



General
Osteopathic
Council



QAA

General Osteopathic Council review of osteopathic courses and course providers

Master of Osteopathy

Renewal of recognition review

Swansea University

February 2019

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 Swansea University. The programme reviewed was Master of Osteopathy. The review was undertaken by visitors appointed by the General Osteopathic Council (GOsC) in accordance with GOsC's regulatory responsibilities for safeguarding Recognised Qualification (RQ) criteria under the *Osteopaths Act 1993*. A prime focus of the review was the relationship of the programme to the Osteopathic Practice Standards professional competence standard of the GOsC. The review was completed in the academic year 2018-19. The review visitors were, Mrs Lucy MacKay Tumber, Mrs Jill Lyttle, Mr Simeon London and Ms Christine Bevan (Review Coordinator).

A Formal recommendation

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

The recommendation of the visitors for the Master of Osteopathy programme is:

- **approval without conditions.**

B Findings

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

Strengths

- the embedding of research and evidence-based learning which is applied and contextualised for students in practice and in the classroom setting (paragraph 19)
- the extensive support provided by the Programme Team, the College and the University which enables students to achieve (paragraphs 30 and 31)
- the use of various methods of communication, which effectively engage the clinic and academic staff team (paragraph 41)
- the effectiveness of the academic mentors, their ability to deal with students in a timely manner and liaise among staff and University support systems, is well embedded within the department (paragraphs 47, 48 and 49)
- the Listening Forum, which provides students with the opportunity to express their views directly enables actions to be dealt with promptly (paragraph 75).

Good practice

- the peer mentoring process in the clinic which is used as an evaluative and supportive mechanism for new and existing tutors that facilitates the sharing of good practice (paragraphs 39, 40, 41 and 55)
- the clinical provision which provides students with a diverse range of patient interactions within NHS settings and enhances the student learning experience (paragraph 57).

Areas for development

- demonstrate that account is taken of all reference points for the professional aspects of osteopathic pre-registration education (paragraphs 11 and 36)
- develop and implement a mechanism to ensure that actions arising from all quality assurance processes, both internal and external, are consistently collated, actioned and reviewed (paragraphs 16, 17, 70 and 72)
- develop additional assessment guidance, which is consistent and appropriately detailed across all modules (paragraphs 22 and 26)
- integrate progression and performance data within the annual reporting cycle to enable trends in achievement to be identified and acted upon (paragraph 33)
- develop and implement guidelines for effective assessment feedback, which facilitates student achievement and progression (paragraph 50).

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.

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 Swansea University (the University) is a research-intensive university located in South Wales. The University received the Teaching Excellence Framework Gold award in June 2018; was named Welsh University of the Year 2019 and was UK University of the Year runner up in the Times and Sunday Times Good University Guide 2019.

2 The University was founded in 1920 and has two campuses at each end of Swansea's waterfront; Singleton Park campus in the west and Bay campus in the east. The University comprises eight subject-based colleges, including the College of Human and Health Sciences (CHHS), which delivers the Master of Osteopathy (M.Ost) programme. CHHS is the largest college in the University and delivers on various subjects within human and health sciences. CHHS's mission is to be a centre of excellence, conducting high quality research, delivering high quality educational programmes and contributing to the health and social care workforce, all of which underpins osteopathy policy, practice and education.

3 CHHS comprises four academic departments and four research centres. Academic staff are allocated to the department or centre most closely aligned with their academic subject, undertaking a range of activities including research, teaching and learning, knowledge economy and administrative activities. Each department has a dedicated student experience services team. The M.Ost programme sits in the Department of Interprofessional Health Studies. CHHS also has a range of dedicated professional services teams to support quality assurance and core business functions. The University is the only higher education institution in Wales to deliver osteopathic education.

4 The M.Ost has run since September 2010. The programme is a four-year full-time modularised and integrated degree that aims to develop osteopaths with high levels of academic achievement and practical competence. It aims to produce safe, confident and reflective practitioners, able to deliver professional osteopathic services through the provision of a clinical environment that fosters:

- the promotion of osteopathy in maintaining health and well-being
- the development of osteopathic research
- a developmental relationship between the local osteopathic community and other health professionals.

