



General
Osteopathic
Council



QAA

General Osteopathic Council review of osteopathic courses and course providers

Renewal of recognition review:

MOst (Full-time) MOst (Mixed mode)

BOst (Full-time) BOst (Mixed mode)

Initial recognition review:

MOst (Part-time) BOst (Part-time)

MSc in Osteopathy (Pre-registration)

British School of Osteopathy

May 2012

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:

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| <ul style="list-style-type: none">• approval without conditions• approval with conditions• approval denied. |
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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 mixed initial recognition and renewal of recognition review of aspects of the governance and management, the academic standards achieved and proposed, and the quality of the learning opportunities provided and proposed in osteopathy at the British School of Osteopathy. The programmes reviewed for renewal of recognition were the Master of Osteopathy (MOst) (5 years part-time, 4 years full-time and 5 years mixed (3 years part time plus 2 years full time)) full-time, the MOst mixed mode, the Bachelor of Osteopathy (BOst) (5 years part-time, 4 years full-time and 5 years mixed (3 years part time plus 2 years full time)) full-time and the BOst mixed mode. The programmes reviewed for initial recognition were the MOst part-time, the BOst part-time and the Master of Science (MSc) in Osteopathy (Pre-registration). The review was undertaken by visitors appointed by the General Osteopathic Council (GOsC) in accordance with GOsC's regulatory responsibilities for safeguarding Recognised Qualification (RQ) criteria under the *Osteopaths Act 1993*. A prime focus of the review was the relationship of the programmes to the Osteopathic Practice Standards professional competence standard of the GOsC. The review was completed in the academic year 2011-12. The review visitors were Professor Brian Anderton, Ms Kathy O'Callaghan-Brown, Mr Rob Thomas and Mr Peter Clarke (Review Coordinator).

A Formal recommendations

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

The recommendation of the visitors for the MOst, BOst, and MSc programmes is:

- **approval with conditions**

The conditions relating to all of the provision are:

- for the academic year 2012-13, establish systems which ensure that students receive good quality feedback on assessed work within six weeks in line with the School's stated policy (paragraph 22)
- the School must implement the action plan relating to the virtual learning environment by the end of the academic year 2012-13, to ensure that it meets the needs of all students (paragraphs 27 and 43)
- following the initial pilot of the new processes for gaining student feedback on their clinical experience, the School must monitor the effectiveness of the process and produce a report, by the end of 2012, evaluating the process and indicating responses to any issues raised (paragraph 36)

A further condition relating to the MSc in Osteopathy (Pre-registration) is:

- ensure that, prior to the commencement of the programme, relevant staff have received training to adequately prepare them to address the differences in experience and practical abilities of MSc students (paragraph 30).

B Findings

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

Strengths

- the development of the Student Attendance, Attainment and Retention Group, to support student achievement (paragraphs 25 and 34)
- recent enhancement of student support, through the development of new staff roles, which has also led to improved opportunities for students to make their views known (paragraph 33)
- the developmental opportunities, tailored to the specific needs of staff, which enable them to share experiences and good practice (paragraphs 37 and 38)
- the new clinic software and patient management system and the quality of the clinic and its ambience (paragraphs 40 and 42)
- the wide range of learning materials accessible through the library (paragraph 41)
- the joint approach, with the University, in support of programme development and programme approval (paragraph 58).

Good practice

- the development of new programmes which demonstrate a willingness to respond to the needs of specific client groups (paragraphs 11 and 13)
- the provision of a diverse clinical experience for students, including community clinics and the chronic pain clinic (paragraphs 28 and 29).

Areas for development

- continue the attempts to address timetable issues raised by students (paragraph 17)
- monitor the admissions process for the new MSc programme to ensure that students have the required skills to succeed (paragraph 32)
- keep under review the effectiveness of any revised committee structure (paragraph 55).
- instigate a policy for ensuring the accuracy of future publicity material (paragraph 59).

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.

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. There is a written protocol for unsolicited information by which staff, students and patients can submit information about the provision relating to standards and quality. This information can be submitted anonymously.

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
- 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 School's strategic plan for 2010-15 outlines six aims.

- The School will maintain and develop strategies for the recruitment and retention of students and professionals of the highest calibre at both undergraduate and postgraduate level, through: the development of courses in the best traditions and contemporary practices of osteopathy; reviewing and responding to market demands; the provision of excellent student support and facilities, and providing

increasing choice and flexibility in delivery in order to offer increasing opportunities for wider access.

- The School will maintain and continue to develop approaches to delivering high quality learning and teaching which will embrace the diversity of requirements and needs of the student population and the osteopathic and healthcare professions, including the development of international links and of income-generating programmes with external stakeholders.
- The School will provide leadership in the field of osteopathic education, research and healthcare nationally and internationally. The School will look to increase its profile both in the UK and abroad so that other interested bodies will seek to consult with the BSO. The School will continue to scan the horizon paying particular attention to the HE environment and NHS provision in the UK, so informing its development of courses and healthcare provision and ensuring the School continues its pioneering work in osteopathic development in order to be recognised as a world class leader. The School will provide its expertise to those who request it and will provide a voice to promote its own work.
- The School will continue to promote osteopathic evidence-based practice, both nationally and internationally, investing in successful staff and promoting a research and scholarship culture where excellence is supported. The School will fully exploit its research to contribute to the future of the osteopathic profession and for income generation.
- The School will strive to continue to be a well-managed institution, ensuring compliance with published good practice benchmarks and professional standards. It will improve the use of its resources to achieve its strategic objectives as efficiently and effectively as possible, through increasing income generation incorporating new business developments and targeted fundraising where possible. The School will continue to develop management systems which are effective, flexible and transparent, and operate within a financial framework appropriate to a financially well-managed institution.
- The School will seek to enhance its position as the major provider of osteopathic health care in the United Kingdom and to develop its role as a local, regional and national centre to benefit both the academic, local and regional communities. This will be achieved by auditing and reviewing all our clinical work to inform best practice both at the BSO and more widely to the whole osteopathic healthcare arena. The school will ensure that it delivers osteopathic healthcare to those who most need it by providing environments for treatment that exclude no one.

