

Annex B to Item 3

Example updated themes for annual report – Sussex School of Osteopathy

Programme governance, leadership and management

Education providers must ensure and be able to demonstrate that:

- i. they effectively implement effective governance mechanisms that ensure compliance with all legal, regulatory and educational requirements, including policies for safeguarding, with clear lines of responsibility and accountability. This should include effective risk management and governance, information governance and GDPR requirements and equality, diversity and inclusion governance and governance over the design, delivery and award of qualifications.
- ii. have in place and implement fair, effective and transparent fitness to practice procedures to address concerns about student conduct which might compromise public or patient safety, or call into question their ability to deliver the Osteopathic Practice Standards.
- iii. there are accessible and effective channels in place to enable concerns and complaints to be raised and acted upon.
- iv. the culture is one where it is safe for students, staff and patients to speak up about unacceptable and inappropriate behaviour, including bullying, (recognising that this may be more difficult for people who are being bullied or harassed or for people who have suffered a disadvantage due to a particular protected characteristic and that different avenues may need to be provided for different people to enable them to feel safe). External avenues of support and advice and for raising concerns should be signposted. For example, the [General Osteopathic Council, Protect](#): a speaking up charity operating across the UK, the [National Guardian](#) in England, or [resources for speaking up in Wales](#), [resources for speaking up in Scotland](#), [resources in Northern Ireland](#).
- v. the culture is such that staff and students who make mistakes or who do not know how to approach a particular situation appropriately are welcomed, encouraged and supported to speak up and to seek advice.
- vi. systems are in place to provide assurance, with supporting evidence, that students have fully demonstrated learning outcomes.

In this section below, describe how your institution currently meets the standards within this theme.

In your narrative, we ask that you evaluate how this may be met, identify any strengths, and review where you feel there might be gaps or risks around this area and provide evidence to support the narrative. If you identify gaps or risks, please articulate how you have identified them and how they will be addressed or mitigated and monitored.

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The governance and management structure is set out on the organisation role chart (30), with the committee structure shown in the organisation committee chart (31). The Committee terms of reference are set out in the governance handbook (32). Role descriptors are available for all staff. We have included as evidence the roles for Senior Management Team members (33). Roles were reviewed during 2022-23 to reflect a modified division of responsibilities within the SMT (evidence updated). This was undertaken as a result of an internal review indicating an imbalance in the number of staff overseen by each role, with the VP effectively managing too many part time roles. The revised structure provides a more manageable line management process, which reduces the risk of performance management processes being missed due to the volume of activities required.

SMT are responsible for the day-to-day functioning of the School, reporting to the Board of Trustees. SMT are responsible for risk management, preparing, reviewing and monitoring a risk register, which is again reported to the Board of Trustees (34). Likelihood and impact of risks is considered and identified, with mitigating actions outlined, evaluated and reported. Policies in relation to information governance and GDPR (35) requirements and equality, diversity and inclusion (7) and governance over the design, delivery and award of qualifications (37) are included.

In terms of proposed new programmes, for example, proposals are authorised for development by SMT, and a development team appointed based on subject area, expertise etc. A more detailed working up of a programme takes place, with a structure developed, reviewed internally (including stakeholder involvement and external input as required), reported to the Academic Board, and then undergoes validation processes via our validating university. An example would be the development of our postgraduate certificate in musculoskeletal care of older patients. This is not an RQ programme, but the overview report of the development process is included for illustration (38). In 2022-23, we have similarly developed a Postgraduate Certificate in Pain Management. Again, though not an RQ, the development overview report is included which demonstrates how the programme design group included students, patients and a local GP.

Our Student Fitness to Practise policy is included (39). This issue is dealt with in more detail under Theme 9 (Patients).

