

General Osteopathic Council review of osteopathic courses and course providers

Renewal of recognition review

Bachelor of Osteopathy (Hons)
Master of Osteopathy

London School of Osteopathy

October 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 providers handbook¹.

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 makes one of the following recommendations to GOsC:

¹ *General Osteopathic Council Review of Osteopathic Courses and Course Providers: Handbook for Course Providers*, available at:
www.qaa.ac.uk/en/reviewing-higher-education/types-of-review/general-osteopathic-council-review.

- **approval without conditions**
- **approval with conditions**
- **approval denied.**

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 School of Osteopathy. The programmes reviewed were the Bachelor of Osteopathy (Hons) (BOst) and the Master of Osteopathy (MOb). The review was undertaken by visitors appointed by the General Osteopathic Council (GOsC) in accordance with GOsC's regulatory responsibilities for safeguarding Recognised Qualification (RQ) criteria under the *Osteopaths Act 1993*. A prime focus of the review was the relationship of the programmes to the Osteopathic Practice Standards professional competence standard of the GOsC. The review was completed in the academic year 2018-19. The review Ms Elizabeth Elander, Mrs Jill Lyttle, 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 Bachelor of Osteopathy (Hons) and Master of Osteopathy is:

- **approval without conditions**

B Findings

The following is a summary of the visitors main conclusions.

Strengths:

- the extensive and responsive formal and informal feedback mechanisms that align to the students' mode of study (paragraphs 15, 33, 38 and 67)
- the embedding of the importance of patients' values within the curriculum and across the School's activities (paragraphs 16 and 42)
- the senior management team's awareness of the osteopathic external operating environment and the sharing of this understanding with staff and students (paragraphs 16, 30 and 69)
- the use of well-informed, non-osteopathic teachers to enrich the students' experience at levels 4 and 5 (paragraphs 32, 38 and 53)
- the focus on developing students as autonomous and reflective learners within a supportive study environment (paragraphs 26, 31, 35 and 65)

- the proactive and effective management of change to maintain the continuity of the students' learning experience (paragraph 62)
- the highly effective working relationship between the School and Anglia Ruskin University to underpin the students' learning experience (paragraphs 19 and 63).

Areas for development:

- continue the process of reviewing, editing and updating module handbooks to ensure coherency and consistency across all curriculum documentation with the appropriate level of challenge for students (paragraphs 12 and 13)
- make more explicit the requirements for students to achieve the programme learning outcomes, within the framework of Anglia Ruskin University's assessment regulations (paragraph 21)
- develop a more explicit process to inform clinic tutors as to the students' expected capability at each stage of their programme of study (paragraph 18)
- introduce a system for the further dissemination, in full, of the external examiner reports to all staff and students to raise the awareness of learning points arising from these reports (paragraphs 23 and 66)
- develop further the process for systematically gathering and analysing data on the experience and views of patients (including complaints), in line with the introduction of the updated Osteopathic Practice Standards (September 2019), to enhance the quality of service delivery and contribute to the development of the curriculum (paragraphs 19, 41, 55 and 68)
- develop a formal system for identifying and supporting staff development to meet the current and future needs of osteopathic (academic and clinical) teaching and learning (paragraphs 40 and 69)
- develop further the arrangements for improving the students' understanding of their role as health professionals together with the wider career opportunities open to them (paragraphs 29, 30 and 52).

C Description of the review method

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

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

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

Documentary evidence typically used includes financial accounts, strategic plans, financial projections, insurance schedules, student work, clinic management records, internal reports from committees, boards and individual staff with relevant responsibilities, and external reports from examiners, verifiers, employers, and validating and accrediting bodies. A protocol exists for staff, students and patients to submit unsolicited information about the provision to the review team. Submissions can remain anonymous to the provider if preferred. 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 Osteopathy (the School) is a registered Charity, whose objectives are: 'the advancement of the science and practice of osteopathy for the public benefit and the education and training of persons in this subject.' This is achieved through its course provision, validated by Anglia Ruskin University (the University) and outpatient clinic.

2 The School has continuously provided osteopathic education since 1948. In 2011, the School relocated its teaching to the Grange building in Bermondsey, south London where it undertakes classroom-based teaching. In July 2013, the School opened a new well-equipped teaching clinic (Mayfield Clinic) in Bethnal Green east London, operating six days of the week. The clinic serves the health needs of the local community as well as providing a diverse range of clinical experiences for students.

3 The School's mission is "to be an effective, efficient and supportive learning organisation committed to the generation, provision and development of high-quality osteopathic education which meets the needs and requirements of all stakeholders. The LSO will continue to make significant contributions to the health care of its diverse local population".

