

General Osteopathic Council review of osteopathic courses and course providers

Renewal of recognition review

Member of the College of Osteopathic Medicine

London College of Osteopathic Medicine

December 2018

Foreword

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

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

GOsC review

GOsC review is a peer-review process. It starts when institutions evaluate their provision in a self-evaluation document. This document is submitted to QAA for use by a team of review 'visitors' who gather evidence to enable them to report their judgements on governance and management, the clinical and academic standards, and the quality of learning opportunities. Review activities include meeting staff and students, observing teaching and learning, scrutinising students' assessed work, reading relevant documents, and examining learning resources. Full details of the process of GOsC review can be found in the *GOsC review of osteopathic courses and course providers: Handbook for course providers*, QAA 2011.

GOsC review may take one of three forms:

- review for the purpose of granting initial RQ status
- review for the purpose of renewal of RQ status
- review for the purpose of monitoring the operation of governance, management, standards and quality. Such 'monitoring review' normally explores the content of an annual report on provision, the fulfilment of conditions attached by the Privy Council to RQ status, or some important development in the provider or the osteopathic programme.

In initial recognition review, in renewal review, and in some instances of monitoring review, visitors make one of the following recommendations to GOsC:

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| <ul style="list-style-type: none">• approval without conditions• approval with conditions• approval denied. |
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The recommendation made is that of the review visitors to the GOsC. In making its own recommendation to the Privy Council the GOsC may choose not to follow the recommendation of the visitors.

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

Introduction

This report presents the findings of a renewal of recognition review of aspects of the governance and management, the academic standards achieved, and the quality of the learning opportunities provided in osteopathy at the London College of Osteopathic Medicine. The programme reviewed was Member of the London College of Osteopathic Medicine. The review was undertaken by visitors appointed by the General Osteopathic Council (GOsC) in accordance with GOsC's regulatory responsibilities for safeguarding Recognised Qualification (RQ) criteria under the *Osteopaths Act 1993*. A prime focus of the review was the relationship of the programme to the Osteopathic Practice Standards professional competence standard of the GOsC. The review was completed in the academic year 2018-19. The review visitors were Mr Robert Davies, Mr Mark Foster, Mr Graham Sharman and Mr Michael Ridout (Review Coordinator).

A Formal recommendation

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

The recommendation of the visitors for the Member of the London College of Osteopathic Medicine programme is:

- **approval with conditions.**

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

- produce a single definitive course document that clearly outlines the purpose, structure, assessment strategy, fitness to practise policy and operation of the LCOM course to ensure consistency and continuity of delivery and understanding of the students in achieving their award (paragraphs 8, 9, 14, 17, 20 and 37)
- undertake the mapping of the new osteopathic practice standards (for implementation 1 September 2019) across all components of the LCOM course to ensure current and future students are equipped for professional practise (paragraph 11)
- implement the arrangements for enhancing the external scrutiny of the LCOM course to ensure comparability of academic standards and provide critical evaluation of the teaching and learning experience (paragraphs 18 and 62)
- finalise the appointment of the moderator for the FCCA examination to optimise the validity, reliability and consistency of assessment (paragraph 22)
- finalise and implement the revised admissions arrangements through the introduction of the process, where applicable, for assessing clinical competence (paragraph 33 and 50)
- implement the identified deliberate steps to inform and assure the Board of Trustees and stakeholders that the College fulfils its responsibility for the delivery of the osteopathic practice standards (paragraph 52).

B Findings

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

Strengths

- the varied perspectives and experience of medical and non-medical osteopathic lecturers which ensures a high standard of student learning, engagement, support and development in both the academic and clinical environments (paragraphs 29 and 32)
- the close working collegiate relationship among staff that ensures involvement in the communication process and exchange of information in supporting the students' learning experience (paragraphs 30 and 31)
- the responsive commitment to supporting students through their course of study and ensuring their success on the programme through effective feedback arrangements (paragraph 30 and 35)
- the level and availability of learning resources and staffing which support student achievement (paragraph 40).

Areas for development

- review and formalise arrangements for staff personal development and review to ensure all individuals continue to be effectively supported and developed (paragraph 31)
- develop further the arrangements for gathering feedback on the experience and views of patients to enhance the quality of service delivery (paragraph 41)
- raise awareness of the patients' complaint process as part of their involvement as users of the clinic (paragraph 42)
- make clear the terms of reference and provide standard agendas to support the deliberative meetings for ensuring consistency of approach across the College (paragraph 45)
- develop further the use of the computerised accounting system to provide reports on planned and actual expenditure in maintaining the effective cost centre control of the College and clinic (paragraph 54)
- ensure the process for validating and signing off documents for external distribution is clearly defined (paragraph 55)
- ensure the continued management of risks through the updating, monitoring and review of the risk register (paragraph 58).

C Description of the review method

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

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

The visitors are selective in their lines of enquiry and focus on their need to arrive at findings and a recommendation against clearly stated criteria. They refine emerging views on the provision against as wide a range of evidence as possible. For example, the perceptions expressed in meetings by students or by staff are tested against other sources of evidence.

Documentary evidence typically used includes financial accounts, strategic plans, financial projections, insurance schedules, student work, clinic management records, internal reports

from committees, boards and individual staff with relevant responsibilities, and external reports from examiners, verifiers, employers, and validating and accrediting bodies. A protocol exists for staff, students and patients to submit unsolicited information about the provision to the review team. Submissions can remain anonymous to the provider if preferred. There was no unsolicited information submitted relating to this review.

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

Visitors respect the principle of proportionality in their enquiries and emerging conclusions.

Key features of GOsC review include:

- an emphasis on the professional competencies expected of osteopaths and expressed in GOsC's Osteopathic Practice Standards
- peer review: review teams include currently registered osteopaths and frequently at least one lay visitor with higher education interests
- a focus on the students' learning experience, frequently to include the observation by visitors of clinical and non-clinical teaching
- flexibility of process to minimise disruption to the provider; there is negotiation between QAA and the provider about the timings of the review and the nature of evidence to be shown
- a process conducted in an atmosphere of mutual trust; the visitors do not normally expect to find areas for improvement that the provider has not identified in its own self-evaluation document (SED)
- an emphasis on governance and management, to include the maintenance and enhancement of standards and quality
- use of the SED as the key document: this should have a reflective and evaluative focus
- an onus on the provider to supply all relevant information: any material identified in the SED should be readily available to visitors
- a protocol for unsolicited information
- evidence-based judgements
- ensuring that the amount of time taken to conduct a review is the minimum necessary to enable visitors to reach robust findings and recommendations
- providing transparency of process through the use of published GOsC criteria
- the role of the Institutional Contact, a member of the provider's staff, to assist effective communication between the visitors and the provider
- the facility to engage a further specialist adviser where necessary
- close monitoring by QAA officers.

D The overall aims of the provider

1 The London School of Osteopathic Medicine (the College) is part of Osteopathic Trusts Ltd (the Trust), a registered charity and a company limited by guarantee, which also owns the Osteopathic Association Clinic based in Marylebone, central London. The clinic provides patients for the osteopathic training as well as clinics with qualified therapists.

2 The College has been teaching osteopathy since 1946 and delivers specialist full-time vocational osteopathic training for qualified and experienced medical practitioners from a wide variety of speciality and length of career. It awards Membership of the London College of Osteopathic Medicine (MLCOM) on successful completion of the course.

3 Integral to the course is the use of prior skills and knowledge that students acquired in medical degree and postgraduate training and qualifications. The course has three components: a distance learning module, an intensive course and then the major part of the course is attendance at college, with clinic and teaching, on Friday and Saturday over period of 78 weeks with ongoing course work outside the college attendance.

