



General  
Osteopathic  
Council



**Annex D to 15**

QAA

## **General Osteopathic Council review of osteopathic courses and course providers**

**Bachelor of Osteopathy (BOst - Part-time)**

**Master of Osteopathy (MOst - Part-time)**

**Renewal of recognition review College of Osteopaths**

**May 2016**

## 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:

- **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 College of Osteopaths. The programmes reviewed were Bachelor of Osteopathy (BOst - Part-time) and the Master of Osteopathy (MOst - Part-time). 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 2015-16. The review visitors were Mr Seth Crofts, Mr Manoj Mehata, Ms Sarah Wallace, and Mr Mike Ridout (Review Coordinator).

## A Formal recommendations

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 BOst and MOst programmes is:

- **approval with conditions**

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

- reinforce the awareness and understanding of student practitioners in seeking, articulating and obtaining valid patient consent in line with the Osteopathic Practice Standards (paragraphs 9, 21 and 37)
- develop and implement an academic misconduct policy to strengthen the understanding, detection and management of plagiarism within assessment (paragraph 25)
- articulate a strategic plan, post 2016, that sets a clear direction for osteopathic education at the College in line with its foundation and that is disseminated to all stakeholders (paragraph 67).

## B Findings

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

### Strengths

- The range of opportunities available for the student voice and the responsiveness of the College to student feedback (paragraphs 17, 66, 73 and 74).
- The role of Education Support Officers in supporting the student journey (paragraphs 22, 46 and 69).
- The responsiveness of the College in providing additional student clinical workshops to support and reinforce learning (paragraph 46).

### Areas for development

- Identify opportunities for raising further the awareness of the distinction between the BOst and MOst with staff and students (paragraphs 8, 13 and 21).
- Review the effectiveness of the processes used to ensure the consistent delivery of lectures at both sites (paragraphs 31, 32 and 50).

- Develop further the management of new patients to provide students with the opportunity for providing continued treatment (paragraphs 34 and 60).
- Develop the use of technology to enhance the learning opportunities available to students (paragraphs 53 and 54).
- Review the reporting lines within the deliberative committee structure to ensure due consideration is given to annual monitoring documents before final signed off by the Quality Review Board (paragraph 75).

## **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 College of Osteopaths has specialised in the provision of part-time flexible osteopathic programmes since 1948. Programmes are delivered from its London and Stoke-on-Trent (Stoke) campuses, with students progressing and successfully graduating from both locations. The Master of Osteopathy and Bachelor of Osteopathy (MOst/BOst) courses are offered currently through collaboration with two different universities. The validated-funded agreement with Middlesex University is coming to an end, with the final cohort of students graduating at the end of the academic year (2015-16). The programmes were last validated in 2011 and over the last five years, the students in London previously registered with Middlesex University have either progressed to graduation or transferred to the programme validated by Staffordshire University. The academic year commencing September 2016 will therefore be the first in which students across both campuses will be part of the franchised validated agreement with Staffordshire University.

2 In April 2016, Staffordshire University re-approved the BOst/MOst that had been mapped to the 'Osteopathic Practice Standards' (2012) and the *Subject Benchmark Statement: Osteopathy* (2015). Staffordshire University is responsible for assuring the academic standard of the award, while the College is responsible for the management and delivery of the programme, and for acquiring and maintaining professional accreditation with the GOsC. College enrolments for 2014 were 112 students (55 London and 57 Stoke) and 154 (90 London and 64 Stoke) in 2015.

3 The stated overall aim of the BOst and MOst programmes is to train and develop safe and competent osteopaths, able to meet the professional standards laid down by the GOsC.

Specific aims are to:

- provide students with the knowledge, skills and experience to prepare them to work as osteopaths
- provide an environment for effective learning which will encourage and motivate students to learn, and to promote autonomous learning
- enable students to develop lifelong learning and research skills
- enable students to develop as reflective practitioners within the field of osteopathy
- enable students to develop an awareness and understanding of the wider political, social and economic context of osteopathy
- develop criticality, professional judgement and autonomy of action
- provide students with the business skills required to run a successful osteopathic practice.

## E Commentary on the provision

### An evaluation of the clinical and academic standards achieved

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

4 The overall aims and objectives of the programme are evident in the course documentation. These reflect the College's overall educational and employment aims to prepare students for autonomous osteopathic practice. They are also in alignment with, and mapped to, the Staffordshire Graduate Attributes.

5 The programme aims are publicised widely, and are well understood by staff and students. They place an emphasis on the acquisition and development of knowledge, skills, business skills and experience in preparation for entry into osteopathic practice as a reflective practitioner. In support of the aims the development of research skills; criticality, professional judgment and life-long learning are evident throughout the curriculum and assessment strategy.

6 Programme and individual module outcomes are derived from the level descriptors of the *Framework for Higher Education Qualification* (FHEQ). They are extensively mapped throughout to the Osteopathic Practice Standards. In the newly validated programme, they are also aligned to the *Subject Benchmark Statement: Osteopathy*.

7 The intended learning outcomes for each module are provided in the module handbooks. Within the BOst, these match the aims of the curriculum and reflect the appropriate level of the FHEQ. The sequential, and inter-related, curricular strands Clinical Osteopathy and Osteopathic Theory and Practice, underpinned by the Reflection, Evidence and Professional Skills/Personal and Professional Development effectively develop students' practice-based skills and understanding. There is explicit engagement with the Osteopathic Practice Standards throughout.

8 Differences between the MOst and BOst are located in years four to six of the MOst course. These are reflected in the areas of clinical practice, clinical specialisms; clinical educational practice and advanced research activities. The learning outcomes of the MOst module in the Reflection, Evidence and Professional Skills/Personal and Professional Development strand clearly articulate the requirements of master's level study. This distinction is not so apparent in the learning outcomes of the other MOst modules.

#### Curricula

9 Both the new BOst and MOst curricula are consistent with the *Subject Benchmark Statement: Osteopathy*, and overall embed the FHEQ level descriptors. Curriculum content is directly mapped to the Osteopathic Practice Standards, as summarised below.

**Theme A: Communication and Patient Partnership.** This is embedded throughout the inter-related curriculum. Particular emphasis is located in the sequential Clinical Osteopathy and Reflection, Evidence and Professional Skills/Personal and Professional Development strands. There are 20 modules mapped against A1. The demands of A2, against which 15 modules are mapped, are evident in clinical assessment. Eighteen modules relate to A3 and eight to A4. Clinical observations highlighted lack of explanation of any material or significant risks between student, tutor and patient in the application of high velocity thrust techniques. Thus raising the issue as to whether valid consent was sought and obtained from these patients. Nine modules are mapped against A5 and eight against A6. These elements are also considered in the clinical assessment process.

