for coherent monitoring and forecasting of patient numbers. In addition, they do not capture sufficient data regarding the breadth of conditions seen to fully comply with the GOPRE. Ideally clear data reporting should not only monitor student progression and activity in clinic but also inform a strategic marketing plan to ensure a sufficient depth and breadth of patients enter the clinic.

Additionally, the clinic handbooks and faculty members mentioned the 'reassessment' of patients after six to eight treatments or at the six month period. According to the handbook, the session is to be treated as a new patient and it was ambiguous whether the new patient is allocated to a different student or the original student. If the latter this would mean a student would be recorded as seeing two new patients where in fact only seeing one and the perception of a broader scope of patients seen.

The HoD outlined the impact that COVID-19 had had on the students' osteopathic education and experiences over the 2020-2021 period, supporting the fact that those graduating in 2022 would not have achieved the required 50 new patient encounters. The College reported that throughout the COVID-19 period there had been regular dialogue with GOsC to discuss mitigating circumstances and to agree an action plan that would satisfy GOsC that the necessary graduate outcomes and OPS related activities had been achieved. Students were therefore permitted to graduate without attaining the usual numbers of hours and patients based on the fact that students had received ongoing online support and mentoring, often one to one, to achieve the graduate outcomes. Outcome data for this cohort was not available at the time of the visit and graduates were unaware of their final new patient totals.

Professional practice modules run each year supporting students' clinical learning. Students are required to document their clinical journey logging reflections on their salient clinic experiences and mapping them to specific OPS. In later years these are summative pieces of work encouraging in-depth reflections on observations, knowledge, skills and performance in clinic. In year four, this develops into a significant piece of work known as the 'personal professional development record'. Samples of students' work demonstrated a clear understanding of the relevance of the OPS and showed evidence of patient audit in the form of patient questionnaires designed and conducted by the students. One external examiner report praised the portfolios as an example of good practice. One student portfolio commented on the limited breadth of patients seen and this point was echoed by a few students in student meetings. Despite a database of 1,993 patients who have given their consent to being contacted, and a broader database of 8,115 local residents, there is currently no active marketing strategy for the clinic. Marketing initiatives are confined to the switching 'on' or 'off' of Google adverts and adverts to college staff around exam times and at the end of vacation periods, where it is perceived numbers need a boost. These figures are not regularly strategically analysed and therefore not viewed as part of an overall marketing plan. The College marketing representative provides marketing for numerous programmes and is therefore directed and led by the clinic management team. The

osteopathy clinic would benefit from a strategic marketing plan comprising of targeted advertising to set audiences at set times of the year to ensure a sufficient depth and breadth of patients seen.

Based on the evidence provided by the College prior to and during the visit, we are not assured that this standard has been fully met and as such an area for development and conditions are provided.

Strengths and good practice

The personal professional development record is a well-considered vehicle for assessment, makes continuous reference to the OPS and teaches the students the importance of clinical reflections.

Areas for development and recommendations

The osteopathy clinic would benefit from a strategic marketing plan comprising of targeted advertising to set audiences at set times of the year to ensure a sufficient depth and breadth of patients seen.

Conditions

The College must refine their data capture and reporting methods to ensure coherent monitoring and forecasting of patient numbers as well as ensuring the attainment of the required hours in clinic.

While clinical audit is undertaken on a monthly basis, there does not appear to be a clear strategy to ensure the quality of the breadth of patient interactions that students encounter. The College must improve their recording of patient audit data and management of student exposure to a full range of musculoskeletal and non-musculoskeletal presentations, to ensure that students see a sufficient depth and breadth of patients.

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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

The College has a clear recruitment policy and staff are provided with induction and relevant training which new staff report is clear and helpful. All applicants are marked against a person specification and decisions are recorded using recruitment software to ensure consistency and transparency. Interviews follow a standardised process with set questions used for all applicants to ensure consistency and fairness with a minimum of two managers on the interview panel. Applicants for lecturing roles are required to deliver a "micro-teach" as part of the selection process. There is a cross-college induction programme for successful applicants, and line managers are provided with a department induction checklist. Development needs are raised at the time of interview, subsequently through mentoring and as a product of two formal teaching observations undertaken by managers during the probationary period. New staff report that this is helpful in supporting their integration into the department. Senior staff report providing informal teaching support and there is further support available from the LRC.