4 The course concentrates on those domains listed within the GOsC Osteopathic Practice Standards (OPS) which are specific to osteopathy, rather than the domains which are generic to health professionals, or those that have already been acquired in medical and postgraduate training. The course places appropriate emphasis on the acquisition of palpation ability to enable development of the distinct skills of osteopathic assessment and osteopathic therapy.

5 The content of the course is summarised as:

- The underlying theory and principles of osteopathy is introduced by distance learning and in the intensive course. The distance learning course over three months focuses on revising basic sciences such as anatomy, pain physiology and study concepts of osteopathy.
- Familiarity with the concept of somatic dysfunction and relevant neurophysiology, ergonomics and postural adaptation. A high level of skill in musculoskeletal diagnosis is developed including conventional medical and osteopathic examination techniques.
- A range of osteopathic techniques are taught to the level of safe independent application. The teaching focuses on structural osteopathy with introduction to indirect techniques. Teaching is designed to reach the standard to enable independent practice as a medical osteopath, and also to reach the standards required to register with the GOsC.

6 At the time of the visit there were five students on the course being taught by 16 part-time members of staff.

E Commentary on the provision

An evaluation of the clinical and academic standards achieved

Course aims and outcomes

7 The aims of the programme align with the descriptors for level 7 on *The Framework for Higher Education Qualifications in England, Wales and Northern Ireland* (FHEQ) and are clearly detailed within the College's Prospectus. The prospectus highlights the training provision for doctors in osteopathic theory and practice and supervised clinical experience in order to facilitate those doctors to practice confidently as medically trained osteopaths. The prospectus also highlights the aim to foster learning that enables graduates to contribute to osteopathic research and education. The aims provide a benchmark for curricula design and underpin learning and assessment strategies. Staff and students confirmed to the visitors their awareness and understanding of the aims of the course.

8 Overall course documentation comprises of various key documents within the Student Handbook and these are amplified further in the College's prospectus. Although the Handbook is available online and as a hard copy, programme aims and outcomes are not explicitly contained within it. The visitors consider that the College should produce a comprehensive, detailed and self-contained definitive course document that would act as a central source of information staff and students.

9 The College's overall (and main) curriculum provides extensive and explicit details of the programme's individual learning outcomes. (ILOs) Divided into 11 specific domains, all ILOs for each domain are clearly mapped to the OPS. Additionally, the ILOs within each domain are mapped to the General Medical Council's (GMC) *Good Medical Practice* 2013 (GMP) and to the Subject Benchmark Statement: Medicine (MBS). The GOsC *Guidance for Osteopathic Pre-registration Education* (GOPRE) provides further alignment that forms part of the College's assessment documentation. The document also contains references to the obsolete *S2K, Osteopathic Standards, 2000*, such references are confusing and should be removed as part of the development of the definitive course document.

Curricula

10 The College has five curricula: an overall curriculum and curricula for its distance learning course, its intensive course and its two technique courses. The intensive course and the two technique courses could be better described as schemes of work that identify topics for study and detail learning outcomes. All students enrolled at the College are doctors and have therefore already attained a medical degree equivalent to the descriptor for level 7 on the FHEQ. The College's overall curriculum is appropriately designed to ensure the acquisition of a set of skills that integrates medicine and osteopathy and is specifically and appropriately orientated to ensure the development of advanced diagnostic, palpatory, manual and personal and professional development skills commensurate with and in preparation for the successful graduation as an osteopathic practitioner.

11 The overall curriculum is explicitly and comprehensively mapped to the OPS and the GOPRE. The curriculum is also mapped to the GMP 2013 guidance and to the MBS. The content of the distance learning course, the intensive course and the two technique courses are not, however, specifically mapped to the OPS. Although no specific details were available for scrutiny, visitors were informed that plans are in hand to re-map the curricula in preparation for the introduction of the new OPS being introduced in September 2019. The visitors consider that in order to promote and enhance a thorough student understanding of osteopathic professional requirements, the new OPS should be mapped to all aspects of the course.

12 The course is spiral in design and is delivered over a period of 18 months. It is divided into three separate teaching components: the distance learning course; the intensive course; and the two technique courses.

13 The distance learning course runs for three months at the beginning of the programme. Students enrol onto this course while revising key theoretical themes. The curriculum and timetable reinforce the appropriate understanding of anatomy, pain physiology and marketing skills commensurate with level 7 learning and development. It also addresses and develops an understanding of ideas around musculo-skeletal dysfunction and osteopathic concepts. The course is orientated to the OPS and explicitly discusses the idea of consent and what that means in professional practice. Additionally, due to a recent review of the distance learning course, changes have taken place to its curriculum that has ensured discussion around themes relating to fitness to practise and this was confirmed by students.

14 The intensive course is delivered on-site over an 11-day period immediately after the completion of the distance learning course. The intensive course prepares students with the skills necessary for osteopathic clinic responsibilities. Its curriculum and timetable are clear and comprehensive and delivers teaching relating to osteopathic palpation and diagnoses, spinal and peripheral joint assessments and complex osteopathic techniques. Drawing upon students existing knowledge and experiences as doctors, the intensive course also reinforces an understanding of themes concerning professional practice expectations with a teaching session specifically dedicated to the OPS. However, the College should remove references to GOsC Standard 2000 as part of the development of the definitive

course document. Both teaching staff and students confirmed that osteopathic practice standards were addressed and reinforced as part of the intensive course.

15 The clinic-based taught component begins after the completion of the intensive course. It is delivered on Fridays and Saturdays over a period of 78 weeks. Overarching clinical responsibility for patients managed by students rests with the College's supervising qualified and registered osteopaths. For a day and a half, students share responsibility for the care and management of patients in the College's osteopathy clinic. The other half day is dedicated to the teaching of taking of osteopathic case histories, examination, diagnosis and the respective delivery of the two technique courses, Technique I and Technique II. Additionally, students participate in lunchtime sessions where they are required to engage in various teaching and reflective activities.

16 The College's curriculum enables 756 clinic learning hours. This does not meet fully the GOPRE requirement of 1,000 clinic learning hours. However, the shortfall in hours is offset by clinic hours students accrued as medical practitioners. Given the positive reports relating to the practice standards of students on the programme from both the internal and external examiners, the visitors consider that this arrangement does not compromise student learning and achievement.

17 Most of the curricula is readily and easily accessible to faculty staff, students and the internal examiner. The curriculum for the distance learning course, however, is not available within the hard copy of the Student Handbook and this needs to be addressed within the development of a definitive course document.

18 At the end of each programme, all curricula are developed and refined by feedback from faculty, students and the College's internal examiner. The external examiner for the programme is not provided with a copy of the programme curricula and this was confirmed by the external examiner. The external examiner also confirmed that they comment upon the College's Final Clinical Competence Assessment (FCCA) only. The visitors consider that to enhance external scrutiny of the course and comparability of academic standards as set out in the Quality Code for Higher Education (2011), the College should implement an appropriate programme of action that ensures external scrutiny of the programme is achieved.

Assessment

19 The College uses written and practical assessments that are both formative and summative in nature. Within the College's overall curriculum, the OPS are clearly mapped to the ILOs and assessments that test each one. The GOPRE is also integrated into this document and provides a further enhancement to the College's overall assessment schedule. Lecturing staff and students confirm that the standards are addressed and assessed throughout the course.

20 Information relating to assessment is available; this, however, is dispersed across various documents and is not available in one central location. The information provides an overview of the assessment methods, although increased clarification is needed for the scheduling and phasing of each assessment. Furthermore, the assessment documentation does not outline the process in place should a student fail any particular assessment. The College provides guidance in the hard copy of the Student Handbook and its Regulation Document on the procedures it has in place for students failing the FCCA; nonetheless greater detail is needed in the definitive document for those students who fail other components of the programme. Additionally, the percentage credit that relates to each assessment and contributes to the students' overall award is not clearly detailed in the assessment documentation or the hard copy of the Student Handbook; but can be found in the College's FCCA document. The visitors consider that College should clearly outline its assessment strategy and processes within its definitive course documentation.

