



General  
Osteopathic  
Council



**QAA**

# **General Osteopathic Council review of osteopathic courses and course providers**

**BOst (Middlesex)  
MOst (Middlesex)**

**BOst (Staffordshire)  
MOst (Staffordshire)**

**Initial recognition review**

**BSc (Hons) Osteopathy (Middlesex)  
BSc (Hons) Osteopathy (Keele)**

**Monitoring review**

**College of Osteopaths**

**May 2012**

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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 Osteopathic Practice Standards.

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

## GOsC review

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

GOsC review may take one of three forms:

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

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

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|--|
| <ul style="list-style-type: none"><li>• <b>approval without conditions</b></li><li>• <b>approval with conditions</b></li><li>• <b>approval denied.</b></li></ul> |
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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 combined Initial recognition and Monitoring review of aspects of the governance and management, the academic standards achieved, and the quality of the learning opportunities provided in osteopathy at the College of Osteopaths. The programmes reviewed for initial recognition were the Bachelor of Osteopathy (BOst) (5 years part-time, 4 years full-time and 5 years mixed (3 years part time plus 2 years full time)) and Master of Osteopathy (MOst) (5 years part-time, 4 years full-time and 5 years mixed (3 years part time plus 2 years full time)) courses validated by Middlesex University, and the BOst and MOst course validated by Staffordshire University. The programmes monitored were the BSc (Hons) Osteopathy validated by Middlesex University and the BSc (Hons) Osteopathy validated by Keele University. The review was undertaken by visitors appointed by the General Osteopathic Council (GOsC) in accordance with GOsC's regulatory responsibilities for safeguarding Recognised Qualification (RQ) criteria under the *Osteopaths Act 1993*. A prime focus of the review was the relationship of the programmes to the Osteopathic Practice Standards professional competence standard of the GOsC. The review was completed in the academic year 2011-12. The review visitors were Mr Simon Browning, Dr Andy Thompson, Ms Sarah Wallace, and Mr Jeffery Butel (Review Coordinator).

## A Formal recommendations

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

The recommendation of the visitors for the BOst (Middlesex), MOst (Middlesex), BOst (Staffordshire) and MOst (Staffordshire) is:

- **approval with conditions.**

The conditions are:

- the College must review its assessment strategy, giving consideration to the weighting of individual assessments and the assessment load, across both Middlesex and Staffordshire provisions to ensure parity of the student experience, and implement the changes by the end of the academic year 2012-13 (paragraphs 15 and 16)
- the College must develop and make explicit the assessment criteria employed for student academic and practical work to demonstrate progression through the levels, by the end of the academic year 2012-13 (paragraph 17)
- the College must draw up a five-year rolling clinic marketing strategy for both provisions, aimed at recruiting patient numbers in line with current and projected student numbers and incorporating projections of resource availability and risk analysis, during the academic year 2012-13 (paragraph 44)
- the Board of Governors must review the Strategic Plan regularly and improve the recording of their deliberations in all governance activity during the academic year 2012-13 (paragraphs 47 and 48)
- the College must establish a procedure to ensure that all elements of the quality assurance cycle are audited, reviewed and presented formally to the Senior Management Team and Board of Governors for action, during the academic year 2012-13 (paragraphs 52 and 55).

## **B Findings**

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

### **Strengths**

- comprehensive student support provision (paragraph 34)
- extensive university library and information technology and other learning support resources (paragraphs 38, 39 and 40)
- excellent clinical and academic facilities provided by the North Staffordshire Medical Institute (paragraph 43).

### **Good practice**

- the development and embedding of the progressive Reflection, Evidence and Professional Skills strand into the programmes (paragraph 9)
- inclusion of assessment briefs, with comprehensive guidance, within the module handbooks (paragraph 34)
- the proactive work of the Board of Governors in managing the financial soundness of the College and in arranging regular meetings with students (paragraphs 48 and 49)
- the emphasis on enhancement in the Curriculum Report and the Quality Report, which are well designed to facilitate significant improvement of the students' learning experience (paragraph 55).

### **Areas for development**

- ensure that students and staff across both provisions are made better aware of overall programme aims and objectives and where and how they are embedded (paragraphs 4 and 34)
- develop all other programme strands, in line with that already undertaken in Reflection, Evidence and Professional Skills, to further encourage and promote student independent learning and criticality (paragraphs 9 and 25)
- ensure greater consistency in the comprehensiveness and constructiveness of feedback provided on student work (paragraph 18)
- continue the process of harmonisation across the programmes by reviewing the time allocated to modules, the content of reading lists and strengthening the monitoring of delivery (paragraphs 24 and 54)
- ensure closer adherence to the intended learning outcomes for Clinical Osteopathy 5 at levels 6 and 7 (paragraph 26)
- further develop the use of the virtual learning environment to support interactive learning (paragraph 40).

### **Monitoring review**

The visitors were required to address the following.

- An exploration of the impact of the new educational structure and qualifications on the existing recognised qualification at Keele University and how this will operate when current year 4 students transfer to the University of Staffordshire campus. The visitors conclude that this has been handled successfully, with minimum disruption to students' learning experience (paragraph 56).

- An exploration of the facilities shared with the London College of Osteopathic Medicine (LCOM) at Marylebone. The visitors visited LCOM and found the facilities to be adequate (paragraph 42).
- A specific investigation of the issues raised in previous external examiner reports for the College. These related to the development of research and critical appraisal elements within the BSc (Hons) Osteopathy; ensuring that best practice on coursework is shared among staff; students' unquestioning use of source material; students not being clear about who marks their work; and the need for work to be carried out in differentiating expectations across different levels, particularly in relation to level 6. Research and critical appraisal elements are spearheaded by the excellent Reflection, Evidence and Professional Skills strand, although work remains to be done elsewhere across the curriculum (paragraph 9). There has been improved feedback on coursework (paragraph 18). Strengthened research input has tightened students' use of source material (paragraph 20). Students are clear about who marks their work (paragraph 18). Work still needs to be done to ensure that students' work and the associated assessment criteria reflect appropriate levels, especially level 6 (paragraphs 17 and 20).
- A specific investigation of the Middlesex external examiner's findings that there were several distinct differences between the courses delivered at Keele and Middlesex. Any differences will no longer apply because the Keele provision ceases this year. Keele students who met the visitors were happy with their experience. There continue to be differences between the provision at Staffordshire and Middlesex. Further harmonisation is required (paragraphs 24 and 54).
- A clarification of the roles of newly appointed staff at Middlesex campus. In 2010 a Senior Lecturer and in 2011 a Junior Lecturer and Classroom Assistant were appointed with clearly defined roles.
- A review of issues raised by students and how these have been dealt with. The College has responded to student concerns promptly where possible.

