



General
Osteopathic
Council



QAA

General Osteopathic Council review of osteopathic courses and course providers

Renewal of recognition review:

Master's in Osteopathy (MOst)

Bachelor's in Osteopathic Medicine (BOstMed)

Diploma in Osteopathy (DO)

British College of Osteopathic Medicine

January 2013

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 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, 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, GOsC may choose not to follow the recommendation of the visitors.

In some monitoring reviews, GOsC does not require the visitors to make a formal recommendation for the programme.

Introduction

This report presents the findings of a renewal of recognition review of aspects of the governance and management, the academic standards achieved, and the quality of the learning opportunities provided in Osteopathy at the British College of Osteopathic Medicine (the College). The programmes reviewed were the Diploma in Osteopathy (DO), Bachelor's in Osteopathic Medicine (BOstMed) and Master's in Osteopathy (MOst).

The review was undertaken by visitors appointed by the General Osteopathic Council (GOsC) in accordance with GOsC's regulatory responsibilities for safeguarding Recognised Qualification (RQ) criteria under the *Osteopaths Act 1993*. A prime focus of the review was the relationship of the programmes to the Osteopathic Practice Standards (professional competence standard of GOsC). The review was completed in the academic year 2012-13. The review visitors were Mr Seth Crofts, Mr Robert Thomas, Ms Sarah Wallace and Mr Jeffery Butel (Review Coordinator).

A Formal recommendations

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

The recommendation of the visitors for the Diploma in Osteopathy, Bachelor's in Osteopathic Medicine and Master's in Osteopathy programmes is:

- **approval without conditions**

B Findings

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

Strengths

- the aims and intended learning outcomes of the osteopathic and clinical teaching modules reflect and emphasise the acquisition, progression and application of knowledge and skills through experiential learning (paragraph 4)
- the effective Assessment Strategy develops student learning through a range of well focused assessment tools supported by timely and constructive feedback (paragraphs 11 and 12)
- the Experiential Clinical Teaching and Learning Strategy is explicit, well structured and progressive, and implemented effectively to provide a sound basis for the development of students into autonomous practitioners (paragraph 20)
- the College's strong research profile informs teaching and learning and is highly effective in encouraging and supporting students' evidence-based learning (paragraphs 24 and 34)
- the high level of formal and informal academic and pastoral support for students is well matched to their needs (paragraphs 29 and 30)
- the systematic and effective use of student achievement and progression data to compare performance between modules and entry cohorts promotes informed debate on academic standards and the quality of learning opportunities provided (paragraphs 46 and 47)

Good practice

- the relationship with Camden Primary Care Trust Partnership provides students with a valuable insight into the National Health Service and the work of allied health professionals, and enhances their exposure to a wide range of patients (paragraphs 22 and 39)
- the management of the clinical provision and the continued delivery of effective student experiential clinic learning during the progression of the 'fallow year' (paragraphs 23 and 38)
- the maintenance of a highly supportive staff development policy, underpinned by dedicated financial support, in the face of financial adversity (paragraph 34)
- the effective management of staffing levels during the progression of the 'fallow year' (paragraph 35)
- prudent strategic financial management, and the prompt and effective response to the 'fallow year', which allowed the College to function effectively and survive the financial impact of these events (paragraph 44)

Areas for development

- discussions relating to programme review and curriculum development should be recorded in detail, to ensure transparency and encourage ownership by all staff (paragraphs 8, 44 and 47)
- the College is advised to review its committee structure with a view to streamlining it through removal of unnecessary overlap (paragraph 45).

C Description of the review method

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

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

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

Documentary evidence typically used includes financial accounts; strategic plans; financial projections; insurance schedules; student work; clinic management records; internal reports from committees, boards and individual staff with relevant responsibilities; and external reports from examiners, verifiers, employers, and validating and accrediting bodies. A protocol exists for staff, students and patients to submit unsolicited information about the provision to the review team. Submissions can remain anonymous to the provider if preferred.

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
- an emphasis on governance and management, to include the maintenance and enhancement of standards and quality
- use of the self-evaluation document 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 self-evaluation document should be readily available to visitors
- a protocol for unsolicited information
- evidence-based judgements
- ensuring that the amount of time taken to conduct a review is the minimum necessary to enable visitors to reach robust findings and recommendations
- providing transparency of process through the use of published GOsC criteria
- the role of the Institutional Contact, a member of the provider's staff, to assist effective communication between the visitors and the provider
- the facility to engage a further specialist adviser where necessary
- close monitoring by QAA officers.

D The overall aims of the provider

1 The British College of Osteopathic Medicine was founded in 1936 and moved to Frazer House on Finchley Road, north west London, in 1953. An adjacent building, Lief House, was added in 1996. The freehold titles of both buildings are owned by the College Company. The College is a registered charity and a company limited by guarantee. Until 1991, the College self-validated a Diploma in Osteopathy. The College subsequently added a BSc (Hons) Osteopathic Medicine degree validated by the University of Westminster and, more recently, an integrated master's - the MOst - initially validated by the University of Westminster, then London Metropolitan University and, from 2012, Plymouth University. The withdrawal, at short notice, of the University of Westminster from its agreement with the College resulted in there being no recruitment of students in 2010. As a consequence of this 'fallow year', there were no third-year students enrolled at the time of the review visit.