4 The School has offered an undergraduate osteopathy programme since 1993. The Bachelor of Osteopathy (Hons) (BOst) and the Master's of Osteopathy (MObt) programmes under review were validated by the University in 2009. All students are enrolled initially on the MObt programme with the option to transfer to the BOst. The School is also an

associate college of the University. Both programmes confer access to the GOsC Register and eligibility to practice.

5 The School has an established reputation built on providing professional osteopathic education by part-time attendance mode. This has been broadened to provide full-time pathways and the first cohort of students to study on weekdays following a standard full-time pathway was enrolled in 2015-16. In 2016, a shortened BOst - 420 credits rather than 480 - was approved by the University and the first cohort following this programme completed in 2017-18.

6 The self-evaluation document (SED) states that the aim of the MOst and BOst pathways is “to provide structured learning opportunities for students to enable them to become safe, capable and reflective autonomous osteopathic practitioners committed to evidence-based ethical practice and lifelong learning. Graduates will be equipped to deliver osteopathic healthcare alone or in teams, and interface with whatever political, social and legal frameworks are relevant. In addition, for the MOst, the master's level academic skills will provide additional merit in terms of research and education opportunities”.

7 The course specification form specifies the aims of the MOst as:

- develop a safe capable osteopath who is able to obtain registration with the General Osteopathic Council together with the award of MOst
- offer complex, challenging and rigorous clinical learning experiences, which in itself is developmental for students while enhancing patient care
- synthesise the skills of lifelong learning and engender a commitment to personal and professional growth and development through self-reliance and self-motivation
- demonstrate a mastery of systematic, conceptual and analytical thinking, and develop a reflective, intuitive and innovative critical thinker, who through an evidence-informed approach, contributes to the enhancement of the body of professional knowledge
- facilitate students in exemplifying high-level communication and interpersonal skills, which are used appropriately to both specialist and non-specialist audiences
- enable students to work successfully in collaboration with other health care professionals to promote inter/multi-professional and multi-agency team working
- develop a dynamic reflexive practitioner, able to adapt proactively to a rapidly evolving or uncertain environment and respond innovatively to practice development
- critically evaluate and contribute to enhancing the potential for making a significant contribution to the health and well-being of patients.

and the BOst as:

- develop a safe competent osteopath who is able to obtain registration with the General Osteopathic Council together with the award of BOst (Hons)
- offer challenging, rigorous clinical learning experiences, which in itself is developmental for students while enhancing patient care
- promote the concept of lifelong learning and engender a commitment to personal and professional growth and development through self-reliance and self-motivation
- develop a capacity for systematic, conceptual and analytical thinking and develop a reflective, intuitive and critical thinker, who through an evidence-informed approach, contributes to the development of the body and philosophy of clinical knowledge and practice
- develop communication and interpersonal skills, which are used appropriately to both specialist and non-specialist audiences
- prepare the student to work in collaboration with other health care professionals to promote inter/multi-professional and multi-agency team working

- develop a dynamic flexible practitioner, able to adapt proactively to a rapidly evolving environment and respond innovatively to practice development
- realise the potential for making a significant contribution to the health and well-being of patients.

E Commentary on the provision

An evaluation of the clinical and academic standards achieved

Course aims and outcomes

8 The School offers the opportunity to study for an award of BOST or MOST. The programme can be followed on a full-time basis over three and a half to four years, or part-time over five to six years and the Osteopathic Practice Standards (OPS) are mapped and integrated within the programme. Students may transfer from the part-time to the full-time pathway after the first three years. They may also transfer at other times and from the full-time to the part-time pathway.

9 The awards were validated by the University in 2009. In 2016 the University approved the shortened BOST programme, reduced from 480 credits to 420, due to the removal of the dissertation and an amalgamation of the series of portfolio assignments. This reflects the industry norm, which does not usually require students to complete a dissertation for an undergraduate award. The 60 credits were removed without any impact on the overall intended learning outcomes and with significant added value in supporting the more non-academic students and those with work/family commitments who nevertheless have the potential to become very capable osteopaths.

10 There is ample written guidance available to students and staff about intended learning outcomes and constituent parts of the programmes. The various exit awards are clear, and the School makes every effort to ensure that students have appropriate timely guidance and support to help them to decide which award pathway to follow.

11 The aims and intended learning outcomes of the programmes and individual modules are set out in programme and module documentation. Assessment components are explicitly matched to the intended learning outcomes and the OPS. Students confirm that they are familiar with the intended learning outcomes and that teachers usually make them aware of these at the start of each lecture and return to them at the end of the session to ascertain that they were covered during the lecture.

12 Recently the University has agreed to the School developing its own format for the presentation of module handbooks rather than adhering strictly to the University template. This means that some of the University's generic course and module information can be accessed separately, thereby allowing the osteopathy handbooks to avoid duplication and provide a simplified description of the module. The process of reviewing, editing and updating every module handbook is currently in progress as part of an annual process. There is still some scope to bring further clarity and accuracy to module handbooks, for example by updating occasional references to the General Osteopathic Council's (GOsC) Code of Conduct, which was superseded in 2012 by the OPS.