5 Recruitment on the M.Ost has remained steady over the past three years, with between 37 and 39 students enrolling each year. There is a similar percentage of female and male students, and while there is a wide age range, the majority of students are aged between 18 and 20 years old which reflects the wider student population at the University.

6 The College has 20 teaching (classroom and clinic) staff, 30 percent of whom are full-time and the remainder part-time. Thirty percent of staff are clinic tutors. 80 percent of the faculty has a level 7 qualification or above and 40 percent of staff have a teaching qualification.

E Commentary on the provision

An evaluation of the clinical and academic standards achieved

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

7 The programme and module aims and intended learning outcomes reflect the spiral nature of the curriculum and embody the GOsC's Osteopathic Practice Standards (OPS), the Subject Benchmark Statement: Osteopathy (2015) and *The Framework for Higher Education Qualifications in England, Wales and Northern Ireland* (FHEQ) level descriptors and facilitate the development of transferable skills, which are clearly stated and mapped.

8 The programme aims to develop high levels of academic and practical competence. Its design enables students to become autonomous osteopathic practitioners able to respond to the demands of professional practice and who are analytical and confident with their perspectives on osteopathic health care practice as well as safe in their delivery of it. The introduction of a new module in 2017-18 provides a more explicit foundation for this, and supports the critical application of osteopathic concepts of practice which are then further developed within both the classroom and clinic learning environment.

9 Programme and module aims and intended learning outcomes are widely published and readily available to students, staff and external examiners in the programme and module guides. Although recent amendments to programme documentation has resulted in there being differences between the programme specification document and the programme guide. The currency of programme aims and outcomes is considered at Board of Study meetings and are reviewed as part of the annual programme review.

10 Developmental work to ensure that the programme meets the new OPS (2019) has been initiated, underpinned by a clear implementation plan, aimed at ensuring that staff and students are fully informed of the new standards and that any module modifications are completed in an integrated, consultative and timely manner.

11 The review team noted that no action has been undertaken by the Programme Team to evaluate whether the current programmes outcomes align with the Guidance for Osteopathic Pre-Registration Education (GoPRE) published in 2015. The review team consider that the Programme Team should demonstrate that account is taken of all reference points for the professional aspects of osteopathic pre-registration education.

Curricula

12 The University offers a single pathway for osteopathy students. The M.Ost is a 4 year, full-time integrated master's degree comprising of 480 credits, 120 each at levels 4, 5, 6 and 7.

13 The spiral curriculum provides an incremental pathway for student development. Each phase of study builds upon the previous year with module progression enabling students to

develop and demonstrate academic, practical and clinical knowledge and skills assessed at the appropriate level.

14 Programme design and development undergo robust scrutiny, with approval required at each step, from the conceptual stages through to final programme approval. The Programme Approval Committee, a subcommittee of the Regulations, Quality and Standards Committee has responsibility to review, decide upon the method of approval and to make a recommendation for approval at an institutional level; with a range of guidance provided to programme development teams at University and College Level.

15 Ongoing monitoring and review of the programme takes place on an annual basis in accordance with the University's Code of Practice for Quality Assurance (CoPQA) and is informed by a diverse range of input from relevant stakeholders, including patients.

16 Annual module review underpins the programme review, while annual module maintenance is designed to ensure that every module is up to date across the University. Responsibility for the completion of module review sits with the Module Leader in discussion with the Programme Leader. Module review takes place at the Board of Studies. Review across the programme on the whole is thorough and reflective, although not consistently so.

17 Module review takes place at the end of each semester. However, minutes from Board of Studies meetings suggest that not all module reports are completed in a timely fashion and do not appear to be routinely monitored or explicitly followed up. The College acknowledge that there is no overall mechanism for the monitoring of action plans, suggesting that some may be overlooked or not completed. Notwithstanding, the review team noted that action is being taken to introduce a centralised mechanism for monitoring and this is due to be introduced in the next academic year. The review team consider that a mechanism should be developed and implemented to ensure that actions arising from all quality assurance processes, both internal and external, are consistently collated, actioned and reviewed.

