

General Osteopathic Council review of osteopathic courses and course providers

Renewal of recognition review:
Master of Osteopathy

Leeds Metropolitan University

October 2012

Foreword

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

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

GOsC review

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

GOsC review may take one of three forms:

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

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

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| <ul style="list-style-type: none">• approval without conditions• approval with conditions• approval denied. |
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The recommendation made is that of the review visitors to the GOsC. In making its own recommendation to the Privy Council the GOsC may choose not to follow the recommendation of the visitors.

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

Introduction

This report presents the findings of a renewal of recognition: review of aspects of the governance and management, the academic standards achieved and the quality of the learning opportunities provided in osteopathy at Leeds Metropolitan University. The programme reviewed was the Master of Osteopathy (MOst). The review was undertaken by visitors appointed by the General Osteopathic Council (GOsC) in accordance with GOsC's regulatory responsibilities for safeguarding Recognised Qualification (RQ) criteria under the *Osteopaths Act 1993*. A prime focus of the review was the relationship of the programme to the Osteopathic Practice Standards professional competence standard of the GOsC. The review was completed in the academic year 2012-13. The review visitors were Dr Jorge Esteves, Mrs Kathy O'Callaghan-Brown, Dr Andy Thompson and Mr Jeffery 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 Master of Osteopathy programme is:

- **approval without conditions**

B Findings

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

Strengths

- the integration of interprofessional learning into the curriculum (paragraph 10)
- the strong osteopathic team ethos and effective leadership (paragraph 26)
- widespread engagement of staff in pedagogical development to support and enhance teaching, learning and assessment (paragraph 29)
- the extensive library resources (paragraph 30)
- the clear and well articulated medium and long-term strategy for the osteopathic provision (paragraph 35)
- the positive and well structured response to the 2010 GOsC review (paragraph 37)
- the student-centred quality processes (paragraph 39).

Good practice

- the integration of problem-based learning across the curriculum (paragraphs 9 and 18)
- the effective use of e-learning to support student learning, particularly through formative assessment (paragraphs 11 and 18)
- the widespread and effective use of peer teaching and problem-based learning (paragraphs 18 and 21)

- the effective use of scholarly activity to inform teaching and learning (paragraphs 20 and 29)
- the introduction of mid-module evaluations (paragraph 39)
- the use of the National Student Survey to drive quality improvement (paragraph 40).

Areas for development

- ensure greater relevance of interprofessional learning in practice for osteopathic students (paragraph 19)
- increase research capacity in order to support staff development and student research at level 7 (paragraphs 20 and 28)
- continue the process of ensuring an equitable workload for staff in order to provide students with equal access to academic and pastoral support (paragraph 24)
- increase the diversity of patient profiles (paragraph 34).

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 Leeds Metropolitan University accepted its first intake of students onto a full-time four-year BSc (Hons) Osteopathy degree (BScOst) in September 2008. In July 2010, the BScOst was replaced by a full-time integrated master's degree, the Master of Osteopathy (MOst). The first intake of MOst students took place in September 2010 and, at the time of the review visit, all students enrolled on the BScOst had transferred to the MOst.

2 The MOst is located within the School of Rehabilitation and Health Sciences, one of four schools in the Faculty of Health and Social Sciences. The Faculty also hosts the Institute for Health and Wellbeing. The Faculty has approximately 6,000 students across a broad portfolio of undergraduate, taught postgraduate and research degree awards, staffing of around 320 and an annual turnover of some £32.5 million. The Faculty has a well established programme of interprofessional learning and has recently made significant investment in new specialist teaching estate, including a £1.4 million biomedical sciences laboratory and a £1 million clinical skills suite. At the time of the review, there were 75 students enrolled on the MOst.

3 The aims of the Master of Osteopathy are:

- to provide specialist professional education in osteopathy to enable students to acquire a wide range of skills appropriate to the major areas of practice including:
 - being able to assess accurately the holistic needs of patients
 - planning, implementing and evaluating interventions that are safe, efficient and effective
 - organising and managing a patient case load
 - communicating effectively and sensitively with a diverse range of patients and fellow health care professionals and behaving at all times to the highest professional standards

- to provide a problem-based learning (PBL) environment that encourages students to adopt the scientific process in order to formulate questions concerning osteopathy and to put forward and test the applicability of innovative solutions
- to enable students to develop a critical appreciation of existing knowledge bases and enable them to add to that knowledge by formulating and implementing effective research strategies
- to foster the development of reflective and evaluative skills to enable students to become lifelong learners who will engage with Continuing Professional Development and be able to adapt and respond to rapid change and clinical uncertainty.