21 The variety of assessment methods are consistent with those detailed within the Subject Benchmark Statement: Osteopathy. Written assessments include an essay and a critically researched paper: these are appropriately designed to enhance student learning and analytical abilities and to develop critical thinking skills. Samples of essays and research papers provided by the College to visitors confirm this. Practical assessments include history taking, examination, diagnosis, osteopathic technique assessment in the form of an Objective Structure Clinical Examination and an FCCA. These, in turn, appropriately test the practical abilities of students to undertake and apply suitably chosen osteopathic techniques as well as testing students' patient and osteopathic health-care management abilities. Assessment papers relating to case history and examination assessments of current students and the FCCA of students from the 2016-17 programme were scrutinised by visitors. These confirm osteopathic and health care management skills are achieved by students. A recent internal examiner report on all assessments conclude that they are of a high validity, standards are comparable with other osteopathic education institutions and they meet the OPS.

22 The assessment programme culminates with the FCCA. This is worth up to 50 per cent towards a student's overall assessment mark. The FCCA has four distinct components, these are: an ergonomic review, a case history role play, two patient assessments - one new, the other a follow up review, and finally a technique assessment on an examiner who is an osteopath. Each component is appropriately designed to reflect and meet requirements of the OPS. Students are assessed by two examiners: the internal examiner of the College and an external examiner. There is no moderator. The College informed visitors that the FCCA has been structured and developed with reference to numerous medical and osteopathic assessments and has a high inter-reliability. The external examiner's report also concludes a high validity and acceptable reliability for the FCCA and confirms that it reflects requirements of the OPS. However, in order to increase reliability further, the external examiner recommended that the College considers a moderator for the assessment. This was confirmed in the telephone interview with the external examiner during the visit. The College confirmed with visitors that steps are in place to appoint a moderator for the FCCA.

23 Assessment sheets are appropriately mapped to the OPS. Generic assessment descriptors provide guidance for examiners and learning is further enhanced through the provision of both oral and written feedback to students on all formative and summative assessments. Students are promptly provided with oral feedback and a mark via email usually within 24 hours. Written feedback is available within a week. Samples of feedback scrutinised by visitors confirm comprehensive feedback to students on practical and written assessments. Students confirmed the operation of these procedures with visitors, together with their satisfaction with feedback and that they had opportunities to report feedback on assessments during their time on the programme.

24 The College critically appraises its assessment strategy on completion of each programme and it is currently working with the psychometrics team at the Royal College of Surgeons of Edinburgh to further enhance this element of the programme. In addition, the College has produced a strength and weakness evaluation of its assessment methods and uses this evaluation to reflect upon and improve its assessment approaches. Furthermore, in order to continue to ensure assessment marking and grading scales that are valid and reliable, the College designs its assessment marking and grading scales against published health-care research.

Achievement

25 The College has one programme running at any one time. Student achievement is, therefore, measured for the duration of each programme cycle and how each student is progressing during that cycle. Although guidance on this is provided in the hard copy of the Student Handbook, greater clarity is needed on when a student's progression is reviewed

during any specific programme. Except for two students who left the 2013-14 programme for personal reasons and for one student who was removed from the 2016-17 programme for the falsification of personal documentation; all three students from the 2013-14 programme successfully graduated and achieved the MLCOM. This statistic was mirrored by the three students who successfully graduated from the College's 2016-17 programme. The current programme has five students and is due to conclude in August 2019.

26 The College is committed to ensuring the highest standards of student achievement as students' progress throughout the programme. In order to recognise achievement, as student skills increase and their development is enhanced, then assessments are appropriately weighted; initial assessments count towards a small proportion of the overall mark - the final clinical competence assessment is worth 50 per cent of the available marks. Students require 50 per cent of total available marks to be awarded the MLCOM. Students must pass all assessments and the mock FCCA before progressing to undertake the summative FCCA. The decision for a student to progress to the summative FCCA rests with the Faculty.

27 Faculty staff provide regular feedback to the College's staff/student forums. Feedback considered useful to enhancing student's learning and development is actioned thus optimising the overall student experience. Feedback by faculty staff on enhancing student development is actioned, when appropriate, on a regular basis. Feedback is also shared among staff to improve overall student learning. The College reported that no major issues have been identified by students relating to the course and this was confirmed, to visitors, by past and current students. Furthermore, as a result of feedback from past students, appropriate changes have been made to the curriculum that ensure learning outcomes in relation to professional practice and communication skills are fully understood.

28 All students who graduate from the programme secure work appropriate for their profession. Given the skill set of graduates from this particular osteopathic programme, students have either chosen to become sole osteopathic practitioners, or have integrated their osteopathic skills into their medical practice. This outcome was confirmed to the visitors by previous students.

The quality of the learning opportunities provided

Teaching and learning

29 The spiral course comprises five integrated elements. Material is revisited with increasing complexity, in challenging and widening existing healthcare models, developing palpatory and technical osteopathic skills. Students are encouraged to engage in their learning to identify and address gaps in their understanding. Students enrol onto the three-month distance learning course, orientating to OPS and GMP while revising key theoretical subjects. Students progress straight onto the 11-day intensive course. They do, however, undertake an assessment of the distance learning course, which the College describes as formative. This must be repeated in the event of a student not achieving a pass mark. Their existing practical skills are extended with osteopathic evaluation and treatment approaches, underpinned by the OPS, that are sufficient to enable them to progress to the clinical teaching element. Under full supervision from doctors registered with GOsC, students manage osteopathic patient lists for one and a half days per week over 78 weeks in the College clinic. Students initially manage patients in pairs. Technique teaching over 38 weeks runs concurrently with clinical practice. Students reported positively on the effectiveness of the teaching and learning methods employed in the course and the way the OPS is embedded and reinforced throughout.

30 Students' personal mentors actively guide their distance learning through regular contact and subsequently throughout the course. The Course Director works with and

monitors mentors in their support of students. Every seven weeks a quiz is used to reinforce students' on-site learning. Staff monitor closely students' portfolios and technique learning logs, effectively charting and supporting their developing competences and independent learning. Students value their master classes in reinforcing their skills and these encourage deeper understanding. Current and past students commented positively on staff availability in supporting their learning. Students benefit from weekly updates and clear notifications on future learning topics. Visitors noted how the high staff to student ratio in clinic and teaching sessions enhances students' engagement. Students reflected positively on this, as it enabled them to fully participate in their learning. Lunchtime mandatory topic teaching also supports students' effective engagement in their learning. The visitors noted the highly successful arrangements for encouraging and facilitating students' participation and development.

31 Quarterly monitored faculty days contain teaching and clinically focused continuous professional development (CPD) which supports faculty staff development. Master classes extend academic staff competences, while a strategic focus on key curricular areas provides underpinning for longer term development. The majority of faculty are members of the Association for Medical Osteopathy and their annual conferences provide additional support and development. Peer review reinforces faculty teaching capability through the provision of feedback and the College is looking to strengthen these arrangements by regularising the process. Faculty staff communicate regularly by email and through the central online repository and social media thereby keeping apprised of developments, sharing research, clinical problems and online updates on relevant issues. New faculty staff are effectively inducted and shadow senior members while informal support continues. Trustees consider staff requests for personal CPD. Staff contracts and job descriptions have been reviewed recently. Although arrangements for maintaining teaching quality are proportionate for the size of the provider there are no formal professional development and review arrangements in place. Formalising these arrangements would help ensure all individuals continue to be effectively supported and developed.