18 The programme's learning and teaching strategy is designed to enable students to develop and apply a breadth of skills across a range of modules and at different levels of study, with modules supporting their ability to review, analyse and critically apply research. Theoretical learning is supported by practical and clinical learning opportunities across all levels of study that enable students to become autonomous clinical practitioners with a critical approach to clinical practice.

19 Academic staff draw upon their own practice, healthcare policy and research to inform their teaching; with faculty development days offering an opportunity for faculty to discuss key issues pertinent to osteopathic practice and education. This is further supported by a comprehensive and well received peer observation process and mentorship programme that encourages faculty to reflect on and explore the use of evidence within the teaching environment. Research and its relevance to learning and practice is routinely integrated and contextualised for students in practice and in the classroom setting and subsequently evaluated through assessment. The embedding of research and evidence-based learning, which is applied and contextualised for students in practice and in the classroom setting is a strength of the provision.

Assessment

20 The College employs a broad range of formative and summative assessment approaches that appropriately enable students to demonstrate achievement of the aims and outcomes of the programme and develop an appropriate range of academic and transferable skills relevant to osteopathic practice. Assessments are progressive and clearly align to the learning outcomes and FHEQ levels of study.

- 21 Assessment is underpinned by the University Feedback and Assessment Policy and College assessment policies which are informed by the Quality Code for Higher Education and designed to promote assessment that is fair, explicit and encourages and supports student learning.
- 22 Assessment is underpinned by the University Feedback and Assessment Policy and College assessment policies which are informed by the Quality Code for Higher Education and designed to promote assessment that is fair, explicit and encourages and supports student learning. The overarching assessment strategy is detailed within the programme specification with specific summative assessments described within the module guide. Further guidance is provided to students in advance of assessment, but the quality and detail of this is inconsistent across and within levels of study.
- 23 Assessment criteria are set as part of programme/module approval and are supported by detailed, level specific generic marking grids that are consistently applied. Proposed changes to assessment are discussed at the Board of Studies and require the approval of the external examiner and the College's Quality and Standards Committee (QSC) prior to publication.
- 24 Completed assessments undergo internal moderation. Module leaders independently review module assessments and produce a moderation report highlighting any issues in the assessment, offering guidance to enhance assessment. Action plans enable issues to be highlighted, with clear lines of responsibility and deadlines for completion although some reports do not offer actions in relation to comments made. Moderation reports are presented to the Board of Studies for consideration and should be made accessible through the module virtual learning environment (VLE) site, although this does not appear to occur.
- 25 External examiners review all assessments across all levels of study. Samples of completed assessments are accompanied by the internal moderators report. Commentaries provide evidence of an appropriate level of external scrutiny and confirm that assessments delivered on the programme are fair, equitable and robust.
- 26 Students are oriented to assessment at induction through programme specification and module guides, as well as the VLE. Additional assessment preparation is provided by module leaders during lectures and through the provision of additional guidance. Although this varies in detail between modules and is an issue that has been commented on by students at recent Student Voice meetings. The review team consider that additional assessment guidance should be developed which is consistent and appropriately detailed across all modules.
- 27 Although an overarching formative assessment strategy is detailed in the programme specification a formative assessment schedule is not published.
- 28 Students are able to access general information about assessment through the 'My College Guide' and an assessment planner and guidelines for each assessment through the University's VLE module sites and the programme hub site. Detailed, level specific marking grids are used to guide assessors in the awarding of grades and are readily accessible to staff and students.
- 29 Module tutors provide written feedback to students for assignments, consisting of a grade and an explanation of the reasons for the awarded grade. The quality of feedback is generally of a good standard although in some instances there is limited advice given to enable students to improve performance. Some students perceive feedback to be generic at times, although overall students seem to value the feedback they are given. In clinic, tutors provide feedback to support the development of students' clinical competencies, professional skills and knowledge. Students also receive feedback from service users and carers.

Achievement

30 The overall programme design enables students to develop professional and transferable skills in preparation for succeeding in contemporary osteopathic practice. This is further strengthened by extensive additional resources and student support provided by the University.

31 Throughout the academic year students' progress, attendance and performance is monitored in the classroom, practical sessions and clinical practice by team members and this is monitored also by an academic mentor. There are appropriate supportive policies and services in place to support students should extenuating circumstances impact upon performance or affect their fitness to study or practice. The extensive support provided by the Programme Team, the College and the University, which enables students to achieve is a strength of the provision.