2 The self-evaluation document states that the overall aim of the programmes is to produce graduates competent to practise as primary care practitioners who will be eligible to apply for registration with the GOsC.

3 The four year full-time pre-registration integrated master's programme is designed to equip students for osteopathic practice, and at the same time recognise the higher level learning achieved on the programme. The current mixed mode pathway, involving three years part-time followed by two years full-time study, is to be phased out and replaced by a part-time variant delivered over five years. The structure of this programme has been designed to match more closely the requirements of part-time students and to reflect the new Osteopathic Practice Standards. The new full-time pre-registration MSc in Osteopathy is designed to be delivered over two years, but with an extended year of 45 weeks. It is aimed at European and overseas doctors and physiotherapists who want to further their professional capability by training as osteopaths. The School has previously taken such students into Year 2 of the M_Ost programme but this has not proved entirely satisfactory either in terms of recognising students' existing knowledge or addressing skills gaps. The

programmes have all recently been validated or revalidated by the University of Bedfordshire, which has confirmed that all validation/approval conditions have been met.

4 The School had been considering a fully part-time mode for several years. In part, this was prompted by the problems some students encountered in the transition from the part-time to full-time elements of the mixed mode version and the resultant loss of students to other institutions offering a wholly part-time award. For the part-time mode of the M_{ost} and the M_{Sc} programmes, the School has recognised the need to diversify its offer and its income sources in an increasingly volatile higher education funding environment. The School expects the numbers on the M_{Sc} to be modest, with a target cohort size of 15 students.

5 The main teaching site is on Borough High Street, London. The teaching clinic is located a five to ten minute walk away, in a recently refurbished property. The School has almost 500 students, being approximately 435 full-time equivalents. There are 127 members of teaching staff, of whom 113 are part-time and 14 full-time.

6 Prior to the visit, GOsC received one item of anonymous, unsolicited information containing criticisms of the School. These were considered by the team and formed part of the evidence on which the findings are based.

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 intended learning outcomes are clear and well matched to the overall aims of the programmes. Those of the existing programmes have previously been mapped to the GOsC *Standard 2000* and confirmed, on previous visits, to reflect the *Subject benchmark statement* for Osteopathy. They have subsequently been mapped to the new GOsC Osteopathic Practice Standards. The newly validated M_{Sc} and the part-time M_{ost} and B_{ost} programmes have been specifically developed on the basis of the Osteopathic Practice Standards, with intended learning outcomes mapped to these standards. The intended learning outcomes are clearly stated in all the relevant unit and programme handbooks and clearly differentiate between bachelors and master's awards. All programmes reflect the levels of the FHEQ and those for B_{ost}, M_{Sc} and M_{ost} prescribed by the University of Bedfordshire.

8 The final two years of the existing and new programmes are heavily clinic and research based, with half of the M-level credits being awarded in the professional practice/competence units. These units aim to equip students with the clinical knowledge and skills required for practise as a qualified osteopath. A student who fails the Critical Analysis and Enquiry level 7 unit in the final year of the M_{ost} full-time programme, may be offered the opportunity to take another unit at level 6. If successful, the student will be eligible for the award of B_{ost}. However, they must still complete the Osteopathic Practice unit at master's level. This is clearly defined and mapped in various documents. Overall, the structure of the programmes ensures that successful students are appropriately qualified to enter the profession. Staff informed visitors that to date all students gaining a recognised qualification award had completed at master's level. Some students have been awarded other non-practising exit qualifications.

9 Each programme has a Course Information Form which, along with the Student Handbook, provides essential programme information for students. This includes information on exit levels, number of credits for each unit, assessment methods used as well as the intended learning outcomes and assessment criteria. Students are provided with written

information on the intended learning outcomes and assessment levels for each unit of study at the beginning of each year. This information is also available on the School's virtual learning environment, known as BONE.

Curricula

10 The Curriculum has been mapped against the Osteopathic Practice Standards, and the *Subject benchmark statement* for osteopathy, as well as the level descriptors used by University of Bedfordshire. The M_{Ost} is a 480 credit programme, with 120 credits at M-level. The standard pathway is a full-time 4-year course while the mixed mode pathway is a five-year programme aimed at mature students with work and family commitments. The curriculum is well structured to meet the needs of the profession. It is organised into phases of learning: Orientation, Development and Integration, Integration and Synthesis and Pre-professional Phase. These phases are further divided into eight areas of study: Critical Analysis and Enquiry, Developing Osteopathic Thinking, Function Dysfunction, Learning for Professional Autonomy, Osteopathic Concepts in Clinical Setting, Osteopathic Practice, Osteopathic Technique and Structure Function.

11 The mixed mode pathway will not be offered in future. It is being replaced by the new part-time programme which was approved by the University of Bedfordshire in March 2012. This will be delivered over 19 weekends across the academic year over a 5 year period, plus additional time in the clinic. After discussion with staff and students, and in view of the new Osteopathic Practice Standards being introduced in 2012, the School decided to offer this new programme for September 2012. In introducing this programme the School has recognised that the financial and other pressures faced by some students make full-time study very difficult.

12 The part-time programme is designed in four curricular strands. These are: Knowledge for Osteopathic Practice, Professional Skills for Osteopathic Practice, Professional and Clinical Competence, and Developing Criticality in Osteopathy. The first two of these are taught up to level 6 (honours level) for all students. Developing Criticality in Osteopathy leads to a final dissertation, this is assessed at level 7 for masters students and level 6 for bachelor students. Professional and Clinical Competence is delivered to level 7 for all students. The strands have been mapped against the GOsC's Osteopathic Practice Standards as follows.