13 There is also scope to ensure that students are working to the right level of challenge by aligning the wording of module and programme intended learning outcomes more closely, taking account of external benchmarks such as the FHEQ. For example, the module Research and Criticality contains the outcome 'to recognise effective communication with patients...' yet according to the School's map of intended learning outcomes this module is responsible for the more advanced objective 'to demonstrate a high standard of communication with patients...'.

Curricula

14 The School is well aware that the revised version of the OPS will come into force on 1 September 2019. The School has already conducted a mapping exercise to check that the curriculum teaches and tests all of the Standards, and very few adjustments will be needed to respond to the new version. The map is due to be ratified by Academic Council imminently. In addition, any curriculum developments needed to reflect the new UK Quality Code for Higher Education, effective from November 2018, are to be discussed and implemented in collaboration with the University. It is recognised that this will be a particularly important exercise to demonstrate compliance if the School should plan to register with the Office for Students.

15 The curriculum is well referenced to relevant educational theory. Curriculum design and review is an ongoing process to which students and staff feel able to contribute. A range of data sources are used on an annual basis to evaluate the relevance and effectiveness of the curriculum, including external examiner's observations, students' module evaluations, the performance of students, teaching peer review sessions and proposals from members of the teaching team. Students confirm that they feel empowered to raise concerns or make suggestions and that these are considered fully by the senior management team (SMT) with action often taken promptly as a result. The open-door approach taken by senior staff, their good knowledge of the staff and students and their understanding of the breadth of issues, together with excellent communication between themselves; all works very well in the context of the current size of the School.

16 The School offers numerous illustrations of positive curriculum adjustments that have been made in recent years to reflect some important emerging themes within the profession and in response to the subtle re-orientation of the new OPS. The SMT is clearly well connected to groups at national level that are discussing some key professional developments, and the learning from this engagement is evident in the enhancements the School has introduced. Involvement in the GOsC's work on patients' values, boundaries and consent is apparent in the continuing professional development (CPD) activity with clinic tutors, and in the student handbook where a section has been added on consent and communication, with useful examples given of what these behaviours would look like in the classroom. There was also a significant development to the Year 5 portfolio for 2016-17 with the introduction of an assignment on the topic of clinical uncertainty, designed to promote responsibility, autonomy and humility in dealing with and reflecting on the difficult situations that health professionals often face. These curriculum enhancements are of particular value in preparing students for the requirements of the new CPD scheme for osteopaths. They also demonstrate the School's commitment to continuous development in delivering the stated aims of the programme which refer to enabling students to become, safe, effective, autonomous, reflective, ethical practitioners and lifelong learners.

17 There is a good awareness of the need to monitor whether the delivered and received curriculum is broadly the same as the planned curriculum. For classroom teaching this is achieved by student feedback, student performance data and peer review, alongside more informal mechanisms.

18 In the clinical setting the curriculum is delivered by a series of clinic tutor teams working on different days of the week. Although these teams rarely meet with each other face to face, they communicate effectively through the virtual learning environment (VLE). Some clinic tutors are also involved in classroom teaching which helps to ensure that the students' clinic-based experience links closely to the rest of the curriculum. Other clinic tutors report that they rely upon their good knowledge of each student to gauge their learning needs and their current objectives. This informal approach to matching teaching to the relevant module's intended learning outcomes appears to work well with the current volume of students but could be vulnerable to inconsistency given the variation between pathways (BOst, MOst, full-time or part-time) and the range of tutors involved. A more explicit system

setting out benchmark standards of clinical competence at each level of the programme and each point of the academic year could help clinic tutors to confirm their expectations of students, support progression through the module, and ensure that students are given a consistently appropriate level of responsibility for the care and management of patients.

19 The School has an extremely effective and constructive relationship with Anglia Ruskin University. There is a well-managed approval process for the programme and for any changes sought by the School for the following academic year. In matching the programme against the UK Quality Code for Higher Education, *Chapter B1*: the only area that is not yet fully developed and tested is the proportionate engagement of patients as external advisers to inform curriculum development. Patients are important stakeholders in the programme and are fundamental to the OPS. The growing importance of working in partnership with patients is also highlighted in the updated version of the Subject Benchmark Statement for Osteopathy (2015). While the care and safety of patients is rightly considered paramount by the School, it acknowledges that the work to include patients in a meaningful dialogue about quality and enhancements is at an early stage.