**Theme B: Knowledge, Skills and Performance.** This theme is evident across all the aspects of the curriculum. The Health, Function and Dysfunction strand introduces students

to knowledge of normal human function and structure and spans across the spectrum to pathology and disease processes. Students learn and practise case history taking skills, and the interface between the formulation and generation of medical and osteopathic diagnoses. This is supported by the progressive Osteopathic Theory and Practice Strand that introduces, develops and refines osteopathic technique, its underpinning rationale and justification for application and incorporation into patient management approaches. This was confirmed in teaching observations. B1 is mapped against 17 modules. Twenty-two are allocated to B2, and 15 to B3. Evidence for B4, located in 19 modules, is reinforced in the areas of the curriculum demanding student reflective and critical appraisal skills.

**Theme C: Safety and Quality in Practice.** Evidence for this theme is located throughout the inter-related curriculum with the central strand Clinical Osteopathy being at the core. This is complemented by the progressive related clinical assessment in developing students' abilities within these categories and was evidenced in the teaching and clinical observations. C1, C3 and C6 are each mapped against 15 modules. C2 and C7 are both located in 14 modules. Thirteen are mapped against C4. C5 is relevant to 12 modules, C8 to seven modules and C9 to 11 modules.

**Theme D: Professionalism.** This theme permeates across all elements of the curriculum. Thirteen modules are mapped against D1 and D17, and 17 against D2. D3 is located in 18 and D4 in nine. Six modules are mapped against D5, D6, D7, D8 and D13 respectively. D12 is considered in seven modules. D10 and D15 are attributed to six modules each. Similarly, five are mapped against both D16 and D18. Two modules consider the demands of D11 and D14. The module Professional Practice places emphasis on the role of the General Osteopathic Council, the ethical basis of Osteopathy and its role within healthcare and the National Health Service. Consideration is given to the importance of inter-professional communication. Business management, accounting and property law is also contained therein. Scrutiny of student work, in the Reflection, Evidence and Professional Skills/Personal and Professional Development strand, revealed strong evidence to support D3.

10 Students are very aware of the demands of the Osteopathic Practice Standards and how these are clearly articulated through their studies.

11 The College delivers the part-time BOst programme over five years and the MOst over six. The maximum completion time for the BOst is eight years and that of the MOst is nine years. Students may interrupt their studies for personal reasons or to complete unsuccessful or deferred assessments. Successful students gain 405 credits on BOst, and 480 credits are awarded to those completing the MOst programme.

12 Students are provided with two starting points in their first year. The Standard Pathway entry is annually in September. Students enrolled on the Compressed Year 1 pathway enter in the following January. This provides the option to complete Year 1 in eight months as opposed to twelve. These students, on successful completion of Year 1, enter onto Year 2 of the Standard Pathway. Curricular content is identical on both pathways. There is a separate assessment schedule for each. Students confirmed their understanding and the effectiveness of the different entry pathways.

13 Currently all students are initially enrolled on the MOst. Years 1 to 3 inclusive are identical for both awards. From the start of Year 4 students can transfer onto the BOst. Students' opinion on the difference between the BOst and the MOst was varied. There was acknowledgment of the demand of the research activities required, but limited awareness of the other differences. Progression onto the MOst is dependent on student level of achievement and the outcome of progression interviews. Students considered that the support offered was variable. Reasons for continuing on the MOst were primarily for the research element. All students, from September 2016, enrol on the BOst programme and may enter the MOst programme from Year 4 after progression interview in Year 3.

14 Teaching is framed within two nine-week semesters each year. The same information is delivered on alternate weekends at each site. Students are able to attend either according to their availability. The framework of the curriculum is divided into four distinct cross-curricular strands: Clinical Osteopathy, Osteopathic Theory and Practice, Health Dysfunction and Disease and Personal and Professional Development, formerly Reflection, Evidence and Professional Skills. Currently supervised clinical hours are separated into five 30-credit modules (Clinical Osteopathy 1 to 5) comprising the, central, Clinical Osteopathy strand. In the newly validated programme, Clinical Osteopathy 1 comprises 15 credits. The other modules in this curricular strand will remain as 30 credits each. Blended-learning modules, of either 15 or 30 credits, form and will form the other three inter-related curricular strands. Overall, the curricular structure allows for the progression and incremental development of a student's professional knowledge, attributes and skills, and their clinical skills.

15 Changes to the 2016 BOst/MOst programmes are in response to feedback from students, module leaders and external examiners. This is reflected in review of module length, weighting and timings to improve continuity of learning and support the acquisition of clinical skills. The assessment schedule for all modules has been reviewed. This represents the final fulfilment of the condition in the 2012 review. Other changes include the embedding of the Osteopathic Practice Standards into all layers of teaching, reflection of, and mapping of, the demands of the *Subject Benchmark Statement: Osteopathy* and the recommendations of the Francis Report (2013). The curricular strand Reflection, Evidence and Professional Skills has been renamed Personal and Professional Development. These changes will be implemented as of September 2016.

16 Staff and students confirmed their involvement in the curriculum review required for revalidation. Of particular note is the cohesive teamwork of the Education Support Officers, the Curriculum Coordinators and the Module Leaders.

17 Staff scholarship activities inform curriculum development and changes. Student feedback is well received and acted upon. Staff and students contribute on an incremental basis to continuous curriculum refinement. Curriculum approval, monitoring and review processes reflect the Quality Code *Chapter B1: Programme Design and Approval*.

## **Assessment**

18 The College's assessment processes and practices, on the whole, meet the Expectation of the Quality Code *Chapter B6: Assessment of Students and the Recognition of Prior Learning*. The overall assessment strategy is underpinned by, mapped to, and allows for the evaluation of the Osteopathic Practice Standards. It is effective in assessing student achievement of both programme and module aims and learning outcomes.

19 There is a wide range of appropriate assessment methods in use that reflect the demands of the *Subject Benchmark Statement: Osteopathy* and the Osteopathic Practice Standards. These include written examinations, course work, an integrated professional portfolio, critical appraisal data analysis exercises, and research projects. Clinical assessment practices include case presentation to peers and tutors, observation of real and simulated patient encounters, and tutor managed reflective assessments.