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 to provide specialist professional education in osteopathy, to enable students to acquire a wide range of skills appropriate to osteopathic practice through a problem-based learning environment, in which they develop criticality and reflective and evaluative skills, facilitating their development as lifelong learners.

5 The intended learning outcomes have been informed by the General Osteopathic Council's Osteopathic Practice Standards, the Subject benchmark statement: Osteopathy and the University's Assessment, Learning and Teaching Strategy. The intended learning outcomes are clearly mapped, and well matched, to the overall aims of the programme and aligned with appropriate levels of *The framework for higher education qualifications in England, Wales and Northern Ireland*. The intended learning outcomes of the previous BSc programme have been modified appropriately in order to embed development of graduate attributes into the aims of the MSc.

6 The intended learning outcomes are clearly stated in the programme and unit handbooks. In discussions with visitors, and in their work, students demonstrated a clear understanding of the intended learning outcomes and what they needed to do to achieve these and develop into lifelong learning and reflective, practitioners.

Curricula

7 The University has mapped the curriculum against the UK Quality Code for Higher Education (the Quality Code) and ensured that its Academic Principles and Regulations reflect the expectations as articulated in the Quality Code. During the academic year 2011-12, the University completed a refocusing of the undergraduate curriculum. This process marked a change from a structure with eight 15-credit modules per year to one with six 20-credit modules per year. As a result, the programme is being delivered within two curriculum structures. Continuing students enrolled on year 2 (level 5) to year 4 (level 7) will continue on the eight 15-credit modules format, until they complete. The September 2012 intake of students is the first cohort on the realigned modular structure. Each 15-credit module represents 150 hours of student learning, while 20-credit modules represent 200 hours of student learning. These totals encompass independent study, tutorials and self-directed learning.

8 The programme is well designed to provide students with the knowledge and understanding required to become competent and autonomous practitioners. There is significant emphasis on the core subjects which underpin practice, such as Anatomy, Physiology and the Principles and Philosophy of Osteopathy. The curriculum is designed to enable students reaching level 7 to have developed the transferable skills necessary for successful practice. Clinical skills, including diagnosis, management and treatment of patients, are developed in parallel through the programme and students are required to spend at least 1,000 hours in a clinical setting. Graduates' feedback has led to a strengthening of the place of Osteopathic Practical Skills and Practical Osteopathic Knowledge in the curriculum.

9 Problem-based learning is introduced progressively from level 4 and integrated across the curriculum. Students develop team-working skills and become aware of the integration of core subjects into clinical thinking through effective linking of theory to practice. Students keep reflective logs on their experience and they report that this helps them to develop as autonomous, reflective practitioners. The external examiner commended the use of problem-based learning in preparing students for research and osteopathic practice. The visitors consider this to be good practice.

10 Two main themes in the curriculum prepare students well for clinical work. Osteopathic practical knowledge, comprising Practical Osteopathic Knowledge 1-4, helps develop osteopathic techniques, while osteopathic clinical practice, including Personal and Professional Development, Osteopathic Clinical Practice: Observation, Osteopathic Clinical Practice: Treatment, and Osteopathic Clinical Practice: Management, helps students acquire, develop and apply the knowledge in a clinical setting. Clinical observation is introduced in year 2 (level 5) where students are required to undertake 90 hours of clinic observation and write up four-case histories and complete three critical reflections on the clinic work observed. In subsequent years, students treat, and develop skills in the management and overall care of, patients. The curriculum also includes a programme of interprofessional learning with students from other healthcare and social care programmes. This is well integrated across the curriculum to afford students at levels 4, 5 and 6 the opportunity to engage in this valuable exercise.

Assessment

11 The assessment strategy is disseminated to staff and students in the programme and module handbooks. A wide range of formative and summative assessment methods is employed effectively. Assessments include reflective writing, data analysis, case-study problem-solving, written examinations, online quizzes, research assignments and a dissertation. Students' practical osteopathic competencies are assessed using Objective Structured Clinical Examinations and Final Clinical Competence assessments. The variety of approaches adopted in both formative and summative assessments enables students to demonstrate achievement of the required knowledge, skills and professional and personal attributes to meet the intended learning outcomes. Formative assessment is used continuously in practical, clinical, classroom and online settings. Online quizzes and audio files are used to support students' development of knowledge and skills in physiology and pathophysiology at levels 4 and 5. E-learning is deployed particularly effectively as part of formative assessment, and is good practice. Assessments are supported by clear assessment criteria, which are conveyed to students effectively.