2 The aims of the provider are:

- to ensure that graduates acquire adequate clinical competence through a self-critical approach to integrated learned skills
- to instil an evidence-based research ethos into practitioners of clinical practice through holistic osteopathic medicine
- to enable students to acquire knowledge and understanding of health and its promotion

- to enable students to acquire knowledge and understanding of disease, its prevention and management in the context of the whole individual and his or her place in the family and in society
- to promote an attitude of inquiry and the maintenance of this attitude into professional life and to keep abreast of current knowledge by maintaining continued professional development
- to foster inter-professional dialogue and referral
- to recognise the advanced standard of professional competence and responsibility demonstrated by master's-level graduate practitioners of osteopathic medicine.

E Commentary on the provision

An evaluation of the clinical and academic standards achieved

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

3 Programme aims are clearly set out in the programme specification. They are aligned with the College's overall educational and employment aims, and reflect its approach to teaching and a commitment to instilling a research ethos through emphasis on research and evidence-based practice. The aims encourage the development of research and critical reflection to inform students' clinical decision-making, leading to an integrated appraisal of patients. They also develop students' understanding of the responsibilities expected of an osteopathic practitioner and the importance of maintaining continuing professional development. Academic and professional progression through the years of the programme is evident, particularly in the research and clinical practice strands. These underpin the overall programme aims of developing partnership, professionalism and communication skills, and are reflected in the overall Teaching and Learning Strategy.

4 Programme intended learning outcomes have been mapped to the Osteopathic Practice Standards. They also reflect the *Subject benchmark statement: Osteopathy (2007)* and *The framework for higher education qualifications in England, Wales and Northern Ireland* as part of the Quality Code. They demonstrate progression in line with the South East England Consortium for Credit Accumulation and Transfer (SEEC) descriptors. The module intended learning outcomes also reflect the academic level of each module and are in line with SEEC descriptors, the expectations of the Osteopathic Practice Standards and the *Subject benchmark statement: Osteopathy*. The aims of the osteopathic and clinical teaching modules demonstrate acquisition, progression and application of knowledge and skills through experiential learning, and this is a strength of the provision.

5 Programme aims and objectives are reviewed periodically and any proposals for change are considered by the Academic Board to ensure that they meet the requirements of validating universities and evolving professional requirements. Where appropriate, the proposed changes are then put to the university concerned. Staff and students have access to programme and module aims and objectives through the College's intranet, Osteonet, and in a number of easily accessible documents. External examiners also have access to these documents.

Curricula

6 Curricula reflect the requirements of the three universities and the aims and objectives of the College. Currently, year one is validated by Plymouth University, year two by London Metropolitan University, and year four by the University of Westminster; there are no year three students. The three programmes under review differ only in regard to the Research Investigation module: Master's in Osteopathy (MOst) students must pass this

module; Bachelor's in Osteopathic Medicine (BOstMed) students must take it but do not have to pass; Diploma in Osteopathy (DO) students do not have to take it. Consequently, students graduating with an M_{Ost} or BOstMed also qualify for the DO.

7 The M_{Ost} comprises 480 credits, including 120 Level 7 credits in year four. Osteopathic and clinical practice modules are compulsory and must be passed, but are zero-credit rated. Years one to three inclusive comprise eight academic and two clinical modules. In year four, there are five academic modules - including the double-rated research project - and one clinical module.

8 Curriculum approval, monitoring and review is well embedded and reflects *Chapter B1: Programme design and approval* of the Quality Code. Curriculum review is continuous and incremental, with students and staff able to review and suggest changes to individual modules and the programme as a whole. All formal committee discussions are minuted. These have been supplemented by informal channels to ensure a successful validation with Plymouth University and the embedding of the Osteopathic Practice Standards into the curriculum, including the development of the Professional Practice Handbook. However, other than in the Professional Profile Reports, there is no documentary evidence recording the process of curriculum review and development. This lack of transparency impedes staff ownership of curricular change.

9 The visitors' review of the mapping of the curriculum against the Osteopathic Practice Standards reveals the following.

Standard A: Communication and patient partnership is strongly embedded into the curriculum. Each category of this standard is explicit across all years in the series of Osteopathic Technique modules which run concurrently with, are supported by, and support, the progressive Soft Tissue Technique modules, clinic observation and Clinical Practice modules. These are supported by underpinning basic science subjects in years one and two, and the year four Practice Management Module. This was evident in clinic and teaching observations, and in discussion with clinic and teaching staff.

Twenty modules are mapped against element A1. The aims and intended learning and assessed outcomes of all these modules place strong interrelated emphasis on the need for, and development of, sophisticated communication skills.