32 A range of new and follow-up clinical encounters were observed, and reference to the OPS was clearly evidenced. Clinical sessions ranged from very good to excellent. Similar findings were noted in the tutorial and taught sessions, and this was confirmed by students. Students and staff also identified that the OPS is routinely referred to in teaching and clinical encounters. The College also noted that its high staff to student ratio enables it to effectively identify poor healthcare practise and the visitors would concur with this view.

Student progression (including students' fitness to practise)

33 The College prospectus sets out the nature of osteopathy from a medically qualified practitioners' perspective and it identifies how the field can widen their practice. Course structure is sufficiently explained. Course entry requirements are listed, including IELTS level 7. Prospective applicants are invited to attend open days, personal meetings and observe teaching. Following the critical incident involving an applicant using false information to gain admission, the rigour of the selection process is being substantially enhanced. The new process, managed by a designated faculty member, is underpinned by a comprehensive and detailed decision-making algorithm. This governs and records applicants' progress, in conjunction with the redesigned application form, from first contact to invite for initial informal visit/interview and onto formal interview. Applicants are invited for an informal visit/interview and then a formal interview. Substantially enhanced background and qualifications checks now precede an offer. An applicant's formal interview follows a structured scoring format, evaluating 30 personal attributes, skills, motivations and relevant key risk indicators. Referee requirements have been strengthened and a nominated trustee now signs off applicants' suitability. Where doubt still exists, the College is developing a hybrid version of the GOsC Professional Portfolio and Profile and GMC Professional and Linguistic Assessments Board process to evaluate applicants' incoming competence profiles. The College has carefully evaluated the previous admissions system's weaknesses and the visitors noted that the robustness of the new arrangements provided improved confidence in the process.

Notwithstanding, the development work on the hybrid competence evaluation tool, the visitors consider this will need to be in place prior to recruiting 2019-20 student cohort.

34 A course introduction is appended to the new application form providing students with the necessary information about their course. At induction, students are allocated a mentor and given access to online resources and contact arrangements for key staff. During the first day of the intensive course, staff explain the course structure, clarify rules and regulations and students' responsibilities. Overseas students are orientated to the UK healthcare context. Comprehensive clinic induction occurs subsequently, including referrals, letter writing, operation of the practice software and data protection protocols.

35 Mentors actively support students and, where appropriate, escalate issues to the Course Director and the Faculty. Student support and progress information is cascaded mainly through email, the central online repository and during teaching days. Faculty meeting standing agenda items are also used to manage and record students' progression. Students receive regular written individual and whole group feedback from the Faculty. They also receive lunchtime feedback from their clinic tutor and feedback is shared within faculty staff. Timeliness of feedback is encouraged through linkage to tutor remuneration. Students also receive audio feedback in addition to written and verbal feedback. Current and past students agree the College is very responsive in supporting their learning needs and plentiful feedback opportunities are provided. Visitors agree verbal and written feedback is of a high quality and plentiful throughout the course thus aiding student progression.

36 Students reported positively on how the course enabled them to start thinking at an early stage about how their learning would widen future career pathways, commenting especially on preparations for establishing their own business and how alumni's current practice has benefited.

37 College regulations located in the Student Handbook state that students should comply with the OPS and GMP. The Handbook also articulates students' responsibilities to patients, staff, tutors and trainees and respect for diversity. The College states that these would be the 'starting and reference point' in fitness to practise cases. No definitive policy and linked procedure exists that deals with students' fitness to practise or disciplinary matters. Similarly, while student's fitness to study is clearly managed effectively, no policy underpins this. Without such a framework as described by GOsC then there is a risk that the OPS can be compromised or of the student following the wrong pathway, if critical incidents occur. The College should ensure that its arrangements for managing students' fitness to study, practise and non-academic disciplinary matters are suitably robust with clear overarching pathways and set out in the definitive course document.

Learning resources

38 Individuals wishing to join the faculty staff are invited to attend a faculty meeting prior to their appointment. Trustees approve faculty appointments. Following induction into College regulations and teaching arrangements, newly appointed tutors shadow an experienced tutor who, in turn, feeds back to the Faculty about the capability of the new tutor. The faculty team then determine whether the tutor can fully join the Faculty. The Technique Director acts as a first point of contact for new staff's operational queries and staff noted the College's size makes the available informal support workable.

39 While the College notes a high staff turnover in the last four years and recent debate over the merits or otherwise of non-medical faculty osteopaths, it tries to ensure a skills balance across the team. Staff CVs demonstrate a sufficient and wide range of appropriate professional backgrounds, skills and experience within its team and this is reflected in high teaching quality and students' assessment feedback.

40 The College has seven well equipped treatment rooms, one of which is accessible on the ground floor. Private space for breakaway discussions, lecture theatre/teaching area and a fully General Data Protection Regulation (GDPR) compliant reception area and waiting room are fit for purpose. A wide range of anatomical specimens, books and online resources effectively support students' learning. These physical resources together with the online resources and email arrangements are highly effective in meeting and supporting students' learning needs and those of staff for the size of learning community.

41 The clinic electronic booking system enables reception staff to manage new patient allocations to students. Students' portfolios are used to review the diversity of patients treated. A range of marketing approaches are used to attract patients and patient supply is sufficient to meet students' learning needs. Students note that the 'smiley faces' feedback cards, replacing the National Council for Osteopathic Research feedback pilot that was unpopular with patients, provides no useful information although patient satisfaction was 80 per cent. The provider is devising a replacement questionnaire that is underpinned by practice in the field of medicine. The Course Director has contacted other HEIs for information on their approaches to measuring satisfaction. Visitors noted the work in progress to develop more effective arrangements to raise awareness and gather relevant patient feedback.

42 Clinic reception handles patients' complaints. These are first managed informally and escalated in writing when necessary through the Course Director to Trustees. While visitors identified an excellent GDPR notice for patients, they did not see any patient complaint notices in clinic reception or the consultation rooms; visitors consider this will need to be addressed to reflect the requirements of the OPS 2019.

43 Students' formal feedback occurs through the College Clinic Committee (CCC) and informally through lunchtime meetings. The Course Director, where necessary, takes action arising from this feedback. Students also provide feedback informally through their lunchtime meetings, regular email and in their daily contact with faculty. They can also, if appropriate, contact Trustees direct. Students confirmed the responsiveness of the College to their needs.

Governance and management

44 The College has policies and procedures for governance and management in place although most are not currently formally documented. The Board of Trustees (the Board) operates under the terms of the Memorandum of Agreement and a subsequent amendment. The post of Chair of Trustees is currently vacant, and some trustees have not been either appointed or assumed their responsibilities. The visitors were informed that this had affected the ability of the Board to fully undertake all responsibilities related to oversight of the College.

45 The College has a clear management structure with individuals holding responsibilities delegated by the Board. Roles and responsibilities for posts have not been formally set out, although in discussion, trustees and faculty members were clear about relationships. Three deliberative committees have been established to facilitate communication and decision making. The Area for Development set out in the 2014 GOsC review relating to establishment of Terms of Reference for deliberative committees has not been fully implemented. However, in meetings the functions of the committees were effectively described and clearly understood by trustees, faculty staff and students met by the visitors, although the written documentation available to staff and trustees to support meetings is incomplete. The visitors were informed that the relationship between the Board and Faculty Management was close and that this has facilitated the creation of a shared vision and an understanding of the priorities for the College. However, the visitors consider that the function and clarity of meetings would be enhanced by publication of terms of reference and standard agendas for deliberative committees.

