

# Subject Benchmark Statement

**Osteopathy**

July 2015

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## How can I use this document?

This document is a Subject Benchmark Statement for osteopathy, that defines what can be expected of a graduate in the subject, in terms of what they might know, do and understand at the end of their studies.

You may want to read this document if you are:

- involved in the design, delivery and review of programmes of study in osteopathy or related subjects
- a prospective student thinking about studying osteopathy, or a current student of the subject, to find out what may be involved
- an employer, to find out about the knowledge and skills generally expected of a graduate in osteopathy.

Explanations of unfamiliar terms used in this Subject Benchmark Statement can be found in the Quality Assurance Agency for Higher Education's (QAA's) glossary.<sup>1</sup>

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<sup>1</sup> The QAA glossary is available at: [www.qaa.ac.uk/about-us/glossary](http://www.qaa.ac.uk/about-us/glossary).

## About Subject Benchmark Statements

Subject Benchmark Statements form part of the UK Quality Code for Higher Education (Quality Code) which sets out the expectations that all providers of UK higher education reviewed by QAA are required to meet.<sup>2</sup> They are a component of Part A: Setting and Maintaining Academic Standards, which includes the expectation that higher education providers 'consider and take account of relevant Subject Benchmark Statements' in order to secure threshold academic standards.<sup>3</sup>

Subject Benchmark Statements describe the nature of study and the academic standards expected of graduates in specific subject areas, and in respect of particular qualifications. They provide a picture of what graduates in a particular subject might reasonably be expected to know, do and understand at the end of their programme of study.

Subject Benchmark Statements are used as reference points in the design, delivery and review of academic programmes. They provide general guidance for articulating the learning outcomes associated with the programme but are not intended to represent a national curriculum in a subject or to prescribe set approaches to teaching, learning or assessment. Instead, they allow for flexibility and innovation in programme design within a framework agreed by the subject community. Further guidance about programme design, development and approval, learning and teaching, assessment of students, and programme monitoring and review is available in Part B: Assuring and Enhancing Academic Quality of the Quality Code in the following Chapters:<sup>4</sup>

- *Chapter B1: Programme Design, Development and Approval*
- *Chapter B3: Learning and Teaching*
- *Chapter B6: Assessment of Students and the Recognition of Prior Learning*
- *Chapter B8: Programme Monitoring and Review.*

For some subject areas, higher education providers may need to consider other reference points in addition to the Subject Benchmark Statement in designing, delivering and reviewing programmes. These may include requirements set out by professional, statutory and regulatory bodies; national occupational standards and industry or employer expectations. In such cases, the Subject Benchmark Statement may provide additional guidance around academic standards not covered by these requirements.<sup>5</sup> The relationship between academic and professional or regulatory requirements is made clear within individual statements, but it is the responsibility of individual higher education providers to decide how they use this information. The responsibility for academic standards remains with the higher education provider who awards the degree.

Subject Benchmark Statements are written and maintained by subject specialists drawn from and acting on behalf of the subject community. The process is facilitated by QAA. In order to ensure the continuing currency of Subject Benchmark Statements, QAA initiates regular reviews of their content, five years after first publication, and every seven years subsequently.

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<sup>2</sup> The Quality Code, available at [www.qaa.ac.uk/assuring-standards-and-quality/the-quality-code](http://www.qaa.ac.uk/assuring-standards-and-quality/the-quality-code), aligns with the *Standards and Guidelines for Quality Assurance in the European Higher Education Area*, available at: [www.enga.eu/wp-content/uploads/2013/06/ESG\\_3edition-2.pdf](http://www.enga.eu/wp-content/uploads/2013/06/ESG_3edition-2.pdf).

<sup>3</sup> Part A: Setting and Maintaining Academic Standards, available at: [www.qaa.ac.uk/assuring-standards-and-quality/the-quality-code/quality-code-part-a](http://www.qaa.ac.uk/assuring-standards-and-quality/the-quality-code/quality-code-part-a).

<sup>4</sup> Individual Chapters are available at: [www.qaa.ac.uk/assuring-standards-and-quality/the-quality-code/quality-code-part-b](http://www.qaa.ac.uk/assuring-standards-and-quality/the-quality-code/quality-code-part-b).

<sup>5</sup> See further Part A: Setting and Maintaining Academic Standards, available at: [www.qaa.ac.uk/assuring-standards-and-quality/the-quality-code/quality-code-part-a](http://www.qaa.ac.uk/assuring-standards-and-quality/the-quality-code/quality-code-part-a).

## Relationship to legislation

Higher education providers are responsible for meeting the requirements of legislation and any other regulatory requirements placed upon them, for example by funding bodies. The Quality Code does not interpret legislation nor does it incorporate statutory or regulatory requirements. Sources of information about other requirements and examples of guidance and good practice are signposted within the Subject Benchmark Statement where appropriate. Higher education providers are responsible for how they use these resources.<sup>6</sup>

## Equality and diversity

The Quality Code embeds consideration of equality and diversity matters throughout. Promoting equality involves treating everyone with equal dignity and worth, while also raising aspirations and supporting achievement for people with diverse requirements, entitlements and backgrounds. An inclusive environment for learning anticipates the varied requirements of learners, and aims to ensure that all students have equal access to educational opportunities. Higher education providers, staff and students all have a role in, and responsibility for, promoting equality.

Equality of opportunity involves enabling access for people who have differing individual requirements as well as eliminating arbitrary and unnecessary barriers to learning. In addition, disabled students and non-disabled students are offered learning opportunities that are equally accessible to them, by means of inclusive design wherever possible and by means of reasonable individual adjustments wherever necessary.

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<sup>6</sup> See further the *UK Quality Code for Higher Education: General Introduction*, available at: [www.qaa.ac.uk/publications/information-and-guidance/publication?PubID=181](http://www.qaa.ac.uk/publications/information-and-guidance/publication?PubID=181).