32 Performance data indicates that student achievement is consistent with expected norms in higher education. External examiners and assessment evaluation confirm that the standard of student work demonstrates fulfilment of the OPS and the competencies required for professional practice. Standards of student performance and achievement are comparable to those of other osteopathic providers.

33 Progression data is broadly in keeping with sector norms. Analysis of students withdrawing from the programme is thorough and is critically reviewed, although comparative data of student performance and cohort progression data year on year is not currently detailed within the annual programme review or module review. In order to address this the review team consider that progression and performance data should be integrated within the annual reporting cycle to enable trends in achievement to be identified and acted upon.

34 Annual module reports allow module leaders to evaluate performance of each cohort against appropriate benchmarks, with performance scrutinised by Exam Boards and the Board of Studies.

35 Graduate destination data indicates that the majority of graduates progress to practice within six months suggesting that they are adequately prepared to enter practice.

The quality of the learning opportunities provided

Teaching and learning

36 Teaching methods are appropriate in relation to curriculum content, course aims and teaching and learning outcomes. A suitable range of methods are employed to develop theoretical and clinic-based learning and skills and these are designed to facilitate student progression throughout the programme. They are mapped to the FHEQ and the Subject Benchmark Statement: Osteopathy (2015), although not explicitly to the Guidance for Pre-registration Education (GOPRE), which is needed.

37 Student participation is encouraged in a variety of forms during learning sessions. Students are encouraged to develop independent learning skills and are enabled to develop into autonomous practitioners using critical thinking and reflection and incorporating subject-specific theory and knowledge.

38 Students use a VLE, through which they are directed to a wide range of appropriate learning resources. Students are provided with recommendations for further reading to enhance their knowledge and are directed to the library to access resources. Students state that resources are sometimes scarce, however, management indicate that reading resources are being updated and developed to online sources to meet student needs. Student workload

is at a suitable level and students value the information given to aid learning. Students report that they are able to manage the workload and feel enabled to develop knowledge.

39 All academic staff are required to have an appropriate teaching qualification or be working towards one. Staff are also encouraged to gain membership of the Higher Education Academy and all relevant staff are working towards these goals. Support for staff development and training is available from the Swansea Academy of Learning and Teaching (SALT). Induction processes are provided for clinic tutors and new staff are supported through working alongside more experienced peers. All teaching staff are supported in the early stages through observation of colleagues, peer observation and mentoring sessions. While some recently appointed staff are relatively inexperienced their position within a small team enables peer support and developmental opportunities.

40 Academic and clinical staff draw upon professional experience and activity to inform teaching. Staff development has been a priority since the last RQ visit and management have been active in scheduling and delivering mentoring and training sessions to promote knowledge and skills. Staff have also been supported and developed through probationary periods, professional development reviews, peer observation and faculty development sessions. These training sessions have been active since the last review and are developed from awareness of staff needs from personal professional development plans, staff requests and the Management Team's perception of learning needs. The review team considers as good practice the peer mentoring process in the clinic, which is used as an evaluative and supportive mechanism for new and existing tutors that facilitates the sharing of good practice.

41 Monitoring of the quality of teaching is achieved through oversight of personal professional development reviews which are undertaken regularly, through student feedback mechanisms and peer observation. The peer mentoring process involving peer observation is used as an evaluative and supportive mechanism for new and existing clinical tutors that facilitates the sharing of good practice. All but one of the clinical staff are active within the academic provision and this promotes integration between both areas. This integration enables communication between staff through regular and timely interaction which facilitates sharing information, providing support and enhances faculty adherence. The use of various methods of communication, which effectively engage the clinic and academic staff team is a strength of the provision.

42 Faculty are keen to promote, support and develop scholarship and research and staff are engaged in some research output. Management state that funding challenges limit the expansion of scholarship and research opportunities, however this is an action for further development.

43 Patient feedback is collected within the Health and Wellbeing Academy on the main University site which has been used to inform development of clinical services. Formal feedback is not collected at the clinical placement sites, however staff and students receive informal feedback from patients which is used to inform teaching, learning and clinical practice.

