



General
Osteopathic
Council



QAA

General Osteopathic Council review of osteopathic courses and course providers

Bachelor of Osteopathy (BOst)

Master of Osteopathy (MOst)

Master of Science (MSc) in Osteopathy (pre-registration)

Renewal of recognition review

The British School of Osteopathy

May 2016

Foreword

Under the *Osteopaths Act 1993* the General Osteopathic Council (GOsC) is the statutory regulatory body for osteopaths and osteopathic education providers. The GOsC advises the Privy Council on which programmes of osteopathic education merit Recognised Qualification (RQ) status. The Privy Council grants RQ status to programmes where the governance and management of the course provider and the standards and quality of the programme meet the requirements laid down by the GOsC. In particular, students must meet the practice requirements of GOsC's Osteopathic Practice Standards.

Decisions concerning the granting, maintenance and renewal of RQ status are made by the Privy Council following reviews of osteopathic courses and course providers. The Quality Assurance Agency for Higher Education (QAA) manages certain aspects of these reviews on behalf of GOsC. The role of QAA, by its conduct throughout the UK of reviews of higher education provision and providers, is to maintain public assurance that the standards and quality of higher education are being safeguarded and enhanced. In developing its methods for reviewing higher education provision, QAA has published the UK Quality Code for Higher Education (Quality Code) and associated materials designed to provide a background against which scrutiny can take place.

GOsC review

GOsC review is a peer-review process. It starts when institutions evaluate their provision in a self-evaluation document. This document is submitted to QAA for use by a team of review 'visitors' who gather evidence to enable them to report their judgements on governance and management, the clinical and academic standards, and the quality of learning opportunities. Review activities include meeting staff and students, observing teaching and learning, scrutinising students' assessed work, reading relevant documents, and examining learning resources. Full details of the process of GOsC review can be found in the *GOsC review of osteopathic courses and course providers: Handbook for course providers*, QAA 2011.

GOsC review may take one of three forms:

- review for the purpose of granting initial RQ status
- review for the purpose of renewal of RQ status
- review for the purpose of monitoring the operation of governance, management, standards and quality. Such 'monitoring review' normally explores the content of an annual report on provision, the fulfilment of conditions attached by the Privy Council to RQ status, or some important development in the provider or the osteopathic programme.

In initial recognition review, in renewal review, and in some instances of monitoring review, visitors make one of the following recommendations to GOsC:

- **approval without conditions**
- **approval with conditions**
- **approval denied.**

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

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

Introduction

This report presents the findings of a renewal of recognition review of aspects of the governance and management, the academic standards achieved, and the quality of the learning opportunities provided in osteopathy at the British School of Osteopathy.

The programmes reviewed were Bachelor of Osteopathy, Master of Osteopathy and Master of Science 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 2016. The review visitors were Mr Phil Bright, Ms Elizabeth Elander, Dr Andy Thompson and Mr Simon Ives (Review Coordinator).

A Formal recommendation

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

The recommendation of the visitors for the programmes is:

- **approval without conditions.**

B Findings

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

Strengths

- The innovative approach to learning and teaching engages students with research and evidence-informed practice (paragraphs 22, 26, 43).
- The new highly integrated curriculum design model puts osteopathic practice at the centre of the process, and is strongly orientated towards patients' perspectives and evidence-informed learning (paragraphs 22 and 26).
- The integration of clinical guidelines in the case history-taking process provides a sound basis for individual patient management (paragraph 24).
- The wide variety of assessment formats, including the script concordance tests, and mini clinical examination performance assessments, allow specific competencies to be tested in a non-burdensome way (paragraph 32).
- The role of the Community Clinics in broadening the range of clinical experience for students and offering benefits to the local population (paragraph 41).
- The integration of rehabilitation software with electronic patient record keeping provides consistency in the management of patients, and enables students to extend their scope of osteopathic practice (paragraph 42).
- The role of the Associate Clinic in supporting alumni in their career progression by enabling recent graduates to start work as self-employed osteopaths (paragraph 48).

Good practice

- The development of student autonomy, responsibility and accountability, which builds students' capacity for leadership and which is embedded in the ethos and activities of the School (paragraph 28).
- The wide ownership of, and commitment to, the risk management process, which is shared with faculty and staff and reviewed regularly (paragraph 59).
- The robust, wide ranging and well embedded mechanisms for students to provide feedback, and the support and training provided for student representatives involved in the formal deliberative processes (paragraph 60).
- The robust committee structure, with clear terms of reference and commonality of approach, including minuting and reporting, identifies specific regularly reviewed actions (paragraph 62).
- The process of mapping the Quality Code across the provision and extending this activity to identify a range of areas for enhancement, with potential actions and timescales (paragraph 64).

Areas for development

- The School is advised to take account of scheduled teaching commitments of part-time students when planning the availability of access to support services, and to ensure structured learning in a clinical setting to provide comparability with full-time provision (paragraph 20).
- The School should consider further ways of formalising the emerging process for patients' involvement in the design and delivery of the curriculum, and for shaping the provision in response to their feedback (paragraphs 23 and 68).
- The need to develop further the support provided for students in preparing them for employment and careers in the wider health professions (paragraph 35).
- The emerging plans for developing the virtual learning environment, BONE, should be formalised to provide consistency in the students' learning experience, and to allow reporting on the extent of student and staff engagement (paragraph 39).
- The School should continue to analyse students' feedback and address their concerns about the organisation, management and timetabling of courses, and to engage in ongoing communication regarding progress with these issues (paragraph 64).
- In light of the new responsibilities granted through the award of TDAP the effectiveness of the School's deliberative structures should be regularly monitored to ensure independence of responsibility for decisions taken at each level (paragraph 69).

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' duration.

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

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

Meetings with students are strictly confidential between the students attending and the visitors; no comments are attributed to individuals. Teaching and learning observation is governed by a written protocol.

Visitors respect the principle of proportionality in their enquiries and emerging conclusions.