The College's performance review scheme is undertaken on an annual basis. This formal process enables the HoD to review and discuss staff performance and jointly agree new objectives and development for the coming year. All staff have access to their own personal development plan folders on SharePoint which contain the reports on outcomes of observations as well as individual staff plans. Only the individual staff member, their manager, the quality department and senior management have access to these files.

Both new and existing staff are required to undertake mandatory training which includes GDPR, equality and diversity, PREVENT and safeguarding. This training is monitored by the human resources department and reminders sent to staff when retraining is due.

Staff are provided with access to the teaching, learning and assessment handbook at induction alongside the staff grievance policy and staff disciplinary policy which are available to all members of staff online.

Promotion is available where opportunities occur. Internal satisfaction does not appear to be formally measured but staff report that they utilise informal channels to the HoD to discuss issues with or satisfaction with their roles. The College runs formal development and training during the summer and the department schedules two team days per year where focal developmental training is undertaken. This enables staff across the osteopathy provision to connect and discuss key issues and share practice.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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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

Staff undertake teaching observations annually and are provided with feedback in order to enhance their practice. Staff observation is primarily undertaken by the HoD and feedback is overseen and monitored by the quality department for both probationary and non-probationary staff. Probationary staff undertake a minimum of two observations during their probationary period and the quality department liaise with the teaching staff and observers to co-ordinate these at the appropriate points, after two and five months of service. Staff cannot pass probation without achieving two successful observations and support plans are put in place with managers should subsequent observations be required. All staff (probationary and non-probationary) have access to their own personal development plan folders on SharePoint which contain the reports on outcomes of observations as well as individual staff development plans. A new member of staff reported regular teaching observations with good support and feedback provided to enhance their teaching development and to integrate them into faculty.

Staff report being able to ask for support from the HoD or the Senior Management Team when required. Staff report that they feel enabled to do this and have good access to the HE teaching department for any additional support. Staff are provided with the teaching, learning and assessment handbook to support their development. Staff report that they have been enabled to undertake teaching qualifications through the College and have been effectively supported while undertaking these.

Staff report that they are informed about resources regarding teaching and learning through newsletters from the quality department, the Teaching and Learning Centre and emails from senior management. The Learning Resource Centre staff report that when asked to increase resources specific to the osteopathy programme they action requests.

Group Tutors undertake weekly meetings to discuss students and also programme issues or development needs. The HoD attends the HE TLG meetings where new information and the implementation and review of new policies and practices is shared to enhance the scope of practice across the HE provision and across departments. Senior Management report that sessional staff are less engaged in development, however module leaders are more involved in actioning change.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

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

The responsibilities of staff roles are clearly outlined in job descriptions and the staff disciplinary policy is provided to all staff at induction. Staff report a good working culture within the department with the ability to speak out and challenge one another where required. Staff report that they are aware that if any issues arise, they can reach out to the HoD or Senior Management Team.

All academic staff hold relevant subject qualifications. All staff are qualified educators, or are undertaking teaching qualifications, and have a range of teaching experience.

On the instigation of the MOst programme, staff were provided with in-house training on teaching and assessing at level seven, which was delivered by the teaching department. Subsequently all new members of teaching staff have a level seven qualification with only one existing member of staff not possessing a qualification at this level.

Ongoing support for teaching is provided by the LRC subject specialist, through presentations at the TLG, via support from the HoD and through peer support.

There has been only one disciplinary issue recorded involving a non-osteopathic member of staff which has been dealt with effectively through appropriate channels.

Students report that staff act with professionalism and are empathetic and supportive.