Assessment

20 The assessment schedule contains a good range of assessment methods which allow students from different backgrounds to show their strengths. The assessments are explicitly matched to OPS so that by the end of the programme the intention is for each student to have accumulated a wealth of evidence to demonstrate that they have met all professional standards. The final year portfolio makes a particularly strong contribution in this regard and students also confirm that they are introduced to OPS from the very first day of the programme and via all modules.

21 The BOST programme consists of 15 and 30 credit modules at levels 4, 5 and 6: the MOST extends to four level 7 modules in the final year. All modules must be passed, and those at level 5 and above count towards the degree classification. The University's academic regulations hold that level 5 modules carry a component threshold of 30 per cent. This means that where a module assessment consists of more than one component, it is possible for a student to obtain 30 per cent of the marks available for one of these components and still pass the module if the result for the other components brings the overall average up to 40 per cent or more. To ensure full competency of graduates, measures are needed to mitigate the risk of a student progressing by default having failed to demonstrate competency in a learning outcome or an OPS. The School acknowledges that a complete audit would be required to give assurance that every learning outcome attached to a level five module with more than one component is tested in more than one assessment. An example is the module Professional Studies (MOD 001692): the presentation assessment tests a single learning outcome that is not tested by either of the other two components, and not all students who progressed achieved 40 per cent in the presentation in 2017-18.

22 The assessment nature and load is critically reviewed by the SMT each year informed by student feedback and student performance and there is evidence that appropriate adjustments have been made as a result. Minutes of SMT meetings provide a record of the deliberations and the actions agreed. While the involvement of employers and other professionals in the development of the assessment strategy is limited, graduates report that they feel well prepared to set up their own osteopathic practices as independent self-employed practitioners.

23 Although the University's external examiner reports up to 2016-17 do not indicate that clinic-based assessments have been observed, the SMT confirms that in 2017-18 there has been a good level of engagement by the University's external examiners in clinical practice: examiners have visited the teaching clinic and there is a constructive ongoing dialogue. Nevertheless, the views of external examiners could be disseminated more widely: students report that they do not recall seeing any external examiner reports.

24 The School has responded quickly and constructively to comments from an external examiner about whether a particular level 7 assessment (MOD 0017770) allows students to demonstrate level 7 competencies, by strengthening the requirements of the assessment.

25 Assessment documentation for all modules for 2017-18 is well organised and available to the visitors, including completed module leader reports using University templates. Module leaders use a range of data to evaluate module delivery, including excerpts from external examiners' reports, student achievement data compared with the previous two years, student feedback and the module leader's own reflections. Overall, there is good evidence of the integrity and transparency of the marking and moderation process.

26 There is recognition of the benefit of feedback and feedforward opportunities to support students' learning and development. The quality of feedback given to students is generally good, giving clear guidance on how to build on their performance. Students confirm that they are very satisfied with the timing and content of the feedback they receive, and they report that they feel able to approach tutors to talk about any matters arising. Students appreciate the opportunities for formative assessments and feedback and feel that they are well supported to succeed in their studies.

Achievement

27 The School's record on student retention and achievement is very good within the context of the sector and the challenges of the long and complex programme required to ensure safety and competency to enter a health profession. Overall academic results for the students are satisfactory, with scope to produce a greater proportion of First Class BOst classifications and MOst with Distinction. Nevertheless, there is an excellent track record on progression to registration with the GOsC: all but one of the graduates in 2016-17 and 2015-16 has registered and is practising as an osteopath, with a 100 per cent recorded in 2014-15.

28 The overall marks for the BOst pathway in 2017-18 indicate that three students failed an assessment component in their final year but still progressed to FCCA (Final Clinical Competence Assessment) and passed. A clearer policy on eligibility to proceed to the FCCA and what entitlement a pass confers could be set out more clearly in the programme handbook and assessment guides.

29 Osteopathic practice often involves working alongside other health professionals or establishing and managing a clinic with all the necessary business elements. Although business skills are included in the curriculum there has been some lack of engagement with the one-day business workshop that forms part of the level 6 portfolio module. The School actively encourages graduating students to participate in the Institute of Osteopathy's locum placement service and there is some very good input into the taught course from non-osteopathic healthcare professionals, for example a neurologist and an orthopaedic specialist. Nevertheless, the opportunities within the programme to build experience of working alongside NHS colleagues are currently limited. Students' views on their place in the wider health sector once they graduate suggest that their aspirations are understandably focused on becoming osteopaths rather than fully exploring their potential as newly recognised Allied Health Professionals.

30 The School's stated vision is to have alumni who are "ambassadors for the profession at all levels across the world". To this end it is active in maintaining contact with its alumni and in offering opportunities for professional development as osteopathic educators and in taking up leadership roles within the profession. For example, a recent alumnus has been appointed to the GOsC's Investigating Committee, a position of considerable responsibility, and they have brought this experience back to the School by contributing to the curriculum via a lecture on safeguarding and professionalism in osteopathic practice. The School, however, could consider further ways to embed leadership aspiration and

opportunity, to equip more of its graduates to contribute at a senior level to healthcare policy and practice.