Theme A: Communication and Patient Partnership

A1: The Professional Skills for Osteopathic Practice and the Professional and Clinical Competence strands are designed to develop the students' interpersonal communication skills and ability to adapt communication strategies to suit specific needs of patients.

A2: The same two strands along with the Developing Criticality in Osteopathy strand support development of students' ability to listen to patients and respect their concerns and preferences.

A3: The three strands of Professional Skills for Osteopathic Practice, Professional and Clinical Competence and Developing Criticality in Osteopathy develop students' abilities to give patients the information they need in a way they can understand.

A4 The same three strands develop understanding that valid consent must be obtained before commencing examination and treatment.

A5: Students learn to work in partnership with patients to find the best treatment for them within the Knowledge for Osteopathic Practice, Professional Skills for Osteopathic Practice,

Professional and Clinical Competence, and Developing Criticality in Osteopathy strands of the programme.

A6: Similarly, all four strands contribute to developing students' skills in supporting patients in caring for themselves to improve and maintain their own health.

Theme B: Knowledge, Skills and Performance

B1: The three strands of Knowledge for Osteopathic Practice, Professional Skills for Osteopathic Practice, and Professional and Clinical Competence contribute to students' ability to understand osteopathic concepts and principles and apply them critically to patient care.

B2: All four strands contribute to ensuring students have sufficient knowledge and skills to support their work as osteopaths.

B3: The ability of students to recognise and work within the limits of their training and competence is developed within the Professional and Clinical Competence, and Developing Criticality in Osteopathy strands of the programme.

B4: The same two strands contribute to students' ability to keep their professional knowledge and skills up to date.

Theme C: Safety and Quality in Practice

C1: The students' ability to conduct an osteopathic patient evaluation sufficient to make a working diagnosis and formulate a treatment plan is supported by the Knowledge for Osteopathic Practice, Professional Skills for Osteopathic Practice, and Professional and Clinical Competence strands.

C2: All four strands contribute to the development of the students' ability to formulate and deliver a justifiable osteopathic treatment plan or an alternative course of action.

C3: The Professional and Clinical Competence and Developing Criticality in Osteopathy strands provide students with inputs to enable them to care for their patients and do their best to understand their condition and improve their health.

C4: The need to be polite and considerate with patients is covered in the Professional Skills for Osteopathic Practice, Professional and Clinical Competence, and Developing Criticality in Osteopathy strands of the programme.

C5: The same three strands contribute to developing students' ability in acknowledging their patients' individuality in how they treat them.

C6: Aspects of respecting the dignity of patients are covered in the Professional Skills for Osteopathic Practice, Professional and Clinical Competence, and Developing Criticality in Osteopathy strands of the programme.

C7: All four strands make a contribution to ensuring that students provide appropriate care and treatment

C8: The Professional Skills for Osteopathic Practice, and Professional and Clinical Competence strands prepare students for ensuring that patient records are full, accurate and completed promptly.

C9: The Developing Criticality in Osteopathy strand prepares students to act quickly to help patients and keep them from harm.

Theme D: Professionalism

D1 and D2: All strands contribute to the need to consider the contributions of other healthcare professionals to ensure best patient care and the need to respond effectively to requirements for the production of high-quality written material and data.

D3 to D18. These are covered mainly in the Developing Criticality in Osteopathy strand, with some contribution from the Professional and Clinical Competence strand.

13 The new MSc programme is a two-year full time programme for physiotherapists and doctors who have previous experience in musculoskeletal medicine. The School's rationale for the development of this programme is to offer a programme that is better suited to the specific learning needs of these potential students. Currently, such students may be fast tracked into the second year of the standard pathway programme or have specific units accredited. However, the existing programme does not take into consideration their previous knowledge and skills. The School's readiness and willingness to address the needs of specific student groups and the trend towards more part-time learning represents good practice.

14 The MSc consists of 180 credits (at level 7) comprising six 30 credit compulsory units structured across three themes: Core Osteopathic Capabilities for Clinical Practice, Osteopathic Clinical Education, and Evidence-informed Osteopathy. The programme will be taught over two 45 week years, with students required to undertake 1000 hours of clinical education. The MSc is a purpose-built programme for health practitioners, which aligns its intended learning outcomes and curriculum with the final two years of the full-time MOst programme. Each year consists of three modules, all at level 7. The first year modules are, Core Osteopathic Capabilities for Clinical Practice¹, Osteopathic Clinical Education 1 and Criticality and Evidence Informed Osteopathy¹. In the second year, the same subjects are studied at a higher level, with the Criticality and Evidence Informed Osteopathy 2 culminating in the dissertation. In the second year, students further develop their knowledge and skills to achieve an osteopathic professional competence profile that fulfils the Osteopathic Practice Standards of GOsC. The alignment with the MOst programme ensures that all students achieve similar outcomes with regard to the Osteopathic Practice Standards. The programme is centred on a case-based learning approach with practical classes, tutorials and lectures supporting organised clinic and classroom-based learning activities.

15 The mixed mode pathway will continue to run until current students have completed. The aim of the new part-time programme is to reduce assessment workload while offering a range of new assessment tools. Other important changes include a better sequencing of Anatomy in Years 1 and 2 so that skills and techniques are mirrored and avoidance of duplication of content. Other improvements include the addition of components such as Pain and the Care of the Elderly within Years 1-4. Involuntary Mechanism is now delivered in year 5 at an introductory level in preparation for subsequent continuous professional development.