We promote a culture of openness and encourage staff and students to speak up about unacceptable behaviour, or anything, for example, which might affect the health or wellbeing of patients or students. The raising of concerns for both staff and students is covered in the Staff Handbook (26) and Student Handbook (27) respectively. Patients are also able to raise concerns and this is clearly shown on our clinic website (link). Staff and student induction includes a session on raising concerns (40) (41). In 2022-23, we held a series of focus groups with patients from the teaching clinic to explore their experiences of osteopathic care from our students and teaching staff. This highlighted some areas in which service provision might be enhanced, including consistency of care (timetabling issues leading to students being unable to see patients more than once), clarity of diagnosis, and lifestyle and exercise advice. The Head of Clinic's report arising from this process is included. Steps have been taken to mitigate consistency of timetabling and student availability with an enhanced handover process between students when a patient

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is seen by someone else. Although we have access to an exercise platform to provide rehab advice to patients, we found this is at times either not well utilised, or used without the deeper context that patients need to make sure they are using the advice appropriately. We have introduced a revised exercise and rehabilitation course which enable students to adopt a more functionally based approach to exercise, making exercise more meaningful and achievable for patients, and follow up surveys have indicated that patients have responded well to this approach, and students also are more confident in both recommending and demonstrating exercises (see patient feedback questionnaire analysis and clinic student liaison group minutes)

Part of this culture of openness (as reflected in both handbooks) is providing a safe space for staff and students to seek support and advice when they are faced with a particular challenge, or are concerned that they may have acted inappropriately or made a mistake somehow. It is made clear that such openness is consistent with the duty of candour in the OPS, and issues are better resolved in an open and transparent way.

Issues can be raised with a line manager (for staff), Year tutor, student welfare officer or Academic Registrar in the first instance for students. These are set out in the handbook, but it is also the case that SMT operate an open door policy, and are generally accessible at short notice to staff or students if required. This is an area which **in our previous report we said that we were** considering further as an area for development. **We reported that we formed a dedicated group for minority ethnic students and for people with caring responsibilities or disabilities. We hoped this would lead to a greater understanding of the issues and how they might be addressed, including through staff training (107). This group met three times during 2022-23, and has proved helpful in highlighting issues experienced by students of which we had been unaware, and providing a collaborative forum to consider ways in which these might be addressed. We have introduced mandatory online ED and I training for all staff (teaching and admin), and are reviewing ways in which the typical delivery of osteopathic education might be discriminatory against certain groups. However there is still more to do and this is an area that we are closely monitoring both through our standard feedback mechanisms and also through the dedicated student group.**

In terms of the traction between governance and management in relation to the delivery of learning outcomes and student progression, there are a range of systems in place:

- Learning outcomes are set out within the programme handbook (16) for each module, aligned to assessments and these in turn assessed to defined and consistent criteria (42).
- There are second marking processes for written work, and observation/moderation of practical work that provide assurance that assessments are robust and fair.
- Awards and Progression Boards chaired by our validating university review outcomes across each module and year group and highlight areas which may indicate inconsistencies in performance.
- Results are further reported to the Academic Board which again considers the results as a whole, discussing inconsistencies or patterns that may indicate an issue with a particular assessment for example (43)
- Academic Board minutes are reported to the Board of Trustees including a report on student outcomes and progression.

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This demonstrates a clear pathway of reporting from assessment to governance, and ensures that Trustees are assured that assessments are well constructed and robust, and conducted fairly. The key issue is that Trustees are assured, ultimately that the School fulfils its responsibility as an RQ holder to ensure that graduates meet the **GOSC Graduate Outcomes** and are able to meet the requirements of the OPS in practice. The checks and balances along the way, including the input of external examiners, and the oversight of our validating university provide such assurance.

The Trustees' understanding of the operation of the School **was** further advanced by an initiative introduced in 2021-22 whereby individual Trustees are allocated on a rotational basis to key aspects of the School's curriculum:

- Basic science
- Osteopathic concepts and healthcare
- Practical technique
- Clinic
- Research

This has been well received by both Trustees and staff/students (44). The aim is not to provide a means for Trustees to become involved in operational issues that overstep their function, but more to increase understanding of educational issues and context to inform decision making at Board level. It has also provided a means also for staff and students to feel more connected to the governance of the institution at all levels.

~~For the next academic year, the participating Trustees will be allocated to another area of function.~~

This scheme continues to be successful, and participating Trustees have this year been allocated to another area of function within the list above. Feedback indicates that this has continued to raise the profile of the Trustees with staff and students, and to help build understanding at Board level as to educational issues, challenges, and good practice (see Board minutes and Staff/Student Liaison Group minutes).