## About this Subject Benchmark Statement

This Subject Benchmark Statement refers to bachelor's degrees with honours in osteopathy.<sup>7</sup>

This version of the Statement forms its second edition, following initial publication in 2007.<sup>8</sup>

### Note on alignment with higher education sector coding systems

Programmes of study which use this Subject Benchmark Statement as a reference point are generally classified under the following codes in the Joint Academic Coding System (JACS):

B110 (Anatomy, Physiology and Pathology) and B310 (Osteopathy).<sup>9</sup>

### Summary of changes from the previous Subject Benchmark Statement (2007)

The osteopathic community have worked to develop a consensus about the detailed academic and practical requirements for osteopathic education described in this osteopathy Subject Benchmark Statement. This was first published in 2007. Since then there have been changes to osteopathic education (most osteopathic educational providers now offer master's degrees in osteopathy with an increasing focus on research), regulatory requirements, patient expectations, health policy and delivery in the countries of the UK as well as the establishment of the osteopathic academic community (the Council of Osteopathic Educational Institutions).

Key changes to this document include:

- increasing emphasis on osteopaths working in partnership with patients
- increasing focus on evidence-based practice and educational theory
- increasing recognition that the osteopaths are part of the wider health community working in partnership with patients
- increased recognition of professionalism and the duty of candour.

This revised Subject Benchmark Statement in osteopathy aims to provide a flexible framework in describing the nature and content of osteopathic pre-registration courses and is designed to encourage innovation and excellence in the delivery of osteopathic education. It builds on the osteopathy Statement from 2007, recognising changes in the educational landscape and in the delivery of healthcare and health policy across the UK, as well as changes to standards set by the statutory regulator, the General Osteopathic Council (GOsC).

The Statement has been revised by an expert group, convened by QAA, comprising all higher education providers in osteopathy as well as key professional associations and representatives of GOsC, along with student, employer and lay input.

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<sup>7</sup> Bachelor's degrees are at level 6 in *The Framework for Higher Education Qualifications in England, Wales and Northern Ireland* (2008) and level 10 in *The Framework for Qualifications of Higher Education Institutions in Scotland*, as published in *The Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies*, available at: [www.qaa.ac.uk/assuring-standards-and-quality/the-quality-code/qualifications](http://www.qaa.ac.uk/assuring-standards-and-quality/the-quality-code/qualifications).

<sup>8</sup> Further information is available in the *Recognition Scheme for Subject Benchmark Statements*, available at: [www.qaa.ac.uk/publications/information-and-guidance/publication?PubID=190](http://www.qaa.ac.uk/publications/information-and-guidance/publication?PubID=190)

<sup>9</sup> Further information about JACS is available at: [www.hesa.ac.uk/content/view/1776/649/](http://www.hesa.ac.uk/content/view/1776/649/).

The target audiences for this Subject Benchmark Statement and its purposes for those respective audiences are as follows.

- Students and prospective students: to assist their understanding of the abilities and qualities that higher education providers are seeking to develop in osteopathic graduates.
- Those involved in quality assurance of qualifications including external examiners and GOsC review visitors: to provide a reference to assist in achieving consistency of standards across higher education providers delivering degree programmes in osteopathy.
- Higher education providers: to guide the design of osteopathic programmes and to provide a reference for their monitoring and evaluation.
- Other health professionals: to enable an understanding of osteopathic education to support better integration and inter-professional education and collaboration within the wider academic community.
- Employers: to assist their understanding of the attributes and capabilities of graduates of osteopathy.
- Patients: to inform them about the content of osteopathic education and training.

The framework ensures that patients are at the centre of osteopathic education and practice and is situated within the wider context of the health and social care environment.

The framework permits and encourages innovation and diversity in course design and development, teaching and learning approaches and quality assurance to deliver graduates capable of autonomous, safe and effective practice within the wider healthcare environment, meeting statutory requirements.

The review group extend their thanks all those who have contributed to the Subject Benchmark Statement for osteopathy. This has enabled the group to have confidence in recommending the Statement as a sound framework for guiding osteopathic education.

# 1 Introduction

1.1 Osteopaths are primary contact practitioners who specialise in diagnosis, management, treatment and prevention of disorders of body structure and the way this can compromise the health and well-being of the individual. They use hands-on techniques to treat and prevent somatic dysfunctions that may cause mechanical and systemic conditions. Osteopaths advise on self-help measures and may choose to use adjunct treatments.

1.2 Osteopaths are trained to be primary practitioners. This means that they are able to undertake an initial consultation with any patient. This includes taking a case history, performing an examination of the patient, formulating a differential diagnosis and undertaking treatment where appropriate. Osteopaths work in partnerships with patients and are trained to refer patients to other healthcare professionals when they are not the most appropriate professional to manage an underlying condition (although they may still provide treatment to the individual referred).

1.3 Osteopathic education in the UK is delivered by a range of higher education providers including those delivering osteopathy as one of a number of health professional courses and single subject providers providing degrees validated by UK universities along with higher education courses delivered within a further education setting. All providers offer both academic training and substantial hands-on clinical training in dedicated clinics attached to their institution. Some also offer a range of satellite clinics within general practitioner practices or other settings.

1.4 Most osteopathic training is undertaken at degree level. Osteopathic students now follow a four or five-year degree course, combining academic and hands-on clinical work. Qualifications generally take the form of a bachelor's or master's degree in osteopathy.<sup>10</sup> Now almost all osteopathic higher education providers offer master's degrees reflecting an increasing focus on research and evidence-based practice in undergraduate osteopathy courses. The exception to this is one college that offers primary osteopathic qualification as a postgraduate qualification for those with a primary medical degree recognised by the General Medical Council.

1.5 The General Osteopathic Council (GOsC) regulates the practice of osteopathy in the UK. By law (The Osteopaths Act 1993), only those registered with the GOsC are entitled to call themselves osteopaths and practise osteopathy in the UK. A student wishing to study in the UK to become an osteopath must gain a qualification recognised by the GOsC and approved by the Privy Council. All 'Recognised Qualifications' (RQs) must deliver the GOsC's *Osteopathic Practice Standards* (OPS).<sup>11</sup> RQs should also align with the GOsC's guidance, including the *Guidance for Osteopathic Pre-Registration Education*, which sets out the outcomes that will help graduates to demonstrate that they meet the OPS. The Professional Standards Authority oversees the GOsC as well as eight other health and care professional regulatory bodies.<sup>12</sup>

1.6 Once qualified and registered with GOsC, osteopaths are able to practise independently (although most newly qualified osteopaths decide to join a group practice as they make the transition into practice). Thus it is critical that during pre-registration education osteopaths are prepared for autonomous practice at the point of graduation and have the skills to integrate into the osteopathic and wider health community to provide care for

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<sup>10</sup> Further details about these programmes can be found on the website of the General Osteopathic Council available at: [www.osteopathy.org.uk/practice/becoming-an-osteopath/training-courses/](http://www.osteopathy.org.uk/practice/becoming-an-osteopath/training-courses/)

<sup>11</sup> Available at: [www.osteopathy.org.uk/standards/osteopathic-practice/](http://www.osteopathy.org.uk/standards/osteopathic-practice/)

<sup>12</sup> The General Medical Council, the Nursing and Midwifery Council, the Health and Care Professions Council, the General and Dental Council, the General Optical Council, the General Pharmaceutical Council, the Pharmaceutical Society of Northern Ireland, and the General Chiropractic Council.



patients effectively, and the insight and ability to keep themselves up to date and fit to practise.

