



General Osteopathic Council review of osteopathic courses and course providers

BSc (Hons) Osteopathy

Renewal of recognition review

The College of Osteopaths

November 2008

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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 *Standard 2000: Standard of Proficiency*.

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 and audits 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 higher education audit and review, QAA has published a wide range of 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 *Handbook for the General Osteopathic Council review of osteopathic courses and course providers*, second edition, QAA 2005.

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 Renewal of recognition review of aspects of governance and management, of the academic standards proposed, and of the quality of the learning opportunities proposed in osteopathy at the College of Osteopaths (the College). The programme reviewed was the BSc (Hons) Osteopathy. The review was undertaken by visitors appointed by the General Osteopathic Council (GOsC) in accordance with GOsC's regulatory responsibilities for safeguarding Recognised Qualification (RQ) criteria under the *Osteopaths Act 1993*. A prime focus of the review was the relationship of the programme to the *Standard 2000: Standard of Proficiency (Standard 2000)* professional competence standard of the GOsC. The review was completed in the academic year 2008-09. The review visitors were Mrs Kathy O'Callaghan-Brown, Mr Simeon Milton, Professor Brian Anderton, and Mr Jeff Butel (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 BSc (Hons) Osteopathy programme is:

- **approval with conditions.**

The conditions are:

- the College establishes a clear timetable for decision-making in relation to future clinic provision and submits this to GOsC by 31 March 2009
- the College decision on clinic provision beyond September 2010 is announced and communicated to all stakeholders, including staff, current students, prospective students and GOsC by 28 February 2010
- the new clinic audit database is fully operational for staff and student use by 31 August 2009.

B Findings

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

Strengths

- Diversification of the skills base of the Board of Governors in response to a needs analysis (paragraph 4).
- The development of a middle management tier (education support officers) has the potential to free senior management from operational issues (paragraph 7).
- Measures taken to engage staff and students in strategic planning (paragraph 9).
- The introduction of exit interviews with graduating students to provide a reflective view of the student experience over the full length of the programme of study and the use of this information to inform quality enhancement (paragraph 19).

- The programme aims, intended learning outcomes and curricular content are clearly mapped to *Standard 2000* and communicated to students in a timely fashion (paragraphs 20; 21).
- Effective support for students' study skills development and the opportunity for them to receive formative feedback on assessment drafts (paragraphs 25; 31; 44).
- Marking criteria are clearly delineated and communicated to students who demonstrate an awareness and understanding of them (paragraph 27).
- Oral and written feedback to students provides helpful, developmental and timely remedial support to students who fail an assessment (paragraph 29).
- The high level of academic achievement of students at all levels (paragraph 30).
- The high pass rates on the Final Clinical Competence Assessment (FCCA) (paragraph 32).
- The Integrated Professional Portfolio (IPP) continues to encourage and develop students' powers of reflection and has been further embedded in the provision to support their learning (paragraph 34).
- The encouragement of, and support for, independent learning across the provision (paragraph 35).
- The effective integration of academic and clinical teaching and learning (paragraph 36).
- The high level of academic support and guidance for students, including the work of education support officers and the use of Academic Guidance Interviews (paragraphs 44;45).
- The high quality of documentary guidance, including the Programme Handbook and module guides, and their timely availability to students (paragraph 44).
- Development of the clinic to provide students with an improved, professional clinical experience (paragraph 48).