The quality of the learning opportunities provided

Teaching and learning

31 The School describes its curriculum as a 'spiral', with clear progression of theoretical and practical knowledge and skills. The student handbooks, module definition forms and module guides evidence clear progression in students' learning. A wide range of teaching and learning methods, effectively matched to level, content and learning outcomes guide students' learning. One example uses flipped learning, drawing on information and communications technology in its approach. Evident throughout the curriculum is the progressive development of students' competences. Meetings, teaching and clinical observations further demonstrate a broad range of approaches effectively deployed, appropriate to the delivered sessions.

32 Module Leaders deliver the majority of their respective modules and where relevant are supported by subject specialists. Osteopaths deliver the osteopathy modules, while subject specialists teach the science modules. The School recognises the challenges in supporting these specialists, but identified that students benefit from specialists' wider professional and higher education experiences and students concurred with this.

33 Students find in-class tests and timely feedback on their assessments very helpful, commenting positively on this and the opportunities provided to further discuss feedback. Students also find meetings with their tutors useful and feel well supported in and out of class. They note tutors expect preparation for lectures by engaging with VLE materials and are offered time outside lectures to practise and develop their skills. All teaching classes observed showed students had positively engaged with VLE materials beforehand. Small class sizes enable effective student engagement and students emphasised the value of the supportive student-centred ethos of the School.

34 The School ensures flexibility with clinic bookings; mature students commented positively on this in recognising their needs. Students' clinical portfolios reflecting on their clinical learning facilitate their development. Patient satisfaction forms enable patients to provide feedback on their student osteopath, thereby helping to develop their understanding. Monitoring of students' clinical interactions is undertaken using case history audits to facilitate their learning. Struggling students and those with learning difficulty are provided with one-to-one clinical support and adjustments to their learning materials and assessments. The variety of arrangements in place enable students to effectively participate in their learning.

35 The School has a comprehensive framework of learning support materials including access to the University's comprehensive reference lists supporting students' independent theoretical and clinical learning. The VLE holds these materials including technique videos that students can access across all course levels. A comprehensive set of clinical materials enable students to effectively engage with and critically reflect on their clinical experiences as they progress at all levels. Students report consistent use of the School's VLE to support their learning.

36 The School's Staff Induction Policy specifies new staff induction arrangements and these are individually tailored to their needs, involving close working with the teaching team and Course Leader. One assistant shadowed a module for a year before progression into the role. Teaching observations and other mechanisms monitoring progress support staff in the longer term, while clinic staff are shadowed and mentored.

37 The 2017-18 Staff Appraisal Strategy provides a staff development framework supporting teaching quality. Students provide detailed regular feedback to clinical and teaching staff, feedback to new lecturers and to guest lecturers. Teaching observations are discussed with staff members following the observation when development plans are agreed. The latter are then evaluated against annual student feedback, historical peer review records and students' performance via module reports. In addition, teaching observations feed into the quality cycle and the staff appraisal process. Formal quality assurance questionnaire feedback, University module evaluations and issues raised at Student Welfare and Support Team (SWAST) meetings are shared with staff. 360-degree appraisal is also deployed in the clinic.

38 Students provide feedback via SWAST and Academic Council (AcC). Their issues are discussed directly with staff by the Course Leader and remediation plans actioned. Students are positive about teaching standards in clinic and in the classroom and the range and diversity of knowledge and experience of staff. This was confirmed by the observations undertaken by the osteopathic visitors. Students cited examples of their voice being heard regarding an issue with a lecturer and another relating to clinic logistics; both were effectively resolved.

39 Future student feedback and peer review arrangements will be integrated into the Performance Review Policy for 2018-19 to provide an integrated staff development framework for all teaching and clinical supervision staff. This supports the School's overarching Staff Development Strategy. SMT is currently developing a new model for mutual appraisal where their roles overlap to supplement the Principal's appraisal by the Chair of the Trustee Board. Together these current arrangements and future developments give confidence in the staff monitoring and appraisal arrangements.

40 The School's overarching strategy for supporting and developing its staff is consistent with the principles set out in the University's staff handbook and its clinic tutor handbook. Annual staff faculty days provide a forum for all clinical and teaching staff to meet in considering sector developments while delivering staff development priorities arising from the quality cycle. These and academic meetings enable staff to share good practice so enhancing their teaching competences. At clinic, staff also share their research and CPD experiences while keeping apprised of modular and other developments through the VLE. University online training is also accessed. The School encourages tutors to join the Higher Education Academy, as recognition of their teaching ability, contributing 25 per cent of the fee. This facilitates teaching and CPD engagement thus supporting their teaching role. Notwithstanding, while staff are given study leave and assistance with applications, they are not funded to undertake related research or scholarly activity such as attending module relevant external conferences, or directly related post graduate courses or master's qualifications. Development of staff therefore relies mainly on the sharing of good practice and current knowledge from within the School teaching and clinical community rather from school funded personal development activities to bring in new knowledge and skills from outside.