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

Staff numbers are adequate for the size of provision, with 14 registered osteopaths and one biomedical scientist. A number of staff teach across the provision, both on the academic and clinical pathways. All osteopathic programme staff are registered with the GOsC.

Staff are mature in their careers with a range of teaching experience. No staff report any links to other osteopathic educational institutions to expand their knowledge of teaching and assessment across the sector.

The HoD has expanded their role by an extra 0.2 to 0.8 FTE since the departure of a key member of staff. A new Business Coordinator role is currently being developed and recruitment is expected by the end of the first semester of the 2022-23 academic year. This new role is intended to support the HoD by taking on strategy for generating clinic income through the provision of continuing professional development activities.

A new member of staff has recently been recruited to teach the academic and research strand of the programme after a previous member of staff left. A strategy to develop the research provision has yet to be formulated and there are no staff currently engaged in research activities.

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

All programme staff have, or are undertaking, a relevant teaching qualification. Staff without a formal teaching qualification are required to attain a minimum level qualification within two years of appointment. To support this, the College offers a number of options for teaching training qualifications, ranging from a level three award in education and training to level six Post Graduate Certificate in Education. All are offered as a part-time option. Free and paid distant learning courses are also available to support teaching continuing professional development. Details of all teaching qualifications, which are available to both internal and external applicants, are available to staff on the College website.

Teaching qualifications are scrutinised at induction. A number of programme staff trained at the College and in these cases the teaching department confirm qualification achievement with the quality department and the HoD, and details are recorded in their individual staff records.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

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

There are currently no satellite clinics so the College's onsite clinic is the only clinical provision where students would encounter patients. The College states that 'patient safety, wellbeing and safeguarding is top priority'. The concept of patient safety permeates the course with tutors and lecturers emphasising these points in clinic and lecture rooms. Students commented on the repeated need for patient consent, safety in patient handling and respect for the patient when learning practical techniques in class.

In clinic, both reception staff are first aiders and students receive first aid training prior to starting their clinical training. Appropriately trained registered osteopaths supervise students and clinic appointment times ensure adequate time for safe and effective supervision. Students and tutors are DBS checked and professional qualifications are verified at or prior to induction.

Information about osteopathy and clinic activities can be viewed by patients prior to visiting on the dedicated clinic website which was launched in 2018. The site is easy to navigate and contains relevant information prior to attendance. Following booking an appointment, patients also receive an email highlighting information about what to expect at the visit. Upon entering the site new patients are met by students or members of staff and escorted to the clinic.

The clinic handbook comprehensively covers topics such as safeguarding, communication and consent as well as chaperoning. For example, it states that all patients must be chaperoned if under the age of 16 or if attending for treatment of intimate areas.

During COVID-19 the College responded by producing a robust and comprehensive infection control policy and many safety protocols were implemented to ensure the safety of staff, students and patients. Some of these measures remain such as the extended clinic session times allowing time for the rooms to be cleaned and ventilated. The College's response to COVID-19 was praised by all stakeholders. Patients reported they were grateful to be able to attend for face to face treatment and felt reassured by the safety measures that were implemented.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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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

Safeguarding matters rest with the College's dedicated safeguarding team based on site. The proactive and knowledgeable team serve all students on the campus. Safeguarding policies are reviewed on an annual basis to align with changes in legislation and terminology as required. Widespread consultation is gained in the updating of these documents. Staff are informed of changes via email, HoDs and newsletters. The MyHR platform requires staff members to 'read' and 'accept' as proof of reading the policies. New staff are required to do mandatory online training via the Educare e-learning portal within the first six weeks of joining the College. These courses include safeguarding, equality, diversity and inclusion, GDPR and the duty of care policy.

Staff learn about safeguarding in the comprehensive induction which includes training on safeguarding key indicators and identification of concerning behaviours. As part of the onboarding process all staff are DBS checked and professional qualifications and professional registration verified. To alert the safeguarding team to any safeguarding issues, all staff have access to CPOMS, an electronic system, which supersedes a previous reporting system called My Concern. My Concern is still in use for reporting other non-safeguarding matters at the College. The new system (CPOMS) enables more detailed reports to be generated allowing for early identification of trends in subject areas and for preventative measures to be implemented. Depending on the nature of the concern tutors may also email the HoD with a view to onward referral.