Areas for development

- The process of ensuring adequate input from internal stakeholders to governance and strategic planning is not yet fully developed (paragraph 5).
- There is, currently, no action plan, with a timeline, to address recruitment trends and potential loss of the Higher Education Funding Council for England (HEFCE) funding (paragraphs 10 to 12).
- The College has yet to establish a clear timetable for decision-making in relation to future clinic provision (paragraph 13).
- The need to announce and communicate to all stakeholders, including staff, current students, prospective students and GOsC, of the College decision on clinic provision beyond September 2010 in good time to allow the chosen option to be implemented, and ensure that continuing students, and those seeking entry in September 2010, are informed of the clinic facilities to be available to them (paragraphs 13; 49).
- There is no standardisation on good practice in the style and content of module leader reports to address the current variability in their quality (paragraph 16).
- The development of a College research ethos and its wider adoption and embedding in the provision has yet to be achieved (paragraph 26).
- The high quality of feedback provided for failing students has yet to be provided to all students in order to allow the latter to fulfil their full potential (paragraph 29).
- The College role in facilitating student study groups within and between years of study is limited (paragraph 35).
- A more formalised peer review process has yet to be implemented (paragraph 38).
- The student recruitment strategy to ensure that student learning is not compromised by very small student groups has yet to be reviewed (paragraph 39).
- More work is required on the development of the Webclinic replacement clinic audit database if it is to be fully operational for staff and student use in time for the start of the 2009-10 academic year (paragraph 50).
- Enhancement of students' access to the library provision on the Archway Campus (paragraph 53).
- The speedy implementation of a fully operational virtual learning environment to support student learning (paragraph 53).

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 the General Osteopathic Council review of osteopathic courses and course providers*, second edition.

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, 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.

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 *Standard 2000*
- 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 College was founded in 1948 to provide part-time education and training in osteopathy. The BSc (Hons) Osteopathy was validated by Middlesex University in 1997 and RQ status was first achieved in 2001. The programme is studied part-time over five years. At the start of 2008-09 there were 84 students enrolled, representing 50.4 full-time equivalents (FTEs). Senior management comprises four staff (2.8 FTEs); there are five education support officers (1 FTE); 32 lecturers (2.4 FTEs); and 14 clinic tutors (3.6 FTEs).

In addition, there are five administrative staff (3.6 FTEs), and three clinic administrators (1.7 FTEs). The College also delivers a BSc (Hons) Osteopathy programme validated by the University of Keele and delivered in Staffordshire.

2 The overall aims of the programme are:

- to train and develop safe and competent osteopaths able to meet the professional standards laid down by the GOsC. To achieve this, the College seeks to provide a programme that is responsive to the needs of the adult learner who must balance existing responsibilities with the level of commitment required to complete the programme
- to support students and enable them to acquire the comprehensive and fully integrated knowledge and skills needed to practise as a competent, mature and confident osteopath, where confidence in their ability to practise is a reflection of their having a full appreciation of the ethical issues surrounding diagnosis, treatment and patient management.

3 More specifically, the programme aims to:

- provide students with the knowledge, skills and experience to prepare them to work as osteopaths
- provide an environment for effective learning which will encourage and motivate students to learn, and promote autonomous learning
- enable students to develop lifelong learning and research skills
- enable students to develop as reflective practitioners within the field of osteopathy
- enable individuals to develop an awareness and understanding of the wider political, social and economic context of osteopathy.

E Commentary on the provision

Management and governance: strategic

4 The College is constituted as a company limited by guarantee and is a registered charity. The Board of Governors has undertaken a review of the skills sets needed within its membership in order to ensure effective discharge of its responsibilities, and three new governors have been appointed. Identification and nomination of potential new members of the Board of Governors is undertaken by the Chair of the Board and there is little documentation recording the process. There are now seven governors who also constitute the members of the company within the terms of the Memorandum and Articles of Association. The balance of skills among members of the Board of Governors now more closely reflects the needs of the College.

5 Members of the College's Senior Management Team are in attendance at Board meetings and students are invited to attend as observers, although neither of these stakeholder groups has formal representation on the Board. Board members participated in a one-day Trustee Training Course in April 2008 in order to raise their awareness of their duties and responsibilities as trustees of the College.

6 The management structure has undergone some change and augmentation since the last RQ Renewal of recognition review in 2006. The College now identifies three management layers, the Executive comprising the Principal, Vice Principal and the finance function; senior management comprising the Curriculum Manager, two programme leaders (Middlesex and Keele validated provisions) and Clinic Director; and middle management comprising the education support officers and Administration Manager. The new role of Vice Principal has been filled with the promotion of the Programme Leader. This has left a

vacancy in the management structure for which existing staff are providing cover. Furthermore, the present Principal is relinquishing his post and the Vice Principal has been asked to take on the role of Acting Principal for the remainder of the academic year. In order to provide some continuity, the Principal will assume the role of Vice Principal, until permanent appointments are made.