Similarly, the demands of A2, covered in 12 modules, and A3, covered in 14 modules, are emphasised in the earlier years, where students are introduced to the need to be sensitive to patients' needs and their requirements. In years three and four, students are expected to acknowledge and demonstrate an understanding of issues arising in relation to patient needs.

The issues concerning consent (element A4) are covered in 14 modules and are explicit in the progressive, interconnected and mutually supportive osteopathic and clinical modules. These modules also place a strong emphasis on the role and key features of patient partnership, reflecting the demands of A5, which are covered in 11 modules. Similarly, the demands of A6 are introduced in year one by way of the concepts of self-care, and addressed in a further 14 modules across all years. This is developed further in years two, three and four, where students must demonstrate the clinical application of self-help strategies in patient management. The osteopathic and clinical modules are supported in particular by Clinical Nutrition and Dietetics, and Exercise Physiology.

Standard B: Knowledge, skills and performance is also embedded into the curriculum across all years. The aims, indicative content, and intended and assessed outcomes of 18 modules consider the introduction to osteopathic principles and develop, progressively,

students' understanding of these concepts and their ensuing application to critical patient care to meet the requirements of B1.

The visitors concur with the College's claim that all modules satisfy the demands of B2: 'you must have sufficient knowledge and skills to support your work as an osteopath'. Of particular note are the sequential Clinical Osteopathy and Clinical Practice modules, the progressive research strand, the interlinked year-by-year Pathology, Diagnosis and Differential Diagnosis modules, and those modules providing the underpinning basic science and psychology knowledge base.

The Experiential Clinical Teaching and Learning Strategy, delivered through 22 modules, fulfils the requirements of B3. Students are provided with a clinical learning experience that enables them not only to acquire, evaluate and extend their knowledge and skills, but also provides an opportunity for them to develop a self-critical awareness of their own capabilities and limitations in the clinical situation.

All modules reflect the demands of B4. Particular emphasis is placed on these requirements in the Practice Management module, which aims to lay the foundations for effective clinical reasoning, continual self-evaluation, the desire for continuing professional development, and an interest in research. This is also reinforced in the overall programme aims and objectives, and reflected in the commitment of the teaching staff and in the College's staff development policy.

Standard C: Safety and quality in practice underpins the curriculum. The expectation that osteopaths must deliver high-quality, safe, ethical and effective healthcare through evaluation and considered treatment approaches is explicit in a number of areas and was observed in action.

C1 is mapped against 19 modules across all years. Students were observed being introduced to osteopathic patient evaluation. In the clinic, they are encouraged to analyse the outcome of patient evaluations and use the information gained to draw up a working diagnosis and formulate a treatment plan. Students were also observed being guided to implement, deliver and monitor the effects of these treatment plans, underpinning the claim that 26 modules are mapped against C2.

The requirement to 'care for your patients and do your best to understand their condition and improve their health' (C3) is mapped against 34 modules. This is reflected in the progressive practical and clinical modules and is also evident in the underpinning osteopathic, basic science and medical subjects. Fifteen modules are mapped against C4. Throughout these modules, there is a strong emphasis on the development of the patient partnership and the need to act according to the circumstance. This is also evident in the 19 modules mapped against C6 ('respect your patients' dignity and modesty'). These aspects were observed being implemented in teaching and clinic sessions.

Ten modules are mapped against C7 ('provide appropriate care and treatment'); students are introduced to this from year one. The need to 'ensure that your patient records are full, accurate and completed promptly' (C8) is also mapped against 10 modules. Visitors' observations confirm that the experiential clinic-based learning strategy is effective in developing these categories.

The visitors concur with the College's claim that the elements of **Standard D: Professionalism** permeate through all aspects of the curriculum. This is evident from discussions with staff, the senior management group and students, and was reinforced in the visitors' teaching and clinical observations.

Consideration of 'the contributions of other healthcare professionals to ensure best patient care' (D1) is covered in 17 modules and emphasised particularly in Applied Pharmacology; the two sequential Orthopaedics, Rheumatology and Radiology modules; Applied Natural Therapeutics; and in Practice Management, Ethics and Audit. Students are also taught by staff from differing healthcare backgrounds. The Teaching Clinic, and in particular the contract with Camden Primary Care Trust, serves to strengthen this aspect.

D2 ('you must respond effectively to requirements for the production of high-quality written material and data') is evident in 33 modules, and D3 ('you must be capable of retrieving, processing and analysing information as necessary') is evident in all modules and emphasised particularly in Research Methods and the Practice Management, Ethics and Audit modules.

Seventeen modules are mapped against D4 ('make sure your beliefs and values do not prejudice your patients' care'). These elements are particularly evident in the progressive practical and clinical modules, together with the Principles of Osteopathy and Naturopathy modules, and are also evident in Exercise Physiology and in the two sequential Diagnosis and Differential Diagnosis modules. The Teaching Clinic and the patient profile provide an opportunity for students to gain further understanding of this requirement.

All modules fulfil the remit of categories D5, D7, D9, and D11 to D17 inclusive. The visitors concur with the College's claim that these requirements underpin every teaching and clinical interaction.