It is also compulsory for all students to have an enhanced DBS and criminal records check prior to starting the programme and they are reminded to volunteer any emerging criminal records whilst attending the College. Students learn about safeguarding in their inductions which includes a physical visit to the safeguarding team offices and are encouraged to adopt healthy wellbeing behaviours. If concerned, students are urged to contact the team or the on duty Safeguarding Officer. Programme handbooks, clinic guidance and posters on walls highlight the key contact numbers office location. When asked, staff and students were very familiar with these processes and procedures.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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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

In the clinical setting the staff student ratio is appropriate and in accordance with PRSB guidelines. Tutors are responsible for no more than three students treating patients at any given time and no more than six students when not treating patients. Tutors with qualifications and experience in specialist areas have been employed to supervise in the babies and children clinic and sports clinic. Clinic ratios are often kept below the norm to allow a more focused supervision of the students when treating babies and children.

In practical classes the ratio is one to 10 students, meaning one tutor to five pairs of students working with one student as the practitioner and the other as the model. These ratios allow for close supervision to ensure safety but also offers the student the opportunity to ask questions and be supported throughout the practical application of techniques.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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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 Head of Academic Standards receives all complaints and cases involving potential fitness to practise concerns in the first instance. Dependent on whether the concern relates to a student or a member of staff, different courses of action take place. Once more detailed information is available about the nature of the concern, appropriate members of staff are employed and if required, an investigation initiated. In the case of the osteopathy department, the HoD would be engaged and the relevant GOsC fitness to practise reference documents consulted. Whilst responsible for a range of other HE courses, senior academic staff were aware of the GOsC documents and the various iterations.

The College fitness to practise document 'recognises the greater responsibilities over and above other students in relation to professional codes of conduct and standards of behaviour'. Any staff concerns would initially go through the College's human resources department and staff disciplinary process. Senior Managers concurred that GOsC would be notified in the event of any significant concerns regarding an osteopathic member of staff. Equally with matters relating to students, the GOsC would be informed early especially if there was a threat to patient safety or potential breaches of institutional and PRSB standards. All significant incidents would also be mentioned in their annual institutional reporting.

Staff and faculty were aware of the importance of professional behaviours and relating documents, and recognised the significance of any breaches to these documents. Effective informal communication channels exist between department staff and faculty and the My Concern platform is utilised providing an audit trail

where necessary. This platform was demonstrated in meetings with the HoD, where examples of tutor comments had been submitted and the subsequent action that followed. Any cases of a more serious nature would be escalated to the Head of Academic Standards. Examples of investigations involving other HE departments were given by the Director of HE where institutional policies had been employed and the procedures followed.

A patients complaints policy exists in the teaching clinic and copies of this outlining the four stages of the complaints process are clearly visible on the walls of each treatment room. A further copy is available on the clinic reception desk. The clarity of this policy was questioned in the 2021-22 annual report and the emphasising of this policy in clinic formed a recently completed action point on the action tracking summary document.

If patients have a complaint which they feel goes beyond discussions with the Clinic Tutor or Clinic Administrator, the policy directs them to a College email address which is received by a member of the quality team. The policy also gives patients the option of contacting GOsC directly. Staff and students were familiar with the process when asked within the clinic observation period.

Unfortunately, there is currently no patient forum and no means of gaining patient feedback other than through the very sporadic marketing surveys and student specific questionnaires relating to their own professional portfolios. Greater patient engagement in a more structured and formalised manner would be beneficial to receive regular feedback on clinic services and to inform improvements within the osteopathic curriculum.

Strengths and good practice

None reported.

Areas for development and recommendations

Greater patient engagement in a more structured and formalised manner would be beneficial to receive regular feedback on clinic services and to inform improvements within the osteopathic curriculum.