12 Assessment design, evaluation and change are informed by best practice in the fields of higher education and professional practice. Student achievement in formative and summative assessments and student progression data inform programme team discussions

on the fitness for purpose of the teaching, learning and assessment strategies. Changes in assessment processes are the outcome of continuing reflective practice by the osteopathy programme team and informed by student feedback. This ensures that teaching, learning and assessment methods are aligned. Evidence from students' work, assessment tools and a range of staff development strategies demonstrate that assessment is informed by scholarly activities.

13 The Final Clinical Competence (FCC) assessment team comprises one internal and two external assessors, with an external examiner overseeing the process. This approach draws upon best practice in osteopathic education. Prior to the implementation of the FCC assessment in May 2012, a number of academic and clinic staff observed assessments at other osteopathic education institutions. This enabled them to develop their capability as internal assessors. Feedback from external assessors and the external examiner provide evidence of the effectiveness of the range of assessment methods across the programme. The range of assessment methods, their alignment with the intended learning outcomes, and their implementation, evaluation and management fulfil the criteria set out in *Chapter B6: Assessment of students and accreditation of prior learning* of the Quality Code.

14 The University has effective, rigorous marking and moderation processes. Examination papers and assignments at all levels are reviewed by external examiners. Practical assessments are assessed by a panel of three tutors who mark independently, but then undertake moderation jointly. Written assessments are marked by the module tutor and a sample, including all referred work, is selected for internal moderation. Dissertation projects are marked by the supervisor and marked blind by a second marker. In 2012, the first year of assessing at level 7, they were marked by the programme leader and module tutor. This process will continue in the current academic year, ensuring that the whole tutor team is involved as a developmental process. This will enable them to build experience and confidence in supervising and assessing the dissertation.

15 External examiner reports highlight the consistency and appropriateness of assessment methods and procedures. In line with university guidelines, the marking and feedback on student submitted work is completed within four weeks, unless there are exceptional circumstances. Scrutiny of student assessed work demonstrates that appropriate marking criteria are employed and that feedback is suitably detailed and supportive of improvement. The assessment methods and procedures, including their validity and reliability, the provision of timely feedback to students on assessed work, and the level of external scrutiny provided by external assessors and examiners fulfil the criteria set out in *Chapter B6: Assessment of students and accreditation of prior learning* and *Chapter B7: External examining* of the Quality Code.

Achievement

16 The first cohort graduated in 2012, with all 11 students achieving the award, GOsC registration and employment as osteopaths. Two students attained a distinction overall. Scrutiny of students' assessed work provides evidence of their achievement of the intended learning outcomes. The quality of their clinical performance, in particular their clinical reasoning capabilities, were praised by the Final Clinical Competence assessors and the external examiner. This demonstrates that graduating students achieved the required competence profile for autonomous osteopathic practice, fulfilling GOsC's Osteopathic Practice Standards and the Subject benchmark statement: Osteopathy.

17 Much student work demonstrates appropriate levels of criticality and research skills. This is facilitated by the use of problem-based learning and by the teaching team's research and scholarship ethos. However, the external examiner reported that research dissertations did not demonstrate achievement at level 7. This is being addressed, initially with the recent appointment of two new academic staff with experience in research supervision and assessment and, subsequently, with the implementation of a staff development strategy to bolster research and project supervision.

The quality of the learning opportunities provided

Teaching and learning

18 The teaching and learning strategy employs a wide range of teaching and learning methods, including lectures, practical skills sessions, small group and one-to-one tutorials and seminars in both classroom and clinic-based learning settings. This approach is appropriate in terms of student workload and programme aims and curriculum content. While the emphasis on problem-based learning places considerable demands on staff time and student engagement, it contributes to the development of students' self-directed and lifelong learning skills and to a collaborative learning culture. The staff-student ratio in practical work and problem-based learning activities is typically 1:6, which allows individual student learning needs to be addressed. The various classroom and clinic-based teaching and learning methods are supported effectively by the use of interactive e-learning.

19 Students participate in a range of interprofessional learning activities alongside students from other health care and social work courses. These interprofessional learning activities are aligned with the programme aims and curriculum, and the Osteopathic Practice Standards, and provide students with opportunities to develop competencies in multidisciplinary care. Current and former students reported inconsistencies in the interprofessional learning facilitators' underpinning knowledge of osteopathy as a profession. In order to maximise the effectiveness of interprofessional teaching and learning and improve students' learning experience, there is a need to ensure that non-osteopathic academic staff have an appropriate knowledge of osteopathy as a profession, what it brings to interprofessional learning and what its students need from it. Similarly, osteopathic staff need to have an appropriate understanding of the nature and scope of practice of other health and social care professions. School staff are aware of this and are seeking to address the issue.