Student progression

44 Policies and procedures for recruitment and admission of students are suitable, sufficient and designed for that purpose. An induction timetable is provided to students on entry to the programme; students are aware of all of these and consider them helpful.

45 Progression data is collated and monitored with analysis of student transfers and withdrawals. Attrition rates are within sector norms for the type of programme. Graduate destination information is collected to build knowledge of the student journey post qualification. Policy guidelines for Fitness to Practise are maintained and provided to staff and students.

46 Academic support is available to all students and personal academic mentors are allocated for the duration of their programme. Clear written guidelines, online links and information are provided for students to access regarding a wide range of academic support resources. Students report that academic support is timely and effective.

47 A small number of students require additional academic support and suitable provision is made for their learning needs. There is a College Disability Co-ordinator and Disability Link Tutor who liaise with staff and University support processes including the Swansea University Disability Office and the Swansea Academy of Inclusivity and Learner Success (SAILS). The Disability Link Tutor attends regular meetings and receives timely updates on practice. Students raised concerns about the timeliness of academic mentor support in 2016-17, however, this has been addressed as students value this support, find it timely and well connected. The effectiveness of the academic mentors, their ability to deal with students in a timely manner and liaise among staff and university support systems is well embedded within the department and is a strength of the provision.

48 Learning is facilitated through lectures, clinical experience rotations and tutorials, which provide suitable and relevant approaches to enable student learning. *Chapter B3* of the Quality Code for Higher Education on learning and teaching is referred to and is evident in the provision. Staff are provided with support from management and University sources to enable suitable guidance and direction to students. The information regarding learning support is provided to students in electronic form.

49 Students are supported by suitably trained academic and clinical staff as well as provided with access to University-wide learning support facilities. This support helps students avail themselves of the learning opportunities to systematically acquire knowledge to enable progression. Student progress is monitored in a timely manner and academic mentors are swift in acting to provide support to students who do not progress satisfactorily.

50 Programme assessment is underpinned by University and College Assessment Policies. These are comprehensive and made available to staff and students in electronic form. Issues regarding assessment feedback have been raised by external examiners and students. Comments raised by an external examiner in 2016-17 regarding the quality of feedback to students were not addressed in the College's response to the external examiner's report. Previous faculty training on providing feedback delivered through mentoring sessions does not appear to have been consistently applied. In addition, the review team noted that there is no clear evidence of developmental change from this training despite further comments from the external examiner in 2017-18 and the issue of lack of quality of feedback being consistently raised by students. Guidelines for effective feedback for different styles of assessment need to be developed and implemented to combat the inconsistency and lack of quality of current feedback in order to facilitate student achievement and progression.

51 Students are enabled to provide feedback on the programme alongside academic and clinical staff and the Student Experience Team are active in coordinating feedback. Recent UNISTATS data indicate that student satisfaction is 79 per cent overall which is comparable to other osteopathic education institutions' (OEIs) ratings. However the UNISTATS ratings have fallen since 2016-17 and are lower than comparative OEIs in the areas of assessment and feedback; organisation and management.

52 Staff receive internal feedback in a timely manner and utilise it to inform their teaching and design of the curriculum. Students are also enabled to provide formal feedback through student-staff fora, Board of Studies meetings and informally to staff.

Learning resources

53 Staffing levels are suitable and sufficient for the programme. All staff have relevant subject specific qualifications and all academic staff have or are engaged in obtaining

teaching qualifications. All but one member of clinical staff is involved in the academic provision which provides cross reference between academic and clinical components of the programme.

54 Clinical staff are not required to have a formal teaching qualification, however they are required to maintain registration with the General Osteopathic Council, undertake regular continuing professional development and incorporate ongoing knowledge into the clinical provision. There is an appropriate mix of gender and experience levels, the more experienced staff mentoring the junior staff.

55 Staff undergo an induction process with senior and experienced staff providing ongoing mentoring for new staff which is deemed helpful. Staff are on probation for a period of three years, after which they become full members of faculty. Staff undergo regular personal and professional development reviews, peer review, mentoring and observation sessions. The osteopathic faculty undertake regular training sessions to aid development of knowledge and skills and to facilitate faculty cohesion. The University encourages further educational development of staff however the part-time nature of roles partly limits such progress.