1.7 Currently the majority of osteopaths are self-employed and work in the private sector. Some work within the NHS in multi-disciplinary environments although this is dependent on NHS funding from local NHS commissioners. Other osteopaths work in occupational health in public bodies and private companies.

1.8 Osteopathy has featured in a range of clinical recommendations, notably for back pain. These include: Clinical Standards Advisory Group<sup>13</sup>, European Back Pain Guidelines<sup>14</sup> and the National Institute for Health and Clinical Excellence (NICE) Non-specific low back pain (Guidelines CG88, May 2009 and currently under review).<sup>15</sup>

1.9 The National Council for Osteopathic Research (NCOR)<sup>16</sup> aims to improve the osteopathic evidence base by fostering research, increasing research capacity and capability within the osteopathic profession, and raising the profile of osteopathic and osteopathic relevant research findings.

1.10 Osteopathy is a global profession. However, regulation, education and the role of osteopaths vary greatly from country to country.<sup>17</sup> For example, currently osteopathy is regulated in seven other European Countries (Finland, France, Iceland, Lichtenstein, Malta, Portugal and Switzerland).<sup>18</sup> The European Committee for Standardisation (CEN) is to shortly publish a European Standard on Osteopathic Healthcare Provision. This will set out the requirements and recommendations regarding the delivery of osteopathic education and training, facilities and equipment, and an ethical framework for the good practice of osteopathy for those countries without any regulatory provisions in Europe.<sup>19</sup> There are established systems for professional accreditation and regulation in Australia, New Zealand and South Africa.

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<sup>13</sup> Clinical Standards Advisory Group (CSAG) on low back pain: 'Back Pain. Report of a CSAG Committee on Back Pain' 1994 HMSO. ISBN 0-11-321887-7.

<sup>14</sup> Available at: [www.backpaineurope.org](http://www.backpaineurope.org)

<sup>15</sup> Available at: [www.nice.org.uk/guidance/cg88](http://www.nice.org.uk/guidance/cg88)

<sup>16</sup> Available at: [www.ncor.org.uk](http://www.ncor.org.uk)

<sup>17</sup> The World Health Organisation Benchmark for Training and Education in Osteopathy

<sup>18</sup> Forum for Osteopathic Regulation in Europe (forewards.eu)

<sup>19</sup> Available at: [www.cen.eu](http://www.cen.eu)

## 2 Osteopathic practice

2.1 Osteopathic practice seeks to blend a philosophical approach with intellectual and practical skills to guide the use of therapeutic intervention to help the patient by using an individual 'package of care' most suited to their needs.

2.2 The following principles guide osteopathic practice:

- the body is a unit
- structure and function are interrelated
- the body possesses self-regulatory mechanisms
- the body has the inherent capacity to defend and repair itself
- when normal adaptability is disrupted, or when environmental changes overcome the body's capacity for self-maintenance, dysfunction or disease may ensue
- rational treatment is based on the previous principles.

2.3 Practice is, therefore, characterised by the following philosophical and practical features.

- Emphasis is on the patient and not on their condition. This has been a long-standing tenet for osteopathy, and it is a conceptual principle that informs the whole of the osteopathic approach to care of the patient. It is about seeing a person not as someone with a disorder but as one who is seeking the facilitation of optimum health. It involves viewing the person as having an integrated blend of influences that combine to affect health. Osteopathy seeks to identify and address the key influences that will lead to restored health and well-being.
- The intention to enhance the intrinsic health-maintaining and health-restoring capabilities of the individual person. This involves the consideration of a broad range of factors to identify and resolve the causes of impaired health.
- Osteopathic interventions may be aimed at a patient's primary health issue, or at supporting the patient more generally. It may be undertaken instead of or in addition to other health interventions. Where possible, clear lines of communication between health professionals should be established to ensure that the patient is at the centre of decision making.
- Osteopathic diagnosis includes assessment and evaluation of the patient's biomechanics, a highly developed sense of touch known as palpation, and conventional examination procedures. Clinical reasoning informs their application and interpretation.
- Individually tailored intervention and advice encompassing a range of specific technical treatment modalities and approaches. These include specific manually applied osteopathic techniques, lifestyle advice, coping strategies, and other advice to enable the patient to understand the cause and contributing factors of their impaired well-being.
- Close collaboration and effective communication between the patient and osteopath.

### 3 Education and training

3.1 The osteopathic education community has evolved a common approach that enables all graduates to express the capabilities set out in the *Osteopathic Practice Standards*<sup>20</sup> published by GOsC.

3.2 This approach combines academic and theoretical learning framed around progressive levels aligned to the Quality Code, including procedural, propositional and psychomotor knowledge centred in a clinical framework. The applied practical and clinical reasoning skills need to be robust to support clinical decision making, effective practice and continuing fitness to practise. This is accompanied by autonomy in learning to enable and ensure life-long learning and reflective practice. Knowledge of the healthcare environment in the UK, business and regulatory requirements are sufficient to enable graduates to work independently. Furthermore, supervised clinical experience is essential to developing osteopathic skills.

3.3 An osteopathic pre-registration programme has a strong focus on the acquisition of the particular technical practical skills required for using osteopathic diagnostic and treatment techniques. This is achieved by closely integrating academic learning and practical skill acquisition with their application in a dedicated and closely supervised outpatient clinical environment, in the context of the distinctive principles and philosophy of osteopathy.