20 Increased emphasis has been placed on employing teaching and learning methods that support the development of students' criticality, knowledge and skills in research and evidence-based practice. To this end, they fulfil the programme's aims concerning the students' development of a critical appreciation of existing knowledge base, and their ability to add to that knowledge by formulating and implementing effective research strategies. Teaching observations and supporting learning material demonstrate that students are being encouraged to interrogate the nature of knowledge and to make links to available research. Current and former students value the contribution this approach makes to their learning and preparedness for lifelong learning. Teaching and learning activities are informed by scholarly activities, including, in some cases, research. It is intended that staff development activities, in combination with collaborative links with other research teams, will facilitate the integration of research into teaching throughout the programme in order that students have a high level of research skills upon entering level 7.

21 Students participate in peer teaching and evaluation. In the Practical Osteopathic Knowledge modules, level 6 and level 7 students are involved, under guidance, in the

planning and delivery of learning activities for students at levels 4 and 5 respectively. Students also participate in peer review in an informal way. In the Practical Osteopathic Knowledge modules, they are encouraged to use the published marking criteria to comment on each other's performance. In clinic, students refer to this activity in their journal and are involved directly in marking peers during case presentations. These peer teaching and evaluation activities are highly valued by students and represent good practice. They provide evidence of a strong collaborative learning culture and are aligned with *Chapter B6; Assessment of students and accreditation of prior learning* of the Quality Code.

Student progression

22 At induction, students are informed of the assessment and learning and teaching strategies at programme and module level and made aware of the expected level of achievement for a master's programme. They are informed of the support available and introduced to the virtual learning environment and other learning resources. Students consider that induction provides a very useful introduction to the programme, School and University.

23 The recruitment target is 20 per year. At the start of 2012-13, there were 20 year 1 students, 22 year 2, 22 year 3 and 11 year 4 students. Applications are buoyant at around 100 per annum. In 2011-12, although progression through later years was high, from year 1 to year 2 it was 76 per cent. Poor attendance was identified as a contributory factor to non-progression for this larger than usual intake and attendance for all modules has now been made mandatory. Furthermore, exit interviews with students who did not progress have shown that the entry requirements did not match the challenges of the programme. To address this mismatch, the minimum entry level has been raised from 260 to 300 UCAS points.

24 Students are allocated a personal tutor and a clinical practice tutor. This arrangement has changed to provide improved continuity and students welcome this. Previous arrangements had been problematic, as uneven workloads for staff made it difficult for students to gain access to academic and pastoral support, with some students feeling disadvantaged by changes to their allocated personal tutor. The School has recognised this and taken measures to ensure more equitable student access to such support.

25 The Skills for Learning website offers free booklets to help with study skills and covers areas such as citations and referencing, essay-writing, information-retrieval skills, study skills, research and time management. There is also a drop-in programme of workshops on information technology, mathematics and communication skills. In response to the disappointing year 1 progression rates in 2011-12, more study skills sessions have been timetabled for the first year. Many students, particularly those who are registered as dyslexic, feel that the emphasis on reflective writing in professional practice and clinic modules is especially demanding. To address this, a range of support is available including assessment by the University disability support team and the provision of individually-tailored support.

Learning resources

26 There are 17 academic and clinical staff supported by senior management and administrative personnel. Teaching staff are predominantly employed part-time, although the two most recent appointments are on full-time contracts. All but one of the osteopathy staff are trained osteopaths; part-time staff are practising osteopaths. This gives students access to a large and wide range of clinical and professional expertise. A strong team ethos has developed and the provision benefits from effective leadership, which is reflected in the

enthusiastic engagement of staff with professional development and sharing of good practice.

27 The University has previously run an annual Staff Development Festival prior to the start of the academic year, although this has been discontinued due to financial considerations. Topics covered have included Osteopathic Practice Standards, problem-based learning, assessment feedback and developing research. The Faculty Staff Development Strategy identifies elements required for effective performance. These include pedagogical, subject and professional knowledge and skills, capability in undertaking and supervising research, and organisational and administrative abilities.

28 Staff development needs are identified through annual course review and monitoring processes and through performance development reviews. Staff development activities are provided in response to identified needs. For example, evaluation of the first year of delivery at level 7 identified a need for staff training in project supervision. A training event entitled 'The Supervisory Process' was held at the start of this academic year and attended by all but one of the osteopathy staff. Performance development reviews have identified a more general need to raise the research capability of the osteopathy team. Two members of staff are planning to undertake doctoral study and two others will be funded by the University to study for master's degrees. In order to integrate research further into level 7 teaching, and to increase research and dissertation supervision capacity, the School is exploring the possibility of using biomedical science laboratories and developing a collaborative research project with the Pain Research Group.