56 Ongoing research and scholarly activity is encouraged and staff draw upon their research, scholarship, consultancy or professional activity to inform their teaching. Support and development for scholarship and research is promoted but management state that this is a current area for further development.

57 Students undertake clinical practice in the Health and Wellbeing Academy on the University site which is open to staff, students and the general public. There are also two external off-campus clinics within the NHS Beacon Centre for Health, one of which provides access to patients through direct referral from General Practitioners (GPs); the other practice sources referrals through the Musculoskeletal Clinical Assessment Service. Staff and students state that these are accessible and provide a good learning experience which enhances students' exposure to a broader range of patient presentations. The teaching clinics provide sufficient provision for student numbers with good facilities and the ability for students to access appropriate experience of a breadth of patient presentations and number of patient interactions. The NHS clinical provision which provides students with a more diverse range of patient interactions within NHS settings is an example of good practice in enhancing students' learning experiences.

58 The teaching spaces are sufficient in number, appropriately equipped and suitable for purpose providing appropriate space and resources. There is a new facility in the College of a virtual reality learning environment which the osteopathy faculty have access to one morning a week and which provides a novel and useful experiential resource. Additional learning resources, such as plinths and medical models are sufficient and available for student use.

59 Library facilities, including journals and electronic media provide a wide range of resources to staff and students with detailed lists of stock and regular updates to provision. Students state that resources are sometimes scarce, however management indicate that reading resources are being updated and developed to online sources to facilitate access. The library provides 24-hour access with support in facilitating student use and provides sufficient additional computing services. Information is provided regarding library facilities during induction week and ongoing support is available and provided to those requiring it throughout the programme.

60 Staff and students use the VLE as an e-learning facility. Training and support is provided to staff and students at induction and when required on an ongoing basis in order to use this resource effectively.

Governance and management (including financial and risk management)

61 The University is an independent corporation established by Royal Charter, and a registered charity. It has a comprehensive managerial and academic reporting and committee structure.

62 It is organised into subject-based Colleges which implement University strategy and guidance as appropriate to their subject areas. Colleges have a significant amount of autonomy, working in partnership with the University. The Quality and Standards Team support committee linkages between and within the University and the Colleges. The College includes the Department of Interprofessional Health Studies, which has recently been well supported to expand its provision, including the M.Ost which is an integral part of the department.

63 The Learning, Teaching and Quality Committee (LTQC), the University's strategic academic oversight committee, receives minutes, reports and action plans from Colleges. The student voice is encouraged and is active at both University and College level. Student representative training is provided.

64 The University is well placed within the sector and has strong links with the regional economy. It is subject to external financial scrutiny. It is in good financial health and its financial statements confirm the University's ability to continue its activities and to service existing borrowing for investment in campus facilities. Both University and College risk registers are reviewed regularly; no risks are specific to Osteopathy.

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

65 The LTQC has strategic oversight of teaching and learning including enhancement, which is embedded in quality assurance processes, including module and programme review. Frequent programme team meetings identify and action matters raised informally.

66 The College's Learning and Teaching Committee (L&TC) monitors reviews. Its Quality and Standards Subcommittee (QSC) is responsible for the approval of modifications to modules and programmes in line with detailed guidance. Some decisions are reported while others require University-level approval. The Quality and Standards Team co-ordinates the work of these committees and has recently started to service Boards of Study, strengthening the link between L&TC and the Boards of Study. This should enable a more coherent and consistent approach in future.

67 The University's Quality Assurance Code of Practice, explicitly referenced to the Quality Code, was being updated at the time of the review visit. The new Osteopathic Standards are already mapped to the curriculum.

68 Annual programme review is a key element in the University's quality assurance processes. The resultant action plan is considered at the Boards of Study, together with student statistical data and external examiners' reports. Previously a single report looking back over the academic year, the new format is an online report completed at four points during year, which has the potential to enable swifter responses to emerging issues and more immediate review of action plans.

69 The Boards of Study, or programme committee, comprises staff and student representatives. It meets several times a year to consider all aspects of provision. The relatively small programme team meets informally on a frequent basis to keep abreast of current events, share knowledge and review ongoing student progress. This promotes and engenders team cohesion.