## **C Description of the review method**

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

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

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

Documentary evidence typically used includes financial accounts, strategic plans, financial projections, insurance schedules, student work, clinic management records, internal reports from committees, boards and individual staff with relevant responsibilities, and external reports from examiners, verifiers, employers, and validating and accrediting bodies.

Meetings with students are strictly confidential between the students attending and the visitors; no comments are attributed to individuals. Teaching and learning observation is governed by a written protocol. There is a written protocol for unsolicited information by which staff, students and patients can submit information about the provision relating to standards and quality. This information can be submitted anonymously.

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

Key features of GOsC review include:

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

## **D The overall aims of the provider**

1 The College of Osteopaths (the College) has been involved in osteopathic education for some 60 years, and specialises in part-time provision that seeks to be responsive to the needs of the adult learner. The College delivered part-time osteopathic education solely at its London-based campus until 2005. It then expanded its provision beyond London and the South East to provide a part-time programme in collaboration with Keele University.

2 The College has been delivering BSc (Hons) Osteopathy programmes in collaboration with Middlesex University and Keele University at the respective London and Keele campuses. Both programmes have been awarded 'RQ' status which is current until 2014 and 2015 respectively. The fifth year cohorts at each campus are enrolled on the BSc (Hons) programmes and are expected to graduate in the summer of 2012. The collaboration with Keele University is being phased out, and although the BSc (Hons) remains a Keele award, delivery of it has transferred to the Staffordshire University site. The College has developed the BOst and MOst programmes in collaboration with Middlesex University for the London-based programme, and Staffordshire University for the programme based in Stoke-on-Trent. Both collaborations are regulated by a Memorandum of Agreement. This contractual arrangement invests responsibility in the universities for assuring the academic standard of the award, while the College is responsible for the management and delivery of the programme, and for acquiring and maintaining professional accreditation with the GOsC. Students on the BOst/MOst programmes were aware that these programmes did not have RQ status at that time. There are 35 students enrolled on the Staffordshire BOst/MOst programme, and a further six on the Keele University BSc (Hons) Osteopathy. There are 45 students enrolled on the Middlesex BOst/MOst and a further 18 on the BSc (Hons) Osteopathy.

3 The stated overall aim of the Bachelor of Osteopathy (BOst) and Master of Osteopathy (MOst) programmes is to train and develop safe and competent osteopaths, able to meet the professional standards laid down by the General Osteopathic Council (GOsC).

Specific aims are 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 to 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 students to develop an awareness and understanding of the wider political, social and economic context of osteopathy
- develop criticality, professional judgement and autonomy of action
- provide students with the business skills required to run a successful osteopathic practice.

Prior to the visit the College of Osteopaths received three items under the protocol for unsolicited information. These were considered by the team and formed part of the evidence on which the findings were based.

## **E Commentary on the provision**

### **An evaluation of the clinical and academic standards achieved**

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

4 The programme aims and objectives are prominent in the self-evaluation and the Staffordshire University Programme Handbook but less so in the Middlesex University Programme Handbook. In meetings with the visitors, staff and students demonstrated limited knowledge of the programmes' aims and objectives.

5 The programmes' aims and objectives are reflected accurately in the stated intended learning outcomes for both provisions. In general, they are appropriate to the nature and level of the awards and reflect general osteopathic practice. The difference in level between the BOst and MOst programmes is clear and well illustrated by the intended learning outcomes of the two common curricular strands: Reflection, Evidence and Professional Skills and Clinical Osteopathy.

#### **Curricula**

6 Until the end of year 3 (level 5) the BOst and MOst share the same curriculum. Staff hold progression interviews with students at the start of year 4 to decide which programme each student will follow. At this point the MOst students begin Reflection, Evidence and Professional Skills 4 and BOst students begin Reflection, Evidence and Professional Skills 3. At the beginning of year 5 MOst students begin Clinical Osteopathy 5 (level 7) while BOst students begin Clinical Osteopathy (level 6). The different learning expectations for BOst and MOst students are set out explicitly in the intended learning outcomes for both the Clinical Osteopathy 5 module and the Reflection, Evidence and Professional Skills module 3 and 4.

7 A start has been made in mapping module content against the new Osteopathic Practice Standards, but it is not yet complete. In detail, the mapping is as follows.

## **Theme A: Communication and Patient Partnership**

A1: Five modules are mapped to the interpersonal communications skills and the ability to adapt communication strategies to suit the specific needs of a patient. The Clinical Osteopathy strand (modules 3, 4 and 5) has dedicated intended learning outcomes that fulfil this category. In the two modules Integration and Reflection of Osteopathic Theory and Practice it is implicit in the overall module objectives.

A2: Clinical Osteopathy 2 and 3 both reflect the demands of A2, acknowledging the need to listen to patients and respect their concerns and preferences. This is further reflected in both Integration and Reflection of Osteopathic Theory and Practice.

A3: Three modules, Clinical Osteopathy 3, Integration of Osteopathic Theory and Practice and Reflection of Osteopathic Theory and Practice, emphasise the need to recognise how to give patients information that they can understand.

A4: The College considers that the three modules Clinical Osteopathy 1, Analysis of Osteopathic Theory and Practice, and Professional Practice introduce the students to the need to receive valid consent before examination and treatment. This is not explicit in the intended learning outcomes of any of the listed modules.