Key features of GOsC review include:

- an emphasis on the professional competencies expected of osteopaths and expressed in GOsC's Osteopathic Practice Standards
- peer review - review teams include currently registered osteopaths and frequently at least one lay visitor with higher education interests
- a focus on the students' learning experience, frequently to include the observation by visitors of clinical and non-clinical teaching
- flexibility of process to minimise disruption to the provider; there is negotiation between QAA and the provider about the timings of the review and the nature of evidence to be shown
- a process conducted in an atmosphere of mutual trust; the visitors do not normally expect to find areas for improvement that the provider has not identified in its own self-evaluation document (SED)
- an emphasis on governance and management, to include the maintenance and enhancement of standards and quality
- use of the SED as the key document; this should have a reflective and evaluative focus
- an onus on the provider to supply all relevant information: any material identified in the SED should be readily available to visitors
- a protocol for unsolicited information
- evidence-based judgements
- ensuring that the amount of time taken to conduct a review is the minimum necessary to enable visitors to reach robust findings and recommendations
- providing transparency of process through the use of published GOsC criteria
- the role of the Institutional Contact, a member of the provider's staff, to assist effective communication between the visitors and the provider
- the facility to engage a further specialist adviser where necessary
- close monitoring by QAA officers.

D The overall aims of the provider

1 The British School of Osteopathy is the largest and oldest osteopathic educational provider in the United Kingdom. It was established in 1917 by John Martin Littlejohn, a student of Andrew Taylor Still, the founder of osteopathy. For a large part of its life the School was based in Westminster. In 1997 it relocated to Southwark, where it currently occupies two buildings: a 37,000 square feet teaching site and a purpose-built clinical site of 11,000 square feet.

2 The School's mission is 'to provide our students with the highest quality osteopathic education programmes to enable them to develop into patient-centred practitioners equipped to deal with the challenges of the modern healthcare arena.' The School also seeks to provide evidence-informed healthcare practice to the community, with an ambition to be an international centre of excellence. The School considers that it provides leadership in osteopathic education, research and health care, and has a commitment to innovation, scholarship and professional collaboration.

3 The School has a central role in delivering osteopathic education in the UK. Forty-two per cent of current UK osteopaths were educated at the School, and it has the largest student population of any of the UK osteopathic educational institutions. Its principal activity has been the delivery of programmes for students wishing to apply for registration with the General Osteopathic Council (GOsC) and become practising osteopaths.

4 The School aims to promote life-long learning opportunities in osteopathy and has developed a portfolio of academic programmes that range from pre-entry courses, including the Introduction to Osteopathic Sciences, and an Access to Higher Education course, validated by LASER Learning Awards, which promotes diversity of enrolment on the pre-registration courses. It also runs postgraduate courses, including the first Professional Doctorate in Osteopathy in the world.

5 The courses included as part of the review are the Bachelor of Osteopathy (BOst), the MSc Osteopathy (MOst - for qualified osteopaths, which can be taken either full-time over four years or part-time over five years) - and the MSc Osteopathy (pre-registration) for qualified chiropractors, sports therapists, physiotherapists and medical practitioners. Ninety-four per cent of the students at the School are studying for a qualification at level 7. The School's self-evaluation and course specifications state that the emphasis of the programmes is on providing structured learning opportunities, offered within the framework of GOsC's Osteopathic Practice Standards (2012), the *Subject Benchmark Statement: Osteopathy* published in 2007 by QAA, and the Quality Code. The intended learning outcomes for the pathways and modules are directly mapped to the Osteopathic Practice Standards (2012). There are no outstanding conditions attached to any of the courses under consideration from the previous RQ review.

6 In addition to the above academic programmes the School offers osteopathic health care to the wider community. It delivers around 35,000 osteopathic appointments annually in its own clinic and in a range of off-site settings that promote access for patients.

7 There is a relatively small number (12) of full-time permanent academic staff. The majority (77) are part-time permanent academic staff, and there is a small number (20) of part-time hourly paid staff, referred to as associate faculty. Because of the clinical nature of the programmes the majority of staff are part-time academics and part-time clinicians. The School also employs approximately 43 management, administrative and support staff.

8 The School has the status of a charitable higher education institution. It is governed by a Board of Trustees, known internally as the Board of Directors. The Principal is the chief executive officer and principal academic of the School.

9 In 2014 the School made an application to QAA to be reviewed in order to be considered for the granting of taught degree awarding powers (TDAP). After an intensive period of scrutiny, including 23 visits from the review team, the School was granted TDAP by the Privy Council, and from October 2015, the School has been able to award its own degrees in any subject.

10 Additionally, in October 2014 the School applied to the Secretary of State to be recognised as an institution designated to be eligible to receive support from funds

administered by the Higher Education Funding Council for England (HEFCE). This required scrutiny of the School's activities by HEFCE on behalf of the Department for Business, Innovation and Skills (BIS). The review undertaken by HEFCE focused on the quality of the School's management and governance. Following an audit of processes and several submissions, the HEFCE Board made a positive recommendation to the Secretary of State for Business, Innovation and Skills. The School was notified by HEFCE that its application had been successful in October 2015.

11 As an accredited partner of the University of Bedfordshire (UoB) since 2004, the School has successfully managed its own academic procedures, including internal validations, admissions, assessment and regulation. The relationship with the University has traditionally been governed by the Collaboration Contract signed between the University and the School. However, following the grant of TDAP, in September 2015, the Board of Directors agreed that the School should give notice to the University of its intention to terminate the Collaborative Contract from September 2016. A new memorandum of cooperation will be established. The School is currently seeking permission from all registered students to transfer them to a BSO degree from September 2017. A very small number of students have currently opted to remain registered with the University of Bedfordshire.

12 Following the granting of TDAP and institutional designation as a Higher Education Institution (HEI) the School now acts as an autonomous educational provider. The School spent a significant amount of time preparing for this positive development and has reviewed all of its policies, procedures and regulations to identify areas that require enhancing or changing, to ensure a high quality student learning experience.

E Commentary on the provision

An evaluation of the clinical and academic standards achieved

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

13 The aims and learning outcomes of the courses under review are set out in the programme specifications and in course handbooks. They are consistent with the overall mission and goals described in the Strategic Plan 2015-17 and are aligned with the learning outcomes for all units of learning. Programme aims refer explicitly to students being enabled to attain the Osteopathic Practice Standards (OPS) and the *Subject Benchmark Statement: Osteopathy*. The course aims and outcomes are explicitly mapped to these requirements and description of the qualities and capabilities of an osteopath, and ensure that students are effectively prepared to enter the osteopathic profession.

14 Learning outcomes at the different academic levels of the programmes reflect an appropriately progressive accumulation of academic, clinical and professional knowledge and skills. These are congruent with the School's overall strategy for teaching, learning and assessment. They demonstrate progression in line with the South East England Consortium for Credit Accumulation and Transfer (SEEC) descriptors and *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ). Useful stage descriptors form part of the curriculum development framework to explain key indicators of students' progress from the novice stage through to proficiency.