D6 is mapped against 16 modules across all years. Emphasis is placed throughout on the fundamental role that a patient's right to privacy and confidentiality plays in patient partnership and management. Similar emphasis is placed in the 35 modules mapped against D8 ('support colleagues and cooperate with them to enhance patient care'). The visitors consider that this aspect is strengthened by students' exposure to the professionalism of clinical staff.

D10 is mapped against 16 modules. Students are also provided with guidance and College policies relating to their own health status in the Student and Professional Practice Handbooks. Students have to conform to College regulations and guidelines relating to their conduct and competence reflecting the requirements of D18. Within the curriculum there are nine modules mapped explicitly against this category. Students confirmed their understanding of the Osteopathic Practice Standards, representing the combined Standard of Proficiency and Code of Conduct.

Assessment

10 The procedures and regulations for assessment are consistent with the three universities' regulations, the requirements of the Osteopathic Practice Standards, and *Chapter B6: Assessment of students and accreditation of prior learning* and *Chapter B7: External examining* of the Quality Code. There are two external examiners, common to all three universities. Students must complete each component of all modules successfully to progress to the subsequent year. The clinical modules contributing to students' preparation for practitioner employment are now graded, in response to student feedback. The pass mark for each component in years one to three is 40 per cent, which is the cap for resubmission, and 50 per cent in year four. Students have one opportunity to resit a failed assessment.

11 The visitors concur with the external examiners' opinions that the Assessment Strategy is highly effective in supporting student learning, and in assessing students' achievement of the aims and intended learning outcomes at module and programme level.

Similarly, the Supporting Feedback Strategy is effective in promoting student development and progression. For example, students are provided with immediate post-osteopathic technique assessment feedback outlining their strengths and limitations. This enables them to reflect and act promptly to rectify any deficiencies. Underperforming students are offered remedial tutorial support. The series of phased and progressive clinic assessments offers similar opportunities for development and supportive feedback. Students and former students spoke highly of the quality of feedback provided.

12 Assessment tools include formal examinations and continuous assessment. Students undertake projects, essays, practical assessments, clinical assessments and viva voce examinations. The tools employed are well matched to programme and individual module intended learning outcomes and include an appropriate range of academic and professional summative and formative assessments. They complement the academic and clinical teaching and learning strategies by facilitating students' development of knowledge and skills. A particular strength is the range of assessment techniques employed to evaluate student performance in the practical and clinical modules. The underpinning clear clinical assessment criteria also reflect the progression and development of student skills over the four years.

13 The Final Clinical Competence Assessment is part of the Osteopathic Clinical Practice module and can be taken only after successful completion of the other summative assessments in this module. As with all other practical and clinical modules, this is zero-credit rated but must be passed in order to graduate. Two internal examiners assess each student with two new patients and a returning patient. Two external assessors moderate the process, which is objective and rigorous.

14 There are effective procedures to ensure the integrity of assessment processes. Proposed examination papers, with indicative answers, are sent to the external examiners for approval. Post-assessment, student work is subject to effective internal moderation. The College double-marks a sample of 20 per cent for academic modules. All work submitted in the clinical modules, research paper, literature review and research protocol is double-marked and, where assessors differ by 10 per cent or more, triple-marked.

Achievement

15 Pass rates are high: 100 per cent in 2009-10 and 2010-11 and 95 per cent in 2011-12. The lower figure for 2011-12 reflects one student's deferral due to mitigating circumstances and a second who is under investigation due to issues with the final research project. Student work, including written examinations, essays, coursework, clinic audits and reflective analyses of clinical experience, demonstrates that students' knowledge and skills are appropriate to their level, a view echoed in external examiners' reports. The work also reflects students' achievement of key elements of the Osteopathic Practice Standards.

16 Reports from Final Clinical Competence Assessment external moderators have consistently commented on students' professionalism and well developed communication skills, knowledge and practical ability. Feedback from patient representatives attending the Patient Forum and responses from the patient survey support these comments.

The quality of the learning opportunities provided

Teaching and learning

17 The College's holistic, naturopathic approach to osteopathic healthcare is reflected in its Teaching and Learning Strategy, which has developed to reflect the master's level and

to meet the requirements of the Osteopathic Practice Standards. A wide range of teaching methods is employed effectively to facilitate students' achievement of the intended learning outcomes. Traditional didactic lectures are used to deliver the more factual and theoretical aspects, and tutorial and small group work to promote critical enquiry and problem-solving skills in years three and four. Teaching staff with qualifications and backgrounds in other healthcare-related disciplines add to the breadth of teaching.

18 The visitors observed a range of teaching methods at Levels 4, 5 and 7. Eight observations were conducted across a range of subjects. All teaching observed was consistent with the aims and addressed the module intended learning outcomes effectively. Throughout, a professional and positive learning environment was evident, with lecturers encouraging participation, interaction and debate. All lecture material must be uploaded to Osteonet at least three days prior to the lecture, and students' learning is supported by the use of this material. Students' information communication technology skills are developed through the use of interactive technology in teaching and learning, and assessed formally in the Research Methodology coursework and research project in years three and four.