3.4 As befits a primary contact healthcare profession, it is important that osteopathic students graduate with a detailed and comprehensive knowledge and understanding of the basic clinical sciences such as anatomy, physiology and pathology, as well as excellent communication and interpersonal skills to liaise with both patients and other health professionals. The teaching and learning in these areas places emphasis on, and is integrated with, the osteopathic context, so that they are guided by the distinctive nature of osteopathic principles and concepts applied to clinical practice within the context of the patient journey.

3.5 Students' critical reasoning abilities for osteopathic practitionership are nurtured by combining longstanding osteopathic philosophical healthcare principles and traditions with engagement in the latest healthcare research and approaches.

3.6 Students are familiar with a range of clinical reasoning frameworks or models to support their application of osteopathic principles.

#### Master's level

3.7 Many aspects of pre-registration osteopathic training reflect the master's level qualification descriptor in *The Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies* (Qualification Frameworks), particularly those requiring sound judgement in complex and unpredictable professional circumstances.

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<sup>20</sup> Available at: [www.osteopathy.org.uk/standards/osteopathic-practice/](http://www.osteopathy.org.uk/standards/osteopathic-practice/)

3.8 Master's degrees in osteopathy may be considered broadly to be of two types.

- Pre-registration: An integrated programme of study that is designed to prepare students for professional osteopathic practice and registration as a UK osteopath.

Master's degree components may be embedded across the whole programme. Modules common to both programmes may be delivered to honours level and master's students together.

- Post-registration. A programme that extends the breadth and depth of osteopathic study beyond that required of a bachelor's degree in osteopathy.

Enhancement over bachelor's programmes offers specific additional master's level topics and extends topics already included at bachelor's level. Examples include specialist areas of clinical practice, advanced research, development for an educational environment, business and management development, and health policy and strategy development.

At least the equivalent of one academic year of assessed study at master's level is needed to show a sufficient amount of study and assessed work to demonstrate achievement of the master's criteria in the Qualification Frameworks.

## 4 Knowledge, understanding and skills

4.1 The nature of osteopathic undergraduate study is multidisciplinary. Degrees in osteopathy cover a broad curriculum including cognitive and conceptual learning, the acquisition of practical manual and palpatory skills, and generic skills such as effective communication (by written, electronic and oral means), team working (both within osteopathy and with other health professionals), problem solving, reflective practice, the use of information and communications technology, applying research, and critical reasoning. The ethical and legal dimensions are combined with these so that the whole enables a comprehensive preparation of graduates for professional practice as osteopaths. Fundamental to the study of the subject is the integration and application of knowledge and skills for safe and effective patient care, and the development of learner autonomy.

### The key characteristics of graduates in osteopathy

4.2 An osteopathic graduate is able to demonstrate the qualities of an autonomous patient-focused practitioner who is competent, caring, empathetic, trustworthy, professional, confident, self-aware and inquiring, and who has a high level of practical skills and problem solving ability. They possess a highly developed knowledge base and clinical ability to integrate multiple factors in taking a comprehensive overall approach to the health needs of the individual, and exhibit the responsible professional attitudes, values and behaviours consistent with being a healthcare practitioner. They are suitably equipped to treat patients of all ages, and from diverse backgrounds.

4.3 On the path to developing these characteristics, competent students develop core knowledge, understanding and skills, in order to inform patient evaluation and management, and to be safe and competent practitioners on graduation. The following outcomes describe the more detailed academic and practical expectations of the osteopathic graduate. They are designed to demonstrate the professional capabilities that are needed to become registered as an osteopath in the UK as set out in the *Osteopathic Practice Standards* and accompanying *Guidance for Osteopathic Pre-registration Education* provided by GOsC.

4.4 On successful completion of their studies, students will have developed the following core knowledge, understanding and skills.

### A Knowledge relevant to the safe and competent practice of osteopathy

- i A detailed and integrated knowledge of human structure and function, with emphasis on the neuro-musculoskeletal system, sufficient to recognise, identify and differentiate between normal and abnormal anatomical structures and processes in the living body.
- ii Knowledge of human disease sufficient to inform clinical judgement regarding palpatory and other clinical findings, and to recognise disorders which require referral for more investigation or additional professional support.
- iii Knowledge of human psychology and sociology, relevant to the acquisition and maintenance of health, sufficient to provide a context for clinical decision making and patient management.
- iv Knowledge of pain neurophysiology and the impact this has on the patient and their clinical presentation.
- v Knowledge of the use of the principles of biophysics sufficient to understand the effect of forces acting within living matter, especially in the effective use of such forces in the application of osteopathic techniques.

- vi Knowledge to select, effectively apply and monitor, acknowledging relative and absolute contraindications, an appropriate range of osteopathic techniques and patient management approaches specific to the needs of the patient.
- vii A secure understanding of why and how to enhance a personal understanding of human functioning throughout professional life.

## **B Concepts and principles of osteopathy**

- i A secure and critical understanding of principles and concepts of osteopathy and how these inform and guide rational clinical decision-making activities.
- ii An understanding of models of health, disease and illness and how these inform a critical consideration of practical patient care and management.
- iii A critical awareness of principles and practice of other relevant healthcare approaches.
- iv An understanding of how osteopathic principles are expressed and translated into action through a number of different osteopathic treatment and management approaches and how to select or modify techniques to meet the needs of an individual patient.
- v A commitment to considering the patient as a total being and recognising that the presenting problem may mask underlying health concerns.
- vi Exchange and use critically the perspectives and approaches of other healthcare professions.

## **C Therapeutic and professional relationships**

- i Justifiable and acceptable management strategies to cope with ethical issues likely to confront a practitioner.
- ii Deal with uncertainty effectively and efficiently without loss of professional self-confidence and the ability to manage the case.
- iii A range of integrated skills and self-awareness to manage clinical challenges effectively in unfamiliar circumstances or situations.
- iv Maintain high standards of care in situations of personal incompatibility with a patient.
- v Maintain patient confidentiality and act only with the informed consent of the patient.
- vi Adopt appropriate strategies for physical and psychological self-care during interactions with patients to maintain a high standard of professional effectiveness.