16 To ensure that curricula are current, curricular design has been informed by recent developments in professional requirements. The School contributes to research and scholarship activities, including guideline development for the National Institute for Clinical Excellence, and dissemination of research at a range of conferences. Many staff are involved in activities such as editorship of professional journals, peer review of scientific journals and consultancy for osteopathic educational institutions in Europe, as well as higher education validating bodies in the Dutch and Flemish Accreditation Agency. The School places

emphasis on an integrated approach to theory and clinical practice and a strong focus on self-directed learning.

17 Staff and students acknowledged that there had been problems arising from changes to classes and cancellation of sessions at short notice. These cause particular difficulties for students who travel significant distances to attend the School. A Timetable Review Group has been established and the School is now using a single system for communicating with students. The visitors encourage the School to address these issues promptly.

Assessment

18 The School uses an appropriate range of assessment methods including coursework, time-constrained written examinations, practical assessment, portfolios, case presentations and research projects. Assessment methods are well matched to the levels of the programmes and the intended learning outcomes. Formative and summative assessments are used. Students are well informed of assessment criteria through handbooks and the virtual learning environment. Assessment criteria are well-matched to intended learning outcomes and students are provided with the programme leader's mapping of these.

19 Well-defined processes and focused staff development activities ensure that the assessments are fair, rigorous, secure and robust. The School's assessment policy sets out marking procedures including anonymous marking of written examinations and moderation of practical and clinical examinations. It also requires a scrutiny panel to review summative examination papers before they are submitted to the external examiner. The School has been commended by external examiners for the consistency of marking, the standards applied, the quality of work and its assessment policies.

20 Visitors observed the moderation meeting for fourth-year clinical examinations. Students are assessed by two external assessors and one moderator on two new patients and a returning patient. There was a high degree of consistency of marking between the assessors. Clinical Competence Assessment assessor training took place in 2011 and was found to be beneficial, especially for external assessors. This training was cited by one external examiner as an example of good practice and will be an annual event.

21 Coursework is submitted electronically using the School's email system, First Class, and the majority of work is also marked electronically to facilitate feedback and checking for plagiarism. There are effective mechanisms to prepare and enable staff to set and mark assessments at the correct level. These include an assessment handbook which was launched in 2008 and a feedback handbook which gives guidance and examples of good practice.

22 A range of student work was sampled covering key modules, all year groups and a range of abilities. The marking was consistent, with evidence of second marking in the later summative assessments. Generally the marks awarded were supported by positive and constructive feedback highlighting areas for improvement with an emphasis on referencing. However, feedback issues have been raised by students and acknowledged by staff. Students have indicated that they have been waiting well beyond the recommended period of six weeks for feedback in the Osteopathic Practice unit. Staff explained that some delays have resulted from the different scheduling of assessment for full-time and mixed mode students and the need to ensure that all students have been assessed before any feedback is provided. The School has now rescheduled some assessment to address this issue. A Feedback Review Group has been established to address feedback issues and ensure consistency. The visitors encourage the School to continue addressing the issues of quality

and timeliness of feedback. The University has commented on timing of feedback in its reviews and is monitoring the situation. The School is planning a feedback handbook for Students to be ready for 2012.

Achievement

23 A range of student work, including essays, written examinations, clinic reports and portfolios, was seen by the visitors. The work demonstrated that students' clinical and professional competence is in line with the Standard 2000, the new Osteopathic Practice Standards and the Subject benchmark statement for osteopathy. It also showed that students' understanding and skills are appropriate to level.

24 Successful achievement of the MOst award on the full-time and mixed-mode pathways has increased in the last three years from 93.5 per cent in 2008-09, to 96.1 per cent in 2009-10 and 97.8 per cent in 2010-11. On the final year of the full-time pathway, 65 of 67 students (97 per cent) passed at first attempt in 2010-11 with the other two students completing after retakes. All 24 of the mixed mode students passed at first attempt. The proportion of students gaining a distinction has remained constant over the last three years at 14 per cent, which is in line with the proportion gaining First Class Honours degrees nationally.

25 In order to encourage student retention and achievement, the School set up the Student Attendance, Attainment and Retention Group. This group monitors student attendance and submission of assessments, reviews examination and coursework results and approves them for publication, and also notifies the Student Welfare Manager and Academic Tutors when any concerns arise. It is intended to provide an early warning system for students at risk of failure or early withdrawal from their programme. This is a valuable initiative.

The quality of the learning opportunities provided

Teaching and learning

26 Staff employ an appropriate range of teaching methods, including lectures, tutorials, workshops and seminars, with an emphasis on small group work, and case-based and self-directed learning. The visitors observed a variety of delivery methods covering all year groups. These included osteopathic technique lectures, tutorials preparing students for examinations, clinical teaching and case-based presentations. The observed teaching was consistent with the programme aims and addressed the intended learning outcomes of the units. In lectures, students were provided with clear explanations of session aims along with supporting handouts and references. The small group work and case presentations encouraged presentation skills, critical enquiry, individual and group reflective practice and student participation. The emphasis on developing transferrable skills, especially in information technology and communication, supports graduate employability.

27 The Course Information Forms refer to online teaching and learning activities in a virtual learning environment. However, use of the School's virtual learning environment, BONE, is variable and further development is needed for it to be an effective interactive platform for learning. When launched in 2007, the intention was to 'support students through effective use of e-learning strategies' and to provide students with 'access to tutor-moderated online discussions and specific resources to support their learning tasks'. It is currently underutilised as an online learning resource and is used largely as a repository. Students are able to access lecture notes and supporting research articles, but there is very little evidence of any active discussion forums or distant learning activities. Both staff and students acknowledge that there are issues with its ease of use. It has developed piecemeal, resulting

in difficulties in navigation and access to files and material. The School has recognised these deficiencies and set up a BONE Working Group which has input from students, tutors and relevant staff at the University of Bedfordshire. An action plan has been drawn up with time scales for progression mapped to the needs of the new programmes. As the virtual learning environment is integral to the success of these new programmes the School must ensure that these deadlines are met.