19 Standards of teaching are maintained and enhanced by a comprehensive induction process for new staff, regular appraisals and peer review of teaching. External examiner reports indicate that standards of teaching and learning are consistent with those of similar institutions. Student satisfaction with the quality of teaching and learning support was evident in discussions with current and former students, and was further evidenced by end-of-module questionnaire results.

20 The Experiential Clinical Teaching and Learning Strategy is explicit, well structured, progressive and implemented effectively. Students are first exposed to clinic in year two, where they observe and familiarise themselves with clinic processes and procedures. In the summer prior to year three, they receive lectures on advanced communication, medico-legal considerations, ethical issues, risk assessment, and safety and professionalism. They then progress to patient-centred, supervised experiential phases in years three and four. In year four, students assume greater responsibility for case management with a strong emphasis on reflection, demonstrating a clear transition from student to autonomous practitioner.

21 Clinical teaching involves supervised practice, tutorials, clinical demonstrations, problem-based learning, self-critical assessment, critical reasoning, multidisciplinary interaction and reflective clinical audit. Students working with patients are supervised by qualified osteopaths with experience in private practice, with a tutor-to-student ratio of 1:4. Students work in teams of six and are allocated a tutor per session for a four-week period. Rotation of tutors between groups exposes students to a broad range of osteopathic approaches and tutoring styles. Students also benefit from exposure to a broad range of patient profiles. Feedback to students is often immediate in post-clinic sessions, and written feedback is received and discussed at the end of the four-week period. At this point, students are also encouraged to comment on their experience over that period.

22 A significant number of patients come through general practitioner referrals, as part of the Camden Primary Care Trust Partnership. This provides students with an invaluable insight into the workings of the National Health Service, and encourages liaison with general practitioners and other health professionals. Recently, the relationship with the Partnership has been developed and the College has been accepted onto the Musculo-Skeletal Pathway, which is a significant milestone, not only for the College but for the osteopathic profession as a whole.

23 The 'fallow year' has been addressed by scheduling the current year four cohort for four clinic sessions a week instead of three. Although this reduces students' time for self-reflection, it is balanced by increased contact with patients. Fourth-year students were

appreciative of the learning opportunities this provides for them, and confirmed they are able to service the numbers of patients. To prevent a fall in patient numbers, in the academic year 2013-14 when there will be no year four students, recent graduates will be practising in clinic in the summer and the following term. Clinical exposure of year three students will remain unchanged and may be enriched by observing and integrating with recent graduates. Graduate practitioners will also benefit from added clinical support in their first year in practice. The College's proactive approach has meant that the 'fallow year' will not have a detrimental impact on the student learning experience.

24 The strong emphasis on clinical research and reflective practice is particularly evident in the clinical years. For example, as part of the Practice Management and Audit module in year four, students are required to submit a reflective audit of their clinic experience for assessment.

Student progression

25 Formal applications for entry to the MOst are made through the Universities and Colleges Admissions System (UCAS). The College's Admissions Policy and Procedure documents the process from initial contact to offer. Key information is easily accessed on the College's informative website and in the prospectus. Current students spoke highly of their admissions experience, their attendance at open days, the tour of resources, and the interview process. They praised the admissions team for their support, advice and prompt decision-making. Entry requirements have been maintained at a minimum of 240 UCAS points, with the normal minimum entry requirement being GCE A-level A2 grades of two Bs and one C. Student performance, graduation statistics and comments from external examiners suggest that this entry standard is appropriate for the programme. Entry is normally to the MOst, but applicants returning from overseas may enrol for the Diploma in Osteopathy.

26 For the academic year 2012-13, 158 applications were received and 102 offers made, resulting in 39 students enrolling, representing a 38 per cent conversion rate. In the previous year, 140 offers were made from 207 applications and 73 enrolled, giving a 52 per cent conversion rate. The College attributes much of this decrease to changes in higher education funding. Over the last three years, the number of male and female students has remained roughly equal. The College's Strategic Plan indicates an intention to increase student numbers to approximately 300 over the next three years.

27 There has been an increase in students entering through an Access to Higher Education course; in 2012-13 they represented 37 per cent of entrants. Fewer students entered with a relevant degree, and the average age of students has fallen from 27 years to 22 years. While the student body is predominantly of white ethnic origin, the College, in line with its Equality Objectives, continues to increase the ethnic diversity of the student body. Reasonable adjustments are made for disabled students, dependent on their needs, which are ascertained at induction.

28 Year-to-year progression rates have generally been consistent at 90 per cent over the last three years, except for 2011-12 when 11 students failed to progress to the second year due to failed assessments. Analysis of this by the College, with input from external examiners, concluded that it was an anomaly and no further action was taken. In 2011-12, all final-year students graduated with an MOst. In 2010-11, 92 per cent graduated with an MOst and eight per cent with a BOstMed. All graduating students qualified for the Diploma in Osteopathy.