46 The Management Committee is made up of members of the Faculty Management and representatives from the Board. Formal meetings are scheduled with some members contributing, where necessary, by tele-conferencing. Regular informal contact is maintained between senior faculty members and trustees between scheduled meetings by email and remote link. The minutes of the Board and Management Committee confirmed that meetings are quorate and occurred with appropriate frequency and membership. The minutes of the Management Committee are circulated to all members of the Board.

47 Faculty meetings provide an opportunity for all staff to discuss programme issues. Minutes scrutinised, by the visitors, confirm that attendance is good. Minutes are circulated to those members of faculty that are eligible to attend. The meetings provide an opportunity for staff to receive training and staff development related to the delivery of the qualification and pedagogy. Staff met by the visitors confirmed that the meetings were valuable and well attended.

48 The CCC provides a forum for faculty staff and students to meet to discuss issues relating to the operation of the clinic and wider course-related issues. The meeting is chaired by a member of faculty. The minutes confirm that the meeting occurs with an appropriate frequency and is well attended. The minutes of the Committee are circulated to the faculty management team and the Board.

49 The Board operates informal processes for determining strategic and operational priorities. However, there is no formally agreed and published strategic plan or financial strategy in place for the Trust, despite this being an area for development in the previous GOSC review. Similarly, marketing strategies to describe the approaches to improve student recruitment are informally operated.

50 The strategic priorities for the Trust were reported as being previously financially driven rather than focusing on the oversight of the discharge of delegated responsibilities by the College and the clinic. A critical incident, relating to a student's eligibility to study had impacted upon the maintenance of OPS, exposing both weaknesses in arrangements for oversight of the College by the Board and failures by College officers to follow established protocols for recruitment. The protocols, as operated, were shown to be insufficient to safeguard against bogus applicants. A newly-appointed Trustee, a previous Course Director, has been appointed by the Board to investigate the critical incident and this review is in progress. Once concluded, recommendations will be presented to the Board for consideration and action.

51 In order to assure themselves that osteopathic practice standards have been upheld with respect to qualifications and status required for enrolment, the Trustees have commissioned a risk-based review of all previous awards conferred. The review focuses on assuring the Trustees and stakeholders that entry conditions for candidates for the Recognised Qualification (RQ) have been met. Candidate records are being scrutinised to verify that those awarded the RQ held a recognised medical qualification and were registered as physicians within recognised jurisdictions. A report will be prepared for the Board and, to date, no issues for concern have been identified.

52 The visitors were informed about developments and changes proposed to governance and operational arrangements taking account of the lessons learnt from the critical incident and the subsequent and continuing investigations. With the appointment of a new Chair of the Board and continuing recruitment to fill trustee vacancies, the Trust is seeking to ensure that there is capacity in place for them to be more engaged, through the allocation of specific responsibilities, to ensure the oversight of operation of the Trust. The visitors consider that the Trust should implement the identified deliberate steps to inform and assure the Board and stakeholders that the College fulfils its role and responsibility for the delivery of the osteopathic practice standards.

53 The Trust has successfully diversified its activities and anticipates reporting a budget surplus in the next financial report. Room rental income has risen as a share of total income for the Trust. A decision has not yet been taken by the Trust to approve the next student cohort.

54 Financial planning policies and procedures are tacitly understood by Trustees and faculty members met by visitors; however, they are informal in nature. Budget forecasts for revenue and expenditure for the College, clinic and for room rental business are considered and approved by the Board at their Annual General Meeting. The Trustees consider the extent to which surpluses and capital may be required to support the operational work of the Trust. A new accounting application offers facility for budgets to be further disaggregated to allocate resource to individual cost centres, reflecting anticipated expenditure for different aspects of the work of the Trust. This function, however, has not yet been applied to support budget management. Management financial information was reported as being reviewed monthly by faculty managers and by the Management Committee, where the Board is represented. Should a shortfall in income occur in the work of the College or the clinic, an application is made to the Secretary of the Board for surplus funds to be released. Expenditure is reported to the Board at their next meeting. The visitors noted the progress made in implementing the computerised accounting system. The visitors, however, identified the need to develop further the use of the computerised accounting system to provide reports on planned and actual expenditure in maintaining the effective cost centre control of the College and clinic.

55 A formal report on academic and clinical activities is presented to the Board at the Annual General Meeting and this constitutes the formal opportunity for scrutiny of the College by the Trust. The report is prepared by the Course Director and consists of a self-evaluation and identifies areas for development. Similarly, the Annual Report on the Recognised Qualification required by GOsC is co-ordinated by the Course Director in conjunction with the Faculty. Informal processes are in place designed to ensure that actions arising from various reference points are followed through. A task list tool has been developed to facilitate this process. There is no formal process of approval for the Annual Report on Recognised Qualification or clear lines of accountability for its preparation. The visitors consider that the process for validating and signing off documents for external distribution needs to be clearly defined.

56 Communication between the Board and faculty is predominantly informal, not always face to face and decisions may be informally reported. Formal meetings of deliberative committees are interspersed with ad hoc meetings. Trustees and faculty members met by the visitors described informal message exchanges used to reach consensus on a range of issues. It was reported to be a process that worked effectively although some individuals reported that the volume of emails to read may be sometimes onerous.

57 Opportunities for direct student engagement with the Board is limited to direct petition. Minutes from the CCC are shared with trustees. Students are invited to attend the Annual General Meeting of the Trust. The self-evaluative document highlighted that the CCC meetings had previously been inconsistently managed and reported. Staff and students reported that the Committee was working effectively and that issues raised had been addressed by faculty.

58 The Board and the College management team have processes in place to formalise their consideration of risks affecting the work of the Trust and the College. A risk register has been established and this has been updated to reflect issues arising from the critical incident. The visitors were informed of emerging risks relating to impact of the Office for Students on overseas recruitment and a risk of the Course Director stepping down in 2019. The visitors

consider that the Trust should ensure the continued management of risks by the College through the updating, monitoring, review of the risk register.

59 The Board take responsibility for approving the viability of each cohort based on the advice of the Course Director. A process for assessing course viability is in place that considers the risk of students withdrawing from the programme or failing to progress. Fee income and costs of delivery are considered in the context of other sources of trust income including clinic and room rental income. Applicants are informed that offers are contingent on cohort viability.

60 Staff development days are used to update staff about changes to policies and procedures. Faculty staff appointed on consultant contracts are required to attend one staff development session per year, for which travelling expenses are reimbursed and in practice many attend two per year. A register of attendance is kept. Policies and procedures are compiled in a readily accessible hard copy format for easy reference for staff and students. Electronic folders containing policies and procedures are also available to staff although they have not been aggregated into a central location.

61 The Trustees recognise there is an increased need for externality to become a feature of governance and delivery of the recognised qualification. A new Trustee appointment has been made from outside the College alumni network. Externality is represented by the appointment of an external examiner to oversee academic standards for the recognised qualification. There is evidence that internal standardisation of assessment decisions occurs and processes to prepare new staff in the delivery of appropriate teaching and learning strategies are in place.

62 The College has appointed an external examiner for the programme. The roles and responsibilities for the appointment were explained to the new appointee at the commencement of their period of scrutiny. The role has been defined informally and this has resulted in scrutiny of only part of the course in 2017. The Annual Report to the Board refers to the external examiner's report and actions identified are included in the tasks monitoring spreadsheet.

63 Processes and procedures for appeals, concerns and complaints are in place. Faculty staff and students are familiar with the arrangements and are clear where to find information. An analysis of appeals and complaints is included in annual reports.

64 The management of the clinic is overseen by the Clinic Director, a member of the Management Committee. A Clinic College Committee has been established to provide an opportunity for students to discuss their experience of the clinic. Patient views are routinely collected, and enhancements are made in to respond to feedback although no formal analysis takes place.