70 As action plans arise in different contexts and at different times, it is not clear that the Boards of Study currently ensure completion of all actions. There is no overall subject plan including actions from all sources, incurring the risk that some may be overlooked. The review team learned that the College is aware of this and is planning to remedy the situation by next academic year. The review team consider that there is a need to develop and implement a mechanism to ensure that actions arising from all quality assurance processes, both internal and external, are consistently collated, actioned and reviewed.

71 Newly-appointed external examiners attend University or College induction sessions and are provided with thorough guidance linked explicitly to the Quality Code. Reports and responses are available to student representatives through membership of relevant committees and are uploaded to the VLE. Students and student representatives who met the review team seemed unaware of this.

72 The University appoints external examiners to programmes or to student cohorts. Historically, M.Ost external examiners have cohort responsibility, receiving full programme information, giving feedback on the standards and comparability of assessments year on year. This model is common within the College. The team noted that several external examiners have commented on the challenges of this model, nevertheless all confirm the appropriateness and comparability of the standards set and achieved. Formal responses are agreed at College level, although it is not always clear that action points have subsequently been resolved. The development and implementation of a mechanism to ensure that actions arising from all quality assurance processes, both internal and external, are consistently collated, actioned and reviewed would facilitate this.

73 The University stresses the importance of teaching quality. Achieving Higher Education Academy (HEA) membership through its accredited programme is a probationary condition and experienced staff are encouraged to apply for HEA Fellowship. No distinction is made between academic and clinic staff and all have permanent contracts. New staff are allocated to a mentor.

74 The University's comprehensive personal development review process is a strong driver for individual staff development and contributes to mentorship day agendas. University teaching support is supplemented by a range of programme-specific guidance materials; peer observation of teaching and clinic sessions; and regular mentorship and annual away days.

75 The College-wide Student Staff Forum meets every two months; minutes demonstrate staff responsiveness to issues raised. At programme level, the Board of Study considers issues raised by year representatives. As this meets only three or four times a year, a Listening Forum for the full Osteopathy student cohort has been introduced, taking place before a Board of Study meeting so the staff team can discuss issues and report actions to the Board of Study, ensuring a rapid response to student queries. The introduction of the Listening Forum providing all students with the opportunity to express their views directly so that any actions arising are dealt with promptly is a strength of the provision.

76 Formal module feedback response rates can be poor so staff from the Student Experience Team supplement these through whole class discussions and lecturers ask for immediate feedback on innovations, enabling timely adjustments. The review team learned of changes made as a result of student feedback and students praised the responsiveness of staff, who operate an open-door policy, and their supportive environment. Formal support structures include University learning support staff, College Student Experience staff, and individual academic mentors.

77 There have been only three formal complaints or appeals in the last three years, none of which were accepted or upheld. Information on how to make a complaint or appeal against a decision is included on the VLE. When queries arise, students are referred to their academic mentor to explain options and signpost the appropriate support service.

78 The clinic business plan is updated annually. Potential risks due to expanded student numbers were mitigated by increasing clinic provision on other sites, with the added benefit of increasing the range of patients for students. Good use has been made of a new automated patient feedback system in University clinics. Feedback at NHS clinics is less structured. The College has a well established service user group with which Osteopathy service users are becoming involved.

Meetings and documentation

Meetings held

- M1 Initial meeting with key staff
- M2 Meeting with senior management team (College and University)
- M3 Meeting with students
- M4 Meeting with academic staff
- M5 Meeting with clinical staff
- M6 Final meeting with key staff