29 The College provides comprehensive pastoral and academic support. Students and staff are made aware of these services at induction, in handbooks and through

Osteonet. An open-door policy prevails, but the main point of contact for all student support matters is the Academic Registrar, whose efficiency and willingness to help was praised by staff and students. There is a dedicated student support page on Osteonet and a student counselling service is provided by two counsellors who attend the College one day a week.

30 Students have access to a personal tutor, who they choose, and to a year tutor. Student facilitators - from the later years of the programme - provide guidance to lower year groups, based on their experiences. Academic support is available from academic and clinic tutors, who give tutorials on request and timetable revision lectures for each subject. In clinic, students who are perceived to be underachieving are immediately offered dedicated tutorial support, and their progress is monitored closely by the Clinic Coordinator. In all cases, there are clear points of reference and effective mechanisms for support. Students were abundant in their praise for the friendliness and approachability of all staff.

31 The Alumni Association was launched in 2011 and seeks to develop a learning and community resource for its students and graduates. Members are updated on College and professional activities through a newsletter, Nexus, and have access to College facilities. Former students, now either teaching or in private practice, welcomed the continued support following graduation. Graduate destination statistics were drawn from a survey of 84 alumni who had graduated in the past seven years. The data indicated that 80 per cent were in employment six months after graduating and 94 per cent in employment within 12 months of graduating.

Learning resources

32 The programme is delivered by 86 staff. Of these, 14 are full-time and 72 part-time, representing a full-time equivalent of 28.5. The overall staff-student ratio is 1:10.3, but within the clinic it is 1:4 and in osteopathic practical sessions 1:5. The staff gender balance is approximately equal. There are 24 administrative staff, representing 18.5 full-time equivalents, of whom 64 per cent are female.

33 All staff are appropriately and well qualified. To encourage a variety of staff expertise and experience, teaching staff are drawn from a wide range of backgrounds. The majority of staff are British College of Osteopathic Medicine graduates, but over one third are graduates of other osteopathic education providers, medically-qualified practitioners, graduates in specialty subjects and other healthcare professionals. Of the 71 per cent of teaching staff who have honours degrees, 44 per cent also hold higher degrees. Teaching staff have experience in other higher education institutions, involvement in validation panels and experience as external examiners. The majority of support staff are graduates, and many hold postgraduate awards. New staff undergo a comprehensive and valued induction with the Human Resources and Training Manager.

34 The College has a mature, firmly embedded and effective staff development and appraisal policy. Staff participate extensively in research and other professional development and, through the Staff Development Allocations Committee, receive financial support. Despite the financial losses associated with the 'fallow year', the College has maintained its commitment to staff development; its financial support rose from £40,000 in 2009-10 to £70,000 in 2011-12. Staff spoke highly of the support they receive. The College's research ethos is reflected in its hosting of the International Conference in Osteopathic Research and is supported by the availability of the well equipped Human Performance Laboratory to staff and students. Research informs teaching and encourages students to develop their evidence-based learning. The Peer Observation of Teaching scheme is seen by all as an important contributor to staff development through promotion of good practice.

35 The College has managed the impact of the 'fallow year' effectively. Staff were consulted and there were no forced redundancies: all changes have been through natural wastage, redeployment or sabbatical leave. It is envisaged that there will be similar arrangements for 2013-14, and staff confirm that they have already been consulted. Staff are very appreciative of the professional and supportive approach to this issue and feel that they have been well informed.

36 The library is well established, with over 4,000 volumes and an extensive selection of journals. There is also access to visual and anatomical media. The library layout includes sections offering books, a 'learn-out-loud' space, electronic journals and a quiet reading area. The library catalogue is computerised, offering remote access through Osteonet. A full-time professional librarian manages the library with experienced part-time support. The library is open for 51 hours a week during term time and 35 hours at other times. The number of e-journals has increased and the online catalogue has been extended. In response to student feedback, loan periods have been extended, printing facilities improved and changes made to staffing levels. New students receive an induction, which is also available to staff. Students expressed their satisfaction with the library facilities. In addition, the universities offer library support to staff and students, including online access to London Metropolitan University and Plymouth University.

37 There is a dedicated budget for computer maintenance and replacement. Information technology provision is concentrated in the library and the clinic, where students have access to 26 networked computers and printers, scanners and photocopiers. Word processing, spreadsheet, database and specialist software, and a collection of abstracts from articles from medical journals are available. Within the clinic there are dedicated computers for the retrieval of patient information and guidance, treatment strategies, medical advice and access to information bases. Wireless internet access is available throughout the College. Osteonet is available to all staff and students and can be accessed remotely. It is used primarily as a repository of information, including the teaching timetable, lecture handouts, College policy statements, research abstracts and projects, official management and validation documents. There is a library page allowing online renewal, and a dedicated students' union page. Students spoke highly of this as a source of information - a view reinforced by the visitors.