7 The College has developed an appropriate management structure. A new middle management tier has been introduced: one Clinic and four academic education support officers (Academic; Research; Study Skills; and Programme Integration). The introduction of this middle management tier has the potential to free time previously spent by members of the Senior Management Team on operational matters, allowing them more time to address the strategic challenges faced by the College.

8 The roles of the Board of Governors and the Senior Management Team have not been clearly articulated leading to some tension between the two bodies. Their respective roles have now been clarified, and both parties are confident that overlap of roles will not arise in the future.

9 The RQ Renewal of recognition review in 2006 noted the absence of a strategic plan for the development of the College and made finalisation of a strategic plan by mid-year 2007 a condition of approval. The College met this requirement by developing a detailed Strategic Plan covering the period 2006 to 2011. This Plan confirms the College's intention to develop its role as an institution specialising in part-time provision for mature learners. Progress against Plan objectives is monitored by the Senior Management Team and reported to the Board of Governors. There is clear communication of the Plan to staff. The participation by students and staff in its annual review is a strength.

10 The 2005 Review found the College to be in a sound financial position. It had generated increasing financial surpluses over the previous few years, it had no borrowing and it owned the freehold of its then clinic premises. From 2005-06, the College had secured a five-year agreement with Middlesex University that it should receive Band B HEFCE funding for eligible students. However, the College now faces financial pressures. There has been a consistent decline in student recruitment leading to considerable loss of income. Only 10 students were admitted to the Middlesex programme in 2008-09. In addition, new regulations removing HEFCE funding for students on programmes leading to an award equivalent to, or lower than, their current qualifications will adversely affect the College's income. The College estimates that over half of its students are already graduates and so would not be eligible for HEFCE funding in the future.

11 In 2007-08, the College budgeted for a small deficit but, in the event, this was avoided primarily due to lower than projected costs for lecturing and administrative staff. In 2008-09 the College is projecting a somewhat larger deficit, in part made up of the anticipated clawback of HEFCE funding in the first year of operation of the equivalent or lower qualifications policy. The Senior Management Team and Board of Governors are reviewing opportunities for cost savings across the College.

12 The College believes that it has sufficient reserves to be able to wait to see if the downward trends in student recruitment are a temporary phenomenon. It is, however, pursuing a proactive approach by seeking to develop a more effective marketing strategy to increase student recruitment. It is also developing an Access to Higher Education programme with a local further education college, which it is hoped will allow entry to the BSc (Hons) Osteopathy from 2010. The College is diversifying its income base through the introduction of a portfolio of postgraduate programmes including an Advanced Diploma in Osteopathy, a Postgraduate Certificate in Clinical Studies (Osteopathy) and an MSc in Professional Studies (Osteopathy). It is also seeking to introduce an integrated master's pathway within its undergraduate programme.

13 The lease on the clinic premises at Isopad House expires in less than two years. Given the short timescale involved, the lack of a clear timetable for decision-making in relation to future clinic provision, and the communication of the decision to all stakeholders including staff, current students, prospective students and GOsC, is a cause for concern.

Management and governance: the maintenance and enhancement of standards and quality

14 The BSc (Hons) Osteopathy is an award of Middlesex University, and is overseen on behalf of the University by its School of Health and Social Sciences. There is a Memorandum of Co-operation between the College and the University setting out respective responsibilities for delivery of the programme. A University link tutor enables day-to-day communication between the College and the University's School of Health and Social Sciences. The programme is subject to the University's normal procedures for annual monitoring and periodic review.

15 The RQ Renewal of recognition review, 2006, identified improvements in the internal quality assurance mechanisms within the College, with a key feature being the creation of the post of Programme Leader whose brief encompassed quality assurance across the College. Since then the Programme Leader has been promoted to Vice Principal and is soon to become Acting Principal. It is not clear what the implications of changes are for the management of quality assurance within the College.