15 Learning outcomes are provided in course information forms, unit information descriptors, and in the relevant programme handbooks. These documents are accessible to staff and students through the School's virtual learning environment, BONE. Course aims and intended learning outcomes are widely publicised and well understood by students and staff, and emphasise the acquisition and maintenance of the attributes required of an

osteopath. Staff and students are clear about how to access this information, and it is communicated to them on a regular basis.

16 Variances in the intended learning outcomes between the Master of Science (MSc) in Osteopathy (pre-registration) and Master of Osteopathy (MOst) programmes are explained by the different student entry profile. The shorter MSc programme (two years full-time) is designed primarily for postgraduate health professionals. Across the pre-registration portfolio some units/modules have a relatively high number of learning outcomes. These were considered as part of the periodic course review in May 2016, with course teams concluding that the required professional standards demand multiple and precise outcomes, and therefore these are proportionate. External examiners' reports confirm that course aims and outcomes are appropriate.

17 Exit awards for all undergraduate programmes include the opportunity to graduate with a degree in Osteopathic Studies. This lesser exit award does not confer eligibility to register with the GOsC or to use the title osteopath. In order to protect the public against the potential misapprehension that such practitioners are osteopaths, the award title and the degree certificate use the phrase 'non practising'.

Curricula

18 The curricula reflect the original requirements of the University of Bedfordshire, the aims of the School's Academic Quality Framework, and other key external reference points. These include the Quality Code, the *Subject Benchmark Statement: Osteopathy*, Osteopathic Practice Standards (OPS), and draft guidance on Osteopathic Pre-Registration Education. The School has gone beyond a simple mapping exercise of the Chapters of the Quality Code. For each Chapter, for example *Chapter B1: Programme Design, Development and Approval*, the School has identified areas where further enhancement work may be undertaken.

19 Curricula have been extensively reviewed by internal and external reviewers and found to be suitable. They are well designed and attuned to the achievement of the OPS. Internal course reviews are undertaken at annual meetings of staff teams and as part of the School's annual monitoring and reporting process. A Pre-Registration Portfolio Board (PRPB) was established in 2012 to provide a more cohesive approach to monitoring and development of these programmes, so that changes proposed to one unit are considered across all courses. Proposed curriculum updates move through several layers of deliberation and scrutiny before approval, including the PRPB, the Education Enhancement and Strategy Committee (EESC), and ultimately Academic Council. Until recently the University of Bedfordshire Teaching Quality and Standards Committee was also part of this approval structure. Despite this rigorous procedure urgent changes can be expedited using chair's action to ensure that the necessary development is implemented within a single academic year. This process was demonstrated recently in adjusting a problematic assessment format following feedback from students, staff and an external examiner.

20 In 2014 the School introduced a part-time version of its MOst programme. The course is advertised as being suitable for people with work and family commitments. However, the blocks of clinic attendance required in years four and five render it more difficult for students in full-time employment. From meetings with students, and in student evaluation reports, it is apparent that not all part-time students consider that they have appropriate access to the same level of learning support services as their full-time counterparts. The clinic does not currently offer evenings and weekends for part-time students to build their clinic hours and receive clinic-based tuition. This often means that part-time students have to take time off work to attend the clinic during office hours on weekdays. The School has taken steps to address the provision of learning support services by timetabling these at weekends during gaps in the formal teaching schedule. Insufficient

attention has been paid to the timetabling of part-time students' access to support services and to ensuring access to structured learning in a clinical setting.

21 The School has taken steps to build skills and knowledge prior to enrolment so that students are ready for the challenges posed in later stages of the programmes. However, some students, both full-time and part-time, consider that more could be done to prepare them for their studies, particularly in the first year. For example, the bio-statistics tutorial in year one on critical analysis and enquiry provides a good foundation for later research-related work; the series of tutorials in year two on Developing Osteopathic Practice offer a well timed introduction to osteopathic evaluation of patient presentations before students start to see patients of their own in the clinic.

22 A substantial development in the curricula for all pre-registration students since the last RQ review in 2012 is the redesign of the curriculum model. This has moved from a module/unit-based structure to a more integrated model of teaching and learning. The new structure is based on a spiral pathway through the study units in which key themes are revisited throughout the course at a progressively more advanced level of engagement and complexity. The aim is to break down the traditional propensity for silos of teaching and learning and instead to emphasise connections. This aim is reinforced through the integrative organisational structure within the institution and through the inclusive ethos. The new highly integrated and creative curriculum design model puts osteopathic practice at the centre of the process, and is strongly orientated towards patients' perspectives and evidence-informed learning.

23 The new curriculum model has been internally validated by the School under the new powers granted through TDAP, and has been through a robust internal approval mechanism. The new curriculum is due to be introduced incrementally over a five-year period from September 2017, starting with the new student intake. In the intervening period an action plan will be drawn up to ensure readiness to implement the new approach, for example by providing staff development opportunities. While there has been an extensive consultation exercise, to date the views of patients have not been formally represented, and patients have not been directly involved in shaping the new curriculum model. The School is aware that this represents scope for enhanced inclusivity, and has identified patient-centred evaluation as an area for development in the clinical setting. Specific plans for formalising the process for patient representation and participation across other areas of the provision are at an emerging stage.

24 The new curricula include a number of innovative features and additional elements, for example the content associated with the updated OPS, such as epidemiology, public health, and key attributes of health professionals. The four new areas of the updated *Subject Benchmark Statement: Osteopathy*, working in partnership, evidence-based practice, professionalism and duty of candour, and working as part of the wider healthcare community, are reflected to different degrees within the new curricula. These are also evidenced in opportunities for extracurricular activities, and the ethos of the School. The units of study have been cross-referenced to the *Subject Benchmark Statement: Osteopathy* with a close match that extends beyond the taught content. The increased focus on scholarship as the basis for clinical reasoning is demonstrated in the design of the case history-taking record. This involves consideration of national clinical guidelines as a standard part of the tailored care for each patient.

25 The new curriculum also offers greater consistency of learning experience for students undertaking the pre-registration programmes. However, existing students, including those who enrol in September 2016, will continue on the old curriculum until they graduate. A consequence of the protracted transition is that students who enrol into year one of a programme in September 2016 will not experience the new curriculum; it will be 2021-22 before year four students have the opportunity to experience the new curriculum, and

2022-23 for final year part-time students. To ensure parity of learning experience across the provider's pre-registration student body, a gap analysis could help to map the curriculum differences between the old and new, and to indicate the need for any 'bridging' elements to be provided to students on the old curriculum in areas where the changes are particularly important to safe and effective practice in the current professional climate.