38 Clinical facilities comprise 28 fit for purpose clinic rooms. There are dedicated student and clinic tutor common rooms. Current clinic opening hours are 0900 to 1230 and 1500 to 1900 on Monday, Tuesday and Thursday. As a result of the 'fallow year', there is no current year three clinic. The College is maintaining current patient numbers by subsuming the year three clinic into the current year four clinics. There is capacity to do this.

39 The clinic attracts patients of varying ages and clinical presentations. Average annual patient numbers for 2009-10 to 2011-12 inclusive were just under 17,400. This includes an average of 2,740 new patients and 14,640 returning patients per annum. This means that students are provided with new patients well in excess of the 50 cited in the *Subject benchmark statement: Osteopathy*. The Camden Primary Care Trust contract is an important element in ensuring that the range and breadth of patients attending is diverse and challenging for students.

40 The teaching accommodation and facilities are appropriate and well maintained. They comprise a 120-seat lecture theatre, two dedicated lecture rooms and a further two seminar rooms. Other suitable space is available for lecture purposes, as required. There is a well equipped Research and Human Performance Laboratory available to staff and, under supervision, to students. There is also a rolling three-year contract with University College London for supervised human dissection by year one and year two students. Students spoke highly of this opportunity.

Governance and management (including financial and risk management)

41 The College is a registered charity and trades as a company limited by guarantee. It has developed a comprehensive framework for corporate governance and the management of academic standards. The senior committee is the Board of Governors, which maintains a proactive and responsive approach to academic and financial planning and has oversight of a wide range of performance data.

42 The operation of the Board of Governors is steered by clear terms of reference. The Board's agenda has two components: one covers governance, academic standards and student experience and the other commercial strategy. The Board has a diverse membership which brings a wealth of expertise from industry, public administration and academia. It is well supported by staff and student representatives. This provides a high level of involvement in, and wide dissemination of, the Board's deliberations across the wider College community. The Board has developed a clear Strategic Plan, which is disseminated to all staff and students within the College.

43 There is a well established, clear leadership structure. The Principal, who is also the Chief Executive Officer, maintains a high profile and works closely with staff and students. The Principal leads the Senior Management Group to provide a highly effective steer to the College, operationally and strategically. The Senior Management Group works cohesively as a team and articulates a clear and consistent vision for the College. The Group ensures that the College's key objectives are communicated widely to all students, staff at all levels, and other stakeholders, to ensure a clear vision and shared ownership of the College's values and priorities.

44 The College was seriously disrupted by termination, at short notice, of agreements with the University of Westminster and London Metropolitan University. The most significant outcome was the withdrawal of student numbers for the 2010 intake. This posed major challenges for the College, putting at risk its income and sustainability. The Board of Governors and Senior Management Group managed this situation highly effectively, deploying College reserves and assets to ensure minimum disruption to the operation of the College and impact on its reputation. A long-term validation relationship has now been agreed with Plymouth University, providing more secure future student recruitment. Throughout, the governors and senior managers maintained excellent levels of communication with all staff and students, keeping them informed of its contingency plans to address the staffing and financial challenges and the College's longer-term strategy. However, staff were less well informed of recent programme review activities and curricular developments, and did not demonstrate the same levels of ownership.

45 The well established committee structure deliberates on strategic development and monitors academic standards and the student experience. The operation of each committee is guided by the College's governance and management regulations. Membership of committees includes key academic and administrative staff as well as governors and student representatives. Although each committee has clear terms of reference, there is some overlap and repetition, which is wasteful of staff time.

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

46 The College's quality assurance processes and procedures are comprehensive and systematic. Effective use is made of student achievement and progression data to compare performance between modules and entry cohorts, promoting informed debate on academic standards and the quality of learning opportunities provided.

47 The Academic Registrar collates all feedback on programme operation and presents this to all staff involved in programme delivery. Detailed and comprehensive reports are compiled by senior academics and considered by the Academic Standards Committee and Academic Board. Timely, appropriate steps are taken to address any issues arising. Data relating to student achievement and progression are made available to a wide range of staff, although sessional staff are less aware of issues raised. Discussions relating to programme review and curriculum development are recorded, but these sections of minutes are often brief. These discussions should be recorded in greater detail to ensure transparency and encourage ownership by all staff.

48 The College engages effectively with external examiners, who consistently report positive findings and indicate that academic standards are in line with sector norms. External examiners' reports are considered carefully and issues raised are addressed and monitored through the committee structure, ensuring a high degree of transparency.

49 The collaborative arrangements with the universities are well managed. There are comprehensive and detailed arrangements for liaison with each university, and high levels of communication are maintained between the Academic Registrar and university link tutors. These ensure that there is a continuing debate in relation to academic standards and student achievement.

50 The College is committed to constructive engagement with the student body and has developed a systematic approach to elicit the student voice. Members of the Senior Management Group and Board of Governors hold regular meetings which are open to the whole student community. Students are represented on major committees and attend the unrestricted part of Board of Governors' meetings. The Course Committee, in particular, provides an effective forum for students to feed back their views, and student evaluations are included in module leaders' reports. Informal channels are also used. Students value their ready access to all staff, including the Senior Management Group, and feel that they are able to discuss concerns on an informal basis, and that any issues raised are quickly resolved.