A5: Five modules are mapped to the need to work in partnership with patients to find the best treatment for them. These are listed as Analysis of Dysfunction and Disease, Integration of Osteopathic Theory and Practice, Reflection of Osteopathic Theory and Practice, and Clinical Osteopathy 4 and 5. The intended learning outcomes for the first two modules are not explicit in this regard. There is a stronger inference in Reflection of Osteopathic Theory and Practice and Clinical Osteopathy 4, and a greater emphasis in Clinical Osteopathy 5.

A6: The need to support patients in caring for themselves to improve and maintain their own health is explicit in Natural Therapeutics. The other module mapped, Exploration in Osteopathic Theory and Practice, is silent in this regard.

## **Theme B: Knowledge, Skills and Performance**

B1: Six modules are mapped against this category. The Introduction to Osteopathic Theory and Practice introduces osteopathic concepts and principles. Natural Therapeutics emphasises the integration of osteopathic principles and their critical application to patient care. The intended learning outcomes of the other four listed modules, Application of Osteopathic Theory and Practice, Clinical Osteopathy 1, Tissue Function and Dysfunction, and the Analysis of Dysfunction and Disease, do not make reference to the category.

B2: The need to have sufficient knowledge and skills to support work as an osteopath is emphasised strongly in three mapped modules: the Application of Osteopathic Theory and Practice, Tissue Function and Dysfunction, and Dysfunction and Disease.

B3: Five modules are mapped against this category: Exploration in Osteopathic Theory and Practice, Analysis of Osteopathic Theory and Practice, Clinical Osteopathy 3, Integration of Osteopathic Theory, and Application of Osteopathic Theory and Practice. There is no reference within the intended learning outcomes to support the need to recognise and work within the limits of osteopathic training and competence.

B4: The need to keep professional knowledge and skills up to date is emphasised strongly in the three identified modules of the Reflection, Evidence and Professional Skills strand.

## **Theme C: Safety and quality in practice**

C1: The requirement to conduct an osteopathic patient evaluation sufficient to make a working diagnosis and formulate a treatment plan is mapped against 10 modules. It is emphasised strongly in the following modules: Dysfunction and Disease, Clinical Osteopathy 2, 3, 4 and 5; Exploration, Integration and Reflection in Osteopathic Theory and Practice; and Analysis of Dysfunction and Disease. Natural Therapeutics and Analysis in Osteopathic Theory and Practice do not make reference to this theme.

C2: Twelve modules are mapped against the requirement to formulate and deliver a justifiable treatment plan or an alternative course of action: The Natural Therapeutics, Dysfunction and Disease, Clinical Osteopathy 2, 3, 4 and 5; Integration and Reflection in Osteopathic Theory and Practice; and Analysis of Dysfunction and Disease emphasise this theme. The intended learning outcomes of Exploration and Analysis in Osteopathic Theory and Practice, and Tissue Function and Dysfunction do not make reference to the category. In the Application of Osteopathic Theory and Practice the theme is implicit.

C3: The emphasis on caring for patients and the need to do the best to understand their conditions and improve their health is identified in eight mapped modules. Clinical Osteopathy 3, 4 and 5 and Analysis of Dysfunction and Disease are explicit in describing this theme. There is no mention of this theme in Analysis and Exploration in Osteopathic Theory and Practice, while in Natural Therapeutics and Integration and Reflection in Osteopathic Theory and Practice it is implicit.

C4: The need to be polite and considerate with patients is emphasised strongly in Clinical Osteopathy 1, 4 and 5 but it is not referenced in Clinical Osteopathy 2 and 3.

C5: Five modules are mapped against this category. The need to acknowledge patients' individuality in determining how to treat them is implicit in Clinical Osteopathy 3, 4 and 5 and Reflection in Osteopathic Theory and Practice. The intended learning outcomes of Natural Therapeutics and Integration in Osteopathic Theory and Practice make no reference to the category.

C6: The need to have respect for patients' dignity and modesty is emphasised in Clinical Osteopathy 2 but not in Clinical Osteopathy 3, 4 and 5 or Professional Practice.

C7: Ten modules are mapped against this category. The need to provide appropriate care and treatment is emphasised in Clinical Osteopathy 2, 3, 4 and 5, Reflection in Osteopathic Theory and Practice, and Analysis of Dysfunction and Disease. It is implicit in Application in Osteopathic Theory and Practice while not mentioned in the intended learning outcomes of Natural Therapeutics or Exploration, Analysis and Integration in Osteopathic Theory and Practice.

C8: Three modules are mapped against the need to ensure that patient records are full, accurate and completed promptly. It is mentioned explicitly in Professional Practice but is absent in Clinical Osteopathy 3, 4 and 5.

C9: The need to help patients promptly and keep them from harm is mapped against Dysfunction and Disease, Analysis of Dysfunction and Disease Clinical Osteopathy 3, 4 and 5. It is absent from the intended learning outcomes of these modules.

## Theme D: Professionalism

At levels 5 and 6 the themes are as follows.

D1: You must consider the contributions of other healthcare professionals to ensure best patient care and D2: You must respond effectively to requirements for the production of high quality written material and data, to be mapped to Reflection, Evidence and Professional Skills 1 and 2. However this is not explicit in the programme documentation. At level 6 all the professionalism themes are mapped.

D2: You must respond effectively to requirements for the production of high quality written material and data to be mapped to Reflection, Evidence and Professional Skills 3 and Professional Practice. There is no reference in the intended learning outcomes of Reflection, Evidence and Professional Skills 3, although in Professional Practice they are both mentioned explicitly.

D3: You must be capable of retrieving, processing and analysing information as necessary is explicitly mapped against Reflection, Evidence and Professional Skills 3.

D4: Three modules are mapped against this category. There is no reference in the intended learning outcomes of the Integration on Osteopathic Theory and Practice or Professional Practice modules to support the need to make sure your beliefs and values do not prejudice your patients' care. This theme is implicit in the Reflection of Osteopathic Theory and Practice module.