29 There is considerable staff engagement in pedagogical development. Four staff members have recently completed a Postgraduate Certificate in Academic and Clinical Education and one clinic tutor has completed the University Supported Learning in Practice module and another is in the process of completing it. In their teaching observations, visitors identified good practice in the way that tutors used their scholarly activities effectively to inform their teaching. Student feedback indicates a high level of satisfaction with teaching and the support provided by academic and clinical staff. New staff are given an induction and clinic staff are given a handbook setting out expectations of them and their students. The two new members of staff have attended the University's three-day course for new lecturers. New members of staff shadow more senior colleagues.

30 The University library provides a comprehensive service. It is located on two sites and is open every day of the year. It is staffed from 08.30 to 20.00, but also offers a 24-hour self-service facility. There are 2,100 study places, around half of which offer access to computing or multimedia facilities. Students have access to small rooms for group working. Academic librarians sit on programme development teams and faculty and University committees and attend annual programme reviews. This helps to ensure that library resource needs are addressed effectively. The library provides an attractive learning environment and is well stocked with several copies of osteopathic-related textbooks and journals. In addition, students have access to online texts and journals. The University's Libraries and Learning Innovation, Technologies for Learning provides user support and training. Students also make use of the University virtual learning environment. Through this, they can access teaching and learning materials, including videotapes of osteopathic techniques being demonstrated, submit coursework, receive feedback on it, borrow library books, and provide feedback.

31 Teaching accommodation is located on the main campus and comprises a range of suitably sized and equipped rooms, from tiered lecture theatres to small tutorial rooms. A new clinical skills suite, opened in July 2012, comprises three practical rooms and a

preparation and storage room. Two of the practical rooms can be separated by a movable partition to enable flexible use of the space so that large and small group work, creative work or assessment of individual students can take place. Each practical room has ample supplies of hydraulic/electrically operated adjustable plinths. There are also overhead suspension frames, wall mirrors and X-ray viewing boxes. Data projection facilities, white boards and screens are available. A range of anatomical models, posters and skeletons is available for use in teaching sessions and for student loan. The practical rooms have video cameras allowing selected recordings to be placed on the virtual learning environment for students to view and for assessment purposes.

32 An extensive range of equipment, including hot/cold packs, cryocuffs and electrotherapy equipment, supports the provision. A number of University laboratories are located on site. These include: the Human Physiology Laboratory, Psychology Laboratory, Pain Research Laboratory, Human Movement Research Laboratory and the new Biomedical Laboratory. Osteopathic students do not use these facilities at present, although the University is considering the feasibility of allowing them to do so.

33 The clinic, known as the Queen Square Wellness Centre, is five minutes' walk from the University. It is used exclusively for the osteopathic programme and provides an appropriate environment for students to develop their clinical skills. It has five treatment rooms able to accommodate a tutor and up to four students, a reception and administrative area, a tutorial room, a kitchen, storage area and an office. The rooms are well equipped and include hydraulic treatment couches. Reference material is available for students and clinic tutors.

34 Patient numbers attending the clinic have risen since 2010-11, from eight to 17 new patients and from 36 to 82 returning patients, per month, following the implementation of the new marketing plan. The number of patients is adequate, but students would welcome a more diverse patient profile and, particularly, more older patients. To address this, the School launched a new marketing exercise in September 2012 to promote the clinic to older age groups. A clinic software package is now used to monitor and track students' clinical exposure to numbers and diversity of patients.

Governance and management (including financial and risk management)

35 The University is a higher education corporation established as a result of the Education Reform Act 1988. Its constitution comprises the Instruments and Articles of Government. The Board of Governors is responsible for exercising the powers of the University defined in the above statutes and the Further and Higher Education Act 1992. It undertakes this through a number of subcommittees and a minimum of three Board of Governors' meetings a year; in practice, the Board meets at least six times a year. The key responsibilities of the Board relate to financial status, strategic planning and corporate risk management. The financial health of the University is improving and well maintained with a forward-looking, planning cycle closely aligned to its Strategic Plan. Performance against the Plan is reviewed by the Board and included in the annual financial statements. This focused approach is reflected in the management at faculty level and provides a clear strategic direction to the osteopathy provision.

36 The University Strategic Plan, 2010-15 has five core themes, each with key performance indicators. The University has an appropriate risk management and business continuity policy. This has two elements: strategic risks, defined as risks that may threaten the University's ability to meet the Strategic Plan, and operational risks that are present in the day-to-day functions and services of the University. Both elements are managed well.