## **D Communication skills**

- i Understand the range and forms of human communication and their strengths and limitations.
- ii Select and move between different forms of communication with patients and colleagues (osteopaths, health professionals and others) while maintaining a commitment to ethical values and considerations.
- iii Skill in relating, integrating and responding to information and data acquired by verbal and non-verbal means.
- iv Speak from an informed perspective about osteopathy, its limitations, strengths and potential.
- v Critically evaluate research and other findings concerning the efficacy and application of osteopathic interventions to specific patient problems and the therapeutic claims of other healthcare disciplines.
- vi skill in the use of information technology consistent with the effective and efficient management of a modern osteopathic practice including:
  - the ability to interact with other healthcare professionals

- the production of written reports and presentations of high quality for referral and related purposes
- the ability to use spreadsheets and information technology for research and related purposes
- the ability to manage and present financial and other data needed for compliance with legal requirements
- the ability to manipulate quantitative and qualitative data for audit and related purposes
- the ability to demonstrate effective use of data access and retrieval facilities necessary for subsequent qualification activities, including continuing professional development and related purposes.

## **E Identification and evaluation of the needs of the patient**

- i Demonstrate effective and efficient completion of a detailed case history of the patient and an analysis of the patient's presenting complaint.
- ii Recognise the relative importance of the psychosocial context of the patient's presenting complaint.
- iii Identify the needs of the patient and facilitate specific clinical investigations as required.
- iv Conduct effective static, active and passive biomechanical assessment of the patient.
- v Undertake a thorough, sensitive and appropriately detailed palpatory evaluation.
- vi Generate a number of hypotheses to explain the patient's presenting complaint to aid the formulation of a treatment plan or onward referral.
- vii Show sensitivity and the ability to consult effectively with the patient at all stages of the evaluation.
- viii Recognise the characteristics and consequences of non-verbal communication and issues of ethnicity, gender, religious beliefs and socio-economic status as they may impact on the patient's health.
- ix Generate complete and accurate records of the outcomes of the patient evaluation.
- x Generate and discuss the content of referral letters and other forms of communication with professional colleagues.

## **F Acquisition, use and enhancement of the skills of osteopathic palpation**

- i A critical appreciation of the therapeutic value of touch and palpation.
- ii The relevant use of knowledge to recognise and understand the structure and function of the tissues during palpation.
- iii Advanced knowledge of the palpatory characteristics of the normal and abnormal functioning of discrete body tissues and systems.
- iv Use palpation selectively as part of the evaluation process.
- v Use palpation effectively both as a diagnostic and therapeutic medium.
- vi Demonstrate a high level of palpatory skill.
- vii Make accurate and appropriate records of palpatory findings.
- viii Use palpation in conjunction with other evaluation methods before forming a diagnostic hypothesis.
- ix Use of palpation as a means of continuously monitoring the effects of treatment.

## **G Planning, justifying and monitoring osteopathic treatment interventions**

- i Perform a detailed analysis and reflection on information gathered during patient history taking and evaluation.
- ii Generate and justify a number of hypotheses for the aetiology of the patient's presenting complaint.
- iii Establish the means by which to inform the patient of findings and discuss potential courses of action.
- iv Select an appropriate course of action based on a rational decision-making process which includes a critical consideration of personal limits of competence, the likely effects of osteopathic treatment and the patient's wishes.
- v With the consent of the patient, make referrals to other healthcare professionals or for further investigations if required.
- vi Formulate a treatment plan and prognosis.
- vii Identify and reflect on the obstacles to progress and to plan and take appropriate action.

## **H Conducting osteopathic treatment and patient management**

- i Demonstrate an awareness of, and ability to select from, the wide range of indirect and direct osteopathic technical approaches, for example functional, visceral, balanced tension and cranial approaches, soft tissue, articulatory and high velocity low amplitude approaches.
- ii Demonstrate awareness and application of a range of patient management approaches.
- iii Demonstrate a thorough and critical understanding of the theory, principles and practice of osteopathy.
- iv Rationalise indications and contraindications of using specific osteopathic techniques or their modification.
- v Justify the selection and mode of use of an osteopathy treatment or approach for the care of an individual patient.
- vi Monitor the effect of treatment during and after its application.
- vii Adapt an osteopathic technique and justify its use in relation to the palpatory feedback received from the patient's tissues.
- viii Conduct efficient and patient-centred interventions.

## **I Evaluation of post-treatment progress and change**

- i Monitor moment to moment changes to identify the potential influence of unintended effects while conducting a treatment intervention.
- ii Recognise adverse reactions to osteopathic treatment and initiate appropriate responses including referral when appropriate.
- iii Maintain an open minded approach and acceptance of treatment outcomes that does not conform to expectations but may offer deeper insight to the clinical meaning of the patient's presenting problems.
- iv Record evaluation findings and their interpretation accurately and accessibly in the case notes of an individual patient.
- v Gather and organise a comprehensive range of qualitative and quantitative data and evidence relevant to the response of an individual patient to an osteopathic intervention.



## **J Advice and support for the promotion and maintenance of healthy living**

- i Demonstrate or operate with a critical appreciation of the key concepts and organisation of health education and health promotion in the UK and overseas.
- ii An understanding of the significance and potential effect of psychosocial and economic factors in helping patients to make informed choices about their personal healthcare maintenance.
- iii Assist patients to undertake and become committed to self-care activities including dietary advice, exercise and lifestyle adjustments.
- iv Offer realistic advice concerning the location and effective use of local healthcare promoting activities consistent with cultural and ethnic differences.
- v Care for their own health and well-being and follow the appropriate procedures to manage communicable diseases.
- vi Identify potential benefits and limitations of referring an individual patient to other healthcare practitioners.

## **K Personal and professional skills development with a self-reflective framework**

- i Be critically aware of their practical skill level in order to deliver the expected standards of osteopathic care.
- ii Be able to reflect on personal and professional strengths and limitations to promote a commitment to active and planned future self-directed professional development.
- iii Be able to record the outcomes of reflections on their clinical practice in order to plan their own learning and their professional portfolio, sufficient to evidence continuing professional development activities for the professional statutory body.
- iv Evidence of critical problem-solving skills to a level that informs and guides the interpretation of clinical and other data, and contributes to effective clinical reasoning and decision making.
- v The skills necessary to enable collaboration with colleagues and others, and to contribute to the organisation of, and participation in, group activities relevant to the development and enhancement of osteopathy as a profession.
- vi Apply theories and models of the processes associated with making professional judgements in primary health care generally and osteopathy specifically.
- vii Self-care sufficient to consistently maintain an acceptable standard of care for a patient.
- viii The attitudes and skills necessary to comply fully with any continuing fitness to practise standard requirements in order to maintain registered status.
- ix The ability to contribute to and/or understand research and other scholarly activities to promote personal professional development and the profession of osteopathy.