Meetings and documentation

Meetings held

- M1 Initial update from the Principal
- M2 Senior Management Group (30 and 31 January)
- M3 Academic staff
- M4 Clinical staff
- M5 Current students
- M6 Former students
- M7 Learning resources tour (including introduction to Osteonet)

Major documentation

- 1 Self-evaluation document 2013
- 2 British College of Osteopathic Medicine (BCOM) Course-Specific Regulations in the M_{ost} degree Student Handbook
- 3 BCOM intranet 'Osteonet'
- 4 GOsC Osteopathic Practice Standards 2012
- 5 QAA *Subject Benchmark Statement: Osteopathy (2007)*
- 6 BCOM Mission Statement (see Strategic Plan)
- 7 Student Course Handbook (on Osteonet)
- 8 BCOM Admissions Policy and Procedure (2012)
- 9 Higher Education White Paper - Students at the Heart of the System (Department for Business, Innovation and Skills, www.bis.gov.uk/consultations/he-white-paper-students-at-the-heart)
- 10 Final Clinical Competence Assessment (FCCA) report 2009-10
- 11 FCCA report 2010-11
- 12 FCCA report 2011-12
- 13 BCOM Single Equality Scheme 2011 (www.bcom.ac.uk/students/equality-and-diversity)
- 14 BCOM Equality Objectives 2012 (www.bcom.ac.uk/about-bcom/equality-objectives)
- 15 *Equality Act 2010* (www.legislation.gov.uk/ukpga/2010/15/contents)
- 16 BCOM Special Needs and Learning Resources Committee
- 17 External examiners' report 2009-10 (Osborne)
- 18 Assessment Boards minutes July 2010
- 19 Examination scripts examples in module boxes in the BCOM boardroom
- 20 Validation documents - Westminster University
- 21 Validation documents - London Metropolitan University
- 22 Validation documents - Plymouth University
- 23 BCOM Governance and Committee Structure document; minutes of meetings
- 24 BCOM aide memoire of staff communication meetings
- 25 BCOM module - Osteopathic Practice Standards Mapping document
- 26 BCOM module documents
- 27 BCOM programme specification M_{ost}
- 28 Plymouth University validated Definitive Module Record document
- 29 External examiner report 2010-11 (Tunstall)
- 30 SEEC Credit Level Descriptors (www.seec.org.uk)
- 31 BCOM Academic Board minutes 10 March 2011 and 14 August 2012
- 32 Plymouth University validation minutes
- 33 University annual monitoring process (University of Westminster and London Metropolitan University)
- 34 BCOM Academic Standards Committee minutes
- 35 BCOM Professional Practice Handbook.

36	BCOM Strategic Plan
37	BCOM department annual reports
38	GOsC Annual Report (2009-10, 2010-11 and 2011-12)
39	BCOM Assessment Strategies and Rationale document 2012
40	BCOM module documents (on Osteonet and in the library)
41	External examiners comments in Assessment Board minutes 2010, 2011 and 2012
42	Principles of Naturopathy (year one), Clinic Observation (year two)
43	BCOM research project guidelines
44	BCOM Mitigating Circumstances Policy (in MOst Handbook)
45	External examiner report 2011-12 (Tunstall)
46	External examiner report 2010-11 (Fielder)
47	BCOM Invigilator Guidance Notes
48	BCOM Teaching and Learning Strategy document
49	BCOM resources annual report 2009-10, 2010-11 and 2011-12
50	Patient Satisfaction with Osteopathic Care (Mehta et al, 9th International Conference on Advances in Osteopathic Research, 2012, London)
51	BCOM CV document
52	BCOM staff handbooks
53	Professional Practice Reports 2009-10, 2010-11 and 2011-12
54	Patient Forum Feedback, June and November 2012
55	www.bcom.ac.uk/research
56	Staff Development Allocations Committee minutes
57	BCOM Resource Statement
58	BCOM IT Policy
59	Research annual reports 2009-10, 2010-11 and 2011-12
60	Memoranda and Articles of Association
61	Littlejohns: auditors' appointment letter
62	BCOM Annual Report and Accounts 2009-10 and 2010-11 (2011-12 available end of January 2013)
63	BCOM departmental reports (includes Research, Academic Standards, Professional Practice, Registry, Library, Admin and Estates, and Human Resources) 2009-10, 2010-11 and 2011-12
64	BCOM Annual Review 2009, 2010 and 2011
65	BCOM Board of Governors' minutes Part A
66	BCOM clinic statistics (patient numbers, profile)
67	BCOM student timetables
68	BCOM student assessment schedule
69	BCOM faculty meeting minutes
70	BCOM Course Committee minutes
71	BCOM Academic Management Group minutes
72	Differences between the three BCOM awards
73	BCOM website
74	MOst Handbook
75	Analysis of student work
76	Teaching observation reports
77	Clinic observations reports

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