41 Patient satisfaction forms enable patients to give feedback on their student osteopath and this information is shared with students. The School, however, considers this to be of limited developmental value and is considering improvements. Patients provide informal feedback via their student practitioners, the latter's supervising tutors and receptionists. Uptake of patients' written feedback opportunities of students was variable, although positive, but of limited developmental value. Patient satisfaction surveys are run occasionally, but not recently. The last patient focus group (October 2017) covered service provision rather than feedback on individuals and was work in progress. On balance the visitors consider that there are opportunities to strengthen the quality and range of feedback gained to better inform students' own clinical development, teaching quality and to better inform service provision.

42 All OPS themes, including professional values and identity and related attributes, are fully embedded into all levels within the curriculum. The GOsC Boundaries Thematic Review further amplifies this. Staff have also received training in safeguarding. Students now follow an improved prescribed protocol for gaining informed consent from patients in clinic and undertook a safeguarding course. Observation of teaching and clinical learning confirms the effective practical translation of these curricular areas in the classroom and clinic.

Student progression (including students' fitness to practise)

43 Full-time students apply via UCAS and standard entry is with 104 UCAS points from two, or preferably, three GCE A levels, one being a science subject. Applicants over 21 years of age may instead demonstrate through documentary evidence or interview achievement required knowledge and skill levels. IELTS 6.5 is required where the first language is not English. Prior and experiential learning evidence (APCL/APEL) permits entry up to two thirds through the programme. Evidence is evaluated in a workshop with the student.

44 Intending applicants may attend a half-day Open Event, held monthly, to meet staff and learn about the School and the profession. Pairs of trained staff interview applicants using a standardised NHS values-based evaluation process. Recruitment and selection is evaluated, using student feedback. The School reports that Open Event evaluation revealed positive results. Students spoke positively about the Open Event and the range of pre-course work that helped them prepare for study. While the School currently holds a Tier 4 licence, it will not renew this once it expires following the changes brought about by the Office for Students.

45 New students, before enrolment, receive a welcome pack containing key programme and policy documents. Full-time students' induction week orientates them to the School, programme and clinic requirements. They also meet the Student Adviser and receive study skills training. Students joining higher levels receive bespoke inductions. Part-time students' induction occurs over the first weekend and is also phased over the programme. Student handbooks provide extensive information orientating new students. Mid-year induction evaluation by students was positive.

46 Dyslexia screening occurs during student study skills sessions and tutors also identify possible cases. Identified students are fully assessed and those confirmed are supported to claim Disabled Students Allowance when adjustments are made and support given. These are continually monitored. The University provides additional support while the students' handbook provides helpful advice. New academic years begin with module orientation sessions, timetabling and assessment briefs. Together, these admission, orientation and induction arrangements effectively support students' entry into the programme.

47 Mixed student groups are geographically organised into personal tutor groups. New students are also paired with a senior student buddy and students also draw support from clinical and teaching staff. The School's open-door policy facilitates good student staff communication supported by a video conference linking the clinic and teaching sites.

48 The School Student Adviser supports students with study and pastoral matters in person, by phone or email. University Student Advisers assist students with study and students can access University online services. Students are closely monitored and those at risk are closely managed by SMT.

49 Voluntary supervised practise sessions enable part and full-time students to practise outside class, while summer workshops facilitate their progression through the programme. Academic tutorials reinforce study skills and good academic practice. Students' achievement and progress is closely and regularly monitored by teaching staff and the SMT enabling proactive and supportive action when needed.

50 The School's Disciplinary Policy, underpinned by the OPS and aligned with University regulations, deals with students' behaviour which may bring the School or profession into disrepute, including professional misconduct and behaviour towards patients or colleagues. It provides for investigation adjudication, sanctions and appeals, where the University is the procedural end point. A Dignity at Work and Study Code of Conduct sets out norms of professional behaviour for everyone in the School community when dealing with issues such as bullying and harassment.

51 The Fitness to Study Policy deals with students' health impacting on themselves and others, which is aligned to University regulations. At risk students are identified through class engagement, non-attendance, poor performance, in-class assessments and poor clinical progress. Depending on the context, academic and clinical staff deal with the issues locally, or escalate them to the Course Team and Student Adviser. Relevant staff, including SMT, provide pastoral support. Where signed off, a practitioner will certify students are fit to return to practice. The integrated framework underpinning students' fitness to study and practise underpinned by the OPS and University regulations provides confidence that students are effectively supported, and OPS integrity is secured.