## **L Professional identity, accountability, ethics and responsibilities**

- i Understand the concept and significance of statutory regulation authorised by Parliament.
- ii Abide by the professional standards outlined in the Osteopathic Practice Standards and other guidance from time to time issued by the General Osteopathic Council and other appropriate bodies.
- iii Practise osteopathy safely, competently and effectively in accordance with the law. This includes, for example, compliance data protection and health and safety legislation.

- iv Act quickly to prevent harm. Appropriate action may include managing the situation by oneself, discussing with a colleague, or reporting to another appropriate authority or body. Taking action in all circumstances where patient safety may be at risk will include, for example:
  - disclosing and apologising to patients and discussing and agreeing how to make things better
  - being aware of and complying with the legislative framework and principles in relation to safeguarding vulnerable adults and children
  - taking action in circumstances where colleagues actions may be putting patients at risk
  - taking appropriate action where practitioner health may impact on the ability to practise safely
  - reporting relevant and appropriate information about conduct or competence to the regulator
- v Respect and uphold patient dignity, autonomy and confidentiality.
- vi Disclose and justify actions to others when appropriate.
- vii Take responsibility for maintaining professional boundaries.
- viii Uphold high standards of personal and professional conduct, maintaining the integrity of the profession and not bringing it into disrepute.

## **M Intra and inter-professional collaboration and cooperation**

- i A critical understanding of the delivery of healthcare provision in the UK and overseas and the contribution of osteopathy within this context.
- ii Explain the evolution and the current development of the NHS (with particular reference to the primary healthcare arena).
- iii A critical understanding of the specific claims of a range of conventional and non-conventional healthcare professions and how these relate to the practice of osteopathy.
- iv Demonstrate a critical evaluation of the current claims of osteopathic practice in the UK and overseas.
- v Undertake operational relationships with osteopaths and other healthcare professionals, including making referrals.
- vi Participate effectively in the planning, implementation and evaluation of multi-professional approaches to healthcare.

## **N Operating an efficient and effective environment for the provision of osteopathic healthcare (some of these will be demonstrable within the college clinic; others will only be theoretical knowledge at the point of graduation)**

- i Comply with the legal requirements of operating a modern osteopathic practice with the necessary facilities for patient and staff comfort.
- ii Maintain financial and other practice operation details in accordance with legal and ethical requirements.
- iii Monitor the quality of practice and the ability to contribute to the generation of operational and strategic plans.
- iv Understand how to manage professional and support staff effectively and efficiently and in accordance with identified practice needs and in compliance with legal requirements.
- v Maintain patient records and information in compliance with legal and ethical requirements of confidentiality and peer support.

- vi Generate effective and high standards of contact with external agencies including other healthcare professionals, insurance companies, and public service organisations.
- vii Demonstrate knowledge of business skills necessary to establish a viable osteopathic business.

## **5 Teaching, learning and assessment**

5.1 This Subject Benchmark Statement promotes an integrative approach to the application of theory and clinical practice, and underlines the significance attached to the design of learning opportunities and assessment strategies that facilitate the acquisition and refinement of professional capabilities.

5.2 While decisions as to strategies and methods for teaching, learning and assessment and details of programme content are for the individual higher education providers to make, programmes are designed to encompass a wide range of learning experiences so as to promote active learning across the curriculum. They are designed to encourage progression in the acquisition both of knowledge and skills, and to provide adequate opportunities to acquire independent learning skills, thus laying the foundation for career-long professional development.

5.3 Teaching and learning in osteopathy programmes takes place in a combination of the following contexts: lectures, workshops and seminars, tutorials, clinical experience and self-managed or self-directed learning. Increasingly the use of information and computer technologies are being integrated into curricula and their teaching and learning strategies. These provide opportunities for students to individualise their own learning and provide for educational feedback. Students need to be prepared, supported and guided in their acquisition of sufficient competencies to manage effective self-directed learning and use technology-mediated educational tools.

5.4 The interaction between teaching, professional practice, research and scholarship is a key element in the study of osteopathy. Students and staff need ready access to relevant published literature, information and communications technology facilities, and the skills necessary to undertake research and scholarship. Osteopathic practical skills will generally be taught by registered practising osteopaths.

5.5 Students of osteopathy master a wide range of knowledge, skills and the conceptual basis of osteopathy, and are able to demonstrate an ability to integrate and apply their learning as safe and effective healthcare practitioners. In achieving this, students demonstrate empathy with and ethical behaviour towards patients, ethical conduct towards colleagues and others, and general behaviour consistent with that of an aspiring healthcare professional.

### **Practical skills**

5.6 The acquisition of practical osteopathic skills requires students to work on peers and, in turn, to experience taught techniques as 'models' prior to application in a clinical context. Palpation and osteopathic technique are taught using appropriate accommodation and equipment to facilitate practical work. Provision for students to view and assess their own osteopathic practical skill performance through the use of video recording and playback is ideal, but certainly regular tutor feedback in this area is critical. It is important that teaching and supervision in practical skills is performed by suitably qualified healthcare professionals who are registered with the appropriate UK health professional regulator. The experience of the members of both the original benchmarking group and the review group representing the academic community suggests that the student to tutor ratio during practical sessions would normally be no greater than 10:1.

## Clinical education

5.7 Following graduation, students normally register as osteopaths with GOSc and thereby become primary contact healthcare practitioners. It is therefore essential that clinical learning experience provides appropriate opportunities for students to develop not only patient evaluation and treatment skills, but also the ability to confidently recognise pathologies for referral and contraindications to treatment. Clinical education aims to deliver the prescribed osteopathic healthcare competences within the framework of safe practitionership and effectiveness as set out in the GOSc's *Osteopathic Practice Standards*.

5.8 The clinical learning environment is focused on the integration and practical application of all theoretical, practical, and technical knowledge and skills across the programme. It provides students with a supportive, broad, progressive and well supervised environment in which to develop their clinical skills. The clinical learning environment allows students to receive constructive and timely feedback on their performance from clinic tutors, patients and peers. Experiential high quality clinical learning arising from extensive periods of direct patient contact is central to the learning process. It is expected that students will undertake substantial supervised clinical practice within a dedicated teaching clinic where they can observe senior students and qualified practitioners in the early stages of their training, progressing to take an increasing responsibility for their own patient lists as their experience and knowledge develop.