26 The review team's meetings, observations and consideration of the mapping of the curricula against the Osteopathic Practice Standards (OPS) reveals the following:

Standard A: Communication and patient partnership is strongly embedded across all years of teaching, particularly in the units Being an Osteopath and Patient Care, with key requirements around consent and partnership with the patient being reinforced in Professionalism units. The provision of specialist community-based clinics helps to expand students' skills and experience in working with a wide variety of patients. Work in the HIV clinic has been commended by an external examiner for helping students to deal with complex clinical scenarios.

Standard B: Knowledge, skills and performance is embedded across all years of study. The aims, indicative content and intended learning outcomes of all five strands of the curricula contribute strongly to this Standard, in an appropriately progressive way. An emphasis on clinical reasoning skills within the new curriculum is designed effectively to contribute to a number of the OPS by promoting evidence-informed practice and the competent management of clinical uncertainties. Students and staff are also able to draw on the extensive research and scholarly activity undertaken within the School.

Standard C: Safety and quality in practice underpin the curricula. The expectation that osteopaths must deliver high quality, safe, effective and ethical healthcare through evaluation and considered treatment approaches is explicit in numerous aspects of the provision and was observed in action. The guidance to students, assessors and moderators on the conduct of final clinical competence assessments (CCA) reinforces the paramount importance of safe practice. There are student support mechanisms, monitoring procedures and sanctions in place for students who may be considered unfit to practise.

Standard D: Professionalism features prominently within Being an Osteopath units and Professionalism, and is reinforced by Research and Enquiry. The new curriculum places professionalism within a central band of four key themes, and has recognised important topical issues such as candour, responsibility and accountability. The concept of The BSO Graduate, instilled throughout students' time at the School, accentuates and promotes professional attributes. The professional behaviour expected of students is articulated and managed robustly through the Fitness to Practise and Professional Behaviour Policy. This policy is currently undergoing major revisions to bring it up to date. The policy is carefully aligned to all four themes of Osteopathic Practice Standards and, importantly, applies to students' and graduates' conduct in their personal lives as well as well as in the educational and clinical environment.

27 Students confirm that they are encouraged to be very familiar with OPS throughout their studies and that OPS is the constant focus for much of the teaching. The 2012 iteration of OPS has been integrated fully into the new curriculum, but not at the expense of flexible and imaginative approaches to teaching and learning.

28 The development of student autonomy, responsibility and accountability builds students' leadership capabilities. It is embedded in the ethos and activities of the School and is an emerging theme of the provision. This is a very positive response to the need for leadership capacity within the profession. This development is reflected not only in curriculum content but also in the many opportunities available to students to take on additional responsibility. For example, the introduction of peer-to-peer assessment and feedback has been well received and contributes to leadership development as it involves reflection, rational decision making and communication skills. Students are also encouraged

to participate in consultation processes and to take up roles as representatives at all levels of the institution, including at Fitness to Practise Panels.

29 The School is aware of the need to enhance further the quality and effectiveness of teaching skills and supports this through a programme of continuing professional development. All new teaching staff are expected to hold a teaching qualification, or to gain one within two years. The in-house Postgraduate Certificate in Academic and Clinical Education is the provider's main resource to support this target.

Assessment

30 The assessment strategy is effective in measuring the achievement of intended learning outcomes. The School reflects critically on its own performance in an open way, taking account of feedback from students, staff, and external sources. In addition to the responses to individual external examiners' reports, an overview summary is produced to ensure that any common themes are addressed. One recent procedural irregularity raised by an external examiner was dealt with well by the School, with good evidence of transparency in the internal deliberations. The periodic course review process provides a mechanism for reflection and action which is both open and effective. For example, the School identified a need for greater clarity in the description of assessment weighting according to type, length or word count. As a result, the course review panel has proposed that course teams prepare an assessment taxonomy of comparative weighting to avoid the risk of discrepancy between the size of units and the type/weighting of assessments. External examiners' reports are accessible to students through the virtual learning environment, BONE.

31 The review team scrutinised a range of assessments and marked scripts from a representative sample of students' work. First and second marker feedback is clear, and guides students on explicit areas for improvement. Students receive timely feedback, within the designated six week period. Assessment briefs provide links to further guidance on Harvard referencing and proofreading support. Banded marking criteria for each assessment, which might further support students to understand expected standards, are not always evident.

32 There is an appropriately balanced mix of formative and summative assessments. Remedial formative sessions are well attended. These sessions are very supportive in preparing students for second attempt assessments. Script concordance tests are deployed with students prior to starting clinical modules in the later stages of the programme. An external examiner cites this as an example of good practice, as it supports students in their preparation for managing real patients, and promotes engagement with clinical reasoning and the management of clinical uncertainties. The mini clinical examination performance assessments have been informed by the model used in medical education and allow specific clinical competencies to be tested effectively.

33 For final year students the major decisive element of the assessment process is the test of clinical competence (CCA). This is a rigorous process involving at least two assessors for each student, together with close oversight by an external examiner. Students are assessed on their interactions with, and management of, three patients (two new patients and one ongoing). Helpful guidelines for assessors and moderators have been produced. The external examiner has commended the application of these guidelines in pre-CCA work with staff to clarify and develop the role of the moderator. This has strengthened the evidence on which decisions were made, and the reliability of the moderation process. The guidelines currently refer to the University of Bedfordshire's 16-point grade descriptor scale for grading candidate performance in CCA assessments. However, in other assessments there is clearly a preemptive move away from the University's system to the SEEC level descriptors. This is an appropriate development given the provider's new autonomous status.

Achievement

34 Pre-registration students achieve well, and over the last three years between 92 and 100 per cent have successfully completed their studies. One study unit with a poor exam pass rate was identified in the School's self-evaluation, and appropriate action has been taken. One essay assessment was perceived as problematic by students and an external examiner, and this has been addressed. Students confirmed that subsequent cohorts did not experience the same problem and student achievement has not been affected.

35 The School effectively elicits the views of alumni and of osteopaths who employ BSO graduates on how well their training has prepared them for professional practice. In January 2016 the School conducted a survey based on the GOsC's guidance document on preparedness for practice for osteopathic education institutions. Results were used by the curriculum development team to confirm that the new curriculum addresses all the concerns that were raised. However, the content of professional practice units in the new curriculum is geared to prepare students for self-employment rather than employment, and further emphasis could be placed on job opportunities within and beyond the health service that may not carry the title osteopath, but make more extensive use of transferrable skills. Students and graduates confirmed that there could be more formal content to support career opportunities in the wider health professions and in applying for jobs, preparing CVs, and rehearsing interview techniques.