Conditions

None reported.

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

Until the teachout of the KU cohorts, the KU fitness to practise documents will continue to be utilised for students under the KU validated programmes. The KU fitness to practise documents, fitness to practise procedures-student health and disability 2021-22 document and fitness to practise procedures-student conduct document are both comprehensive but generic and apply to at least eight health related disciplines. Both contain flow diagrams outlining the stages and timelines following notification of a concern about a student's mental or disability condition or conduct and if this may impact on their fitness to practise.

LSBU, who are now validating the MOst and BOst programmes, despite having their own fitness to practise procedure for their health professional courses, require the College to utilise their own policy. The recently

reviewed College fitness to practise and fitness to study documents (June 2022) are modelled on the KU documents. The Head of Academic Standards, in recognising the generic nature of these documents, mentioned that attempts would be made to align more specifically with the various health disciplines. However, it was acknowledged that, owing to the nature of courses with PRSBs, there would always be the need for a duality of referencing but ultimately would defer to those of the regulatory body and to members of staff with sector knowledge.

Staff are informed about changes to these policies via emails, team meetings and via the MyHR platform where a 'read and accept' function is required. Guidance on the GOsC fitness to practise policies and management of health and disability is mentioned on the VLE, and students receive further information about this in their induction.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

vi. the needs of patients outweigh all aspects of teaching and research.	☒ MET
	☐ NOT MET

Findings and evidence to support this

Students learn about ethics in year three of the course. Prior to submitting their research proposals students must discuss their research ideas with their Clinic Supervisors to gain agreement on feasibility and to discuss any additional considerations. The proposal involves the use of an 'ethics application template' which is bound by KU's 'ethics guidance and procedures for undertaking research involving human subjects'. This comprehensive document highlights the ethical approval process for staff and student research and the potential for proposals to go through the Ethics Committee for approval. At the time of the visit, final year students were drafting their dissertation proposals and demonstrated a thorough awareness of ethics protocol and requirements.

The College has recently employed an osteopath, with an extensive science background and experience in research, to take on some of the research coordinating duties previously held by a previous member of staff. Meetings with research supervisors now take place on a fortnightly basis, further strengthening the training and understanding of research supervision.

The importance of communication and consent is embedded within the course and this is reflected in the clinic case notes and paperwork where patients' written consent and the presence of observers is recorded. To comply with GDPR, during COVID-19 patients were required to give their consent prior to live streaming of their clinic session via the Microsoft Teams platform. A specific 'Teams video consent form' was required to be signed.

Strengths and good practice

None reported.

Areas for development and recommendations

None reported.

Conditions

None reported.

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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

Students are taught to take thorough case histories, extracting information about many facets of the patient's life not just about the pain they complain of. With longer session times compared to private practice the teaching clinic affords patients the time to talk with students in an unhurried manner.

The clinic case history form supports an in-depth enquiry and allows recording of key and supplementary information. In meetings with patients who had attended the clinic, all were grateful for the treatment they had received and the care they had been given. All had been offered supplementary advice and information mainly in the form of exercise prescription. This was supported by printed handouts, demonstrations of exercises and supervised practice. Others had received advice about posture and ergonomic set up. A recent clinic patient survey emailed to 357 patients with 41 respondents showed that over 90% said that students gave post treatment exercises and additional suggestions.

The HoD is currently teaching exercise prescription and is encouraging the use of a new technology in the form of a phone application known as 'Physiotec'. However, discussions with tutors and students in clinic and faculty showed that this is not regularly used and many were unaware of this option.

Options to osteopathic treatment and the use of adjunctive therapies is limited in the teaching clinic. Often additional advice given by students comes from the attending tutors and depends on tutor knowledge, experience and professional bias. Some students offer therapeutic ultrasound under the close supervision of a tutor with knowledge in ultrasound, although this modality does not formally form part of the osteopathic training. In discussions with students and clinic staff there was little mention of a cross referral network with other relevant health practitioners. This was evidenced in the patient survey where only 2% of patient referrals came from health workers.