20 There is an appropriate balance of formative and summative assessment. The diversity of the current assessment practice provides for a range of learning opportunities. It ensures that students use different learning styles and practice approaches to demonstrate their developing educational, clinical and professional capabilities. The formative assessment component is effective in developing student ability in both academic and clinical modules. Marking criteria are appropriate to level, for judging achievement and threshold marks. Students confirm their satisfaction with the links to the learning outcomes and the assessment information made available to them, the timeliness of their assessments, and the assessment methods.



21 The process of clinical assessment is embedded in the sequential progressive Clinical Osteopathy modules and is linked to the Clinical Log Book. It is effective in assessing a progressing student's clinical competency in a combination of formative and summative assessments. These involve the use of patients, peers and reflective self-assessment. The assessment criteria employed are supported by descriptors determining student level and level of progression. They are however not explicit as to evaluation of the process of seeking and obtaining valid consent from a patient.

22 External examiners confirm their satisfaction with the quality of feedback on student work. Students consider that their feedback is timely, of good quality and centred around the assessment criteria. Scrutiny of student work highlighted overall consistent and constructive feedback. Of particular note was the quality of feedback across the spectrum of student achievement in the Reflection, Evidence and Professional Skills/Personal and Professional Development strand. The strong support provided by the Education Support Officers, the Module Leaders and Clinical Tutors is effective in identifying and supporting individual student's learning needs.

23 Appropriate arrangements are in place for the Final Clinical Competency assessment. Acting as a gateway to graduation this comprises patient-centred evaluation and the assessment of clinical skills in a simulated case scenario by internal assessors. While being part of the assessment compact in Clinical Osteopathy 5 (BOst) and Clinical Osteopathy 6 (MOst) it does not contribute to the final module mark. Students are eligible to progress to this on completion of all other assessments and required clinical hours. An external assessor oversees this process. They confirm that this format is effective in evaluating a student's clinical and professional competence, and their ability to demonstrate the Osteopathic Practice Standards.

24 The College effectively manages the parity in assessment practices between the two delivery sites. External examiners scrutinise all student results with samples of work from both provisions and apply the assessment guidelines consistently. There is appropriate staggering of the assessment hand-in and completion dates across the academic year. Effective processes for internal moderation of assessment tasks and assignments are in place at levels 5, 6 and 7. Examination papers and assessment briefs are sent to external examiners for approval. There is shared and double marking between both delivery sites. Marking and moderation of scripts is in line with Staffordshire University guidelines.

25 While working within awarding body regulations and recognising the onus on professionalism in the Osteopathic Practice Standards, other than a student self-declaration on academic work and an examiner recognising possible plagiarism, the College does not employ any other processes to ensure student recognition and application of good academic practice across all forms of assessment. Nor is it possible for students to be clear about the types of activity that constitute unacceptable academic practice. The review team, therefore, identified that there is a need of the College to develop and implement a policy on academic misconduct. This would allow for the identification and detection of potential plagiarism and other forms of academic misconduct in a range of ways appropriate to the nature of the assessment task.

## **Achievement**

26 External examiners consider that the standard of student work is high and is comparable with sectorial norms. They confirm students are able to fulfil the demands of the Osteopathic Practice Standards. This was confirmed by the visitors' scrutiny of students' assessed work. There was a clear differentiation in achievement only in the research activities, contained within the Reflection, Evidence and Professional Skills/Personal and Professional Development Strands, of BOst and MOst student work

27 The progressive Clinical Osteopathy and Reflection, Evidence and Professional/Personal and Professional Development Strands are designed to prepare a student for

autonomous professional practice. Complementary to this is the embedded Business Planning Skills Programme, spanning Years 1 to 5, which provides students with the practical experience of planning, implementing and developing a small business venture. This reflects, and is mapped to, the Osteopathic Practice Standards. Students considered overall that they are adequately prepared for practice.

28 Final achievement of students in recent years has been consistent. Over the period of 2012-13 to 2014-15 inclusive, 11 per cent Staffordshire-based students and 16 per cent London-based students, enrolled on the BOst, achieved a First. Upper second-class honours were awarded to 67 per cent Staffordshire-based students and 56 per cent London-based students. Over the same period, of the two students enrolled on the MOst, one achieved a Distinction (London) and one a Merit (Staffordshire).

## **The quality of the learning opportunities provided**

### **Teaching and learning**

29 The College offers flexible part-time osteopathic education and attracts mature students from diverse backgrounds and therefore has adopted a teaching and learning strategy comprising of 18 teaching weekends per academic year, work-placements in the College's teaching clinics and significant amounts of self-directed learning. Students are also expected to assist and support their peers and therefore are encouraged to form study groups outside the College. Classroom teaching comprises lectures, seminars, practical workshops and tutorials and clinical teaching takes place in the College's three outpatient teaching clinics (two in London and one in Stoke).

30 The College continues to use the Integrated Professional portfolio (IPP), which has been re-named Personal and Professional Portfolio (PPP). The portfolio requires students to reflect and record their experiences while treating, observing treatments and/or discussing patient management plans. The portfolio contributes to the Personal and Professional Development strand of the programme and enables students to reflect and review their learning through the academic and clinic teaching. External examiner confirms that a good cross section of learning and assessments are used to accommodate learning differences for the students with an emphasis on reflective practice/learning, which will prepare them well for osteopathic practice.

31 Students receive module handbooks that contain comprehensive information on module aims, learning outcomes and assessments. Students can also access lecture handouts, posted in advance on the intranet so that they can engage in independent learning pre and post-lectures. There is, however, variability in the posting of some lecture material in a timely fashion. Students are generally satisfied with the quality of teaching and are very appreciative of tutorials offered by faculty members.

32 There is, however, variability in the teaching and delivery of shared lecture material for some modules between Stoke and London sites. The Stoke students' experience of the teaching is less favourable compared to the experience of students at the London campus. Communication between teaching staff needs to be developed further so that students at both sites have the same learning experience.

33 Clinical teaching and learning is part of five sequential Clinical Osteopathy modules and students are required to complete 1,200 hours in College's teaching clinics. Clinical teaching comprises clinical observation of peers, supervised and assessed patient interactions, clinical workshops and clinical reflection. College also operates an 'Osteo Observation Scheme' enabling Year 1 and 2 students to build up their clinical hours by observing local Registered Osteopaths. This facility, however, is only available for students at Stoke teaching site. Some students at the London site would welcome the same opportunity, especially when students cannot attend the London clinics on regular basis because of geographical constraints.