36 A promising enterprise to promote readiness for employment and self-employment is the School's Associate Clinic. Although it has geographic limitations for the more distant alumni, it presents a refreshing intercollegiate initiative, being open to applications from graduates of other osteopathic education institutions.

The quality of the learning opportunities provided

Teaching and learning

37 The School employs an appropriate range of teaching methods, including lectures, tutorials, workshops, seminars and blended learning. The review team observed a variety of delivery methods representing most year groups. These observations included osteopathic technique lectures; clinical teaching and tutorials; a workshop for remedial students pre-CCA resit; an HIV clinic overview; and a biostatistics overview. The team confirms that teaching is consistent with the programme aims, and addresses the intended learning outcomes of the units.

38 In lectures students are sometimes provided with clear explanations of session aims, along with supporting materials and references, although this is not consistent practice. Supporting evidence for content delivery is suitably referenced, although the quality and suitability of this evidence is not always discussed. Small group work and case presentations encourage presentation skills, clinical reasoning, individual and group reflective practice, and student participation. Concepts and skills are regularly reinforced with unstructured formative activities, and structured elements for practical assessment, and for core knowledge attainment.

39 Following the area for development identified in the previous RQ report a virtual learning environment (VLE) working group was put in place. This process has drawn input from key stakeholders and has instigated change. There is evidence of further development with the functionality of the online learning platform, BONE, which is being incorporated as a standard part of the student learning experience. Staff stated during the visit that minimum expectations for students should be that they can access lecture notes and supporting research material. In some areas this expectation is exceeded and the VLE is used as a part of a more interactive learning process. More advanced practice is shown in the form of

integrated e-lesson structures with accompanying self-assessment quizzes using exemplar exam questions, and links to a wider range of e-resources to complement lecture delivery. The current strategy for the use of the VLE is in the process of being updated, to make expectations for staff and students more explicit. There is limited evidence of the use of data to analyse students' engagement with e-learning. The School is intending to formalise the action plan for developing the virtual learning environment, BONE, to provide consistency in students' learning experience, and to report on the extent of student engagement.

40 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, providing approximately 35,000 treatments per year. Students operate in teams supported by three clinic tutors and a supervising team leader and all clinical tutors are practising osteopaths. The tutor/student ratios are appropriate to the setting, and less engaged students are encouraged to attend remedial tutorials in advance of final clinical assessment. These sessions are highly popular and offer problem-based learning opportunities to support clinical reasoning for students who have been identified as likely to struggle. This approach is supportive in addressing staff and student engagement with a diversity of patients, and differences in experience and practical abilities.

41 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. These clinics play a valuable role in broadening the range of clinical engagement for students and providing benefit to the local population. The provision of opportunities for a wide diversity of clinical experience is highly valuable, but is dependent on ongoing fundraising activities for maintaining income.

42 The integration of the rehabilitation software with electronic patient record keeping provides consistency between patient management and treatment, and enables students to extend their scope of practice. This approach provides an enhanced learning experience for both students and patients, promoting and supporting exercise and advice as an adjunct to treatment, although there is no current audit of this process.

43 The School's Strategic Plan identifies the aim of informing osteopathy by further research and the provision is supported by evidence-informed teaching. The School has a well qualified and expert staff who are appropriate to the academic programmes it offers. Faculty staff are encouraged to follow routes into research as a means of underpinning their teaching, with core research-active staff based in the research department team. The depth of professional expertise makes an important contribution to the student experience.

44 Research team published work influences teaching, although with a greater emphasis given to the practitioner experience. Clinical tuition is underpinned by the values of practitionership embedded in core teaching and the extensive experience of osteopathic practice. The School has a tradition of supporting publication of research for faculty and students alike. This motivates students' engagement in research and scholarship. The presence of the editorial team of the International Journal of Osteopathic Medicine imbues a culture of promoting research.

Student progression

45 The School's self-evaluation states that processes are in place to identify applicants who show the best potential to become osteopaths, rather than just fulfilling the required academic criteria. There is a rigorous process for screening potential applicants with an emphasis placed on ensuring an ability in practical and collaborative working, alongside academic criteria. Places are only offered to students whom the School believes will be successful in their studies. Recruitment, application and admissions processes have been mapped to *Chapter B3* of the Quality Code. Staff reflected that there are challenges in

negotiating the multiple application pathways. Each programme has its own admissions policy, which is regularly monitored and which sits within the School's Recruitment and Admissions Policy. A recent osteopathic graduate has been employed as an admissions tutor, who works alongside course teams and effectively supports the process. The School's Recognition of Prior Learning Policy ensures that access to courses from non-standard entrants is formalised.

46 According to the Academic Tutor Handbook the student's personal development plan (PDP) is an important means of guiding and monitoring progress towards learning outcomes. The academic tutor system is seen as the key support mechanism for completion of the PDP. Although students with poor attendance are actively referred to their academic tutor, for the most part students engage with the academic tutor system on a voluntary basis. Not all students benefit from the service it provides to support achievement of intended learning outcomes. Student representatives indicated that many students opt to seek support informally from other members of staff when the need arises. Some students expressed the view that the potential benefits of the academic tutor system would be more effective if individual meetings with academic tutors were compulsory.

47 The School has sound management information systems that provide full and accurate data on progression and performance. The system provides data on enrolments, absences, individual assessment marks, and unit progression information and the final award. The student records system is maintained by the Academic Registry. The School has a set of Key Performance Indicators, which are carefully maintained and updated. These include data relating to recruitment and progression and are used by the Senior Management Team and presented to each meeting of the Board. Data is used effectively to monitor performance and to inform future planning, including resource and financial planning.

48 The most recent employment figures for graduates from previous years is informed by the data from the Destination of Leavers from Higher Education (DLHE) survey. This data indicates that a high proportion of graduates are in work, between 89 and 94 per cent. A number of support mechanisms are in place that offer graduate pastoral care and employment. The School's graduate employment scheme, known as the Associate Clinic, allows graduates the opportunity to apply to work as self-employed osteopaths. The School provides administrative and marketing support as well as mentoring, enabling new graduates to gain valuable practice experience while earning an income. The Associate Clinic is effective in supporting alumni in their career progression, and allowing recent graduates to undertake professional practice as self-employed osteopaths outside core time at the School's clinical facility. The School's wide social media network also provides a forum for alumni to offer mentoring services, and notices of employment opportunities.