28 Clinical education exposes students to a broad range of patient profiles and conditions and working environments. The teaching clinic is well established and has a good reputation in the local area. Along with some specialist clinics, it provides approximately 43,000 treatments per year with around 580 new patients per month and 150 appointments per day. Students attend clinic in half year groups and operate in teams of approximately 12 students, supported by three clinic tutors and a supervising team leader. These are all osteopaths who also work in private practice. The tutor–student ratios are consistent with those recommended in the Subject benchmark statement.

29 Students have the opportunity to attend six community clinics which are supported by the School's fund raising activities and are available free of charge to patients. This affords students the opportunity to collaborate with other health professionals in various settings in line with the GOsC Osteopathic Practice Standards. A new Community Partnership Scheme launched in 2009 has been successful in offering reduced fee treatments to staff and members of many local businesses and charities. These 22 partnerships have further improved the School's reputation and increased awareness of osteopathy in the local community. The School is also funding and developing a 'Living with Persistent Pain Clinic' which will expose students to patients suffering from chronic pain. The provision of opportunities for a wide diversity of clinical experience is good practice. A Community Clinic Steering Committee has been set up to explore further satellite clinic possibilities.

30 The self evaluation acknowledges a need to 'critically appraise how our clinical provision will best meet the needs of a diversifying range of students, while maintaining high standards of patient care'. In the case of the MSc in Osteopathy (Pre- registration), students will be qualified health professionals and clinical tuition will need to take account of the diversity of students' professional backgrounds. The School recognises the need to develop clinical tutors' skills to accommodate the needs of the MSc students studying in clinic. The School should take action to ensure that staff are adequately prepared to address the differences in experience and practical abilities of MSc students. It is planned to open the clinic at week- ends and in the evenings. This may open up new income streams, with plans to offer local new graduates the opportunity to practise under continued supervision of a clinic tutor but on a self-employed basis.

Student progression

31 The self-evaluation indicated concern within the School over the level of applications for full-time places to commence in September 2012. Changes in higher education funding have led to continuing negotiation with the University on the allocation of HEFCE funded places. The School is confident that the University will ensure that the requisite numbers are achieved. To address any potential recruitment problems the School has reinforced its admissions team, invested in new marketing initiatives, produced new promotional literature and sought the cooperation of alumni.

32 The entry requirements for the MOst programmes were reviewed as part of a recent Periodic Course Review, to ensure that they continue to reflect the demands of study at masters level. The review concluded that the existing requirements are appropriate for entry. The recruitment and admissions process for the new MSc programme has a slightly different

emphasis reflecting the nature of the target students. It requires a clinical portfolio of evidence inviting reflections on previous clinical experiences. Evidence of experience and practical abilities in musculoskeletal care is evaluated through an assessment using an Objective Structured Clinical Examination. This scrutiny is appropriate. The visitors encourage the School to monitor this admissions process to ensure MSc students have the required skills to succeed.

33 Student support has recently been enhanced by expansion of the welfare team. Academic support is now offered by a full-time Learning Support Advisor whose primary role is to assist students with their individual learning needs. The post-holder is also charged with reviewing the academic tutor system. Welfare and pastoral care is provided by a full-time Welfare and Equality Manager, in combination with an on-site counsellor. These appointments have led to improved availability of pastoral support tailored to individual need. The recently appointed Student Experience Manager acts as a point of reference for any institutional issues and further facilitates referrals to relevant parties. Students are made aware of these services through student handbooks, yearly inductions, e-forums and email. Pre-clinical students in the early years of the programmes are the main users of these support services. For more programme-specific assistance, the Student Learning advisor refers students to the Academic Tutors, Area Specific Managers or the clinic tutors.

34 The School created the Attendance and Retention Group, subsequently superseded by the Student Attendance, Attainment and Review Group, to monitor student attendance, provisional results and timeliness of submission of assessments. It liaises closely with the Student Welfare Manager and is proving effective in focusing attention on progression and support issues. In 2009-10 a higher than average number of full-time third-year students had to resit assessments owing to failure in the Critical Analysis and Enquiry unit. This was attributed to the change from honours to master's level in the requirements for this unit. The School addressed this issue by reviewing the teaching of the unit and providing staff training.

35 Figures from GOsC indicate that, of the School's students graduating in 2007-08, 77 (92 per cent) were registered with GOsC and 52 (62 per cent) were in practice. The 2010 figures showed that of the 98 graduates, 72 (73 per cent) were registered with GOsC. The 2011 figures, sourced from Destination Leavers in a Higher Education survey, indicated that of the 63 respondents, representing 64 per cent of the graduation cohort, 87 per cent were in work. The School acknowledges that its processes do not allow it to track graduates' subsequent employment adequately. Hence it cannot produce reliable employability data. The School needs to develop more robust systems for the collection of data relating to the employment of graduates.

36 While the feedback from students regarding clinical experiences is generally positive, the visit highlighted a disparity in the level of support provided by the different teams of clinic staff. The School is aware that students often find it difficult to feedback individually on their clinical experience, because of a perceived imbalance in the relationship between tutor and student. To this end, it is piloting a process whereby students submit group feedback on the support provided in clinic. It is intended that this approach will encourage collaboration within groups, resulting in an objective consensus and providing some degree of anonymity for individuals. The visitors encourage this development of a mechanism to monitor student experience in relation to the support they receive from clinic tutors and its potential to enhance their learning experience. They consider that, following the initial pilot of these new procedures, the School must monitor the effectiveness of the process and produce a report evaluating it and indicating responses to any issues raised.