34 The provision of a flexible part-time education does not require students to attend clinics on a regular pattern and inevitably results in variability in experiential learning within clinical environment. Students are encouraged but not required to manage at least one patient in four from initial consultation to discharge and therefore, continuity of care is not always achieved. The *Subject Benchmark Statement: Osteopathy* recommends that each student takes initial case history, conducts examination, reaches diagnostic conclusion, formulates and implements osteopathic care plan for a minimum of 50 new patients. This would ensure continuity of care so that students may follow the progress of their individual patients. Students have also expressed concern regarding the opportunity to provide continuity of care, especially if they are unable to travel to the College clinics on regular basis. The variability in the provision of continuity of care was also evident during observation of clinical teaching during the visit.

35 In accordance with the requirements, outlined in the Handbook for Visitors: General Osteopathic Council review of osteopathic courses and course providers; teaching observations were undertaken by two visitors. In total, nine teaching sessions, covering levels 4, 5 and 6, were observed. At the Stoke site, two teaching sessions were observed by each visitor, covering levels 4, 5 and 6. The teaching sessions in Stoke were mostly revision sessions prior to final examinations. The revision sessions were carried out in a very supportive manner and there was effective engagement by students.

36 At the London site, a total of five teaching sessions were observed. One visitor observed two teaching sessions and the other observed three teaching sessions. Most of the teaching sessions observed were revision sessions. There was effective teaching and good level of support provided to students. Where students were required to work in small groups, each group was supported by the tutors.

37 Observations also took place in all three clinics. Four student/tutor-patient interactions were observed: one at Stoke clinic, two at London College of Osteopathic Medicine and one at Borehamwood clinic. During all except one student-patient interaction observed, the student practitioner had not seen the patient previously. The level of support and supervision from clinic tutors was good. The clinic tutor treated one patient because the Year 5 student who had seen the patient during initial consultation was not in attendance. The standard of tutorial offered by the tutor to the students observing was excellent. This was another example of missed learning opportunity for the student who had seen the patient at initial consultation but was not available to provide follow-up treatment. During observation of clinical teaching, the visitors observed student-practitioners explaining the proposed treatment to the patient and obtaining permission to proceed with the treatment. The visitors did not observe the student-practitioner explaining the proposed effect(s) and side effect(s) associated with the proposed treatment. The College's Clinic Log book, however, makes reference to Yellow notices, containing information on risks that patients should read. The review team considers that student-practitioners must also discuss the effects and side effects prior to providing treatment so that they are satisfied that that the patient has understood the information contained in the Yellow notice and given valid and ongoing consent.

## **Student progression**

38 The College has a well-established process of recruiting students. Prospective students apply directly to the College and on receipt of the application form, the applicant is sent an information pack. Applicants are invited to attend an Open Day and an interview. The interview panel comprises of one Education Support Officer and a member of faculty. Applicants who are successful at interview are offered a conditional or unconditional offer, both subject to a Disclosure and Barring Checks.

39 The College's website contains clear entry requirements. The College's minimum entry requirements for the BOST and MOST programmes are 5 GCSE subjects grades A-C including Maths and English and 2 Advanced Level qualifications or vocational equivalents

(preferably in science subjects), a BTEC National Diploma in relevant subject or an Access to Higher Education Certificate or Diploma, or relevant Open University modules. Students applying without minimum entry requirements or non-scientific qualifications may be offered the opportunity to complete the College's Foundation course.

40 The College does not require applicants, who have not undertaken study in English, to submit English Proficiency certificate. It has been acknowledged by the College that some students, for whom English is not their first language, struggle with the requirements for academic writing. The College is, therefore, considering asking such entrants to provide evidence of English proficiency. Although there is support available from the College and Staffordshire University for improving academic writing skills, the review team notes the move by the College to include English proficiency within the current entry requirements. This requirement may also assist some of these students to comply with the Osteopathic Practice Standard: A1, 'You must have well-developed interpersonal communication skills and the ability to adapt communication strategies to suit the specific needs of a patient.'

41 Successful applicants have an option of three starting pathways, Standard Year 1 pathway, Compressed Year 1 pathway and the Fast track pathway. The shorter Fast track pathway is offered to applicants who are registered with Health Care Regulators, subject to approval by Staffordshire University. The Compressed Year 1 pathway consists of identical content to the Standard Year 1 pathway and is taught by the same small group of lecturers over 14 weekends in Year 1. By entry to Year 2, both groups have become a united cohort and assessment results indicate comparable levels of achievement for coursework and examinations. The number of students starting the Compressed Year 1 pathway during the academic years 2012-13, 2013-14, 2014-15 and 2015-16 were four, eight, three, and three students respectively. The number of students starting the Fast Track pathway in Year 2 or 3, during the academic year 2013-14 and 2014-15 were two and one, respectively.

42 A total of 52 students were recruited in the academic year 2014-15 and 33 students were recruited in the academic year 2015-16. At the Stoke site, the progression rates during the academic year 2014-15 in Years 1, 2, 3 and 4 were 69 per cent, 93 per cent, 100 per cent and 88 per cent respectively. At the London site, the progression rates during the academic year 2014-15 in Years 1, 2, 3, and 4 were 65 per cent, 86 per cent, 100 per cent and 100 per cent respectively. The progression rates in Year 1 at both sites were unusual as most students did not progress because of personal circumstances. The progression rates during academic years 2012-13, 2013-14 were between 73 per cent and 100 per cent. The progression rates in the Compressed Pathway have been variable. During the academic years 2011-12, 2012-13 and 2014-15, the progression rates in the compressed pathways were, 50 per cent, 50 per cent, 100 per cent and 67 per cent respectively. The main reasons for high rate of attrition were personal and/or financial.

43 Students' progression is supported by progression interviews at various milestones. The key milestone is in Year 3, when students have to decide on progressing to the BOst or MOst pathways in Year 4. Students see the use of progression interviews as useful. In response to student feedback, the College will be reviewing the timing of these interviews so that students receive the information on these two pathways earlier in the programme. Between the academic years 2013-14 and 2015-16, of the total 40 students in Year 3, over both sites, only seven students (17.5 per cent) transferred to the MOst pathway.

44 Students have flexibility in completing the programme. The maximum time for a student to complete the MOst programme (480 credits) is nine years with a maximum registration period of three years on any one level. The maximum time for a student to complete the BOst programme (405 credits) is eight years with a maximum registration period of three years on any one level.