D6: The theme to respect patients' rights to privacy and confidentiality is mapped against three modules. There is no reference in the intended learning outcomes of the Clinical Osteopathy 3, 4 and 5 modules to support the theme, although it is implicit in the Professional Practice module.

D7, D11 and D12: are mapped against Clinical Osteopathy 4 and 5. D7: to be open and honest when dealing with patients and colleagues and respond quickly to complaints, is implicit in the course documentation. D11: Be aware of your role as a healthcare provider to promote public health and D12: Take all necessary steps to control the spread of communicable diseases are not mentioned in the intended learning outcomes of these modules.

All sections in D: Professionalism in the Osteopathic Practice Standards, except D3 are mapped against the module Professional Practice. D5: You must comply with equality and anti-discrimination laws, D10: Ensure that any problems with your own health do not affect your patients, D11: Be aware of your role as a healthcare provider to promote public health and D12: Take all necessary steps to control the spread of communicable diseases are not mentioned in the course documentation for this module.

D6, D7 and D16, D6: Respect your patients' rights to privacy and confidentiality, D7: Be open and honest when dealing with patients and colleagues and respond quickly to complaints and D16: Do not abuse your professional standing are implicit in the Professional Practice module.

8 None of the level 7 modules has, as yet, been mapped against the Osteopathic Practice Standards and work remains to be done on Professional Development, Clinical Learning, Reflection, Evidence and Professional Skills 4 and the optional modules. The Integrated Professional Portfolio handbook has been mapped against the Osteopathic Practice Standards. This document identifies areas where no explicit mapping to the Osteopathic Practice Standards is possible. Similarly, a mapping of Osteopathic Practice Standards against the Reflection, Evidence and Professional Skills Module has been undertaken. The Education Support Officers have been tasked with mapping the Osteopathic

Practice Standards themes to the module outlines. Future plans are for module leaders to map Osteopathic Practice Standards to their modules in time for September 2012.

9 A key strength of the curriculum is the embedding of the progressive Reflection, Evidence and Professional Skills strand into all levels of the programme. This, introduced in response to external examiner comment, facilitates students' independent learning and develops their critical appraisal skills.

10 There are inconsistencies in the format of the modular information provided to students and staff. In addition, there is a disparity in the stated contact time for the same modules delivered in the two provisions. Further work on ensuring harmonisation is required.

## **Assessment**

11 The two provisions conform to their respective university regulations for assessment and are in accordance with *Chapter B6: Assessment of students and accreditation of prior learning* and *Chapter B7: External examining* of the UK Quality Code for Higher Education. Each provision has two external examiners appointed by, and accountable to, the relevant university; a shared external examiner appointment ended in 2010-11. Final Clinical Competency Assessment external examiners, appointed by the College, are common to both provisions. External examiners report that the assessment strategies are appropriate and effective in assessing the module intended learning outcomes and supporting student learning.

12 All modules are core and therefore must be passed. In addition, students must attend 100 per cent of their clinic requirement and 80 per cent of academic teaching sessions to progress. Where modules have multiple assessments, students are required to pass all components. They are entitled to re-sit a failed assessment no sooner than four weeks after the first attempt. Marks for resubmissions are capped at 40 per cent.

13 The Final Clinical Competence Assessment can be taken only after successful completion of all programme modules. This assessment must be passed for students to qualify for recognition as osteopaths but it does not influence the classification of the award. The format comprises a simulated clinical case, and the evaluation of a student's treatment of one new and one returning patient.

14 An appropriate range of formative and summative assessment methods is employed. These include clinical assessments such as case presentations, simulated patient assessments and reflective assessments. Osteopathic and clinical techniques are assessed by practical examinations. Other methods of assessment include written examinations, coursework, the use of the Integrated Professional Portfolio, critical appraisal and data analysis exercises, and research projects. External examiners confirm their satisfaction with the range of assessment methods employed and their effectiveness.

15 There is inconsistency in the weight and balance of some assessments. For example, the Middlesex module Introduction to Osteopathic Theory and Practice is a 15-credit module with 60 hours' contact time and three assessments. The same module in the Staffordshire provision has two assessments. Similarly, Tissue Form and Function is a 15-credit module with 51 hours' contact time. In the Middlesex provision this has three assessments, but in the Staffordshire provision has only two assessments. Application for Osteopathic Theory and Practice is a 15-credit module with 75 hours' contact time and three assessments which is common to both provisions. There is also an imbalance in the assessment load between 15 and 30-credit units across both provisions. For example, Form and Function (Level 4) and Dysfunction and Disease (Level 5) have just two assessments for 30 credits compared with three assessments for some 15-credit modules.

16 The University of Staffordshire validation report recommended that the College reduce the assessment load of a 15-credit module to two assessments. Keele BSc (Hons) Osteopathy students commented on the benefit of the reduction in the assessment load, although there was some bunching of assessments at the end of the second semester. There is a need to review the overall assessment strategy with regard to the weight and balance of assessment to ensure consistency within, and across, the provisions. This will have to be a phased approach as any changes will need to conform to the universities' regulations.

17 One external examiner commented on the lack of progression in student work from one level to the next. This view is shared by the visitors following their scrutiny of a sample of student work. Assessment criteria are not supported by descriptors determining the expected progression from level to level, except in the clinic matrix which outlines the expectations of student performance year by year. It is employed in the successive formative and summative clinical assessments, which are currently benchmarked against *Standard 2000*. There is a need to develop, and make more explicit, assessment criteria which measure progression of student achievement from one level to another. For example, the questions used in the practical examinations, which are listed in the module guide assessment briefs, are not sufficiently rigorous to assess the expected progression in student performance. Students informed the visitors that they focused their preparation for their practical examinations primarily on these listed questions.