Learning resources

37 The School is committed to developing its 127 teaching staff, of whom, 21 per cent have more than 20 years experience in teaching. The School's strategic aim is for all teaching staff to hold a teaching qualification by 2015. Currently 38 per cent hold a teaching qualification, with a further 5 per cent studying for one. The School has recently introduced its own Post Graduate Certificate in Academic and Clinical Education and reserves a number of places for staff. Staff are also encouraged to attend the School's continuing professional development activities with a 20 per cent discount offered as an incentive. New staff are assigned a mentor, offered guidance on the School's operations and processes and required to complete a teaching activity analysis after a six month period. The individual needs of existing staff are identified through an appraisal system launched in 2011. Staff confirmed the benefits of the induction and appraisal systems.

38 The main staff development event is the Annual Residential Staff Conference which is well attended. This conference provides an opportunity for staff to share experiences and to hear presentations on professional and school-specific topics. Issues dealt with at the 2010-11 conference included student and patient feedback, clinical guidelines and student fitness to practise. The visitors welcome the developmental opportunities offered to staff to share experiences and good practice, and which meet the specific needs of individuals.

39 The self-evaluation acknowledges the need to develop further the research ethos among staff. A core group of research-active staff is involved in valuable collaborative relationships but the self-evaluation recognises there is a 'limited pool of research active osteopaths, limited resources and low levels of existing peer reviewed publications focusing on osteopathy'. With the introduction of new postgraduate and continuing professional development courses and with offers of sponsorship, the School hopes that more staff will be motivated to take part in scholarly activities. The School is currently sponsoring two members for a professional doctorate.

40 In 2008, the School acquired a 34 room state-of-the-art clinic, a short walk from the main School site. Its modern and professional environment provides ample teaching space and tutorial rooms, and provides excellent support to the clinical education needs of all the programmes.

41 Students have access to extensive library facilities. The School houses the largest osteopathic library in Europe with over 12,000 books, 400 video tapes and DVDs, 140 archived journals and 30 current journals. It also houses the Stephen Pheasant Memorial library with extensive ergonomic resources and is also the home of the Independent National Osteopathic Archive. The library receives a budget of £20,000 per year and gets a 97 per cent satisfaction rating in the National Student Survey 2008-11. As a member of the London Health Libraries Scheme, a network of cooperative libraries, there is generally swift provision of health and medical literature from a variety of sources. This further reinforces students' exposure to and use of evidence based medicine. Students are members of University of Bedfordshire library and have access to a wide range of online resources. Students are informed of this facility through student handbooks and in one-to-one library inductions. The School plans to review this facility to optimise its usage and to further support students in research gathering.

42 Open access computer provision has recently been expanded and an £81,000 grant from a charitable trust is earmarked for the development of a new larger technology suite at the main site. A video suite enables students to observe their own and colleagues' practical skills and offers opportunities for small group work and individual reflection. In addition, a £141,000 grant from the Department of Health has been invested in a bespoke clinic appointments system. This new automated system has been specifically designed to address the complex requirements of a teaching clinic, particularly the monitoring of students clinical activity and experience in line with the Osteopathy Benchmark guidelines. When fully

operational it will have the potential to identify trends, produce reports and statistics for clinic audit and enhance the management of patients.

43 The School is committed to using computer-based resources to support students' learning. Limitations in the School's virtual learning environment are referred to above. The School recognises the need for a cultural shift towards the use of such platforms, with students and staff feeling able and confident when using these resources. It offers relevant inductions for staff and students and encourages staff to complete the European Computer Driving Licence. The School is in the process of appointing to a new post to support the development of learning technology. A new mentor system with coaching will be implemented to assist the desired cultural shift.

44 In November 2011 e-forums were introduced to deal with day-to-day issues relating to areas such as teaching and learning, facilities and resources. These are now widely used, leading to improved communication and efficiency of resources. This facility is available on and off campus. Owing to its ease of use, it is favoured by students as an interactive collaborative tool over and above the virtual learning environment which was the intended platform for such usage. The review of the virtual learning environment might usefully consider the apparent confusion in the respective purposes of 'First Class' and 'BONE'.

45 The move to a new clinic site has enabled improvements to be made to the Borough High Street site. These include the conversion of the old clinic space into additional air conditioned teaching rooms plus the creation of shower facilities, larger recreational space and lockers for students on the ground floor. The visitors observed lectures and case presentations in the 120 seat tiered lecture theatre on the ground floor. Greater use of the microphone and speaker system would help eradicate problems arising from traffic noise.

Governance and management (including financial and risk management)

46 The School is constituted as a company with limited liability through non-equity share capital. It is also a registered charity. The business of the company is managed by the Board of Directors which also functions as the Board of Trustees of the charity. The Board's clear terms of reference state that it is responsible for setting the vision and strategy of the School within the context of the Memorandum and Articles. It also governs the functioning of the School by overseeing its work and managing risk, and it is assisted by four sub-committees.

47 Membership of the Board is defined in the Articles of Association and the Board's Terms of Reference. The Board's 16 members comply with the terms of reference and demonstrate an appropriate balance of skills and experience. There are two student representatives on the Board as well as two staff members and the Principal. Seven of the Board members are female. Directors serve for a term of up to three years with a maximum of two terms. The Chair of the Board stated that the current Board has the requisite balance of technical and lay members, and of skills, although it lacks membership representative of the black and minority ethnic community. New members, including student members, receive an induction into the work of the Board.

48 The self-evaluation highlights a complaint which had been made to the Chair of the Board. The complaint was investigated under the School's 'whistleblower' policy, with a full report of the outcomes being made available to the Board. The investigation concluded that none of the allegations was substantiated. The Board acted in a manner which enabled it to discharge its obligation appropriately in relation to the 'whistleblower' policy.