45 The programme is appropriately designed to offer various exit awards that are related to the students' achievement. For the award of Bachelor of Osteopathy (Honours) or Master of Osteopathy, students must gain 405 or 480 credits respectively and successfully

complete module Clinical Osteopathy 5, which requires them to take the Final Clinical Competence Assessment. Students who achieve 120 Level 4 credits but choose not to pursue the full award will be eligible for the award of Certificate in Higher Education (Cert HE) Studies in Manual Therapy. Students who achieve 120 Level 4 credits and 120 Level 5 credits but choose not to pursue the full award will be eligible for the award of Diploma of Higher Education (DipHE) Studies in Manual Therapy. Students who achieve 120 Level 4 credits, 120 Level 5 credits and 60 Level 6 credits, but choose not to proceed to Final Clinical Competence Assessment and the additional requirements for professional registration with the General Osteopathic Council, will be eligible for the award of BSc Studies in Manual Therapy. Students who achieve 120 Level 4 credits, 120 Level 5 credits and 120 Level 6 credits, but choose not to proceed to Final Clinical Competence Assessment and the additional requirements for professional registration with the General Osteopathic Council, will be eligible for the award of BSc (Hons) Studies in Manual Therapy.

46 Students receive good level of academic and pastoral support at various stages of the programme. The Education Support Officers provide support to students from enrolment to completion at both sites. External examiners have commented that students receive high level of support, especially to those students with special educational needs. Students are also offered remedial tutorials, and find the tutors approachable and willing to offer impromptu tutorials, especially during clinic times. Students also appreciate the support offered by non-academic staff. Students receive all relevant information regarding module content and assessments in the module handbooks, which are available on the College's intranet.

## **Learning resources**

47 Staff curriculum vitae (CV) indicate that there are eight teaching staff and eight clinic tutors at the London site, 14 teaching staff and six clinic tutors at the Stoke site. There are seven teaching staff members who teach at both sites. There are nine classroom assistants for practical lectures and six staff members act as Education Support Officers.

48 Staffing is reviewed annually and staff are recruited to cover specific areas delivered across each of the four strands. New staff are recruited following submission of a CV, shortlisting and then a formal interview. Where the position is one where weekend teaching is covered, the College recruits additional staff to allow potential new staff to be integrated gradually into the weekend teaching 'faculty'.

49 New staff take part in at least a half day formal induction by a senior member of staff (covering procedures and processes) and at least a half day observation/team teaching session with an experienced member of staff. A probationary period exists and staff receive feedback during this time. Feedback is based on the University's peer observation process that the College uses for lecturers, or feedback (three formal feedback reports) from the line-manager that covers the respective period. Module Leaders, Education Support Officers and Curriculum or Clinical Coordinators support new staff in undertaking their duties.

50 Staff CV suggests that teaching staff have appropriate qualifications to deliver lecture material but student feedback on weekend teaching at the Stoke site suggests that some staff members are not fully prepared for lectures.

51 The College has initiated a programme of peer observation and review based on the University's standards and expectations. A recorded observation of teaching will be a professional requirement of all academic staff and will take place at least once in each academic year. The emphasis through the process will be placed on identifying, sharing and developing good practice in a transparent manner. The emphasis will be on the identification and development of effective teaching practices including formative assessment and feedback activity.

52 Staff development opportunities have been limited over the last few academic years due to resource constraints. With steady financial recovery, the College has commenced supporting some staff members who have undertaken leadership/management training to enhance their middle management skills. College staff members are also entitled to 20 per cent discount on any postgraduate courses offered by Staffordshire University.

53 The College's virtual learning environment (VLE) continues to get mixed feedback from students, which is also supported by external examiners. The main issue is uploading of lecture material in timely fashion.

54 Development of the use of VLE to support interactive learning was an area of development identified by the last review in 2012. The College produced an action plan, following receipt of the 2012 report but this has not been progressed fully. The College is continuing to explore various options to move this forward, including working with Staffordshire University. The College's programmes require students to engage in significant amount of self-directed learning and to support this requirement; the review team considers that it would be beneficial to students for the College to develop a technology enhanced learning environment to underpin their study.

55 Teaching facilities at both sites are appropriate. Teaching facilities at the London campus comprises five Middlesex University teaching rooms, the main library at Middlesex University and one room at Borehamwood site that is used as a library, meeting and/or presentation room. The Stoke campus has five Staffordshire University teaching rooms and the Staffordshire University library.

56 The College has an agreement to use Middlesex University teaching facilities until the end of 2015-16 and are in the process of negotiating an agreement for 2017 onwards. The College is working through the Action Plan 2015-17 for London teaching premises and have set the deadline for the end of the first semester of the academic year 2016-17, when the final decision regarding teaching facilities from 2017 onwards will be shared with various stakeholders, including the General Osteopathic Council.

57 The London campus has two outpatient teaching clinics. The main one is in the Borehamwood site and contains four clinic rooms, one student room and one room that is used as a library, presentation room and meeting room. Three clinic rooms are of appropriate size to accommodate patient, practitioner, tutor and student observers. One room is very small and can only accommodate a patient, a student-practitioner and the supervising tutor. This clinic is open five days a week with opening hours varying from 9.00 am to 9.00 pm and 9.00 am to 4.45 pm. The clinic is also open on alternate Saturdays, except during the 18 teaching weeks.

58 The second London clinic is situated at the London College of Osteopathic Medicine (LCOM) in Marylebone, central London. This clinic has a shared reception, waiting area and office, and the use of either one or two treatment rooms. The student satisfaction rating for this facility in 2013-14 and 2014-15 was 'inadequate or unacceptable'. The College have acted upon this feedback and appointed an administrative staff to work at LCOM, and have recruited two LCOM staff members to support clinical staffing arrangements. The LCOM clinic is open on two days a week from 09.00 am to 4.45 pm. The College is in the process of renewing a lease agreement with the LCOM for a further three-year period.

59 The clinic teaching facilities for the Stoke site are located within the North Staffordshire Medical Institute. The Stoke clinic has four dedicated treatment rooms, a reception area, waiting area, one student room and one general resource room. The Stoke clinic is open 4 days per week, from 9.00 am to either 7.00 pm or 8.00 pm, and on alternate Saturdays, except during the 18-week teaching weekends.