18 In response to the universities' recommendations to improve the timescales for student feedback, the College endeavours to return feedback to all students within four weeks of submission, wherever possible. However, this tends to be much quicker for underperforming or failing students. This improvement in feedback timing has been assisted by the introduction of electronic submission and marking of all assessments. Students receive immediate feedback on their practical and clinical assessments. Middlesex students spoke highly of the feedback they receive, while Staffordshire students consider that written feedback on assessments is variable and that feedback sometimes needs to be sought from the tutor. One external examiner noted that, although improved, there was still a need for more consistency in feedback to students; a view shared by the visitors. Feedback was often not sufficiently comprehensive or constructive. One notable exception was that provided within the Reflection, Evidence and Professional Skills module. Students were clear about who marked their work.

19 There is effective internal moderation of assessments. All summative papers are sent for external examiner approval. The majority of student work is double-marked and subject to external examiner scrutiny. There is shared marking and double-marking between both provisions in the interests of parity.

## **Student achievement**

20 External examiners confirm that the standards achieved are appropriate and satisfy those set by *Standard 2000* and the subject benchmark statement for Osteopathy. The visitors' scrutiny of student work indicates that, while unquestioning use of source material has largely been addressed through increased emphasis on research methodology, further development is necessary to demonstrate progression through the levels. As the mapping of programmes and supporting assessment instruments against the new Osteopathic Practice Standards is incomplete it is not possible, at this stage, to comment on students' ability to fulfil these requirements. External examiners comment favourably on the College's ability to prepare students for practice life. This is confirmed by final year students and recent alumni who acknowledge the benefit of the recent introduction of the business planning skills strand.

21 The external Final Clinical Competence Assessment moderator considers the processes employed to be robust and fair. Reports on student performance over the last three years highlight the effectiveness of their abilities to gather information and generate

differential diagnoses.

22 For the University of Keele provision, the final achievement of BSc (Hons) students in recent years has been satisfactory. In the two years to 2011, of the 14 graduating students 14 per cent were awarded First Class honours, 29 per cent Upper-Second Class honours and 57 per cent Lower-Second Class honours. Within the same time frame over 70 per cent progressed through the Final Clinical Competency Assessment at first attempt. Middlesex University BSc (Hons) final student achievement in recent years has also been satisfactory. For the two years to 2011, of the 34 students graduating 12 per cent achieved First Class honours, 59 per cent were awarded Upper-Second Class honours and 29 per cent Lower-Second Class honours. Over 79 per cent passed the Final Clinical Competency Assessment at first attempt.

## **The quality of the learning opportunities provided**

### **Teaching and learning**

23 The teaching and learning strategy is focused upon the embedding of a research culture across all aspects and all levels of the curriculum. This is most noticeable in the Reflection, Evidence and Professional Skills strand but is also evident in the formal teaching qualification opportunity provided for staff.

24 The indicative content in the module guides is identical across the provisions. However, there are differences between the programmes in the time allocated to some modules. For example, Analysis of Osteopathic Theory and Practice at Middlesex is timetabled for 90 hours while at Staffordshire it is 63 hours; Introduction to Osteopathic Theory and Practice is 45 hours and 54 hours; and Tissue Function and Dysfunction is 57 hours and 45 hours respectively. There is also disparity between the stated essential reading texts and recommended reading texts. The monitoring of the content delivered across the provisions depends, to a large extent, upon student feedback. Although some education support officers provide handouts to staff in an attempt at harmonisation, this practice is not evident across all modules.

25 Teaching observations were undertaken by one visitor. This reflects the requirement that only visitors currently involved in teaching can undertake this role. In total, nine teaching sessions, covering levels 4, 5 and 6, were observed. At the Middlesex campus, five sessions were observed, covering levels 4, 5 and 6. In two sessions the students and tutors had been sent advance documentation in preparation; in another, the students were able to download the lecture notes at various intervals during the lecture. The pre-lecture material supplied for level 4 and 5 sessions demonstrated a clear progression between the levels. However, in the sessions it was not possible to identify which level students were at. There was much more student interaction at level 4 than at level 5. Four Staffordshire sessions were observed, covering levels 4 to 6. At these sessions a variety of teaching methods was employed; from round-table discussions, use of models and instructive videotapes. Students were encouraged to interact with the tutor in all sessions. This was particularly evident in the Reflection, Evidence Professional Skills strand. This strand is one of the strengths of the current curriculum as it is taught by a small team of tutors who teach across both sites, ensuring continuity of provision. In addition, it investigates the evidence provided by research by encouraging the students to discuss specific papers that had been made available prior to the session.

26 Observations also took place in all three clinics. Five student-patient interactions were observed; two at Borehamwood, one at LCOM and two at the North Staffordshire Medical Institute. There were junior and senior students present but only final year students were involved in treating patients. Osteopathic staff were more directly involved than might have been expected at this level, given that the students were preparing for their final clinical

competence assessment. Staff need to reconsider their involvement, as it is at variance with the stated intended learning outcomes of Clinical Osteopathy 5 (level 6 and 7) which stress students' criticality, professional judgement and autonomy of action.

27 The programme aims and objectives identify the desire to 'promote autonomous learning'. However, much teaching time is directed towards identifying and practising the specific questions that will be used in the practical assessments. This encourages students to focus narrowly on what is required to pass. The practice of providing the students with the actual practical questions for the Osteopathic Theory and Practice assessments may limit students' engagement in autonomous learning.

28 The College claims that peer learning is a key element of its teaching and learning strategy. The nature of the timetable of lectures at weekends restricts opportunities for periods of self-directed or peer learning. Students form close small study groups, exclusively within year cohorts, and determined by students' geographical location. Another opportunity for peer learning is provided by attendance in the clinic. However, students who met the visitors felt that the time taken completing their Integrated Professional Portfolio prevented them from practising their clinical skills with their peers.

## **Student progression**

29 Prospective students apply directly to the College which is responsible for the recruitment of students. There is an established selection and recruitment process which students commented favourably upon. Staffordshire applicants are made a formal offer of a place by the University Programme Advisor, confirming the College's decision, and registration is administered by the University Student Office. The selection and admission of students at the Middlesex provision is the responsibility of the College using University approved procedures and criteria.