16 The College has an established and developing approach to self-assessment. The Programme Leader and the Clinic Director produce annual reflective reports. Annual module leader reports meet the requirements of the University and inform the Programme Leader's Report. There is considerable variation in the style and content of the reports for 2007-08 and there is scope for standardising the format of Module Leader Reports on the best practice seen by the visitors. The style and content of education support officers' reports reflect their different briefs.

17 Two new academic external examiners and two new FCCA external examiners were appointed in 2007-08. Notwithstanding some differences of opinion between the outgoing academic external examiner and the College, the former's 2006-07 annual report stated that assessment boards had reached appropriate decisions. The new external examiners, academic and FCCA, commended the quality of the one-day induction programme they had attended, and its helpfulness in better understanding their role as external examiners.

18 The College canvasses student opinion widely. Tutor evaluation questionnaires are completed at the end of each module. They are used by module leaders to inform their annual reports and they are reviewed by the education support officers and the Board of Studies. The latter meets twice yearly with student representatives from all years. Students report that the College listens to, and seeks to address, their concerns. Student representatives attend the Board of Governors meetings by invitation: they are not members of the Board. Student representatives regard this as helpful in keeping abreast of actual and planned developments and felt that the Board of Governors took an interest in their views.

19 In 2006-07, the College piloted a system of exit interviews with graduating students after they had completed their FCCA. In 2007-08 half of graduating students participated. Outcomes of exit interviews are summarised and provide the College with a reflective view of the student experience over the full duration of the programme of study. The College is making effective use of this information to inform quality enhancement.

An evaluation of the clinical and academic standards achieved

Intended learning outcomes

20 The educational aims and intended learning outcomes for the BSc (Hons) Osteopathy are developed by the College and validated by Middlesex University. They are included in the Programme Specification and Curriculum Map contained within the Student Programme Handbook. The intended learning outcomes are clearly stated and communicated to staff, students and external examiners in a timely fashion.

21 The intended learning outcomes are clearly mapped to *Standard 2000* and reflect *The framework for higher education qualifications in England, Wales and Northern Ireland* and Middlesex University level descriptors. The intended learning outcomes are understood and used by students to underpin their learning, by staff in their teaching, and by staff and external examiners in pre and post-assessment practice. The College has taken cognisance of the *Subject benchmark statement* for osteopathy and will incorporate it formally in the next Middlesex University validation exercise in 2009-10.

Curricula

22 The curriculum is clearly set out in the Student Programme Handbook and CD-ROM. It is delivered in a timely fashion to the staff, students and external examiners. Details of the curriculum are issued to students at the beginning of the academic year and they appreciate the usefulness of this information in planning their studies.

23 The curriculum is clearly mapped to all *Standard 2000* required competencies and is appropriately designed to facilitate students' ability to meet the intended learning outcomes at the appropriate stages of the programme. This clear mapping is carried through to lecture handouts and lecture notes which provide students with a coherent structure, relating lecture intended learning outcomes to module intended learning outcomes and overall curriculum aims.

24 The sole alteration to the curriculum since the previous Renewal review has been to reverse the order of delivery of the level 2 modules, Natural Therapeutics and Dysfunction and Disease. This change reinforces intellectual progression through the levels of study and provides greater curricular cohesion. This is an appropriate change to the curriculum and is compliant with section Y6 of *Standard 2000*. Students consider this to be a more logical sequencing and one that will further support their learning.

25 The College recognises that many of its students will be returning to study after a number of years. The supportive Skills module in Semester 1 of the year one (level 1) provides the basis for return-to-study and lays the foundation for the Research Skills and Research Project at level 3.

26 The College continues to seek to bolster the research component in the curriculum. The Education Support Office (Research) has a brief to increase both the level of understanding and the use and integration of research throughout the provision. One noticeable outcome is improved referencing in student work. However, the wider adoption of a College-wide research ethos, and its embedding in the provision as a whole, has yet to be implemented fully.