60 The College requires students to see a minimum of 50 new patients as a sole practitioner and recommends that 10 to 15 new patients are seen during Clinical Osteopathy

module 3, 12 to 15 during Clinical Osteopathy module 4, and 20 to 25 new patients during Clinical Osteopathy module 5. The College further recommends that from Level 3, students should aim to have continuity of care (treatment or observation) with one in four patients. Achieving this aim is challenging for those students who are unable to attend clinics on regular basis.

61 The College clinics at Borehamwood and Marylebone sites use a web-based computer programme (“COETDiary”) and the Stoke clinic uses a booking form to manage requests, allocation and monitoring of student's clinical hours. Students are required to complete the Audit form after each patient encounter and this data is considered by either the Practice Manager and/or clinic tutor on duty when allocating patients to students. Meeting with students suggest that there may be inconsistency in allocation of equal numbers of clinic sessions and patients.

62 The College has implemented an effective process of monitoring patient numbers at each clinic. College clinics have achieved the projected patient numbers in 2014-15 and are on course to do the same in 2015-16. Clinic staff collect the Audit data and submit to the Principal for discussion with the marketing consultant. The College also monitors the demographics, site of complaint, aetiology, signs and symptoms, and occupation of patients attending the three clinics, and this is reported via the Senior Management Team and Board of Governors quarterly meetings.

63 Students on programme validated by Staffordshire University have access to University library resources and can also access electronic resources via their SCONUL membership. Students on programmes validated by Middlesex University have access to Middlesex University library via SCONUL membership and to Staffordshire University via Eduroam. Libraries at both universities are open 24 hours a day, and are staffed over the weekend. An induction is provided for new students. The library has appropriate resources to support students' learning. Students also use libraries associated with their local teaching hospitals.

### **Governance and management (including financial and risk management)**

64 The College of Osteopaths is established as a charitable trust, which is overseen by a Board of Governors. The Board is directed by well-defined terms of reference that provide explicit guidance for the oversight of the College. The governors possess a variety of professional and commercial expertise, including Osteopathic practice, wider clinical practice in health and social care, legal and business experience. At the time of the review, there were five governors in office. The College has conducted a review the membership and appointed additional governors, in order to refresh the Board and to enhance the skill mix, although some new appointments have been made, this is work in progress and it is anticipated further appointments, will be made shortly. The College acknowledges that there is further work needed to review the duration of service for governors, including the provision of guidance with respect to the terms which that the Chair of Governors can serve. This will ensure that the board is consistently reviewed and the leadership of the board is subject to a specific period of office.

65 The College has been subject to some significant challenges regarding student numbers and consequently financial resources, however, the College is now in a much stronger position, with increased student numbers recruited. The Governing Body has made very stringent efforts to ensure that the College is sustainable and operates strong financial management and rigorous planning processes and systems of accounting and financial reporting. A Finance Subcommittee, advises the Governing Body on issues relating to resources financial planning and accounting. This subcommittee meets throughout the year academic year and undertakes a very close scrutiny of the financial health and sustainability of the College. Contingency plans are implemented to mitigate against any financial risks that have been identified.

66 The Senior Management Team attends governors' meetings and these now follow a set agenda, which enables key strategic and operational issues to be consistently addressed. These joint meetings are recorded with clear minutes and actions can be tracked. Good progress has been made in this area since the last review. The Governors are very actively involved in the life of the College, the board members had a very detailed knowledge of key issues relating to the student journey, such as recruitment and retention, and the students' perceptions of teaching and clinic experience. Governor representatives play an active role in monitoring standards, for example, they chair the Quality Review Boards and hold individual meetings with student representatives of each cohort. The team found that an effective partnership was between governors and operational managers centred on the student experience.

67 The College has an established strategic plan which runs from 2011-16; preparations for the next iteration of the plan have been instigated, however, these deliberations are at a fairly early stage. It is important that a clear framework to guide the operation and future development of the College from 2017 is available. The new strategy needs to be completed and disseminated across the College as soon as possible, the team consider that the new strategy needs to be completed and communicated to staff by January 2017.

68 The College has established an appropriate risk assessment process and maintains a risk register. Risks are discussed at the Senior Management Team/Governing Body meetings and the Quality Review Board; the review team found that the College has effective strategies for risk assessment and mitigation of the identified risks.

69 Operational delivery at the College is the responsibility of the Principal who heads up the Senior Management Team. There are four other senior managers. The College has implemented revised management arrangements to ensure more effective leadership of the academic and clinical components of the provision, and to ensure consistency between the two major locations of the College in London and Stoke. This review has also created a tier of middle managers with specific responsibilities for enhancement; these staff are able address issues related to the student experience and act to enhance academic and clinical learning in a more responsive way. This has empowered frontline teaching staff and allowed a more responsive approach to address students' needs. The team found that these management arrangements were effective and reflected the needs of the College in relation to its size and multi-site locations.

70 The College has reviewed the partnerships with validating universities and negotiated a single partnership with Staffordshire University, which will validate all provision from 2016-17 academic year. There are liaison meetings in place to promote effective communication between the College and University; these meetings provide updates from both organisations and identify solutions for operational challenges. The obligations of the collaborative agreements with validating universities are clearly defined in very detailed agreements, which had been authorised by both parties. The College demonstrated a high level of awareness of the provisions of these agreements.

71 There has been a strategic drive to professionalise the marketing of both the programmes at the College and the clinic provision, a specific marketing plan has been established for the clinic service using a marketing consultant; this has been closely monitored by the Senior Management Team and the Finance Subcommittee. The College has also invested in the development of a new website, which is close to completion. This work was ongoing at the time of the review. However, there is evidence of increased clinic activity and evidence of growth in admissions to the College.



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

72 The College has implemented revised quality assurance processes since the last review in 2012. These provisions have considered the requirements of the University of Staffordshire and the distinct nature of the College's multi-site delivery. Central to the College's quality assurance strategy is the aim to maintain effective communication to support enhancement. There are key academic and administrative roles within both the College and Staffordshire University that liaise to ensure effective programme monitoring and appropriate engagement with external examiners appointed by the University.

73 The College has established effective systems, which ensure appropriate review and monitoring of programmes and allow the student voice to be heard. A range of approaches, have been established to gather student feedback on teaching and learning and clinic experience, each module is evaluated using written evaluations, which are analysed by module leaders and used to produce detailed module reports, which are used as the basis for annual monitoring. Students are encouraged to provide feedback to representatives of the governors through informal meetings; programme committees are well attended and provide a good range of feedback from the student body. External examiners play an effective part in the management of academic standards, and feedback from external examiners indicates that academic standards are consistent with those in comparator institutions.