In the section below, describe good practice, challenges, and risk and risk mitigation against the standards. These may not apply for each individual standard, but the purpose of this part of the annual report is to allow for self-evaluation against the themes of the standards. We ask that to support the narrative, evidence is provided; this evidence should be specific to the academic year being reported on. For example, student feedback, meeting minutes, etc.

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Good practice
<p>We have outlined above some of the developments that have taken place over 2022-23. We would consider that our approach to listening to patients to really understand their experiences of osteopathic care in our clinic has been an area of good practice. It enabled us to promote our values of openness and care, and to address some areas of concern in ways which not only benefitted patients, but also the students' experience. We saw this in the revised rehab programme which led to an uptake in exercise prescription within the clinic more focussed on the patient's function, but also greater engagement by patients and enhanced outcomes, with an emphasis on shared decision making.</p>
Challenges
<p>Our work with student groups around equality, diversity and inclusion has highlighted some areas in which we could do better. This is very much a work in progress, and we are working with students, staff and external stakeholders to further review how we ensure that all students receive a positive experience in all aspects of their education. We see this as a challenge, not only to ensure that our students receive the best possible education, but to ensure the profession itself attracts students from a more diverse range of backgrounds which fully represents the society it serves.</p>
Risks and risk mitigation
<p>The terms of two members of our Board come to an end in 2024, and another member is retiring due to ill health. One is a lawyer, one an accountant and the other an osteopath, and all three provide a broad range of experience and insight which has contributed to the effective governance of the institution over the last 6-7 years. This could pose a risk to governance processes, but recruitment is underway, and we have commissioned an agency to help with the recruitment process.</p>
Evidence
<p>Board minutes Minutes of meetings of EDI group Recruitment plan for new Trustees Online EDI course details (mandatory for staff, students and Trustees)</p>

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7. Clinical experience

Education providers must ensure and be able to demonstrate that:

- i. clinical experience is provided through a variety of mechanisms to ensure that students are able to meet the clinical outcomes set out in the Guidance on Pre-registration Osteopathic Education.
- ii. there are effective means of ensuring that students gain sufficient access to the clinical experience required to develop and integrate their knowledge and skills, and meet the programme outcomes, in order to sufficiently be able to deliver the Osteopathic Practice Standards.

In this section below, describe how your institution currently meets the standards within this theme.

In your narrative, we ask that you evaluate how this may be met, identify any strengths, and review where you feel there might be gaps or risks around this area and provide evidence to support the narrative. If you identify gaps or risks, please articulate how you have identified them and how they will be addressed or mitigated and monitored.

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Students are required to undertake 1000 hours of clinical experience during the MOst programme, in accordance with **GOsC's Graduate Outcomes**. In fact, generally, students achieve more than this – on average 1,060 hours, seeing an average of new 54 patients with whom they take the clinical lead (see sample anonymised audit sheets for Year 4 cohort, which indicate the clinical experience and activities undertaken by students up to October 31st)

Our teaching clinic is open generally from 9.00am – 1.00pm and 2.00pm – 6.00pm each day. A clinic session would comprise a morning or afternoon. On Tuesdays and Thursdays, there is an evening clinic from 6.00pm to 8.00pm. Typically, half the year group (years 3 or 4) would be in clinic at a time. Students are divided into clinic groups of six, and allocated a tutor who supervises them for a six week period. A tutor would oversee no more than three patient treatments simultaneously, so some of each group would be observing their colleagues treat.

As a result of the pandemic, we introduced the option of remote consultations for patients when the clinic was closed during the initial lockdown. These were well received (79), and have been maintained as an option for certain sessions, with guidance produced for tutors, students and patients to support this (80). All fourth year students are now required to conduct a minimum of five remote consultations and/or follow ups. These are carried out via an online platform which means that student and patient can see each other, with the tutor able to participate and observe as well. **The ability to see each other**

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continues to be viewed positively, and patient feedback on remote sessions has been positive. Fewer new patients than during the pandemic are seeking remote care, but it has been useful for acute patients who may need interim support and guidance before being able to come in for treatment. It has also been useful, and more widely used as a follow up method for students to check on progress, gauge how well patients are managing prescribed exercises and address any queries or concerns between face to face sessions. Fees are charged at a reduced (compared to private practice) rate of £25 for a new patient and £20 for a continuing patient. Concessions are available for those on benefits, students and those above 65 years of age. Reductions are also offered periodically to particular groups – NHS workers, Police and firefighters, for example. This is seen as a contribution to the community, a support for key workers, and a means of broadening patient recruitment.