Assessment

27 The assessment process operates within the Middlesex University academic framework. The range of assessments tools used is well designed and appropriate. Assessment is fair, effective and reflects progression, integration and coherence. Formative and summative assessments are used widely and are clearly communicated to, and understood by, students. The Education Support Officer (Academic) will shortly be reviewing assessment in a number of modules, for example, Tissue Dynamics and Exploration and Analysis, as part of a continuous process of review of module assessment. Students demonstrate understanding and awareness of marking criteria, including those which have recently been redesigned at levels 2 and 3.

28 The Integrated Professional Portfolio has been further strengthened by the introduction of a Professional Practice viva voce. This assessment seeks to measure the students' professional skills of integration, analysis, and reflective practice, which are often less effectively assessed by a written examination. In response to student comment, this viva voce is now set earlier in the programme, where its relevance is more readily apparent to students, and it allows for better integration in to the student learning experience.

29 Students value the helpful and timely remedial support and oral and written feedback given to those who fail in one or more items of assessment. Clearly itemised action points which provide an effective framework for improvement are appreciated by the students. This high quality feedback is not made available to other students to allow them to fulfil their full potential.

Student achievement

30 Students demonstrate high levels of academic and clinical achievement. In the academic year 2007-08, after resits, only 3 per cent of students failed a module. In 2008, two students achieved First class honours, 10 students Upper Second class, nine Lower Second class, and three Third class honours.

31 Both external examiners' 2007-08 reports described high overall levels of achievement and excellent student work in research proposals and projects. One external examiner reported that some aspects of student work were at M-level. Some weaknesses were identified, including uncritical use of source material. The support given to students pre-assessment, with draft essays and, after failing an assessment, with tutorials and individual support, seeks to address such weaknesses and is a major factor in these high achievement levels.

32 Level 5 students produced good results in the 2007 FCCA with 92 per cent passing the assessment after resits. In the 2008 examination 75 per cent passed at the first attempt, with a total of 92 per cent passing after resits. External examiners' reports on the 2008 FCCA noted students' comprehensive case history taking and clear, informed case history presentations and improved patient care and handling by the students, compared with 2007. Areas of concern noted by the external examiners in the 2008 FCCA include weaknesses in anatomy, some unsystematic clinical testing and occasional use of inappropriate technique and positioning with elderly patients.

33 Students' assessed work demonstrates their achievement of the intended learning outcomes and that the standards achieved are appropriate when measured against *Standard 2000*.

The quality of the learning opportunities provided

Teaching and learning

34 The design and implementation of the IPP continues to be a strength of the provision. It encourages and develops students' powers of reflection and has been further embedded in the provision to support their learning. Students complete their initial IPP in level 1 and are required to reflect at this stage on their strengths, weaknesses and expectations, as they begin their studies into osteopathy. Students are then given guidance to help address these noted weaknesses, which are often concerns of mature students returning to education. The students then return and update their IPP periodically during the course. Any new or continuing weaknesses are identified and appropriate guidance provided by the College. The student workload, although high, is manageable and reflects the nature of part-time professional programmes.

35 The part-time attendance nature of the provision requires students to engage in independent learning. The College is seeking to reinforce its encouragement and support for independent learning across the provision through the virtual learning environment currently under development. In addition, students form study groups to provide group support for learning. Students value these groups highly. However, these are largely confined to within years of study and are often highly localised, due to travel considerations. Although the College provides some support for these groups, students would welcome a more proactive approach from the College and, in particular, greater encouragement and support for inter-year groupings.

36 There is effective integration of academic and clinical teaching and learning in compliance with section Y7 of *Standard 2000*. Teaching observations provided evidence of supportive and effective teacher interaction with students. Students are encouraged to engage in active learning and this was evident in students' participation in lectures in line with section X5 of *Standard 2000*. Similar encouragement to be active learners is offered to students in the clinic. However, on the day of the clinic observations, patient cancellations limited the visitors' opportunities to witness much student-patient and student-tutor interaction.