The interim report from the October 2011 HEFCE Assurance Review concluded that reliance could be placed on the accountability information. The Faculty and the School have well established management and support functions, including finance, planning and quality assurance that integrate effectively with those of the University.

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

37 The self-evaluation and supporting evidence provide an articulate, accurate and well evidenced portrayal of the provision, including a coherent and comprehensive response to the GOsC review in 2010. The provision is subject to the University's well documented quality assurance policy and procedures, including the Annual Course Monitoring and review process. The University is engaging with the emerging Quality Code. It is mapping its Academic Principles and Regulations against each emerging chapter of the Quality Code and, where necessary, making changes. For example, the external examiner annual report form has been modified in response to *Chapter B7: External examining* of the Quality Code.

38 The programme team meets formally three times a year to consider quality matters: twice for enhancement and development and once, post-year, for review. Consideration is given to academic standards, quality assurance and the enhancement of the student experience, drawing upon a wide range of data, including external examiners' reports and student feedback. Action plans are used effectively to inform enhancement. The outcomes of these programme meetings feed into a well structured School and Faculty system. The visitors investigated an issue raised by a student through the unsolicited information process. The issue related primarily to the University's complaints and disciplinary procedures. A detailed investigation was undertaken by an Associate Dean, unconnected with the osteopathy provision, who reported that, although due process was followed, two changes are recommended. One is to make more explicit that, in cases of alleged serious misconduct, students can be withdrawn from placements immediately. The second is to ensure prompt consideration of such cases by the Conduct Panel throughout the academic calendar. The student's suspension related only to the practice element; the student's academic progress was unimpeded. Provision has been made for the student to make up the lost time in the practice component. The visitors consider that the issue raised by the student has been considered and addressed effectively.

39 As part of the student-centred quality processes, the University and School encourage and value student opinion, which is canvassed extensively. Each cohort has at least one Student Academic Representative and it is planned to form a graduates' focus group to inform programme enhancement. The University has recently extended student representation across its committee structure. Two student representatives sit on the Faculty's committees, including the Quality, Standards and Regulations Committee. Issues raised at module level are considered at module and programme levels. Outcomes are fed back to the relevant student cohort through their representatives and the intranet, before entering the quality cycle at programme enhancement and development meetings. In addition to end-of-module questionnaires, regular student forums take place within the School where staff and students meet to discuss a range of issues. Osteopathy representatives engage fully in this process. An innovative feature is the introduction of the mid-module review. Students provide feedback at this stage to the module tutor who summarises it and identifies any action required. All mid-module reviews are then forwarded to the programme leader who identifies any cross-module issues that may need to be addressed at programme level. This allows for changes to be made promptly, rather than waiting until the end of module or year. This represents good practice.

40 The University has taken the opportunity provided by the National Student Survey results to analyse, modify and improve its osteopathy provision. The results are reviewed in detail at university, faculty, school and programme levels. Where any significant variation from national, university, faculty or school norms occurs, faculty senior management meets the programme team. The result is an agreed action plan. This process has addressed shortcomings in aspects of assessment and in organisation and management. The osteopathy programme has profited from this effective and timely process, which represents good practice.

Meetings and documentation

Meetings held

M1	Introduction and update
M2	Academic and clinical staff
M3	Senior management
M4	Current students
M5	Former students
M6	Virtual learning environment demonstration

Major documentation

A1	Applications and enrolled numbers BSc(Hons) Osteopathy and MOst 2007 - 2012
A2	BSCOS - Course monitoring report.
A3	MOST- Course monitoring report
A4	MOST Profile Summary 2011-12
B1A	Definitive Course Document BSc Hons Osteopathy July 2009
B1B	Definitive Programme Specification BSc Hons Osteopathy July 2009
B1C	Definitive Programme Specification MOST July 2009
B1D	Definitive Resources Document - MOST July 2009
B1E	MOST - Approval Statement for the refocused course
B1F	MOST - Course Approval Template (CAT) - refocused course
B1G	MAPPING OF MODULES AGAINST OSTEOPATHIC STANDARDS OF PRACTICE
B1H	Mapping of new MOST to previous course - Modular structure and content
B1I	LEEDS METROPOLITAN UNIVERSITY COURSE DEVELOPMENT PRINCIPLES 2011 Refocusing the Undergraduate Curriculum
B1J	Refocusing our Undergraduate Curriculum. A Statement by Sally Glen - DVC
B1K	DVC's letter to Professional Body - UG Refocus
B1L	Major modification - minutes of discussion at FQCS 25/10/2011
B1M	Amended Course Document 4/10/2011
B1N	Amended Documents Sent to Marketing, Admissions, Student Administration 24/11/2011. Email
B O	Amended Documents send to QSRE 24/11/2011. Email
B1P	MM2 Form 4/10/2011