74 Programme Committees held at both of the College's teaching sites are well attended by students and supported by key academic staff involved in programme management. Students provide detailed feedback. In addition, course representatives cited instances when they have raised issues of concern with academic staff and experienced a very effective response. Students reported that the academic and administrative staff were very approachable and keen to resolve concerns on an informal basis. The College provides clear information about the complaints process; a complaints procedure is publicised widely within the College, and key staff have received specific training from Staffordshire University on managing complaints. The team identified that complaints are managed systematically and consistently follow agreed procedures, and the College aims to identify learning that results from complaints.

75 A Quality Review Board has been established and is chaired by a member of the Governing Body. The Board considers a range of issues including patient representatives' feedback, enhancement of learning and teaching, and learning resources. The Quality Review Board was established and addresses an enhancement agenda that develops action plans based on feedback from students, staff and service users. Joint meetings of the Governing Body and the Senior Management Team review issues raised by Quality Review Board and make decisions in relation to resource allocation. The Quality Review Board does not formally receive annual monitoring reports and does not monitor the action plans from these. Although the College has made progress in establishing its own quality improvement cycle, the review team found that the systematic review of quality monitoring reports could be addressed more comprehensively by the deliberative structures of the College. The annual monitoring reports, which are produced for the universities and the professional body, are not formally considered by the major committees prior to submission. This reduces the opportunities for disseminating information about the student experience at the College.

76 External examiners are appointed by each validating university, in liaison with the College. External examiner reports are received by the universities and are promptly shared with the College, and more widely with College academics. These reports inform annual monitoring and are considered by the Quality Review Board. Formal responses to external examiner reports are developed jointly between the universities and the College. The review team found that the were effective processes in place for the appointment of external examiners and appropriate management of their feedback.

## **Meetings and documentation**

### **Meetings held**

Meeting 1: Principal overview  
Meeting 2: Strategic management and quality management  
Meeting 3: Student meeting (Stoke)  
Meeting 4: Curriculum management and assessment  
Meeting 5: Student representatives meeting (Stoke)  
Meeting 6: Meeting with Board of Governors/Trustees  
Meeting 7: SMT Debrief 12 May 2016  
Meeting 8: SMT Admissions and related issues 13 May 2016  
Meeting 9: Students (London)  
Meeting 10: Teaching, learning, progression and resources  
Meeting 11: Debrief 13 May 2016  
Meeting 12: SMT Clinic marketing 14 May 2016

### **Major documentation**

000 College of Osteopaths SED 240216  
001 Programme Maps  
002 Typology of Award  
003 QAA CO report 29 06 2012  
004 Assessment Marking Policy  
005 External Examiner Report IH 1415  
006 External Examiner Report CW 1415  
007 Student Data 220216  
007 Student Data 220216  
007a Student Data 230316  
008 Alumni Data  
009 Exit Interviews Report 2015  
010 Programme Committee Minutes April 2015  
011 MOst and BOst Progression  
012 University AMR 2013-14  
013 University AMR 2014-15  
014 QRB Minutes 2013 to 2015  
015 Clinic Reports 2014 15  
016 GOsC AMR 1415 London (Mdx)  
017 GOsC AMR 1415 Stoke (Staffs)  
018 CO(2) and CO(5) Module Evaluation Data 1314  
019 London teaching premises 2017 18  
020 Dealing with Student Complaints  
021 Strategic Plan Report 2014 15  
022 Course Handbook 2016-17  
023 OPS Mapping Samples  
024 Assessment Jan starters 15L  
025 Changes from 2010 to 2016 BOst MOst  
026 ALL CVs 161115  
027 FCCA Stoke Dec 2012  
028 FCCA Stoke June 2013  
029 FCCA Stoke Dec 2013  
030 FCCA Stoke June 2014  
031 FCCA Stoke Dec 2014  
032 FCCA Stoke June 2015  
035 FCCA London 2015  
036 1213 EE Report and Response IH Stoke  
037 1213 EE Report and Rspnse CH Stoke

038 1213 EE Report CW London  
039 1213 EE Report MGE London  
040 1213 EE Response London  
041 1314 EE Report CW London  
042 1314 EE Report MGE London  
043 1314 EE Response London  
044 GOsC AMR London 2012 13  
045 GOsC AMR London 2013 14  
046 GOsC AMR Stoke 2012 13  
047 GOsC AMR Stoke 2013 14  
048 1516 Assessment Schedule Stoke  
049 1516 Assessment Schedule London  
051 BoG SMT 29.08.13  
052 BoG SMT 04 11 13  
053 BoG SMT 25 02 14  
054 BOG SMT 01 07 14  
055 BOG SMT 02 09 14  
056 BoG SMT 24 02 15  
057 BOG SMT 11 11 14  
058 BoG SMT 12 05 15  
059 BOG SMT 29 09 15  
060 BoG SMT 10.11.15  
061 Minutes - SMT 07 SEP 13  
062 Minutes - SMT 13 SEP 13  
063 Minutes - SMT 04 NOV 13  
064 Minutes - SMT 25 FEB 14  
065 Minutes - SMT 21-22 MAR 14 Away Day  
066 Minutes - SMT - 12 SEP 14  
067 SMT Meeting1 23 Feb 15  
068 SMT Meeting 2 MAR 15  
069 SMT Meeting 9 MAR 15  
070 SMT Meeting 16 MAR 15  
071 SMT Meeting 23 MAR 15  
072 SMT Meeting 30 MAR 15  
073 SMT Meeting 20 APR 2015  
074 SMT Meeting 27 APR 15  
075 SMT Meeting 11 May 15  
076 SMT Meeting 18 May 15  
077 SMT Meeting 1 June 15  
078 SMT Meeting 15 June 15  
079 SMT Meeting 20 June 15  
080 SMT Meeting 10 AUG 15  
081 SMT Meeting 11-12 SEP 15  
082 SMT Meeting 28 September 2015  
083 SMT Meeting 12 OCT 15  
084 SMT Meeting 19 OCT 15  
085 SMT Meeting 16 NOV 2015  
086 SMT Meeting 23 NOV 15  
087 SMT Meeting 30 NOV 15  
088 SMT Meeting 11 JAN 16  
089 SMT Meeting 18 JAN 16  
090 SMT Meeting 1 FEB 16  
091 SMT Meeting 8 FEB 16  
092 SMT Meeting 7 MAR 16  
093 SMT Meeting 14 MAR 16  
094 Collaborative Agreement 8thSept14  
095 Collaborative Agreement Schedule A1 8thSept14