30 Fifteen students were recruited to the Staffordshire BOst/MOst in 2011, although three have temporarily withdrawn. No fast-track entry students are enrolled on the programme. There continues to be an approximately equal male-female balance. Some 73 per cent of students are over 30 years of age. To date, of the 18 applications for entry in 2012-13, 12 have been made offers of a place. The College has set its recruitment target at 30 students across the two BOst/MOst programmes.

31 Considerable variability in the College's northern provision is reflected in the Keele and Staffordshire progression rates from year 1 to year 2, over the academic years 2008-09 to 2010-11 inclusive, with 91 per cent progressing in 2009-10 and 67 per cent in 2010-11. The majority of students leave the programme for non-academic reasons. Over the period 2005-06 to 2010-11 the average progression rate from year 2 to year 3 was 91 per cent, from year 3 to year 4 it was 98 per cent and from year 4 to year 5 it was 85 per cent.

32 Of the currently active 26 students who entered the Middlesex programme in 2011-12, 17 entered year 1 in September, eight entered the 'fast-track' year 1 in January 2012, and one entered year 2. There has been a 9 per cent increase in student recruitment for 2011-12 compared with the preceding three academic years. Over the last four academic years, 68 per cent of students entering the programme have been aged over 30 and the male-female balance has fluctuated around 50 per cent.

33 For students enrolled on the Middlesex BSc and BOst/MOst programmes, year 1 to year 2 progression rates over the academic years 2008-09 to 2010-11 show considerable variation, from 58 per cent in 2008-09 to 75 per cent in 2010-11. Of the 12 students who withdrew over this period only one withdrew for academic reasons. The average progression rate from year 2 to year 3 was 83 per cent, with three students withdrawing, and from years 3 to 4 and 4 to 5 all students progressed. On both provisions students are supported by a series of progression interviews to allow them to discuss which pathway, BOst or MOst, they

will follow. Students who had attended such interviews confirmed their usefulness.

34 The College has effective student support mechanisms, in line with its belief that such provision is fundamental to student learning. Students appreciate the role played by education support officers. They value the inclusion of assessment briefs and associated detailed guidance in the module handbooks, which the visitors consider to be good practice. They feel well supported generally by the handbooks and information on the College virtual learning environment. However, they would welcome improved communication of information about the overall programme aims and objectives, available resources, and when changes are made to the provision.

35 The programmes are well designed to offer students who do not achieve the BOst or MOst an exit qualification. For the Staffordshire provision, students with 360 credits (including 120 credits at both level 5 and level 6) will obtain a BSc (Hons) Studies in Manual Therapy. A Diploma in Higher Education (Studies in Manual Therapy) requires 240 credits at level 4 or above, of which 100 credits must be level 5 or above. A Certificate in Higher Education (Studies in Manual Therapy) is conferred for 120 credits. A similar range of awards in Health Studies, for the same credits, is available within the Middlesex provision.

### **Learning resources**

36 Programme delivery is the responsibility of 18 members of staff at the Staffordshire site and 27 at Middlesex. A further eight teach at both locations. This represents 3.3 full-time equivalent teaching staff supporting the Staffordshire provision and 4.4 full-time equivalents supporting the Middlesex provision. There are five education support officers, representing 1.4 full-time equivalents operating across both provisions. There are six clinic tutors, representing 1.25 full-time equivalents for the Staffordshire provision, and nine representing 1.85 full-time equivalents for the Middlesex provision. The four senior management staff, with responsibilities across the provisions, represent 2.4 full-time equivalents. There is one clinic administrator, representing 0.5 full-time equivalents, for the Staffordshire provision and another, 0.8 full-time equivalents, for the Middlesex provision. There is one administrator, representing 0.6 full-time equivalent, supporting the Staffordshire provision and two, 1.4 full-time equivalent, supporting the Middlesex provision. Curriculum vitae show that staff are appropriately qualified and experienced. Currently some 58 per cent of all staff are female. The visitors consider that the programmes are adequately staffed.

37 The College is committed to staff support, training and continuous professional development. Staff appraisal and development are firmly embedded. New lecturers undergo an induction process including peer observation, and sessions observing and supporting established staff members. They are also given support to gain a teaching qualification. All staff undergo peer review, reflective shadowing of clinical assessments, and attend staff development days on M-Level delivery. The College is supporting eight members of staff on the clinical teaching and clinical learning modules of a postgraduate certificate. Two others are completing independent postgraduate study to support their teaching. Staff may also take advantage of opportunities offered by the universities.

38 The Staffordshire Thompson University Library is open 24 hours a day, and is staffed over the weekend. An induction is provided for new students. The Library has a substantial collection of relevant non-osteopathic texts and an extensive journal collection, both printed and electronic. Visitors confirm student comments about the limited number of osteopathic texts and reference books. However, there is the opportunity to request texts from external sources as required. Students are not fully aware of the extent of the opportunities offered by this provision.

39 Archway Healthcare Library is a multi-partner academic library run by Middlesex University Library. Students have access to a good range of health and social care stock and printed and electronic healthcare journals, and have borrowing rights. There is a

comprehensive induction for new students. The opening hours are 9am to 8pm Monday to Thursday, 9am to 5pm on Friday, and 10am to 2.30pm on Saturday. However, as identified in previous reviews, the nature of the weekend teaching timetable means that access remains an issue. The visitors were informed that, in the event of a move to the University's Hendon Campus, students will benefit from 24-hour access to library facilities.

40 The College's virtual learning environment is available to all staff and students and can be accessed from anywhere at any time. It provides access to the teaching timetable, assessment schedule, programme handbooks, notes of teaching sessions, examination results, news and notices for students, and minutes of the Staff Student Liaison Committee. There is a dedicated site, and administrator, for each provision, with the Staffordshire administrator having over-arching responsibility. The visitors support the Senior Management Team's wish to develop the virtual learning environment to support more interactive teaching and learning.