5.9 Arrangements for osteopathic clinical education ensure there are:

- adequate learning opportunities for developing professional skills with real patients, paying due regard to case history taking, examination, evaluation and differential diagnosis, treatment and development of treatment plans, record-keeping, follow-up and referrals
- opportunities to integrate academic and theoretical learning and to develop practical skills within the therapeutic clinical encounter
- adequate numbers for each student of new, returning and continuing patient encounters and exposure to an appropriate range of presenting conditions
- appropriate staff/student ratios within the clinical setting to allow for close supervision of patient encounters by tutors, and opportunities for clinical tutorials
- appropriate opportunities for junior students to learn from observation of more senior student practitioners and for senior students gradually to take over responsibility for their own lists and to develop autonomy in patient care
- appropriate settings for clinical education within a dedicated training clinic with adequate treatment and educational accommodation, and appropriate equipment and furnishings for high quality student experience and patient care
- appropriate clinical administrative infrastructures to support student learning and patient care
- arrangements for ongoing assessment and feedback from a variety of clinical tutors
- opportunities to develop practice management skills
- effective mechanisms for monitoring individual student clinical attendance, caseloads, and patient list profiles
- effective mechanisms for ensuring that high standards of osteopathic care and the safety of patients are maintained by guiding, developing and monitoring the professional conduct of students treating patients. Effective arrangements are required for addressing situations where students do not maintain appropriate professional conduct
- policies and procedures in place in respect to GOSc regulations for patient safety.

5.10 The collective experience of the members of the benchmarking group and the review group representing the osteopathic academic community, and the intention to achieve best practice, indicates that these factors are addressed by providing the following:

- A dedicated clinic facility with appropriate provision for the discussion of patient cases, such as adequate availability of private 'breakout' rooms/areas.
- A clinical supervision ratio that would normally not exceed one tutor to four patient encounters at any point in time.
- For each patient encounter one student would normally take the lead in the care provided for the patient; other students may be present to observe the patient encounter and the total number of students assigned as a group to one tutor would not normally exceed 10.
- Timetabled osteopathic clinic practice learning in the clinical environment of no less than 1,000 hours.
- In order to develop sufficient clinical experience, each student would normally be expected to see a minimum of 50 new patients, where the student is taking the main responsibility for the patient's care. This includes taking the initial case history and examination, reaching diagnostic conclusions, and formulating and implementing an osteopathic care plan for the patient.
- A mix of patient presentations and ensuring continuity of care so that students may follow the progress of their individual patients.

## **Assessment**

5.11 Overall assessment strategies explicitly reflect and demonstrate the demands of the Osteopathic Practice Standards. Only students meeting these Standards are permitted to graduate. Assessment strategies must support student learning, identify underperformance and enable targeted remediation.

5.13 The assessment of osteopathic competence, performance in practice and professionalism are essential elements. Self-assessment, the use of peers, patients and external expertise is routinely used in their evaluation.

5.14 A diverse range of academic and professional summative and formative assessment tools is employed. This ensures assessment of a wider range of student attributes, attitudes, competences and professional behaviours in different contexts covering the broad spectrum of an osteopathic curriculum.

5.15 The assessment methods used also allow for different student learning styles. They need to provide a range of learning opportunities and practice approaches. These demonstrate, by increasing complexity, the acquisition, integration and analysis of a student's theoretical and practical skills, and their osteopathic professional capabilities.

5.16 The assessment strategy allows students to demonstrate the learning outcomes in order to meet the Osteopathic Practice Standards. The assessment tools need to match the course and individual module learning outcomes. They also complement the academic and clinical teaching and learning strategies and reflect curricular demands.

5.17 The following is routinely incorporated into assessment strategies:

- a phased and progressive approach to clinic assessment that provides students with timely, developmental and supportive feedback as they progress through the programme. The identification and assessment of professional behaviours is included. Areas to consider are: probity and respect, self-care, candour and relationships with other healthcare professionals
- assessment criteria for assessing practical, clinical and professional competence at different levels providing increasing student challenge. These are supported by explicit descriptors determining level and level of progression.
- clear differentiation of the assessment at differing levels of graduate achievement
- self-assessment and reflection. Students are encouraged to reflect on their own performance and match this against professional standards and curricular expectations. This increases self-awareness driving student learning
- the use of patients, peers and external expertise
- a commitment to developing, sharing and applying assessment expertise both internally and externally
- consideration of timeliness of assessment and the student burden. Assessment practices need to be thorough but not so onerous or frequent as to interfere with the learning process.

5.18 The choice of assessment methods, as a student progresses, allows for the evaluation of knowledge acquisition, competence, performance and professional practice in action. Those tools used to assess professional practice in action include the evaluation of personal and professional development attitudes and behaviours, professionalism, depth of understanding, team working and communication.

5.19 Written examinations encourage thinking and development of writing skills, and can measure complex cognitive skills. Oral examinations improve verbal communication skills and can assess a student's knowledge and problem-solving capability. Clinical simulations evaluate communication skills, and the relevant application of practical and clinical skills. Performance assessments, such as patient assessments conducted by peers and those with external expertise, promote a better understanding of the patient. They place emphasis on the evaluation of communication and inter-personnel skills, context-related professional skills, reflection, the integration of relevant and current knowledge into practice, and professional behaviours.

5.20 Assessment methods typically employed by osteopathic education providers include:

- essays and continuous assessment
- multiple choice questions
- short answer questions
- case presentations
- portfolios
- patient management problems.
- viva voce
- group and individual presentations
- practical and clinical assessments including multi-station Objective Structured Practical Examinations (OSPE) and Objective Structured Clinical Examinations (OSCE)
- case presentations and simulated patient assessments
- portfolios, learning journals, reflective assessments, log diaries, significant event analysis
- script concordance tests

- patient assessments, including clinical competence assessments, involving patients, peers and external expertise.



## 6 Benchmark standards

6.1 Osteopathic programmes provide an academic education which prepares students for professional practice. They develop a student's understanding of the responsibilities expected of an osteopathic practitioner and introduce them to the professional demands of business life. Throughout the aim is also to promote an awareness of the need to evaluate, reflect and critique on professional performance. This places strong emphasis on life-long learning, research and the identification of individual continuing professional development.