49 The Board discharges its obligations in an effective and efficient manner. In particular, each Board meeting receives a briefing from a different senior member of staff

relating to his/her area of responsibility and Board members attend faculty weekends, so that the Board is engaged with the work of the School. The Board has not yet considered commissioning periodic effectiveness reviews in line with best practice guidelines. However, it considers that its performance comes under scrutiny indirectly, for example, through the Charities Commission.

50 Day to day management of the School is delegated to the Principal who is also the Chief Executive and chair of the Senior Management Team and of the Academic Council. Senior Management Team, which meets fortnightly, advises the Principal and assists in overseeing the strategic direction of the School and delivering its vision. It receives reports from several academic and operational committees and groups. Senior Management Team minutes, together with discussions with the Principal and other members of the Team, show that there is effective leadership of the School in line with its academic and professional objectives.

51 The Board has overall responsibility for the sound management of the School's financial position, but it delegates management and detailed scrutiny to the Finance, Estates and Audit Sub-committee. In the most recent Annual Report and Accounts to 31 July 2011, the Directors and Trustees report that the School remains in a secure financial position, and that the budgets set will enable it to deliver its forthcoming financial strategies. The School's external auditors confirm that the financial statements prepared by the School provide a true and fair view of its financial position. In its latest figures, the School is projecting a surplus in actual income against budget of £14,000 for 2011-12, but this includes below-budget performance in terms of the University of Bedfordshire contract and student fee income. The School is projecting that it will meet all of the terms of its loan covenants relating to the clinic building.

52 Beyond the end of 2011-12, the School faces a more volatile financial environment acknowledged in the self-evaluation. As well as a downturn in applications for 2012-13 entry, reflecting national trends in higher education, the University of Bedfordshire has notified a significant cut in the funded numbers which it will allocate to the School with effect from 2012-13. The School anticipates the ultimate outcome will be at least 70 funded new student numbers for 2012-13 compared with 83 in 2011-12. The next few years will pose financial challenges for the School, but the Board and the Senior Management Team are aware of these, and have appropriate expertise, advice and systems in place to give confidence that these challenges will be managed effectively.

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

53 In accordance with the School's Articles of Association, the Academic Council is the main decision-making body for undergraduate and postgraduate programmes and research. It has clear terms of reference, which include determination of student admissions policy, curriculum content, the assessment schedule and procedures, the quality of academic and clinical learning experiences of students, and the effectiveness and efficiency of programme delivery processes. The self-evaluation notes that falling attendance at the Academic Council has become an issue recently.

54 Several sub-committees and groups report to the Academic Council, including the Quality Assurance and Enhancement Committee, Academic Strategy and Development Committee, and the programme Boards of Examiners. Most business comes to Academic Council through its various sub-committees. Quality Assurance and Enhancement Committee is responsible for the design and implementation of quality assurance mechanisms and for driving enhancement activities across the institution. It is chaired by the Vice Principal (Research & Quality), and it includes academic staff, clinical staff and student

representatives. Academic Strategy and Development Committee's remit is to take a broad and long-term view of the School's academic direction and make recommendations to Academic Council for enhancing its academic provision. It is chaired by the Vice-Principal (Education), and includes the Head of Business Development and programme leaders, but there is no student representation.

55 The School is undertaking a review of its academic committee structure, so that it reflects more accurately its principal portfolio areas of Postgraduate Education, Pre-Registration Education and Foundation Education. The plan includes the division of the Quality Assurance and Enhancement Committee into two new committees, the Quality Assurance Committee with a quality processes focus, and the Education Enhancement and Strategy Committee with a focus on the teaching and learning strategy and enhancement. It is hoped that revised membership of committees will enhance attendance at Academic Council which would remain as the senior academic committee with the same terms of reference. At the time of the visit the new structure was in draft form and out to consultation. As the new academic committee structure is implemented and beds down, the School will need to monitor its operation in order to ensure the new structure delivers the objectives the School is seeking, as well as maintaining the effective oversight achieved by the existing committee structure.

56 The School is designated as an Accredited College of the University of Bedfordshire, which gives a considerable degree of autonomy in the management of standards and quality. The University has recently undertaken a periodic institutional review of the partnership. At the time of the visit, the School had received the summary outcomes of this review which were satisfactory, but was awaiting the full review report before responding. It is clear to the visitors that the School takes the outcomes from such periodic reviews seriously. The School operates within the framework of the University's Regulations and Quality. The School has also developed its own Quality Handbook, which is currently in working draft form. It is based on the University's quality framework, suitably amended to take account of the School's specific circumstances. It draws together a range of quality matters with signposts to relevant documents. The final version of the Handbook will depend on the outcomes of the current consideration of the School's relationship with the University.

57 The School's annual programme monitoring process is based on the requirements of the University. The School also meets its obligations to report annually to GOsC. Annual monitoring commences with the production of unit report forms, using a University of Bedfordshire pro forma, which are then integrated into the overarching programme Annual Monitoring Report, again using a University pro forma. A draft of the report goes to Quality Assurance and Enhancement Committee and is also submitted to the relevant University faculty committee for peer review. The amended report is confirmed by Academic Council prior to final submission to the University. The annual monitoring process generates an action plan, and the outcomes of the monitoring process are discussed as part of the School faculty staff development weekend. Examination of annual monitoring reports and the use made of them within the School demonstrate that annual monitoring is a rigorous and effective process.

58 Programme proposals can emanate from anywhere in the School and are subject to a standard and effective approval process. Academic Strategy and Development Committee provides oversight consistent with its objective of generating and overseeing strategy to further the development of the School's academic provision. The Senior Management Team considers and approves the business case for new course proposals, and Academic Council takes the final decision on the 'academic fit' of the proposal with the School's overall academic objectives. An internal approval event, involving external members, is held in conjunction with the faculty at the University to consider the programme documentation. The resultant conditions and recommendations must be addressed prior to the course going

forward for formal validation by a University panel. This process constitutes an effective and efficient approach to course development and approval by the School.