52 Counselling of students about their future career pathways starts in their penultimate year as part of their MSt/BOSt pathway. Students typically have had two or three previous careers and they reflect on this within their portfolio. Discussions over the summer break and in clinic help direct students. Guests are also invited to talk about career options with students. Opportunities exist for providing students with wider consideration of their future career options as healthcare professionals.

Learning resources

53 The School employs 49 part-time teaching and clinical staff to deliver the curriculum and supervise the clinic. Some staff work at other universities or medical schools where they benefit from development support provided. They serve to strengthen the School's academic community and lend perspective to the curriculum. Sixty four per cent of Module Leaders have a teaching qualification, while 57 per cent have a master's or higher qualification. Across all teaching staff, 71 per cent have a master's or higher qualification and 84 per cent have either a teaching qualification and/or are educated to master's level. The School endeavours to appoint staff qualified to master's level and who are teacher trained. Staff CVs reveal a wide range of educational experience and scholarly activity sufficient to effectively underpin the delivery of the School's programmes. Staffing levels and their range of qualifications and experience are sufficient to meet the needs of the School in delivering the programmes that it offers.

54 Staff undertake personal research supporting their CPD while the School encourages them to develop research skills. Research activity is focused around students' own topic choice. The Research and Development Officer provides close mentoring and support to student research supervisors. They also support staff undertaking personal research mainly linked to master's/doctoral qualifications. Two staff are currently undertaking doctoral programmes and another a master's programme. One staff member is about to enrol on a postgraduate teaching qualification and others are applying for University accredited Higher Education Academy (HEA) membership at Associate, Fellow and Senior Fellow levels.

55 The clinic has eight well-equipped treatment rooms with camera surveillance, supported by a spacious waiting area and well-designed administration area. Tutorial, private discussion, study and rest areas are sufficient to meet the needs of all stakeholders. It was noted that no complaints notices were visible at the clinic, or complaints leaflets in the waiting area; although the School has an active complaints policy and log which demonstrates management of patients' complaints. Clinic reception staff were not aware of the policy/procedure for making complaints. Such notices/leaflets and suitably trained front-line

reception staff will help ensure patients fully understand the range of options open to them regarding complaints, including recourse to the GOsC in a timely way.

56 The School notes that the clinic is currently oversubscribed, with daily waiting lists. Both the clinic tutors and students take responsibility for ensuring student exposure to a sufficient range of patient presentations. Graduating 2016-17 students managed 86 new patients, rising from 50 in 2012-13. New patient data for the graduating student cohort 2017-18 indicates that students have managed an average of 82 patients, substantially more than 50 new patients referred to in the Subject Benchmark Statement: Osteopathy (2015) Furthermore these students managed a wide range of presenting complaints in patients of divergent age and ethnicity. The current dynamic between patient demand for clinical services and student cohort sizes to meet these needs means that students' clinical exposure to numbers and variety of patients is very high, resulting in a very high-quality clinical education experience, supported by effective tutoring. This dynamic, including patient allocation arrangements, will be of interest to the School should the programme grow and the balance between patient demand and student supply shift.

57 The Library, located at the Grange teaching site, staffed by the librarian is open on teaching weekends to students and non-staffed limited access, via the Administration Office, is available during weekdays. A variety of clinical learning resources are also available for loan. Tutors make learning resource requests relevant to their areas. The library contains a good range of reference and loan materials, models and other learning resources sufficient for the needs of the programme. All students receive an annual learning resource bursary to purchase materials relevant to their own needs and students find this useful. The University Learning Resource Centre provides staff and students with access to a variety of resources and services. Staff and students access the University's learning resources via its online portal where around 18,000 titles are available. There is also an instruction sheet for students in the use of this portal. Students' learning needs are met by a good range of learning resources available from within the School and via the University.

58 Wi-Fi, internet and computer access are available throughout both clinic and teaching sites. The Information Technology (IT) Officer maintains the IT infrastructure and supports the Course Team in developing learning technology. The VLE provides students' access to subject specific learning resources and these are supplemented by University resources. Staff upload teaching materials to the VLE two weeks before teaching sessions. Videos help students practise independently between teaching sessions. The VLE is also used as a communication system apprising staff on both sites of developments, providing them access to module and programme information, monitoring students' progression and support matters. The School's IT arrangements meet the needs of students and staff.

59 The teaching site has five classrooms including tutorial areas accommodating the five part-time cohorts on teaching weekends. The full-time pathway will have a maximum of four cohorts. The School projects that it has spare capacity for use when needed. Teaching and clinical accommodation are fit for purpose.