B1Q	Major modification - current template
B1R	Minor Modifications
B1S	University Strategic Plan 2010-2015
B1T	LEARNING AND TEACHING STRATEGY 2011-2015
B2A	Approval Event - report 06/07/2009
B2B	Approval report for BSC (Hons) Osteopathy 28 June 2006
B3A	RECOGNISED QUALIFICATION (RQ) ANNUAL REPORT FORM 2009-10
B3B	RECOGNISED QUALIFICATION (RQ) ANNUAL REPORT FORM 2010-11
B4A	Placement reports
B5A	Analysis of patient feedback
B6A	Course Handbook 2010-11
B6B	Course Handbook 2011-12
B6C	Course Handbook 2012-13
B7A	Module Specifications - previous course
B7B	MATS - refocused documents
C8A	2008-09 BScH Annual review minutes Nov 2008
C8B	2008-09 BScH Annual review minutes Jul 2009
C8C	2009-10 BScH Annual review minutes Nov 2009
C8D	2009-10 BScH Annual review minutes Jul 2010
C8E	2010-11 BScH Annual review minutes Nov 2010
C8F	2010-11 BScH Annual review minutes Mar 2011
C8G	2010-11 BScH Annual review minutes Jul 2011
C8H	2011-12 BScH Annual review minutes Nov 2011
C8I	2011-12 BScH Annual review minutes summer 2012
C8J	Course Leader report 2008-09
C8K	Course Leader report 2009-10
C8L	Course Leader report 2010-11
C8M	Course Leader report 2011-12
C9A	External Examiner report 2008-09
C9B	Course Leader Response to External Examiner report 2008-09
C9C	External Examiner report 2009-10
C9D	Course Leader Response to External Examiner report 2009-10
C9E	External Examiner report 2010-11
C9F	Course Leader Response to External Examiner report 2010-11
C9G	External Examiner report 2011-12
C9H	Course Leader Response to External Examiner report 2011-12
C9I	External Examiner Handbook 2011-12

C9J	External Examiner training presentation 2011-12
C9L	OSCE Reports
C10A	Assessment Brief, marking criteria - pack of standard docs sent to external examiners
	Course Assessment Strategy (located in CAT/MATs)
D11A	Placement or clinical supervisor reports
D12A	Board of examiners minutes
D13A	Module Marks - Statistics 2009-0
D13B	Module Marks - Statistics 2010-11
D13C	Module Marks - Statistics 2011-12
D14A	Career destinations
D14B	Employability Strategy 2011-2015
E15B	Module Evaluations 2019-10
E15B	Module Evaluations 2010-11
E15C	Module Evaluations 2011-12
E16A	University Publication - Using peer observation to enhance teaching
E17A	Research and Enterprise: Summary of progress against annual plan
E17B	Course Leader Conference and Handbook June 2012 - report to Quality Enhancement Committee
E17C	Staff Development Summary
E17D	Evidence of staff development day in June
E17E	Evidence of staff development programme put into place (AB suggested, CS refers to in SED)
E17F	E-Learning Strategy 2011-15
E17G	E-Learning Implementation Plan 2012-13 (draft)
E17H	EMPLOYABILITY STRATEGY 2011-15
E17I	LEARNING AND TEACHING STRATEGY 2011-15
E17J	Learning and Teaching Strategy Implementation Plan 2011-12
E17K	Learning and Teaching Strategy Implementation Plan 2012-13: Draft Aims (draft)
E17L	FACULTY OF HEALTH & SOCIAL SCIENCES FACULTY BOARD 11 June 2012 Update on the development of Inter-Professional Learning in the Faculty
E18A	Module Handbooks L4
E18B	Module Handbooks L5
E18C	Module Handbooks L6
E18D	Module Handbooks L7
E19A	Faculty Forum 2011-12
E19B	NSS Data
E19C	Mid-Module review Faculty Guidance
E19D	Internal Student Experience Survey 2011-12