Major documentation

- 001. CHHS Management Organisation Structure.docx
 - 001.1 SU Strategic Plan 2020.pdf
- 002. CHHS Student Experience and Professional Services Organisation Structure.ppt
- 003. Singleton Campus Map.pdf
- 004. MOst. Osteopathy Programme Specification.pdf
 - 004.1 SHF109 Anatomy and Physiology 1.docx
 - 004.10 SHF204 Osteopathic Skills 4.docx
 - 004.11 SHF205 Pathophysiology and Therapeutics 1.docx
 - 004.12 SHF206 Pathophysiology and Therapeutics 2.docx
 - 004.13 SHF207 Applied Psychology and Sociology for Health Care.docx
 - 004.14 SHF301 Developing Business Management Skills.docx
 - 004.17 SHF302 Continuing Personal and Professional Development.docx
 - 004.18 SHF303 Applying Evidence Based Practice.docx
 - 004.19 SHF304 Osteopathic Skills 5.docx
 - 004.2. SHF100 Anatomy and Physiology 2.docx
 - 004.20 SHF307 Osteopathic Skills 6.docx
 - 004.21 SHFM01 Autonomous Osteopathic Practice.docx
 - 004.22 SHFM02 Dissertation.docx
 - 004.23 SHVM42 Health Psychology of Long Term and Chronic Illness.docx
 - 004.24 SHVM46 Chronic Pain Management.docx
 - 004.3. SHF105 Osteopathic Skills 1.docx
 - 004.4 SHF106 Osteopathic Skills 2.docx
 - 004.5. SHF108 Intro to Personal and Professional Development.docx
 - 004.6 SHF110 Introduction to Osteopathic Concepts and Principles.docx
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 - 004.8 SHF209 Introduction to Evidence Based Practice.docx
 - 004.9 SHF203 Osteopathic Skills 3.docx
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- 006. Osteopathic Practice Standards Mapping Document.pdf
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 - 007.1 CV - Simon Devitt - Programme Director.doc
 - 007.10 CV - Craig Toutt.pdf
 - 007.11 CV - Professor Jaynie Rance.docx
 - 007.12 CV - Sherrill Snelgrove.pdf
 - 007.14 CV - Denise Humphries.docx
 - 007.15 CV - Karen McDonald.odt
 - 007.16 CV - Lois Morgan.docx
 - 007.17 CV - Jennifer Sloane.pdf
 - 007.18 CV - Sharon Sylvester.docx

007.19 CV - Angela Smith.docx
007.2 CV - Ross Johnston.docx
007.20 Programme Director Role Descriptor.pdf
007.21 Responsibilities for module coordinators.pdf
007.3 CV - Bob Davies.doc
007.5 CV - Stephen Buss.doc
007.6 CV - Lara Edding.docx
007.7 CV - Susan Croft.docx
007.8 CV - Charles Millward.pdf
007.9 CV - Joanne Perkins.doc
008.1 Admissions Statistical data S16 S17 S18.xlsx
008.1 Admissions data.pdf
008.2 Progression Statistical data S16 S17 S18.xlsx
008.2 Progression_2017_18.pdf
008.3 Summative Achievement.pdf
008.4 Graduate Destinations.pdf
009. RQ action plan_2018.pdf
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013.1 QSC1819-3 Minutes of Quality and Standards Committee 23 October 2018.pdf
014. P1415-214 PAC Terms of Reference.pdf
015.1 Katie Griffiths External report 17-18.pdf
015.10 Jemma Sager External response 16-17.pdf
015.11 Graham Sharman External report 16-17.pdf
015.12 Graham Sharman External response 16-17.pdf
015.13 Regulations for external examining of taught programmes.pdf
015.2 Katie Griffiths External response 17-18.pdf
015.3 Sarah Wallace External report 17-18.pdf
015.4 Sarah Wallace Sarah - External response 17-18.pdf
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029.3 Level 6 Marking grid.pdf
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032.1 Harbourside Induction Guide.pdf
032.2 ABMU Induction Guide.pdf
033. Clinic Tutor Handbook 2018-19.pdf
034. Clinic handbook 2018-19.pdf
034.1 HWBA Code of Conduct Agreement Students.pdf
034.2 CHHS Policy for Raising Concerns in Practice.pdf
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035.2 SALT peer observation form.pdf
035.3 Mentorship session.pptx
035.4 Staff development Marking and assessing student assignments.pptx
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042.3 External examiner nomination – Katie Griffiths.pdf
042.4 Katie Griffiths - CV.pdf 042.5 External examiner nomination – Elena Golder.pdf
042.6 Elena Golder - CV.pdf
042.7 Summary of external examiner nominations.pdf
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053 QSC Developing New Modules Guidance.pdf
054 QSC and PAC Proposed Modification to Existing Programme.docx
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190 SHF206 module review 2017-18.docx
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