41 The Middlesex provision has two clinics. The one at the main site in Borehamwood is open four days a week with opening hours extending until 9pm on three evenings throughout the year, and on alternate Saturdays. The second, at the London College of Osteopathic Medicine in Marylebone central London, is open two days a week. The accommodation at Borehamwood has recently been refurbished and comprises four good-sized treatment rooms, two tutor rooms, a small library, and three computer terminals. Middlesex University informed the visitors that it will be closing its Archway campus in September 2013, but is investigating the possibility of providing replacement facilities at its Hendon Campus. University staff confirmed that the College had been informed of this development although the College had not informed the visitors.

42 At the London College of Osteopathic Medicine the College has a shared reception and three dedicated treatment rooms, although there is the potential in the current lease arrangement to use seven. There is also a lecture room which is used for tutorials. While in need of some decorative repair, the facilities are fit-for-purpose. The College is currently renegotiating the terms of the lease for this site, which is due to expire in September 2012. They expect to renew this, but are exploring the possibility of moving to other premises.

43 The clinic supporting the Staffordshire provision is located within the North Staffordshire Medical Institute, some ten minutes' drive from the University. There are four well appointed, dedicated treatment rooms, a reception area, and a tutorial room/student area that can be divided into two rooms. Students also have access to a further seminar breakout room. There is a small library with two computers available for student use. This clinic is currently open four days a week including two evenings. The current lease arrangement is valid for a further five years. The College is negotiating the use of further space within this provision. The visitors consider that this excellent resource, and its potential for expansion, represents a strength.

44 The internal purpose-built audit facility, Webclinic, is used to track patient numbers and areas treated by students at all clinics. This has ensured that all graduating students have seen the recommended minimum number of 50 new patients. From the audit data provided, it is not possible to comment accurately on the breadth of clinical conditions and diversity, other than socioeconomic groupings, of the patient profile seen. The visitors were informed that there are a number of informal initiatives, at both provisions, to recruit patient numbers in line with current and projected student numbers. However, there is no formal clinic marketing strategy and the visitors consider it essential that a five-year rolling strategy is drawn up.

45 The classroom and other teaching facilities at both provisions are fit-for-purpose. Those at Middlesex University Archway Campus comprise four large, well resourced teaching rooms, four smaller teaching rooms and two storage areas. There are five teaching rooms at the Staffordshire provision, with a further two designated rooms for student use as

a common room and study area. There are sufficient practice couches available for student use at each provision.

## **Governance and management (including financial and risk management)**

46 The College is a charitable trust governed by a board of trustees, known as the Board of Governors. Currently there are six members but a new member is being sought, probably from the Staffordshire area. The Board recognises the need for its members to possess a range of particular skills and this is reflected in the current composition of the Board. The Trustees Annual Report is quite clear about the method of appointment and election of Trustees, but is not clear about the election and tenure of a Chair. The minutes of the meetings of the Board of Governors show that three individuals have held the position in recent years.

47 The Board, constitutionally, must meet at least four times a year. In practice the Board, and a finance subcommittee, has met more regularly over the past 36 months in response to the College's financial situation. Many informal, unscheduled meetings occur between Board members and between the Board and the Senior Management Team. The Board has in the past three years adjusted the meeting schedule to maximise input from the Senior Management Team. This focused governance activity has been essential to support the College, but by the Board's own admission, improvement is needed in the formal recording of this activity.

48 The College has published its second Strategic Plan for the years 2011-16. Academic staff, the Senior Management Team and the Board were involved in its creation. It is fit-for-purpose. The Board of Governors recognises that, although they have considered the Strategic Plan at meetings, it is not routinely on the agenda. The Plan needs to be reviewed regularly and the comments of the Board minuted. The Strategic Plan has an accompanying register of associated risks that can be monitored by the Senior Management Team and the Board of Governors. As part of the proactive approach to financial management, the Board undertook a sophisticated risk analysis of future options open to the College. This allowed sound business decisions to be taken and is an example of the responsible manner in which they undertake their role. The work of the Board of Governors is informed by very regular cash flow data.

49 The Board of Governors is aware of the need to focus on student issues at all times. The part-time nature of student attendance militates against involvement of students in College deliberations. The Board has therefore taken the step of travelling to meet student representatives at both Stoke-on-Trent and Borehamwood. These meetings are well attended, valued by the students and fruitful. These are now the accepted method of engagement between the students and the Board of Governors and are scheduled to take place twice a year.

50 The Senior Management Team consists of four members: the Principal, Head of Academic Education, Clinical Director, and Head of Programme Operations, each having a clearly defined role. The structure allows all aspects of the College's aims to be delivered and the Strategic Plan fulfilled. The Principal oversees this activity and is the direct link with the Board of Governors. The Senior Management Team holds regular and effective meetings with the Board of Governors.

51 The College has maintained links with Keele University. Students reported that they were kept informed of the move to Staffordshire University and its implications for their programme and its delivery. The College enjoys good working relationships with the two universities, including the highly valued and effective work of link tutors.

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

52 The College relies heavily on the quality assurance processes of the universities. This reliance on external systems means that the College has not developed its own quality improvement cycle to meet its particular needs. There is a lack of clarity concerning the flow of quality assurance information and reporting procedures. This also extends to the activities of the Senior Management Team and the Board of Governors concerning audit, review and subsequent actions.

53 College staff are aware of the Middlesex University quality assurance systems. Each module leader prepares a report on completion of the module. Student views are collated and attainment and progression data analysed. External examiners appointed by the University fulfil their responsibilities and submit their reports directly to the University which forwards them to the College. The College is then required to submit an annual monitoring report to the University by the end of the autumn term. This includes consideration of the external examiners' reports, the module evaluations, exit interviews with graduates, and outcomes of the Boards of Studies and assessment boards. This Annual Monitoring Report is considered by the quality assurance committee of the relevant School at Middlesex University. Any actions required are communicated formally to the College by the Link Tutor.