Meetings and documentation

Meetings held

ME 1 Initial meeting
ME 2 Corporate management and governance and Management and enhancement of standards and quality
ME 3 Meeting current students
ME 4 Intended Learning Outcomes, Curricula, Assessment, Student Achievement and Teaching and Learning, Student Progression and Learning Resources
ME 5 Meeting with faculty and clinic receptionist(s) staff
ME 6 Meeting Response to Critical Incident

Major documentation

001 Structure of OT OAC LCOM
002 Prospectus Current 2019
002a (566432182) Office SOF-80334301.PDF
003 Musculoskeletal Framework
004 Document list RQ 2018
005 LCOM portfolio template 2016 17 updating in process for 2017 19 course
006 2014 SED
007A OT Risk assessment OAC LCOM December 2017 update
007B QAA report 2013 2014 London College of Osteopathic Medicine
008 Grading of Exams LCOM - generic grade descriptors 2015 17 course
009 Grading of Exams LCOM - generic grade descriptors updated 2018
010A Osteopathic-practice-standards-public(1)
010B (566432180) Office Policy Schedule-80334299.PDF
011A (566432185) Office EL Certificate-80334303.PDF
011B Guidance-for-osteopathic-pre-registration-education(1)
012 Good-medical-practice English GMC
013 Generic-professional-capabilities-framework- Produced 2017
014 Promoting-excellence-standards-for-medical-education-and-training-0715 pdf-61939165
- replaced Tomorrows Doctors
015A Survey of OT trustees re Governance 2017
015B UK code for Higher Education
016 GOsC Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students.pdf
017 RCGP-Curriculum-1-Being-a-GP
018 RCGP-Curriculum-modules
019 Tomorrows Doctors 2003
020 FP Curriculum
022 109693-criterion-referenced-assessment-as-a-guide-to-learning-the-importance-of-progression-and-reliability
023 Examiner meeting April 2015
026 RQ Course Hours Plan 18 month 17 19
027 Map from OPS to assessment 2017 19
028 Reliability weighting and validity of MLCOM clinical assessments Dec 2017
029 Overall assessment table reliability variability update 2015
030A Assessment Programme MLCOM Overview 2018
030B OT Council agenda for 150716
031 Final Clinical Competency Assessments LCOM comments 18-19-08-17 Marianne Bennison
032 Mocks and FCCA information for students and examiners February 2017
033 Notes FCCA discussion John and Mark and Judith 19.8.17
034 Atlantoaxial HVT - paper for critical analysis 2015

035 Conservative VS early surgery in sciatica - critical analysis LCOM 2015
 036 Critical analysis assessment 2016 2017
 037 Diagnosis and treatment information for candidates for role player OSCE June 2017
 038 Diagnosis information for students 2016
 039 Distance learning assessment London College of Osteopathic Medicine Paper 2 answers - Copy
 040 distance learning assessment London College of Osteopathic Medicine Paper 2
 041 Distance learning assessment LCOM Paper 1 with answers - Copy
 042 Examination assessment information for students 2015
 043 Examination routine assessment information of subject
 044 Exercise and ergonomics OSCE marking sheets MOCK
 045 Examination routine marking sheet
 046 FCCA information for students and examiners August 2017
 047 Follow up patient Mock marking sheet and overall marks MOCK
 048 Marking schedule technique exam 2017
 049 Mocks planned timetable June July 2017
 050 Mocks role player info 1st July 2017
 051 New patient marking sheet mock
 052 Re assessments for whole course faculty email discussion eg
 053 Re FW assessments for whole course email faculty discussion eg
 054 Role player stretches plan and adv expected from student
 055 Technique assessment FCCA May 2017
 057 Technique OCSE marking sheet Mock
 058 UK higher ed quality code chapter-b6 -assessment-of-students-and-the-recognition-of-prior-learning
 059 UK code higher ed chapter-b7 external-examining
 060 Re assessments for whole course
 061 Re FCCA
 063 Mocks standard setting exercise 2015
 064 Interim Handbook for Providers-to be used for Visits Sept18-Feb19
 065 Recognised Qualification Annual Report form 2015 - LCOM
 067 Response to Ed C Sept 2016 example of feedback to students from tutor for days teaching
 068 Response to Ed C Sept 2016 faculty feedback to all students
 069 Response to Ed C Sept 2016 Faculty meeting example of discussion of process of exams report
 070 Response to Ed C Sept 2016 Faculty meeting example of discussion of process of exams report
 071 Response to Ed C Sept 2016 FW feedback from 160916 from tutor
 072 Response to Ed C Sept 2016 Intensive course feedback 2016 17
 073 Response to Ed C Sept 2016 Intensive course feedback 2016 17
 074 Response to Ed C Sept 2016 LCOM portfolio template
 075 Response to Ed C Sept 2016 LCOM response to GOSC Education Committee September 2016
 076 Response to Ed C Sept 2016 Private Item 4 - Quality assurance LCOM FINAL
 077 Response to Ed C Sept 2016 risk assessment example page
 078 Response to Ed C Sept 2016 student feedback for 10.9.16 example on days teaching
 079 Response to Ed C Sept 2016 student feedback from faculty
 081 Response to Ed C Sept 2016 Responding to ed committee for 4 8 16 meeting
 082 Update from Annual report 2016 Private Item 4 Quality assurance LCOM final 1th October 2017
 083 RE LCOM paper - PAC March 15
 084 RE LCOM PAC report and follow up 2017ina
 085 Response to Ed Co 2016 Private Item x- LCOM 20160524 JN comments
 086 Response to ed com 2016 Private Item LCOM 20160524 2016 JN comments
 087 Clarification of RQ and current students RE LCOM October PAC follow up
 088 Discussion with Tim Walker 12.10.17 JN notes