As the clinic serves the local community it would be beneficial to students and patients attending the clinic if the clinic had a comprehensive list of known local health practitioners where referrals could be made and to offer patients broader treatment options as adjuncts to osteopathy. This may stimulate a cross referral relationship increasing the scope and range of patients attending the clinic.

Strengths and good practice

None reported.

Areas for development and recommendations

It would be beneficial to students and patients if the Clinic had a comprehensive list of known local health practitioners where referrals could be made and to offer patients broader treatment options as adjuncts to osteopathy. This may stimulate a cross referral relationship increasing the scope and range of patients attending the clinic.

Conditions

None reported.

A. Evidence

A.1   Evidence seen as part of the review

Academic_Appeals
Action Tracking summary sheets - Osteo only
Adjustments for students 21-22
Admissions Policy
Anti-bullying and harrassment policy draft 2022
Autumn and Summer Term Team Day Agendas
Board of Studies Agenda and Terms of Reference
BOst 2021-22 Programme Student Handbook
BOst Course Specification
BOst Course Specification Final 18
BOSt MEP
BOst Part-time Programme Specification FINAL LSBU
BOst Programme Specification
BOst Programme Specification (KU)
BOSt Programme Specification FINAL LSBU
Bost PT Course Specification
Breakdown of staff
Clinic Complaints Notice
Clinic Handbook
Clinic Patient Survey 2022
Clinic Tutor Allocation 21-22
Collaborations Management Handbook NESCOT MOST BOST IHSC LSBU Validation 120722 RAA Final Validation Draft
Complaints Policy
Contract cheating, essay mills and plagiarism evasion HM version
Corporation meeting minutes 2019 - 2022
Corporation Structure
CQC HE SUB COM REPORT OCT 2022
Department Induction Checklist
Destination - sector employed in compared to SSA Studied
EE Report 21-22 Kinch
EE Report Response 2021-22 CK

EE Response 1 Evans
EE Response 2 Kinch
Equality and Diversity Report
Equality_and_Diversity_Policy
Equality_and_Diversity_Report
Ethics Application Template
Example promonitor attendance communication
Example promonitor withdrawal communication
External Examiner Report 2021 _Kinch
External Examiner Report 2021 _Evans (1)
Feedback
Fitness to Practice Conduct
Fitness to Practice Health and Disability
Fitness to Practice Policy
Fitness to Study Policy
General LRC reporting
GOsC Presentation 2022
Group Tutor Job Description
HE Board Minutes 2019 - 2022
HE Induction Checklist 2022-23
HE Specialist Support March 2021
HE Student Council Meeting Minutes 2019 - 2022
HE Student Voice - Engagement and Feedback
HE Summer CPD Programme
HE Teaching and Learning Group Minutes 2019 - 2022
HE TL Group Membership and TOR
HE_Prospectus
Head of Department Job Description
Information Literacy for HE
KU Board of Studies Minutes 2019 - 2022
KU BOst Module Map to GOPRE NEW
KU MOst Module Map to GOPRE NEW
KU Partnership Update Letter to Students
Learning support policy
Lesson Observation Learning Walk Example

LRC Resources
LSBU BOst Module Map to GOPRE NEW
LSBU MOst Module Map to GOPRE NEW
LSBU Programme Documentation: Yr1 BOstMOst
LSBU Programme Documentation: Yr2 BOstMOst
LSBU Programme Documentation: Yr3 BOstMOst
LSBU Programme Documentation: Yr4 BOst
LSBU Programme Documentation: Yr4 MOst
LSBU Validation Confirmation
LSO - teaching staff comms
LSO assessment evidence
Management Structure (incl HE) Jul 22
Marked assessment samples: Year 1 Most Bost 2125
Marked assessment samples: Year 2 Most Bost 2024
Marked assessment samples: Year 3 Most Bost 1923
Marked assessment samples: Year 4 Bost 1822
Marked assessment samples: Year 4 Most 1822
MEP Example
Module guide Example
Module Summary Report Evans
Module Summary Report Kinch
MOst 2021-22 Programme Student Handbook
MOst Course Specification
MOst Course Specification Final 18
MOst MEP
MOst Programme Specification
MOst Programme Specification (KU)
MOst Programme Specification FINAL LSBU
N0001 2125 KU Bachelor Ind surv 21-22
N0001-2024 KU Bachelor Ind surv 20-21
N0015-2024 MOst Ind surv 20-21
Nescot Clinic Complaints Policy
Nescot HE Strategy
NESCOT IMR Letter 07
NESCOT IMR Letter 22