49 Teaching is delivered by a well qualified team of both full and part-time staff, who bring a broad range of skills and experience to the teaching environment. New staff follow a two-year induction programme, linked to the UK Professional Standards Framework. Many teaching staff are qualified to MSc level and above. The School's Postgraduate Certificate in Academic and Clinical Education (PGACE) continues to strengthen the commitment to staff development. The evidence-informed model used in the PGACE informs teaching approaches on MOst programmes. The School regularly audits staff professional development and teaching qualifications as part of the staff appraisal process. Students consider that a significant proportion of teaching they receive is high quality and the overall student satisfaction for the MOst programmes in the 2014-15 National Student Survey (NSS) was 94 per cent, in excess of the national average.

50 Staff are well supported by professional staff in ICT and have received training in the use of the virtual learning environment, BONE. Inductions for staff and students, tailored to their specific needs, have been well received and the investment in one-to-one sessions on BONE have proved effective. While considerable work has taken place in the development of

BONE since the last RQ review, there is at present no formalised action plan for developing BONE to provide consistency in the student learning experience, and for reporting on the extent of student engagement.

51 The Borough High Street teaching centre has two large lecture theatres, with a further three small lecture/seminar rooms. There are four technique teaching rooms, as well as student common areas, practice rooms, a library, welfare and academic support space, computer rooms, video suite and offices. The Clinical Centre at Southwark Bridge Road provides 34 clinic rooms that are air conditioned with sinks and modern facilities, as well as a teaching room, two meeting rooms and some office space. Planning permission recently granted means that the clinic can now open longer in the evenings and at weekends.

52 The School houses the largest osteopathic library in Europe with more than 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. Students also have access to a fully equipped ICT installation with a variety of software for undertaking research and analysis.

53 Currently, students are members of the University of Bedfordshire library and have access to a wide range of online database resources to inform scholarly activity. This provision is proposed to be replicated under the TDAP status through the purchase of a database subscription through EBSCO, and ongoing promotion of the General Osteopathic Council's O Zone access for students in years three and four. The School intends to monitor these resources to ensure that the expected level of provision is maintained. The ongoing support for the very small number of students who have opted to remain with the University of Bedfordshire for the duration of their study will also need to be monitored to ensure comparability with their peers.

54 The School has an international reputation for the research activity of its staff. The School has promoted research into osteopathic education, which not only supports the development of its own part-time staff but also has established the school as a leader in this field. The Schools' sponsorship of two members of faculty's professional doctorate has informed further scholarship. The Osteomap initiative has offered an expansion into cognition-based therapy, which has informed clinical support and evidence-informed clinical teaching around pain management. Further research output and dissemination of the work of the professional doctorate team has been widely acknowledged within the profession.

Governance and management (including financial and risk management)

55 The School is a company limited by non-equity share capital and is an exempt charity. The School's Memorandum and Articles of Association clearly define its governance arrangements and responsibilities. It is governed by a Board of Directors which has ultimate responsibility for overseeing the School's activities and determining its future direction. The Board has affirmed the School's mission, to 'continually provide the highest quality education and research for all and the very best care for each patient, on every occasion'. The Governance and Management of the School was commended in the final scrutiny team report following the application for TDAP.

56 The Board meets normally four times a year. There are currently 17 members, including two student members, five osteopaths and nine non-osteopaths. Members are recruited strategically for their particular skills in estates, law, the NHS and charity finance. The Board has recently modified its subcommittee structure in light of institutional designation by HEFCE and is supported by the Audit and Risk Committee, the Finance and Estates Committee, the Fundraising Committee, the Board Nominations Committee and the Remuneration Committee. It has recently appointed internal auditors as a result of

institutional designation. The significant responsibilities of the Board are strategic planning, financial status and corporate risk management.

57 The School has robust strategic planning processes. Its current plan 2015-17 has been regularly monitored by the Principal's Group and the Board. The Board undertook a short timescale strategic plan as the School was undergoing TDAP approval, and institutional designation by HEFCE. The School has already begun the process for developing a Strategic Plan 2017-22. Currently, the Board considers the progress of the School by monitoring the strategic plan, the operational plans of departments, the risk management plan and the financial plan. The Board performs its duties effectively in scrutinising financial matters and the management of the School.

58 The Board takes its financial accountability diligently, receiving regular budget documentation and exception reports. This approach is reflected at management level. The financial health of the School is sound and well maintained with a shrewd, forward-looking planning cycle that is intimately linked to its Strategic Plan.

59 There is wide ownership and commitment to the risk management process, which is shared with faculty and staff and is reviewed regularly. The School has a comprehensive risk management policy and planning process. The embedding of risk management emanates from the Board, which reviews risk at each meeting. The senior management team (SMT) and Principal's Group periodically review the risks identified in their areas of responsibility. The risk management process is cascaded down to middle management teams, who have a clear understanding of their place in the process. The Risk Management Plan is a clear, workable document and is a central feature of the work of the newly created Audit and Risk subcommittee of the Board. Senior managers value the importance of risk management planning and are ensuring its centrality to the management process.

60 There are robust, wide-ranging and well embedded mechanisms for students to provide feedback, and support and training is provided for those involved in the formal deliberative processes. The School fully embraces the importance of the student voice in providing feedback on their learning experience. The student members of the Board are fully trained and inducted for their role and are made to feel valued. This culture permeates the School, with strong student representation on the Academic Council and 10 other deliberative committees and teams. The students acknowledge and accept their responsibilities and value this positive opportunity to feed back on their experience. The wider student voice is well promoted throughout the School through published information and full explanations in course handbooks and online.

61 The management of the School is delegated to the Principal, who chairs the Principal's Group, SMT, and Academic Council. Following a review in 2013 the structure of the senior management of the School was modified and posts at Vice Principal level redefined. This change better reflected the then current and future needs of the School. Currently, the Principal's Group meets weekly with a defined membership and focus on leadership, strategic planning, resource allocation and risk management. The SMT meets monthly, and focuses on operational matters including risk and planning, progress against performance indicators, links with the Academic Council and engaging in effective management of the School. The SMT has a broader membership. Both the Principal's Group and members receive regular reports from the appropriate subcommittees and groups. The process has been regularly reviewed and deemed currently fit for purpose.