089 LCOM clarification of RQ items July 2018 sent to GOSC and QAA for clarification. July to August 2018

089 Monitoring of Students Summary June 2016 MLCOM

090 Monitoring of Students Summary updated March 2018 and June 2018

091 John Chaffey exam feedback on quality and process post mocks 2017

092 Quality Assurance Handbook for Providers Interim handbook to use 2018

094 History assessment result to student

095 History assessment results LCOM email to faculty re results

096 History exam info to student

097 Guide to Angoff and Weightings (domains)

098 Developing technique OSCE 5 9 2014

099 Report for LCOM 2015 Angela Hall

100 Portfolio template 15 17 course

101 Portfolio template 2018

102 Mentoring LCOM

102 OPS John Chaffey report First 17.8.18

103 Medical registration and licence to practice discussion Mr Walker and Dr Neaves Feb 2018 re LCOM Website

103 MSK symptoms student FTP issue student health Nov 2014

104 Feedback to student 2017 19 course

106 Re LCOM course - confidential student struggling 2018

107 Query Student eg FTP and limits - college reply April 2018

108 Student discussion about limits of teaching and existing work in Homeopathy May 2018

109 Technique teaching

110 Action points to student eg

111 FW LCOM course - confidential student struggling

112 Subject-benchmark-statement-medicine-masters QAA UK

113 Osteopathy Benchmark 2015 QAA

114 LCOM CURRICULUM 2017 19 with mapping

115 Intensive course curriculum and timetable 2018 and tutor feedback Final document

116 Technique 1 curriculum 2017 19

117 Tech 2 curriculum 2017 19

118 Using techniques LCOM

119 College and clinic regulations 2017 19 course

120 White2 016 Consent After Montgomery

121 Distance Course content 2017

122 Clinic feedback 29618 - re clinic work example 2017 19 course (14)

122 Clinic feedback 29618 - re clinic work example 2017 19 course (7)

122 Clinic feedback 29618 - re clinic work example 2017 19 course

123 Re consent and stages of learning 17 19 course reminder (13)

123 Re consent and stages of learning 17 19 course reminder (6)

123 Re consent and stages of learning 17 19 course reminder

124 Examination routine assessment - reminder on FTP reading - no HVT without tutor agreement (12)

124 Examination routine assessment - reminder on FTP reading - no HVT without tutor agreement (5)

124 Examination routine assessment - reminder on FTP reading - no HVT without tutor agreement

125 Saturday 15th November Clinic and Teaching 2015 (11)

125 Saturday 15th November Clinic and Teaching 2015 (4)

125 Saturday 15th November Clinic and Teaching 2015

126 Patient notes - insides are missing !! admin and student 2014 October (10)

126 Patient notes - insides are missing !! admin and student 2014 October (3)

126 Patient notes - insides are missing !! admin and student 2014 October

127 Consent and stages of the course - tutor email bounced back - ask students discuss with tutor 17 19 course (2)

127a Consent and stages of the course - tutor email bounced back - ask students discuss with tutor 17 19 course (9)
 127b Consent and stages of the course - tutor email bounced back - ask students discuss with tutor 17 19 course
 128 Feedback from faculty for all students 2014 post faculty meeting (1)
 128 Feedback from faculty for all students 2014 post faculty meeting (8)
 128 Feedback from faculty for all students 2014 post faculty meeting
 129 Osteopathy Benchmark Statement QAA
 130 Prospectus 2014
 131 Algorithm for enquiries for the course LCOM updated 2016
 132 Application Form 2015
 133 Application Form 2019 MLCOM course, London College of Osteopathic Medicine. July 2018 archive
 135 Railcards
 136 LCOM RQ Report 11th December 2017
 137 Recognised Qualification Annual Report form 2015 - LCOM
 138 Email Exchange in July 2018 D.Murgatroyd topics for teaching after technique teaching, example
 139 BF essay example written work essay 2014
 140 Course Essays combined marks SD essay 2017
 141 Critical analysis mark sheet March 2017 All 4 students and comments
 142 Critical Analysis Assessment student 2016
 143 Critical analysis student work and comments 2015
 144 Distance learning assessment LCOM PAPER 1 with answers - Copy
 145 Essay example discussion with students
 147 Faculty feedback on your progress DF from faculty oct 2014
 148 John Chaffey initial report on Assessments at LCOM august 2018 info faculty and trustees
 149 July 2017 ID Essay marks JN
 150 June 27th Diagnosis exam
 151 LCOM Critical Analysis Assessment student work
 152 LCOM Essays - 2014 feedback and marks
 153 RE essay LCOM CONFIDENTIAL DO NOT FORWARD !!
 154 RE Identifying your learning needs in making sense of research papers
 155 Role Player Mock June 2017 recorded feedback
 156 Somatic dysfunction essay SB July 2017
 157 Student essay marks and feedback 2015
 158 Student feedback day of exam 17.8.18
 159 Student results examination routine 17.7.18
 160 Technique exam mocks - June 2017 information for technique assessment
 161 Role Player Feedback to students mocks copy faculty_1
 162 Role Player Feedback to students mocks copy faculty_2
 163 Role Player Feedback to students mocks copy faculty_3
 164 Tutor feedback 2016
 165 Tutor feedback 2016
 166 Agenda Faculty 11th July 2015
 167 Agenda Faculty 14th April 2018
 168 Agenda Faculty Meeting 14th March 2015
 169 Assessment programme for course
 170 Assessing students during clinic teaching
 171 Tutor confidential discussion within faculty September 2016
 172 Tutor feedback 2016
 173 Certificate of Attendance sept 2016 Faculty
 174 College feedback 2016 version 2 December 2016
 175 College feedback form 2016 2017 course
 176 Complaint-handling-advice-for-osteopaths
 178 CV John

179 DM CV returning faculty member 2017
 180 DK CV joined faculty 2016
 181 Examples of student feedback various tutors various students 2017
 182 Faculty 8.7.2017
 183 Faculty 31st October 2015 Agenda
 184 Faculty agenda 1st April 2017
 185 Faculty agenda 14th July 2018
 186 Faculty Agenda 21st January 2017
 187 Faculty agenda 24.1.15 doc
 188 Faculty agenda 30th January 2016
 188 Faculty agenda 30th January 2016
 190 Faculty discussion re tutor performance 1.4.17
 191 Faculty feedback 14418 MA
 192 Faculty meeting Nov 2017 minutes
 193 Faculty meeting Nov 2017
 194 Faculty minutes 1.4.17
 195 Faculty minutes 14th April 2018
 196 Faculty Minutes 21.1.17
 197 Faculty Minutes 21
 198 Faculty minutes 21st May 2016
 199 Faculty minutes 24th January 2015
 200 Faculty minutes 24th September 2016
 201 Faculty minutes 31st October 2015
 202 Faculty agenda September 2016
 203 Friday 24th August - LTT - Revision of Anatomy for week 30 - Pelvis
 204 GA feedback 2016
 205 GA feedback DEC 16
 206 SG feedback 2016
 207 History consultation skills assessment and technique results e email to faculty 4.6.16
 208 Information for potential faculty members July 2016
 209 Information for potential faculty members
 210 LCOM attendance Email from James Ruddick
 211 LCOM faculty October 2017
 212 LCOM feedback from students 2016 Tutors version 2 December 2016
 213 Tutor feedback 2016
 214 Meeting with Ghulam and Mark 30.1.16
 215 Mentoring LCOM 2015 2017
 216 Minutes Faculty 11th July 2015
 216 Straiton feedback 2016
 217 Minutes of faculty meeting 14th March 2015
 218 Minutes of Meeting Faculty 30th January 2016
 219 MOL CV1
 220 MB CV LCOM
 221 professional profile MA potential faculty member 2015
 223 Re patient feedback
 225 Saturday 25th August - PM Practical tech teaching - Week 30
 226 SurveyMonkey Analyze - Quarterly Tutor Feedback DM
 228 CCC - 22nd June 2018
 229 CCC
 230 Pt feedback
 231 Fwd LCOM
 232 LCOM CCC Meeting 4 April 2014
 233 LCOM CCC 4.7.14
 234 LCOM CCC MEETING 2 MAY 2014
 235 12TipsforPOT PEER REVIEW 2017
 235 LCOM CCC Meeting 3rd October 2014
 236 27th September pm group session