54 A similar process operates for the Staffordshire provision. The University considers that its quality systems and those of the College have melded well together. The process undertaken for the BSc at Keele University is similar. Annual reports are produced and submitted for consideration and feedback from the University's quality assurance mechanism. At both Keele and Staffordshire, the formal liaison committee with student representation is called the Staff Student Liaison Committee. This meets regularly, is well supported by students and is accurately minuted. Concerns expressed by an external examiner of several distinct differences between the Keele and Middlesex BSc (Hons) provision have, in the main, been addressed. The College is striving to ensure greater harmonisation between the Middlesex and Staffordshire provisions although considerable work still remains to be done.

55 The College's own summative documents, the Curriculum Report and the Quality Report provide a firm basis for enhancement. The Curriculum Report concentrates on the data from all programmes, analyses trends, reports on outcomes, and develops an action plan. The Quality Report concentrates on a wider range of inputs including external examiners' reports, deliberations of the Boards of Study and Staff Student Liaison Committees, module evaluations, and exit interviews. It also contains an action plan. The design of these, with the focus on enhancement, represents good practice, but it is not clear when or where they are used by the Senior Management Team and the Board of Governors, which limits their effectiveness.

56 The College places great emphasis and value on listening to the student voice. All programmes have a Board of Studies or Staff Student Liaison Committee to discuss student matters formally. Each year of study has an elected representative to communicate student views. The College, despite its small scale, uses formal channels that can be audited. Staffordshire University has been particularly proactive in meeting students to discuss concerns over the move of the Keele BSc (Hons) Osteopathy to its campus and its implications for students' access to resources. Students reported that disruption to their learning had been minimised and that they still enjoyed access to Keele University library. Most students are aware of the process for submitting unsolicited information as part of QAA review, although the poster drawing students', staff and patients' attention to this was not displayed prominently in Borehamwood. The visitors investigated student complaints raised through the unsolicited information process. The College responded by investigating each case in considerable detail and decided to make changes where the complaints were

considered justified. These include staff development to improve clinic practice, changes to induction processes, and uploading of material to the virtual learning environment. The visitors consider that issues raised by students are, in general, listened to and addressed effectively.

## **Meetings and documentation**

### **Meetings held**

- 1 Board of Governors
- 2 Senior Management Team
- 3 Academic staff (Middlesex and Staffordshire)
- 4 Clinic staff (Middlesex and Staffordshire)
- 5 Middlesex University staff
- 6 Staffordshire University staff
- 7 Current students (Middlesex, Keele and Staffordshire)
- 8 Former students (Middlesex, Keele and Staffordshire)
- 9 Virtual learning environment demonstration
- 10 Clinic tours (Middlesex (Borehamwood), Middlesex (LCOM) and Staffordshire (North Staffordshire Medical Institute))
- 11 Learning resources tours (Middlesex and Staffordshire)

### **Major documentation**

#### **Self-evaluation, February 2012**

#### **Appendices**

- 1 Memorandum of Agreement between the College of Osteopaths and Middlesex University
- 2 Memorandum of Agreement between the College of Osteopaths and Staffordshire University
- 3 Extension of the Contract of collaborative provision between Keele University and the College of Osteopaths
- 4 College Structure 2011-12
- 5 Five Year Strategic Plan 2011-2016
- 6 Insurance Portfolio
- 7 Financial Forecasts
- 8 Quality Processes diagram
- 9 a - h External examiner reports
- 10 FCCA Reports
- 11 Curriculum Report
- 12 Exit Interviews
- 13 a-i Middlesex Board of Studies and Keele/Staffordshire Staff Student Liaison Committee
- 14 British Accreditation Council (BAC)
- 15 a-b Middlesex University Programme Handbook and Staffordshire University Programme Handbook
- 16 Osteopathic Practice Standards (OPS) mapping
- 17 Programme Maps MOst and BOst
- 18 Middlesex University validation document
- 19 Staffordshire University validation document
- 20 Integrated Professional Portfolio (IPP) Handbook
- 21 Institution Staff 2011-12
- 22 Peer review process
- 23 Quality Report

- 24 Keele GOsC Annual Report 2010-11
- 25 Clinic Director's Reports
- 26 Clarification of specific points in the SED
- 27 Student cohort progression statistics separated by site and programme:
  - a) Middlesex University
  - b) Keele University
  - b) Staffordshire University
- 28 c) Awarding bodies by BSc and MOst/BOstTeaching (student) timetables for 2012-13:
  - a) Staffordshire University Semester 1 2011-12
  - b) Staffordshire University Semester 2 2011-12
  - c) Middlesex University Semester 1 2011-12
  - d) Middlesex University Semester 2 2011-12
  
- 29 QAA review reports:
  - a) 2008 Middlesex University
  - b) 2009 Keele University
  
- 30 Lease Agreement with North Staffordshire Medical Institute - Staffordshire programme
- 31 Lease Agreement with LCOM for use of their clinic facilities
- 32 Assessment Board Minutes Middlesex University:
  - a) 10 February 2011
  - b) 16 June 2011
  - c) 14 July 2011
  - d) 15 September 2011
  
- 33 Examination Board Minutes: Keele University:
  - a) 13 September 2010
  - b) 14 February 2011
  - c) 27 April 2011
  - d) 6 June 2011
  - e) 9 June 2011
  - f) 4 July 2011
  - g) 15 August 2011
  
- 34 GOsC Reports
  - a) GOsC Reports Keele 2008-09
  - b) GOsC Reports Middlesex 2008-09
  - c) GOsC Reports Keele 2009-10
  - d) GOsC Reports Middlesex 2009-10
  - e) GOsC Reports Keele 2010-11
  - f) GOsC Reports Middlesex 2010-11
  
- 35 Link Tutor and external examiner roles
  - a) External Examiners Keele
  - b) External Examiner Middlesex
  - c) External Examiners Staffordshire
  - d) Link Tutor Keele
  - e) Link Tutor Middlesex
  
- 36 Module Leader Reports
- 37 Review visit timetables:
  - a) Saturday 5 May
  - b) Saturday 12 May
  
- 38 CPD framework 2012

39	Governance
40	Prospectus
41	Library notes
42	College response to student complaint 1
43	College response to student complaint 2
44	College response to student complaint 3

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