62 The School has a clear focus, and effective organisational governance and management. There is a robust committee structure, with clear terms of reference and commonality of approach, including minuting and reporting, which identifies clear regularly reviewed actions. The deliberative process is supported by the BSO Committee Handbook, which clearly outlines the procedures and support required for effective governance and

management. Users, including students, can develop a familiarity of purpose that encourages and promotes good practice in managing the organisation. This practice clearly supports the School, and fully utilises the small staff team in a highly effective and functional manner.

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

63 The School's self-evaluation and supporting evidence provided an accurate and reliable starting point for the renewal of qualification (RQ) process. The self-evaluation included a coherent description of the actions taken by the School in response to the GoSC review report of 2012. The team found the self-evaluation document both accurate and helpful, with extensive statistical information.

64 The School has a comprehensive Academic Quality Framework (AQF). The AQF is designed for staff, students and external readers and is reviewed and updated annually. The mechanisms outlined within it allow any participant to fully understand their responsibilities in context. Academic responsibility ultimately lies with the Academic Council, which is supported by the Quality Assurance Committee (QAC). A process of annual and periodic review, allied to student evaluation and external examiners' input, creates a broad and productive scrutiny mechanism and an effective overview of provision. The process also identifies areas for enhancement. The School has used a wide range of external reference points in creating and maintaining its quality assurance processes. The extensive process for the mapping of the Quality Code provides a robust mechanism for identifying areas for enhancement, with actions and timescales.

65 In 2014 the School received its first formal complaint from a patient regarding the level of care they received during a CCA exam. The School undertook a full investigation of the complaint in accordance with the complaints policy. The consequences of the investigation led to enhancement in operational procedures in the Clinic, including clearer information given to patients and students regarding the CCA process, clarification of the role of assessors and moderators in the assessment and further training provided to staff regarding the explanation of benefits, risks and alternatives to osteopathic treatment for patients.

66 The School uses data gathered by a variety of methods to analyse its performance and target areas for improvement. This data includes student and patient feedback, the TM2 clinical database and the National Student Survey (NSS), and the destination of Leavers in Higher Education (DHLE) survey. The School has identified one low scoring trend in the NSS, in the area of organisation and management. In a thorough attempt to ascertain the issues of concern to students, and to remedy them, the School has developed an ongoing action plan, monitored by the Board.

67 External examiners' contributions are highly regarded by the School. The reporting mechanisms used by external examiners are fit for purpose and consistent and allow for objective analysis. Areas for development, highlighted in the reports, are dealt with thoroughly and in a timely fashion to provide improvement and enhancement for the following cohorts of students.

68 The School is aware of the value of the patient voice in its development and monitoring processes. The School has already formalised a process for patient involvement in the clinic and OsteoMap project. In addition, patients are members of key committees, including the Board. The School realises the value of this approach, and has begun to formalise patient and patient group involvement in the deliberative structures of the School. The School has recently updated its whistleblowing policy in line with the recommendations of the Francis Report about the duty of care for patients, and the duty of candour placed on

health professionals to speak up when malpractice is discovered.

69 Overall, the School successfully manages its responsibilities and uses external reference points effectively. It is fully aware of the additional responsibilities it has following the grant of TDAP, and has clear plans to address the implications of the move from validation by the University of Bedfordshire. There is an intention to continue to monitor the effectiveness of the School's deliberative structures, to ensure independence of responsibility for decisions taken at each level.

Meetings and documentation

Meetings held

- M1A Initial presentation by the Principal and senior managers
- M1 Meeting with School Management Team and Principal's Group
- M2 Meeting with current students representing full and part-time provision
- M3 Meeting with academic and support staff
- M4 Meeting with former students
- M5 Meeting with clinical staff
- M6 Learning resources tour
- M7 Final meeting with senior staff
- M8 Presentation on the use of the VLE BONE

Major documentation

- 1 BSO Strategic Plan 2015-2017
- 2 BSO and UoB Collaboration Contract
- 3 Letter of Termination
- 4 BSO Application for Taught Degree Awarding Powers: Scrutiny Team Final Report
- 5 Letter from HEFCE
- 6 Academic Quality Framework 2015
- 7 BSO Application for Taught Degree Awarding Powers: Scrutiny Team Final Report
- 8 Student Services and Resources Review
- 9 Transfer Letter and UoB Paper
- 10 Course Handbooks M.Ost FT, M.Ost PT and MSc Osteopathy (pre-registration) 2015
- 11 BSO Graduate
- 12 OPS Mapping Documents, Osteopathic Benchmarking Mapping Documents
- 13 M.Ost FT, M.Ost PT, MScPR Course Handbooks
- 14 Course Information Forms and Unit Information Forms
- 15 Assessment Dates 2015-16
- 16 Induction Timetable for Ongoing Students 2015-16
- 17 Fitness to Practise and Professional Behaviour Policy
- 18 Fitness to Practise Reports Academic Council 2013, 2014, 2015
- 19 <http://www.seec.org.uk/wp-content/uploads/2013/seec-files/SEEC%20Level%20Descriptors%202010.pdf>
- 20 <http://www.qaa.ac.uk/en/Publications/Documents/Framework-Higher-Education-Qualifications-08.pdf>
- 21 *Chapter B1* QAA Quality Code Mapping
- 22 Academic Governance Description Paper and Diagram
- 23 Pre-Registration Portfolio Board Terms of Reference
- 24 Course Annual Monitoring Reports 2012-13, 2013-14 and 2014-15
- 25 PRPB Terms of Reference
- 26 EESC Terms of Reference
- 27 AC Terms of Reference