59 Publicity material for the proposed MSc programme aimed at recruiting students for 2012-13 included the statement 'upon successful completion, you will be able to apply for General Osteopathic Council registration and be able to practise as an Osteopath'. The visitors drew the School's attention to this, pointing out that it would not be an accurate statement of the position of a graduate from the programme until RQ status had been granted. The School stated that a covering letter has been inserted into the brochure alerting potential students to the fact that the MSc programme does not yet have RQ status. While acknowledging that the School has taken appropriate action to deal with this particular issue, the visitors consider that it should make arrangements to ensure that any future publicity material provides an accurate account of the RQ status of its programmes.

60 Appointments of external examiners are considered by Academic Council prior to being submitted to the University for formal approval. Academic Council considers reports made by external examiners and oversees the responses to them from the School. External examiner comments and School responses are also incorporated into the Annual Monitoring reports for programmes. Students do not currently see external examiner reports but student representatives are aware of external examiner comments through sight of the annual monitoring reports. The School intends to make full external examiner reports available to students in the future. The visitors conclude that the School makes effective use of external examiner reports.

61 Student opinion is canvassed widely. Students are consulted on most issues, with termly meetings of the Student Staff Liaison Consultation Group. Plans for a new committee structure include students as members of committees 'with oversight for institutional and education quality and course development' in line with the new QAA guidance. There are also two student representatives on the Board of Directors. Student representation on key committees and canvassing of student opinion was cited as an example of good practise in the GOsC 2008 visit. There have been recent steps towards a greater use of e-forums. The School provides several channels for electronic communication, but the roles of each of these are not clearly defined, which hinders their efficient use.

62 The School is currently mapping its policies against the new QAA UK Quality Code for Higher Education as it emerges, and the visitors saw examples of earlier mapping of School policies and procedures against the QAA Code of Practice. The School's draft Quality Handbook refers to the various aspects of the QAA Academic Infrastructure including the Code of Practice, the FHEQ, programme specifications and subject benchmark statements. The Area Study Managers play a key role in dissemination and advice relating to the Academic Infrastructure.

Meetings and documentation

Meetings held

29 May

- Introduction
- Initial Meeting to discuss recent developments (Meeting 1)
- Meeting to discuss corporate mgt and governance (Meeting 2)
- Meeting to discuss aims, ILO's and curriculum (Meeting 3)
- Meeting with students

30 May

- Meeting to discuss mgt and enhancement of stds and quality (meeting 4)
- Meeting to discuss T&L, student progression, learning resources (Meeting 5)
- Meeting with teaching and clinical staff (Meeting 6)
- Meeting to discuss assessment and Achievement (Meeting 7)

31 May

- Meeting to discuss outstanding issues (Meeting 8)

Major documentation

- 1.) Self-evaluation document (SED)
- 2.) Academic Rationale – MOst Full-time
- 3.) Academic Rationale – MOst Part-time
- 4.) Academic Rationale – MSc in Osteopathy (Pre-registration)
- 5.) Course Information Form – MOst Full-time
- 6.) Course Information Form – MOst Part-time
- 7.) Course Information Form – MOst Mixed Mode
- 8.) Unit Information Forms
- 9.) MSc in Osteopathy (Pre-registration) Mapping to external benchmarks
- 10.) Minutes – Academic Strategy and Development Committee
- 11.) Minutes – Faculty Event Dec 2011
- 12.) Minutes – BONE Working Party
- 13.) Minutes – Student Staff Liaison Consultation Group
- 14.) Minutes – Board of Directors
- 15.) Minutes - SMT
- 16.) Student Handbook
- 17.) SMT response to University of Bedfordshire
- 18.) MOst Course Handbook
- 19.) MOst Part-time explanatory notes
- 20.) Mixed Mode Mid-point Monitoring Report
- 21.) SWANS
- 22.) Assessment Handbook
- 23.) Feedback Handbook
- 24.) Staff Development Day notes
- 25.) Teaching Observation Notes
- 26.) Visitor notes on moderation meeting
- 27.) External Examiner Reports
- 28.) CCA Workbook
- 29.) Proposal for QAEC
- 30.) Institutional Review papers
- 31.) Feedback File Notes
- 32.) Response to Periodic Course review
- 33.) NSS outcomes
- 34.) Summary of Student Surveys
- 35.) Learning Technology Development Strategy Action Plan
- 36.) Clinic Records
- 37.) Terms of Reference – Community Clinic Steering Group
- 38.) Terms of Reference – Board of Directors
- 39.) Terms of Reference – SMT
- 40.) Terms of Reference – Finance, Estates and Audit Committee
- 41.) Terms of Reference – Academic Council
- 42.) Terms of Reference – Quality Assurance and Enhancement Committee

- 43.) Terms of Reference – Academic Strategy and Development Committee
- 44.) Student Clinic Feedback Proposal Paper
- 45.) Strategic Plan
- 46.) Teacher Induction Programme
- 47.) Staff Appraisals Documentation
- 48.) Library Audit Summary Document
- 49.) Memorandum and Articles of Association
- 50.) Biographies – Directors
- 51.) Board of Directors agendas
- 52.) Annual Report and Accounts
- 53.) Financial Summary April 2012
- 54.) Draft Quality Handbook
- 55.) Annual Monitoring Reports
- 56.) MSc in Osteopathy)Pre-registration) Course Brochure

The Quality Assurance Agency for Higher Education

Southgate House
Southgate Street
Gloucester
GL1 1UB

Tel 01452 557000
Fax 01452 557070
Email comms@qaa.ac.uk
Web www.qaa.ac.uk

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