6.2 Generally programmes prepare students to deal with complex and uncertain clinical situations as autonomous practitioners. They embed the development of self-appraisal and learning strategies which support the acquisition, progression and application of experiential clinical learning, research and critical reflection leading to an integrated appraisal of the patient. Emphasis throughout is placed on the patient being at the centre of osteopathic care.

6.3 Osteopathic training also provides students with the ability to conduct research in order to adopt the most effective and evidenced-informed approach for patient care. Students are expected to evaluate the relevance of published research, both within and outside of the profession, to osteopathic practice, patient care and current professional issues.

6.4 In training and upon professional registration, osteopaths also have to meet the *Osteopathic Practice Standards* (September 2012) as set by the General Osteopathic Council; these cover four themes of Communication and Patient Partnership, Knowledge Skills and Performance, Safety and Quality in Practice and Professionalism.

6.5 These capabilities and themes can be mapped across on to the descriptor for a higher education qualification at level 7 on *The Framework for Higher Education Qualifications in England, Wales and Northern Ireland* and at level 11 of the Scottish Credit and Qualifications Framework on the *The Framework for Qualifications of Higher Education Institutions in Scotland*<sup>21</sup> and, as such, many providers of osteopathic education deliver their qualification at master's level although this is not a requirement of GOsC.

6.6 Bachelors' degrees in Osteopathy are awarded to students who have, as a minimum, demonstrated:

- i the ability to communicate professionally, ethically and efficiently, and from an informed perspective with a diverse range of patients, peers and other healthcare professionals
- ii a comprehensive understanding of osteopathic principles and concepts and the ability to apply these critically to patient care thereby informing and guiding clinical decision making
- iii the acquisition of coherent and detailed knowledge of biological, physical and behavioural sciences that underpin osteopathic practice
- iv the ability to undertake an assessment process sufficient to assess a patient safely and effectively in order to make a working diagnosis and formulate a treatment plan, taking into account their physical, psychological, cultural, equality and diversity needs

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<sup>21</sup> *The Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies*, available at: [www.qaa.ac.uk/publications/information-and-guidance/publication?PubID=2843](http://www.qaa.ac.uk/publications/information-and-guidance/publication?PubID=2843)

- v a critical approach to the assessment of a patient, using problem-solving and clinical reasoning skills, that draws upon the knowledge gained including areas that might be incomplete, complex or unpredictable, to inform treatment and management planning
- vi the ability to critically select, to apply and justify the use of, to monitor and evaluate the effect of osteopathic technique specific to the needs of a patient
- vii an understanding of, and the demonstration to, a commitment to working with other healthcare professions to ensure best patient care
- viii an appreciation and self-awareness of the limits of one's own competence, skills and knowledge within the fields of osteopathic practice, education and research
- ix an understanding of, and the demonstration to, the commitment to ongoing professional self-directed learning that informs osteopathic practice, monitors the quality of osteopathic care delivered and draws upon contemporary advice and research
- x the effective use of published research, and the ability to implement, undertake and evaluate research, in order to develop and inform osteopathic practice
- xi an understanding and demonstration of the ability to critically evaluate ones' own professionalism being mindful of probity, respect, self-care and candour.

6.7 Throughout the curricula of osteopathic programmes leading to eligibility for professional practice in the UK, there are many aspects that could already be considered to meet some of the elements of the master's level qualification descriptor in the Qualifications Frameworks, particularly those requiring sound judgement in complex and unpredictable professional circumstances.

6.8 Integrated master's degrees in Osteopathy include the outcomes of bachelor's degrees with honours and go beyond them to provide a greater range and depth of specialist knowledge as well as a broader and more general academic base. Such programmes provide both a foundation for an awareness of how research and practice informs the profession and an ability to conduct research through familiarity with a range of data, research sources and appropriate methodologies.

## **Appendix A: Membership of the review group for the Subject Benchmark Statement for osteopathy**

### **Membership of the review group for the Subject Benchmark Statement for Osteopathy (2014)**

#### **Higher Education provider representatives**

Dr David Gale (Chair)	Quality Assurance Agency for Higher Education
Stephen Castleton	Oxford Brookes University
Bob Davies	Swansea University
Dr Ian Drysdale	British College of Osteopathic Medicine (succeeded)
Fiona Hamilton	London School of Osteopathy
Charles Hunt	British School of Osteopathy
Rachel Ives	College of Osteopaths
Manoj Mehta	British College of Osteopathic Medicine
Rebecca Morrison	European School of Osteopathy
Dr Judith Neaves	London College of Osteopathic Medicine
Diana Pitt	Leeds Metropolitan University
Marcus Walia	North East Surrey College of Technology
Stephen Hartshorn	Institute of Osteopathy
Renzo Molinari	Osteopathic Alliance
Nicholas Woodhead	Osteopathic Alliance
Dr Catherine Kerfoot	Quality Assurance Agency for Higher Education
Dan Murch	Quality Assurance Agency for Higher Education

#### **Employer representative**

John Chaffey	Body Balance
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#### **Professional, statutory and regulatory bodies**

Fiona Browne	General Osteopathic Council
Marcus Dye	General Osteopathic Council (succeeded)
Kit Holmes	General Osteopathic Council

#### **Student reader**

James Lovatt	University of Sussex
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## **Membership of the original benchmarking group for osteopathy (2007)**

These details are as published in the original Subject Benchmark Statement for osteopathy.

Erica Bell	European School of Osteopathy
Dr Martin Collin	British School of Osteopathy (succeeded)
Mathew Cousins	Imperial College London
Vince Cullen	General Osteopathic Council
Dr Ian Drysdale	British College of Osteopathic Medicine
Dr David Gale	Quality Assurance Agency for Higher Education
Charles Hunt	British School of Osteopathy
Helen Jenkins	Surrey Institute of Osteopathic Medicine
Laurence Kirk	Oxford Brookes University
Robin Kirk	London School of Osteopathy
Mark Lawrence	College of Osteopaths
Manoj Mehta	General Osteopathic Council
Dr Judith Neaves	London College of Osteopathic Medicine
Michael Watson	British Osteopathic Association
Margaret Wolff	General Osteopathic Council

QAA1273 - Jul 15

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