E19E	Annual Faculty STAR report 2011-12
E19F	Link to University Undergraduate Refocus - Student information
F20A	University Admissions Policy 2011-12
F20B	University Admissions Policy 2012-13; Course work - feedback policy; NSS
F21A	Feedback to students - BSc Hons Osteopathy you said we did Jan 2012
F21B	Online Prospectus - MOST 2012-13
G22A	Equipment lists
G23A	HSS Library Stock Update for MOST 10/08/2012
G23B	Libraries 2011 - Autumn report
G23C	Libraries 2012 - Spring report
G23D	Libraries 2012 - Summer report
G23E	Library Service Standards 2011-12
G23F	Libraries and ICT facilities
G24A	Staff CVS
G24B	MOST Resources List
G25A	In at the deep end
G25B	Personal tutor framework
G25C	Faculty LTU
G25D	Centre for Learning and Teaching
H26A	Faculty Annual Quality Report 2008-2009
H26B	Faculty Annual Quality Report 2009-2010
H26C	Faculty Annual Quality Report 2010-2011
H27A	Governance and Management
H27B	External Examiner - University regulations
H27C	University Regulations
H27D	University Regulations - Professional Suitability
H27E	University Regulations - Student
H27F	Link to University Annual Review and Monitoring Process
H27G	Link to University Complaints Procedure
H27H	Link to University Mitigation procedure
H27I	Link to University Cheating, Plagiarism and Unfair Practice
H27J	University Corporate Management structure
H27K	Faculty Structure Charts
H27L	University Academic Board Committee
H27M	University Government articles
H27N	University Government Instruments
H27O	University Insurance cover note 2011-12

H27P	University Insurance cover note 2012-13
H27Q	University Insurance cover note Wellness Centre 2011-12
H27R	University Insurance cover note Wellness Centre20 12-13
H27S	University Insurance Guidelines
H27T	University Strategic Plan
H27U	Faculty Annual Plan 2010-11
H27V	Faculty Annual Plan 2011-12
H27W	University Financial Statement 2009
H27X	University Financial Statement 2010
H27Y	University Financial Statement 2011
I1	Faculty risk register
I2	List of library resources related to osteopathy
I3	Queen Square Wellness Clinic Books
I4	Timetables - Room Usage
I5	MOst Timetable for observations
I6	Clinic Information for QAA Visit 24th and 25th October 2012
I7	Staff development Day May 25 th 2012.
I8	University Induction policy
I9	Web link to induction pages
I10	Programme for 3 day block
I11	CL conference workshop slide
I12	Induction Checklist
I13	Programme
I14	Minor modification report
I15	Problem Based Learning Modules- changes to delivery in 2011 in direct response to students' feedback
I16	PP2 amendments 2011
I17	Faculty Plan revised submitted version to Planning Office February 2012.
I18	EBP LOs Assessment and Timetable 2012-2013
I19	Copy of EBP OE Amended Programme 2012-2013 with Dates
I20	Staff Development Programme 2012-2013
I21	Osteopathy Induction Timetable 2012-13 07.08.12
I22	Osteopathy Masters of MOst Level 4
I23	Osteopathy Masters of MOst L5 L6 L7
I24	CV Aaran Caseley
I25	Diana Pitt CV
I26	Assessment of Presented Case History 2rd Year v 4-1

I27	Assessment of Presented Case History 3rd Year v 1
I28	PBL - Problem Based Learning presentation (PowerPoint)
I29	Student Peer Review and Assessment
I30	IPL report to Faculty Board - June 2012
I31	IPL - Osteopathy Students
I32	Clinical Handbook
I33	Course Leader Response 2011-12.
I34	Final Clinical Competence Assessment - Examiners report
J1	Response to QAA Query 8 10 12
J2	Course Enhancement meeting
J3A	NSS Oct 2012
J3B	Appendix 1 NSS MOst
J3C	Appendix 2 CL conference workshop slide
J3C	Appendix 2
J3C	Appendix 2
J3D	Appendix 3 NSS Action Plan MOst
J4	EMPLOYMENT DATA
J5	Practice learning reports action plan
J6	Patient feedback
J7A	Enrolment Summary 0910
J7B	Enrolment Summary 1011
J7C	Enrolment Summary 1112
J7D	Enrolment Summary 1213
J7E	Student Progression 0910 BSCOS
J7F	Student Progression 1011 BSCOS
J7G	Student Progression 1011 MOSTO
J7H	Student Progression 1112 BSCOS
J7I	Student Progression 1112 MOSTO
J7J	Withdrawals 2009-10
J7K	Withdrawals 2010-11
J7L	Withdrawals 2011-12
J8	Annotated Timetable

K1	Response to queries raised - 22nd October 2012
K2	Unsolicited Information (complaint) - Response to complaint
K3	CLINIC TUTOR handbook - Issue1 - Staff
K4	Clinic core handbook - Student
K5	Flow chart - modifications
K6	NSS comments
K7	Marketing activities update October 2012
K8	Biomedical Laboratories
K9	The AHP Research Network AHPRN
K10	Query regarding HEFCE - AUD-2011-039 HEFCE Assurance Review
K11	Engagement with The UK Quality Code for Higher Education
K12	CAT for MOst
K13	Approval Statement for MOst
K14	Mapping of MOst

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