- 28 Pre-Registration Course Changes 2012-15
- 29 AQF Section 4 Course & Unit Approval & Modification
- 30 External Examiner Reports 2012-13, 2013-14 and 2014-15
- 31 QAA *Chapter B6*: Assessment of Students and the Recognition of Prior Learning:
<http://www.qaa.ac.uk/assuring-standards-and-quality/the-quality-code/quality-code-part-b>
- 32 AQF Section 13: Assessment and Examination Policies and Practices for Taught Courses
- 33 Example of a Completed Feedback Form
- 34 <https://www.heacademy.ac.uk/resource/assessment-audit-tool#sthash.Fs4OlcAH.dpuf>
- 35 External Examiner Reports 2012-13, 2013-14 and 2014-15
- 36 BoE-14-03 (2nd July 2015)
- 37 Faculty Feedback Handbook
- 38 BSO National Student Survey Report 2015
- 39 BSO Mapping to QAA Quality Code *Chapter B6*
- 40 BSO Mapping to QAA Quality Code *Chapter B7*
- 41 Unit Reports 2012-2013, 2013-2014 and 2014-15
- 42 Course Annual Monitoring Reports 2012-13, 2013-14 and 2014-15
- 43 Examination Board Unit Reports
- 44 Example of Applications Data Reports to SMT
- 45 Academic Tutor Job Description
- 46 Academic Tutor Handbook 2012
- 47 Suspension of Studies & Withdrawal Policy & Procedure
- 48 M.Ost FT, M.Ost PT, MScPR Course Handbooks
- 49 Sample Assessment Brief
- 50 SARG Terms of Reference
- 51 Special Circumstances Policy & Procedure and Academic Appeals Policy
- 52 Teaching, Learning and Assessment Strategy 2015
- 53 Research and Scholarship Strategy 2012-15
- 54 Research and Scholarship Reports 2010-13, 2013-14, 2014-15
- 55 GOsC/QAA Recognised Qualification Report 2012
- 56 e-Learning Strategy 2012-15
- 57 Academic Council Minutes Nov-12
- 58 BONE Steering Group Minutes Jan-13
- 59 BONE Questionnaire 2013
- 60 BONE Interim Analysis (Paper Number:AC-12-04-15b) June-13
- 61 Dean of Academic Development Role Description
- 62 Example of Clinic Newsletter
- 63 Deputy Head of Clinic and Partnerships Role Description
- 64 Examples of OP3/PCC4 Assessment Forms
- 65 Feedback Timetable, Staff Training Presentations
- 66 Example of Student Self Assessment and Action Plan Form
- 67 First Class Conference: Clinic Assessments
- 68 Example of Tutor Feedback Form
- 69 Example of Clinical Activity Summary Sheet
- 70 Report on the BSO Graduate Clinic, 2014
Summary report of Associate Clinic Snapshot survey June 2015
- 71 Patient Survey 2015 Questionnaire
- 72 Report on Patient Survey April 2015
- 73 Annual Patient Complaints Report 2015
- 74 Investigation Report (Private and Confidential)
- 75 SMT Minutes March 2015
- 76 EESC Minutes May 2015
- 77 Teacher Induction Programme 2012

78

<http://www.heacademy.ac.uk/assets/documents/professional/ProfessionalStandardsFramework.pdf>

79 PDR Paperwork

80 Strategic Plan 2012-15

81 Student Data Information Table (Section 1.9.3)

82 Chapter B3 Quality Code Mapping

83 Course Information Forms

84 <http://www.bso.ac.uk/train-to-be-an-osteopath/osteopathy-course-information/m.ost-degree-programme/bso.ac.uk>

85 Recruitment and Admissions Policy 2013

86 Chapter B2 Quality Code Mapping (Recruitment, Selection and Admission to Higher Education)

87 Marketing Materials of All Courses

88 Introduction and Evaluation Event Information Pack

89 RPL Policy

90 Admissions Review Day Agenda 2015

91 First Year Induction Programme 2015-16, PT, FT and MSc

92 Timetable for Part-Time Return to Study Course

93 Induction Questionnaire 2014 and 2015 Results

94 Continuing Students' Induction Programme 2015-16

95 Academic Tutor Handbook

96 Mapping to QAA Quality Code Chapter B5 (Student Engagement)

97 AQF Section 11: Student Voice

98 SSLCG Terms of Reference

99 Effectiveness Review SSLCG 2013/14

100 Estates Strategy 2015-17

101 Staff CVs

102 Teacher Induction Programme 2012

103 Academic Management Structure 2016

104 Line Managers Guide 2014

105 Staff Conference Agendas 2013/14, 2014/15 and 2015/16

106 Student Institutional Experience Questionnaire Report 2014-2015

107 Esteves J.E. (2015). Emotional processing and regulation in chronic pain sufferers: An osteopathic perspective. Keynote presentation at Osteopathy Day – Escola Superior de Tecnologias de Saude de Lisboa, 30th May. Lisbon, Portugal.

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Draper-Rodi J (2014) Are we limiting ourselves in the use of lymphatic pump techniques? Evidence versus conventional wisdom. Osteopathy-congress. 1st December 2014, Berlin, Germany.

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Thomson O. P. (2014). A grounded theory of osteopathic clinical decision-making and therapeutic approaches - Implications for osteopathic education. Keynote Presentation at OSEAN Open Forum: Innovation in Osteopathic Education, 31st May-1st June 2014. Barcelona, Spain.

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Vogel S (2014) NICE guidelines development: Low back pain and sciatica: Management of non-specific low back pain and sciatica. Osteopathy a global presence OIA annual conference, 2-4 October 2014, Runnymede, Surrey, UK.

108 Pickstone, C., Nancarrow, S., Cooke, J., Vernon, W., Mountain, G., Boyce, R., & Campbell, J. (2008). Building research capacity in the allied health professions. Evidence and Policy, 4(1): 75-91.

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110 Research and Scholarship Reports 2010-2013, 2013-14, 2014-15

111 External Examiner Reports 2012-2015 CAE

112 Memorandum of Association

113 Board and Board Subcommittee Terms of Reference

114 School Committee Structure

115 Principals Group Terms of Reference

116 School Management Team Terms of Reference

117 Academic Council Terms of Reference

118 Academic Governance Change Paper

119 Vice Principal (Research) and Vice Principal (Education) Job Descriptions 2013

120 Resource Allocation Group Terms of Reference

121 Resource Allocation Model

122 VFM Strategy

123 QAA Quality Code Mapping

124 Head of Quality Role Description

125 AQF Section 6: Periodic Review

126 AQF Section 5: Annual Monitoring Reports

127 AQF Section 6: Periodic Review

128 AQF Section 11: Student Voice

129 AQF Section 14: External Examination and Moderation of Taught Courses

130 Clinical Tutor Review Forms and Unit Experience Questionnaire

131 Academic Council Terms of Reference

132 Quality Assurance Committee Terms of Reference

133 EESC Terms of Reference

134 RSSC Terms of Reference

135 AQF Section 14: External Examining & Moderation of Taught Courses

136 Responses to External Examiner Reports 2012-13, 2013-14, 2014-15

137 Course Annual Monitoring Reports 2012-13, 2013-14, 2014-15

138 GOsC RQ Annual Reports 2012-13, 2013-14, 2014-15

139 NSS Reports 2012-13, 2013-14, 2014-15

140 NSS Action Plans 2014-15 & 2015-16 within NSS Annual Reports

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