Governance and management (including financial and risk management)

60 The School is a company limited by guarantee and a charity governed by a Board of Trustees. Since the last review visit, there have been significant changes to the Board, including a new Chair, and considerable effort has been made to recruit additional members to broaden the Board's experience and skill set. The Strategic Plan includes useful annual updates. The recent changes in Board membership have provided a timely opportunity to review School structures, policies and procedures in line with best practice in the charity sector. The School is developing its Strategic Plan - 'Vision 2022' - which is still under discussion by the Board.

61 The Board has established sound financial procedures. These are reviewed every two years by the Board and every year by the SMT and more often if required. The Board probes detailed financial management reports, including comparisons against budget, presented at each quarterly meeting. Income has increased steadily relative to expenditure in recent years, resulting in modest surpluses. There is a solid bank balance and reserves are within required parameters. Insurance policies are up to date. The fixed asset register is reviewed annually and the new Board has familiarised itself with its contents. The risk register has been comprehensively revised in line with best practice in the charity sector. It is a live document and is considered at each Board meeting.

62 There is demonstrably clear separation of legal responsibility between the Board and its SMT which holds delegated decision-making responsibility for operational management. The SMT comprises the Principal, the Registrar and the Director of Finance, who are all in attendance at Board meetings, plus the Course Leader and the Director of Clinical Studies. The Principal reports on operational issues and academic matters at each Board meeting. The SMT structure has also been reviewed recently and, in practice, operational responsibility is shared. Given that all are part-time, this is an efficient and effective measure to ensure students always have access to senior staff. The SMT works as a mutually supportive team with an open-door policy for staff and students. One external examiner commented that significant management changes had been implemented without adverse effects on academic quality.

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

63 The School is an associate college of the University which validates its courses. The University has overall responsibility for standards while the School is responsible for the quality of the educational experience it provides and for day-to-day oversight of standards. It does this in accordance with University regulations, policies and procedures, including matters relating to the Office for Students and the General Data Protection Regulation. School policies are reviewed annually to incorporate changes to University or GOsC policies, rules and guidance. Reciprocal committee membership is well integrated into the academic calendar. The School's annual monitoring reports (AMR) to the University and to GOsC are completed in scrupulous detail and action plans are monitored internally. Course changes are approved by both the University and GOsC as required. The effective support provided by the University includes access to wider advice and support services. This well established and highly successful relationship is one of mutual trust and respect and is valued by both parties.

64 The AcC incorporates the University's Course Management Committee (ARCMC) and advises the SMT. Membership includes: the SMT; the University link tutor, who provides oversight; and student representatives; meetings are open to all staff. This facilitates openness and clarity regarding all aspects of School provision while ensuring matters for which the University has overall responsibility are discussed and recorded discretely.

65 Student achievement and progression data are reviewed by the SMT, then by the University. Individual student progress is monitored and shared on an ongoing basis by classroom and clinic tutors and discussed at SMT meetings. The current size of the School ensures that staff know all students individually, enabling them to differentiate teaching methods and respond to support needs. There have been no formal student complaints, appeals or fitness to practise issues in recent years.

66 External examiners are appointed by, and report to, the University. Module leaders receive feedback on their own module and include it in the module report which is discussed individually with the Course Leader and included in the following year's module guide. A summary of external examiner comments is noted at ARCMC as part of the AMR. However, the visitors learned that external examiner reports themselves are not made

available across the staff team, nor to students. The School as a whole is, therefore, not able to reflect on the overview provided by these reports.

67 Enhancement is embedded in quality management processes and students are integral to those processes. SWAST meetings elicit direct feedback from student representatives on any aspect of their learning experience. SWAST reports to ARCMC and all minutes are available to students on the VLE. Students are kept well informed about sector and School developments and they confirm the responsiveness of staff. Meetings are a well structured and effective vehicle for two-way communication between staff and students who view them as a valuable mechanism for student input. Formal student feedback is also gathered through questionnaires and workshops, outcomes being reported to SWAST and ARCMC. Module guides include student feedback on the previous year's delivery. Students who met the visitors referred to the size of the School engendering a family atmosphere.

68 Patient feedback is viewed as a quality maintenance and enhancement mechanism. It is currently used by the School for individual student development rather than to inform decision making. Patients are asked to provide feedback on their treatment, which is recorded though not gathered into an overview report. One patient focus group has been held and visitors were told that consideration is being given as to how patient feedback could best be sought and used. Clinic staff maintain a log of informal patient complaints and their resolution. There have been no recent formal patient complaints.

69 The School is at the forefront of external developments through SMT involvement with University and GOsC initiatives. These are shared with staff through emails, clinic newsletters and at Faculty development days. Staff identify as a collegiate team, learning and sharing knowledge from individual professional development activities. They are encouraged to develop research skills and to join the HEA and the School supports staff in this endeavour. Teaching observations and appraisals by senior staff identify good practice. However, this is not formally shared across the whole staff team to enable wider reflection.