37 The visitors observed a range of teaching methods, supported by learning materials distributed to the students. The intended learning outcomes for the teaching session were clearly set out and mapped to the curriculum in accordance with sections X1 and X4 of *Standard 2000*. These materials not only support student learning in the lecture but also encourage and support further, independent learning, through suggested additional reading. On the Archway Campus there was a reliance on overhead projection sheets in the majority of the classes observed. The CDs distributed to students provide high-quality guidance and are highly valued by students. The CDs provide clear descriptions of intended learning outcomes for each module, and for each class activity within it. This enables students to place their learning in context. This clear information supports and encourages learning in weekend face-to-face teaching sessions and remotely. There are attempts to integrate research into teaching and learning beyond the Research Skills and the Research Project modules.

38 Team teaching provides an opportunity for reflection and sharing of good practice. In addition, there is a limited peer review process conducted on an informal, voluntary basis. The College is considering introducing a more structured and formal system of peer review.

Student progression

39 The College has experienced a continued fall in recruitment since the last RQ Review. Year one intakes in the years 2006-07, 2007-08 and 2008-09, were 25, 19 and 10 students respectively. To redress this the College introduced a second entry date, a 'fast-track', in January 2007. Four students were admitted through this route. Monitoring of their progress suggests that they were able to cope with the accelerated programme of study. However, the College was unable to recruit any fast-track students in January 2008, although it hopes to do so in January 2009 with recruitment of around four students to the 2008-09 year one

cohort. In addition to the revenue implications of falling student numbers, there are implications for the learning experience of students in very small groups. The Board of Governors and Senior Management Team have identified the decline in student recruitment as the most significant challenge facing the College. The effectiveness of the College student recruitment strategy has yet to be reviewed to ensure that it delivers the necessary number of students to prevent deterioration of the student learning experience.

40 The College launched a new website in October 2007, and this is seen as a major channel for future recruitment of students. The majority of students had found out about the College and the programme through an internet search. However, a significant number of students had learned about the programme by word of mouth, notably by personal recommendations from previous students. Students confirmed that the information the College had provided prior to their admission was accurate. Several students had not fully appreciated the demands that combining study with work and personal commitments would make on them, but felt that the College did as much as it could to make these clear. Graduates supported the view that information given before joining the course was accurate. However, they did express disappointment that the elective modules which they had anticipated studying had become part of the master's programme, and most of them were accessible to undergraduate students only as extra cost additional modules.

41 The College has a well developed admissions system making use of a database which tracks students from initial enquiry to admission and registration. Students reported that they liked the friendliness and inclusiveness of the College when they attended open days. Students are interviewed by two members of staff under well-documented procedures

42 Students with relevant prior academic and professional knowledge may enter through accreditation of prior learning procedures. Applications received by this route are considered by the College Curriculum Manager, and then routed through the University Link Tutor for a formal admission decision to be made by the University's School of Health and Social Sciences Accreditation Committee. The College runs a Foundation Course designed primarily for students whose entry qualifications are regarded as requiring a 'top-up', and for whom satisfactory completion of the course is an admissions requirement. Other students who wish to attend the course may do so if places are available, and the course runs over six days during August for September entry. Several students met by the visitors had attended the Foundation Course and had found it a valuable preparation for their later studies. The number of students taking the Foundation Course route is small; two entered the programme from this route in 2008-09.

43 Progression rates between years one and two show considerable variation. Progression rates from year one to year two, over the academic years 2004-05 to 2007-08 inclusive, vary from 60 per cent in 2004-05, to 96 per cent in 2006-07, with an average of just under 70 per cent. The majority of students leave the programme for non-academic reasons; of the 28 students not progressing from year one over the four-year period, only four did so for academic reasons. Over the same four-year period, the average progression rate from year two to year three was 82 per cent, from year three to year four, 97 per cent, and from year four to year five, 93 per cent. Thus, beyond year one the level of student progression is good, with modest levels of both academic failure and withdrawal from the programme for non-academic reasons. Non-progression is overwhelmingly due to personal circumstances such as family or work commitments, health issues and financial difficulties.