096 Collaborative Agreement Schedule B1 8thSept14  
097 Collaborative Agreement Schedule B2 8thSept14  
098 Collaborative Agreement Schedule B3 8thSept14  
099 MoC Addendum - College of Osteopaths - Final Version  
100 MoC countersigned  
101 The College of Osteopaths - 31 08 13 - final  
102 The College of Osteopaths - 31 08 14 Signed  
103 College of Osteopaths 31.08.15  
104 Risk Assessment Process  
105 RA Franchise Agreement May 2014  
106 RA Teaching Facilities post partnership  
107 RA Strategic Plan 2011 16  
108 Risk Register 2011-16 V2 May 2014  
109 College Structure  
110 Quality Cycle Diagram 2016  
111 Strategic Plan 2011-16 Final  
112 Citation report - 13 Furzehill Rd  
113 Citation report - NSMI  
114 College Policies  
115 Programme Committee Stoke 07 12 13  
116 Programme Committee Stoke 17 05 14  
117 Programme Committee Stoke 06.12.14  
118 Programme Committee Stoke 09.05.15  
119 Programme Committee Stoke 05.12.15  
120 Programme Committee London 17.11.03  
121 Programme Committee London April 2014  
122 Programme Committee London Nov 2014  
123 Programme Committee London Oct 2015  
124 TERMS OF REFERENCE Board of Governors  
125 Board of Governors Profile 1  
126 Board of Governors Profile 2  
127 Board of Governors Profile 3  
128 Board of Governors Profile 4  
130 Board of Governors Profile 5  
131 Complaint Log 2013-2016  
132 Appendix A Informal Complaints  
133 Appendix B Complaints procedure 1516  
134 Flexibility in completion  
135 Compressed Year 1 pathway  
136 Strategies for ensuring staff fulfil teaching and assessment duties  
137 Student Suitability for MOst Pathway  
138 Strategy Marylebone (LCOM) Clinic  
139 LCOM clinic patient figures comparisons RQ  
140 Mdx and CoO minutes  
141 Letter 1 to students October 13  
142 Letter 2 to students May 2015  
143 Library and Learning Resources Strategy  
144 London Teaching Premises Action Plan 2015 -17  
145 Assessment Map  
146 Professional Practice - Business Planning Lecture 14\_15\_16\_17  
147 CO(3) Business Planning Skills  
147 CO3 Business Planning Skills  
148 CO(4) Business Planning Skills Handbook  
148 CO4 Business Planning Skills Handbook  
149 CO(1) Business Planning 1.6 2015\_2016  
149 CO1 Business Planning 1.6 2015\_2016  
150 Clinic Logbook 2016-17 DRAFT

151 Blackboard Module Notes and Ordering  
152 You Said We Did Poster 1314  
153 BoG and Student Reps 07 11 15  
154 Consistency between two sites  
155 FCCA arrangements  
156 21 October 2013  
157 22 October 2014  
158 10 November 2015  
159 STAFF QRB Summary Oct 2013  
160 EXTERNAL AGENCIES QRB Summary Oct 2013  
162 STUDENTS QRB Summary Oct 2013  
163 EXTERNAL AGENCIES QRB Summary Oct 2013. Updated  
164 STAFF QRB Summary Oct 2014  
165 STUDENTS OCT 2014  
166 EXT AGENCIES QRB 300915  
167 PATIENT and PUBLIC 300915  
168 STAFF QRB 300915  
169 STUDENTS QRB 131015  
170 QRB terms of reference (11.11.14)  
171 Action Plan for GOsC Nov 2012 vs 2 (FINAL)  
172 Differences in B Ost M Ost (2016)  
173 Strategies and processes for recruiting staff  
174 Curriculum Philosophy  
175 Process and analysis of progression data  
176 autonomous practice.pdf  
177 Staffordshire Graduate Attributes.pdf  
178 RESPONSE to CO Preliminary Mtg Information.pdf  
179 Room resources additional.pdf  
180 Programme Committee Minutes London 02042016.pdf  
181 Programme Committee Minutes Stoke 09.04.16.pdf  
182 Clinic Report Jan 15 to Aug 15.pdf  
183 Clinic Report Sep 14 to Nov 14.pdf  
184 Clinical issues meeting 51115  
185 Osteopathic Practice Standards - Assessment Map Completed  
186 Osteopathy Module Descriptors  
187 RQ 2016 Visit Programme V4  
188 Reapproval outcomes 2016  
189 Library Booksnew  
190 Library Resources Presentation Osteopathy  
191 ESO Minutes 12 August 2015  
192 ESO Minutes 30 Sept 2015  
193 ESO Minutes 01 July 2015  
194 ESO Minutes 15 May 2015  
195 SMT and Coordinators (1) 5 October 2015  
196 SMT and Coordinators (2) 9 November 2015  
197 SMT and Coordinators (3) 14 December 2015  
198 SMT and Coordinators (4) 29 February 2016  
199 Stoke Clinic Demographics 01.09.2015 - 06.05.2016  
200 Stoke YEAR 5 AUDIT DATA 2016 v2  
201 Stoke NPRA and FU Sep15 to Apr 16  
202 Borehamwood Clinic Demographics 01.09.2015 - 30.04.2016  
203 Marylebone Clinic Demographics 01.09.2015 - 30.04.2016  
204 YEAR 5 AUDIT DATA 2016 v2-LondonCentre  
205 London NPRA and FU Sep15 to Apr 16  
206 Enhanced Learning Technology  
206 Technology Enhanced Learning  
207 Student Numbers

208 Pay scale progression for teaching staff - (requirements)  
209 and 210 not used  
211 FCCA 2013 External Examiner Report  
212 FCCA 2014 External Examiner Report  
213 FCCA 2015 External Examiner Report  
214-233 Copies ICC Assessment Sheets

AE 1 Meetings of the Board of Governors Finance Sub Committee 29 April 2014 – 23 February 2016  
AE 2 ICCA Results 2015 and 2016  
AE 3 Student work notes  
AE 4 Teaching notes and notes on Stoke and Marylebone Clinic provision SW  
AE 5 Teaching and clinic observation notes MM  
AE 6 New patient records Stoke

# Annex D to 15

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Southgate House, Southgate Street, Gloucester GL1 1UB  
Registered charity numbers 1062746 and SC037786

Tel 01452 557050  
Web [www.qaa.ac.uk](http://www.qaa.ac.uk)