We have **continued** the use of online tutorials and case-based discussions for Year 2 and Year 4 students, and feedback **continues** to indicate that these are popular with students, enhancing their conceptual and diagnostic thinking so that they feel more confident with clinical decision making (81).

Student experience in clinic is monitored individually so that the breadth and depth of experience can be evaluated. This means that we can ensure that, as far as possible students progress consistently as a group, and are able to experience a broad range of patients with diverse presentations, reflecting the expectations of clinical experience set out **GOsC Graduate Outcomes**. This is undertaken by clinic reception staff, with students recording codes for particular presentations on a centralised system, (82) (83). This is used for more general clinical audit, as well as for monitoring individual experience (84).

If students are falling behind in terms of patient numbers, or the types of presentation they are seeing, then patients can be directed to them when booking.

Patient numbers have grown over the 2022-23 academic year, but have September and on average, sessions run at **85%** capacity currently.

Until now, we have operated at just one clinic location, and relied solely on real patients coming into the clinic. A student numbers rise, there is a need to increase clinical capacity, and mitigate the risk of either a fall in patient numbers (further lockdowns, for example), or a focus of patients with similar presentations (low back pain, for example). **In 2021-22, we worked on a joint project with the drama department of our validating university to train some drama students to act as patients so that we can ensure a consistent experience across the whole student group (85). These **took** part in some clinical assessments as patients. **The scheme was continued in 2022-23, and has included this year using drama students to assist with the production of video resources, acting as patients for case history taking training (Year 2).****

We also established **a small satellite clinic at South Downs University campus to focus on providing osteopathic care to students, faculty and staff (86). This is open on two sessions per week during university term time, generally with one tutor and four students. It has proved popular with university staff and students, and our own students also (see satellite clinic evaluation report)**

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Good practice

We consider our clinical audit process to be an area of good practice, as outlined above, enabling us to track students' clinical experience and ensure that they gain sufficient breadth and depth in their patient profiles. The satellite clinic at South Downs University has also grown in popularity with a 35% increase in patient numbers on the previous year, drawing on both staff and SDU students. As this clinic is located in the SDU health Centre, it has also afforded students the opportunity to collaborate within a multi-disciplinary environment.

Challenges

We referenced in relation to theme 2 that In 2022-23, we held a series of focus groups with patients from the teaching clinic to explore their experiences of osteopathic care from our students and teaching staff. This highlighted some areas in which service provision might be enhanced, including consistency of care (timetabling issues leading to students being unable to see patients more than once), clarity of diagnosis, and lifestyle and exercise advice. The Head of Clinic's report arising from this process is included. As referenced above, steps have been taken to mitigate consistency of timetabling and student availability with an enhanced handover process between students when a patient is seen by someone else.

Again, as stated above, although we have access to an exercise platform to provide rehab advice to patients, we found this was at times either not well utilised, or used without the deeper context that patients need to make sure they are using the advice appropriately. We have introduced a revised exercise and rehabilitation course which enable students to adopt a more functionally based approach to exercise, making exercise more meaningful and achievable for patients, and follow up surveys have indicated that patients have responded well to this approach, and students also are more confident in both recommending and demonstrating exercises (see patient feedback questionnaire analysis and clinic student liaison group minutes). The online follow up requirement for students has been popular, and we have found that patients are reporting that they are more likely to comply with exercise prescription when there is a follow up scheduled.

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Risks and risk mitigation

Student numbers are down marginally this year, and the impact this has on clinic, although not immediate, may come into play when the current year 3 cohort hits year 3 and 4. The challenge is to balance numbers to ensure staff and patient consistency over time, without these fluctuating from year to year. We are working hard to draw in new students, and to retain those we have, though the cost of living crisis and the impact of Brexit on students from Europe is evident.

Potential mitigations to ensure continuity of care going forward might include a new graduate clinic, where patients might be treated by a new graduate. We are looking at this also as a means of providing postgraduate support to graduates as they transition to practice, but the numbers able to avail themselves of this would be limited. Further plans and developments in this area will be reported in the next annual report, or sooner if required.

Evidence

Minutes of Student Clinic Group
Patient feedback report