44 The College is committed to the provision of part-time osteopathic education for mature students. This poses particular issues for student support and guidance as students return to learning and need to balance study, work, family and social commitments. Students consider the first year of their studies to be a steep learning curve. The College has recognised this and, as well as normal induction arrangements, it has made provision for continuing study skills support through the Education Support Officer (Study Skills). In order to identify individual student learning problems and match these to appropriate support, mid-year

Academic Guidance Interviews were introduced for year one students in 2006-07. They have subsequently been held with students progressing from year four to five, and in 2008-09 will also apply to students as they move from year two to three. These arrangements are well regarded by students. The College also holds a one-day induction to the clinic, and students are extremely enthusiastic about the value of this. Written guidance is of high quality and available in a timely fashion, and students particularly valued the CD-ROM format in which materials are provided.

45 The education support officer role has been developed and consolidated. They have distinct and well understood roles, and students were able to articulate these. Their role is to identify and assist students who need academic and clinical support. This pastoral care is similar to a personal tutoring scheme. As well as giving face-to-face support and guidance, education support officers use email communication to support students outside normal attendance times. They also ensure that records of any guidance and support provided are kept in the students' personal files. The work of the education support officers makes a significant contribution to the quality of support and guidance for students.

46 Graduates and current students consider that the College provides a supportive learning environment. Graduates and students in later years of the programme commented on the continuous improvements in the quality of support which they had experienced.

Learning resources

47 The academic, clinical and administrative staff are well-qualified and provide effective support for student learning. Almost all staff are part-time, but there is effective communication between them. Students report that all staff are approachable and very supportive.

48 The Clinic facilities in Isopad House are valued by staff, students and patients. The Clinic has seven good capacity treatment rooms and two designated tutor rooms where students can discuss patients with their clinic tutors or have private tutorials. Students can also make use of a light and airy library which contains reference books and two computers, and a student room with kitchen facilities.

49 The lease on the Isopad House Clinic is due for renewal in 2010. Options include renewal of the lease; acquisition of freehold premises further north (an objective already contained in the Strategic Plan); a collaborative arrangement to share clinic facilities with another osteopathic provider; or a move to smaller premises, perhaps back to the former clinic. The College estimates that it will take six months to return the clinic to its original location at Furzehill Road, as it would require a complete refurbishment and the rehousing of the College administration which currently occupies the premises. As a result the issue is becoming urgent, but there is currently no clear timeline for decision-making or communicating the decision to all stakeholders including staff, current students and prospective students seeking entry in September 2010.

50 The College has recognised that its WebClinic software programme has not delivered its full potential and is working at 50 per cent of its capacity. The Education Support Officer (Clinic) is working on an alternative, in-house audit programme. At present it has limited functionality and a paper trail is used. Students and staff are yet to be trained in its use. The result is that audit of student-patient interactions continues to rely largely on a manual system.

51 The College is continuing to make considerable efforts to attract new patients. Currently, all students are able to see the required number of patients, although the visitors had the opportunity to observe just one new patient and one specialist treatment during their visit. To enrich student learning, the Clinic has introduced specialist clinics in cranial osteopathy, and

orthotics, and a children's clinic. In addition, students are encouraged to attend the Haringey clinic where they are exposed to a different social and age mix of patients.

52 The College continues to use Middlesex University's Archway Campus facilities for its academic sessions. They make use of four large teaching rooms and two storage areas. The College has sufficient hydraulic couches and adjustable couches at its disposal.

53 As in previous visits, library access remains an issue. The library is well stocked, with over 40,000 medically related books and adequate multiple supplies of osteopathic volumes and CDs. The computer room has over 20 computers and the library is reasonably well stocked with osteopathic related journals. However, the library opening times remain limited to 1000 to 1430 hours on Saturdays and closed on Sundays. Students use the British Library to get the required research material. The College is seeking to implement a virtual learning environment but the programme is behind schedule and there was little to see during the visit.