236 LCOM CCC MEETING 7th November 2014
 237 28th Dec 2017 JN and MA discussion
 237 LCOM CCC MEETING 19 September 2014
 238 LCOM CCC Minutes 6th February 2015
 239 Meeting with Course Director May 2018
 240 RE Damon student feedback for 18 Aug 2018
 241 Re feedback faculty
 242 Staff copy from MC meetings to help with staff issues March 2016
 243 Student action plan eg 2017
 245 Clinical problems for treatment planning and tech practice March 2017
 246 Damon student feedback for 18 Aug 2018
 247 Drop box - student handbook in OACLCOM folder
 248. Faculty discussion re tutor performance 1.4.17 anonymised and with outcomes so far - RQ 2018
 249 Faculty meeting Nov 2017 minutes
 250 Faculty minutes 1.4.17
 251 Faculty Minutes 21.1.17
 252 Folder for faculty
 253 Information for potential faculty members July 2016
 254 LCOM new tutor info how clinic functions august 2016
 255. Screen shot of new tutor information documents
 257 Actions list Nov 2017
 258 Actions list updated on 28.11.16 (2016_12_06 22_05_32 UTC)
 259 Actions list updated on 28.11.16
 260 Agenda 23rd January Management meeting (2016_11_15 13_20_42 UTC)
 261 Agenda MC meeting 13th March 2015 (2016_11_15 13_20_42 UTC)
 262 Contract faculty and directors Draft - Initial workings Dec 2017
 263 Email exchanges GOSC and LCOM re Ed committee from Feb 2017 onwards.
 264 Fees and charges reviews and changes for OAC activity Process development
 265 Fwd Osteopathic Trusts. Rod to ex student re MLCOM rescind
 266 Fwd Osteopathic Trusts.
 267 GDPR BMAS data protection changes may 2018
 268 GR and TW phone call
 269 LCOM response to GOSC Education Committee September 2016
 270 LCOM-GOSC TABLE April 2018 response from GOSC about communication with LCOM
 271 Management Meeting 30th October 2015 (2016_11_15 13_20_42 UTC)
 272 management meeting action list 2016
 273 Management Meeting Minutes 9th May 2014 (2016_11_15 13_20_42 UTC)
 274 Management Summary of changes and decisions from May 2014
 275 MC meeting 21.1.17 amended MA 22.1.17 (2017_01_23 17_19_33 UTC)
 276 MC meeting 21.1.17 amended MA 22.1.17
 277 MC meeting notes 26th September 2014 (2016_11_15 13_20_42 UTC)
 278 Meeting MC 18th February 2016
 279 Meeting with Fosketts 17th July 2015
 280 Meeting with GOSC 4th august 2016
 281 Minutes of the Policy Advisory Committee - Private Draft LCOM
 282 preparing-for-the-gdpr-12-steps
 283 Private Item 3a - Annex C LCOM Draft RQ specification FINAL (002)
 284 Private Item 3a - London College of Osteopathy Medicine FINAL JN comments 14.3.18.
 Judith email to GOSC re Ed committee report
 28. Private Item 3a - London College of Osteopathy Medicine FINAL JN comments 14.3.18
 286 Email Re Safety staff, students and osteopaths eg
 287 RE LCOM email re request for documents from GOSC - april 2017 trustee meeting - to start course in 2017
 288. RE LCOM email AA July 2017 re details of info that ED com wanted
 289. RE LCOM PAC report and follow up 2017
 290. Staff Meeting 29th October 2014 (2016_11_15 13_20_42 UTC)

291. Tasks for management and admin team (2016_11_15 13_20_42 UTC)
 292. Satisfaction Questionnaire - development for students' clinic august 2018 - in development
 293 Chapter-b3_-learning-and-teaching - LCOM comments
 295 OT signed 2016 accounts
 296 OST101-Charities report - 18.1-CHA-CL-20180731
 297 OT Council Minutes for 150716
 298 OT Council minutes 050417
 299 OT Council agenda for 070717
 300 OT AGM Agenda 2017
 301 London_College_of_Osteopathic_Medicine_Osteopathic_Association_Clinic
 302 Group update re working in clinic details Nov 2017
 303 Course Directors Report 2017 for Trustees
 304 Fact Find Form LCOM And OAC insurance 2017
 305 Copy of ROOM BOOKING 27.06.2017
 306 Commercial Legal Protection Summary of Cover
 307 OT AGM Minutes 5th Sep 15
 308 OT AGM Agenda 2016
 309 Minutes of OT Council 040915
 310 Financial Statements - 31.12.14
 311 Course Directors Report to Osteopathic Trustees 2015
 312 Council Email consultation 170915
 313 Course Directors Report for Trustees July 2016
 314 ALD report page 2
 315 ALD report page 1
 316 admissions check list prompt 2017
 317 Re Quiz for technique revision feedback
 318 Examiners Report for LCOM 2015
 319 DC IC feedback themes 2018
 320. DC and IC student feedback 2018
 320 DC and IC student feedback 2018
 321 Trustees meeting 15th July 2016
 322 Tutor feedback 1-11
 323 SED 2018 London College Of Osteopathic Medicine
 324. Student handbook screen shot of one Drive - examples of contents
 325 Tutor feedback day 10 Intensive course example
 326 Example of faculty emails during intensive course - feedback and info for tutor the next day teaching
 327 Student handbook distance learning course One Drive contents
 328 LCOM Curriculum 2017 19 with mapping. additional time flow of course appendix 27.10.18
 329 Application form 2019 final Trustee agreed
 330 Yearly spreadsheet comparison 18.2.17
 331 How to use HVT log book
 332 HVT log1
 333 OT Risk assessment OAC LCOM October 2018 update
 334 OT Risk assessment 2014 MC
 335 Agenda council 181018
 336 Alan Lloyd Davies report OT AGM 2016
 337 ALD 160415 Status update to trustees
 338 Course Directors Report 2017 for Trustees
 339 Extra Assessment of Fitness to Practice
 340 For Judith re October 2016 From Soumen Basak
 341 History and exam example of feedback to faculty
 342 Minutes Council 181018
 343 Minutes of OT AGM 050713
 344 Minutes of OT Council 040714doc

345 Minutes of OT Council 040915 doc
346 Minutes of OT Council 050713
347 OST101 Charities report Accounts 2017
348 OT AGM Minutes 7th July 2017
349 OT AGM Minutes 15th July 2016
350 OT AGM Minutes 040714
351 OT AGM Minutes 050915
352 OT Council Minutes 040918
353 OT Council minutes 050417
354 OT Council Minutes for 70717
355 OT Council Minutes for 150716
356 OT EGM Agenda 201018
357 OT EGM Proxy Form 201018
358 OT letter to AMO members Aug 2018
360 Assessment planning 17 19
361 Contract faculty and directors Contract for Services 2018
362 CV JUDITH NEAVES November 2017
363 CV current Dr Nick Mann
364 CV for LCOM Mark Andrews
365 CV O'Leary
366 CV171026D Murgatroyd
367 Diane Kheir CV
368 Faculty 29 CV - G Adel
369 Faculty 33 Dr Nicholas Straiton CV2013
370 Faculty 34 CV - B.Abbas
371 faculty 35 Sonia Gogia CV 2013
372 Faculty 36 CV Dr Peter Wilkin
373 Actions 2018 update 30.10.18
374 Course Directors Report for Trustees July 2016
375 Applicant Interview check list October 2018
376 Applicant selection Journal October 2018
377 Inklebarger CV
378 Teleconference 1
379 Teleconference 2
380 Thank you Michael Monk
381 List of unsolicited info emails
382. Room Rental Income Financial planning October 2018
383 Room Booking 2018
384 Room Booking 2019
385 Room Booking 2020
386 Monica Blackburn_CV 03_11_18
387 Additional Information RQ visitor request LCOM (1)
388 LCOM Memorandum of Association
390 Structure of OT OAC LCOM revised
391 Additional information requests 231108 complete
392 Certificate of Attendance April 14th 2018 LCOM Faculty example CPD
393 Employment contract example
394 Extra Assessment of Fitness to Practise October 2018
395 Document list RQ updated 2311181118
396 Faculty Minutes 3.11.18 Final
397 Notes of past student telephone conversations 29-11-2108
398 Notes of conversation osteopathic visitors and techniques director 30-11-2018
399. Note of conversation re clarification of assessment process
400 Osteopathic Association Clinic leaflet
401 Patient feedback questionnaire
402 Plan of Osteopathic Clinic Building
403 Contents of student handbook (hardcopy)

404 T20 Teaching and Learning Observation Notes
405 T21 Student Work Assessment Notes
406 Record of attendance at CPD masterclass
407 7.OT Risk assessment OAC LCOM June 2018 update
408 Extract from student handbook (hard copy) Monitoring of progress Assessments
Appeals pp123-125
409 Patient summary sheet and Case history sheet
410 Notes of telephone conversation with external examiner 01-12-2018
411 Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students 2017
412 Student Fitness to Practise Guidance for Osteopathic Educational Institutions 2017
413 Students with a Disability or Health Condition: Guidance for Osteopathic Educational Institutions
414 Tour of facilities