Nescot Organisational_Chart_Sep_2022
Nescot Performance Review Scheme
Nescot Wellbeing summary document
November Team Agenda
NSS comparison 2021-22
NSS Comparison Data 2019_20
NSS Results dashboard_taught 11
NSS Survey Headlines
NSS22_Internal_T_10004686 (1)
OS4703 Essay Assignment
Osteopathy Clinic Marketing Report Sept 2022
Osteopathy Department (incl Clinic Risk Assessment)
Osteopathy final award data
Osteopathy final award data CORRECT
Osteopathy Ind Surv 21-22
Osteopathy reading lists
Osteopathy Staff CPD Records
Osteopathy_Results In Sruvey 19-20
output_Browse_Reports_QDP - Standard View_CG_Department_Osteopathy_Osteopathy
output_Browse_Reports_QDP - Standard View_CM_Department_Osteopathy_Osteopathy
Patient Live Stream Consent Sheet
Patient Numbers Report
Patient Numbers Report UPDATE
Peer review and assessment feedback
PPDR Example (contains Mapping Grid and Objective Activity)
Practical_Tips_BlendedLearning
Professionalism
Progression data and student numbers 2017-22
Recognition_of_Prior_Learning_Policy
Resilience
Resources communincations
Safeguarding Policy and Procedures
Sessional Clinic Tutor JD
Sessional Lecturer Job Description
SSCC Minutes 2019 - 2022

SST email from Nicki Adams
Staff Consultative Group Minutes
Staff Disciplinary Policy
Staff Grievance Procedure
Staff List
Staff List Roles and Responsibilities
Staff Quals and GOsC Reg
Staff Recruitment and Selection Procedure
Student Action Plan Year 1
Student Disciplinary Policy 2022 draft
Student Meeting 18 10 2022
Student Representation Handbook Updated 2223
Student Satisfaction Data for Clinic 2021 - 2022
Teaching_Learning_Handbook_2021-2022
Terms_and_Conditions_HE_Students_2021-22
Terms_and_Conditions_HE_Students_2022-23 V6 (
Tutorial & PDP Policy Nescot HE 2021
Updated Admissions Policy
Updated Admissions Policy LATEST
VLE Training Newsletter
W10 Osteopathy Business Start-Up
W5 - Business Plan Intro
W6 - Osteopathy Business Start-Up
W7 - Business Structures
W8 Business Plan Template
W8 Osteopathy Business Start-Up - Session Three
W9 Osteopathy Business Start-Up
Whistleblowing Policy and Procedure
Wk 11 Osteopathy Business Start-Up - Session Six
Wk 14 Osteopathy Business Start-Up
Wk12 Osteopathy Business Start-Up
19-20 vs 20-21 destination data
2015 GOPRE Mapping Grid for LSBU BOst
2015 GOPRE Mapping Grid for LSBU Most
20-21 Equality and Diversity Annual Report

20-21 Induction Survey
20-21 Module Review
2021-06-07 HE Sub Committee Minutes FINAL
20210816 - Collaboration Agreement LSBU-NESCOT V3 CLEAN
20210816 - Collaboration Agreement LSBU-NESCOT V3 COMPLETED
2021-10-20 HE Sub Committee Minutes FINAL
2022-02-09 HE Sub Minutes FINAL
2122 EE Report Evans
2122 EE Report Kinch
21-22 Module Review
21-22 Module Review CORRECT