



General  
Osteopathic  
Council



**QAA**

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

**Bachelor of Osteopathy (Hons)**

**Master of Osteopathy**

**Renewal of recognition review**

**London School of Osteopathy**

**November 2013**

## 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 the 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 (the 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* published by QAA in 2011.

GOsC review may take one of three forms:

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

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

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

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

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

## Introduction

This report presents the findings of a renewal review of aspects of the governance and management, the academic standards achieved, and the quality of the learning opportunities provided in osteopathy at the London School of Osteopathy (the School). The programmes reviewed were Bachelor of Osteopathy (Hons) and Master of Osteopathy. The review was undertaken by visitors appointed by the General Osteopathic Council (GOsC) in accordance with the 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 2013-14. The review visitors were Sarah Wallace, Jill Lyttle, Stephen Hartshorn and Simon Ives (Review Coordinator).

## A Formal recommendation

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

The recommendation of the visitors for the Bachelor of Osteopathy (Hons) and Master of Osteopathy programmes is:

- **approval without conditions**

## B Findings

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

### Strengths

- the continuing emphasis on the development of students' critical self-reflection in preparation for independent osteopathic practice (paragraph 5)
- the effective role of the final year professional portfolio in preparing students for autonomous professional practice (paragraph 7)
- the increasingly challenging criteria for assessing practical, clinical and professional competence at different levels (paragraph 17)
- the well developed and understood formal and informal networks of student support arrangements (paragraph 32)
- the effective management arrangements as exemplified by the relocation of the School and clinic with minimal disruption to the student learning experience (paragraph 48).

### Areas for development

- the need to review the Audiovisual Activities Policy with regard to the retention of sensitive patient data to ensure that it complies with the Data Protection Act (paragraph 42)
- the need to formalise the process for identifying, prioritising and planning continuing professional development for staff (paragraph 45).

## 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. A protocol exists for staff, students and patients to submit unsolicited information about the provision to the review team. Submissions can remain anonymous to the provider if preferred. No unsolicited information was submitted.

Meetings with students are strictly confidential between the students attending and the visitors; no comments are attributed to individuals. Teaching and learning observation is governed by a written protocol. Visitors respect the principle of proportionality in their enquiries and emerging conclusions.

Key features of the GOsC review include:

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

## D The overall aims of the provider

1 The School is a registered charity and is established as a company limited by guarantee. Between 2011-13, the school moved both its teaching and clinic premises. The main School is now based at the Grange building in Bermondsey, south London where it undertakes classroom-based teaching at weekends. The School has opened a new well-equipped teaching clinic in Bethnal Green east London, operating six days of the week. The clinic serves the health needs of the local community as well as providing a diverse range of clinical experiences for students.

2 The School's mission is to be an effective and supportive learning organisation responding to the needs of all stakeholders. Students and staff are enabled and encouraged to realise their individual potential. The School is committed to being a recognised provider of high-quality professional education in osteopathy at undergraduate and postgraduate levels, as well as providing osteopathic health care for the local population. The College has offered an undergraduate osteopathy programme since 1993. The Bachelor of Osteopathy (Hons) (BOst) and the Master of Osteopathy (MOst) programmes under review were validated by Anglia Ruskin University (the University) in 2009. All students are enrolled initially on the MOst programme with the option to transfer to the BOst.

3 The strategic aims of the School are stated in its Strategic Plan 2011-14 which is reviewed annually. These aims provide a focus for the role of the Board of Trustees. The programmes aim to provide structured learning opportunities for students, to enable them to become safe, capable and reflective autonomous osteopathic practitioners committed to evidence-based and ethical practice, and to lifelong learning. The SED states that the School provides professional osteopathic education by a mixed mode of part-time and full-time attendance. The School is currently exploring the possibility of providing an entirely full-time option, although both part-time and full-time pathways are currently validated. The intensive programmes are designed to meet the learning needs of mature students experiencing a professional or life transition who are keen to become registered osteopaths. The School aims to create an ethos of committed individuals determined to develop the highest possible standards of professional osteopathic care for the diverse range of patients attending the clinic.

4 The two awards are intended to confer access to the statutory register of osteopaths and eligibility to practise. Both programmes consist of 480 credits. The MOst is an undergraduate integrated master's degree and students have to achieve 360 credits at undergraduate level, including 120 at honours level, and a further 120 credits at master's level. Students undertaking the BOst pathway have to achieve 480 credits at undergraduate level, including 240 credits at honours level. The two curriculum pathways form part of the Allied Health Programme within the Faculty of Health Social Care and Education at the University and are delivered at the School. The School's self-evaluation and course specifications state that the emphasis of the programmes is on providing structured learning opportunities, offered within the framework of GOsC's Osteopathic Practice Standards (2012), the *Subject benchmark statement: Osteopathy* published in 2007 by QAA, and the Quality Code. The intended learning outcomes for the pathways and modules are directly mapped to the Osteopathic Practice Standards (2012).

## E Commentary on the provision

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

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

5 The course specifications clearly and comprehensively set out the aims and intended learning outcomes of the programmes. These reflect the School's overall educational and employment aims to prepare students for evidence-based, ethical osteopathic practice. Programme aims, which are widely publicised and well understood by students and staff, emphasise the acquisition and maintenance of the attributes required of an osteopath including a commitment to lifelong learning and personal and professional development through self-reliance and self-motivation. In support of the aims, the programmes embed the development of self-appraisal and learning strategies which support clinical learning and the development of autonomous learners. This continuing emphasis on the development of students' critical self-reflection prepares them well for independent osteopathic practice.

6 Intended learning outcomes for both programmes are extensively mapped to the Osteopathic Practice Standards, the *Subject benchmark statement: Osteopathy*, and the Quality Code. Differences between the BOST and MOST programmes are reflected in the areas associated with advanced clinical practice and research in the final year of the programme. Within these areas, the respective learning outcomes differ in their level of expectation, with those of the MOST course explicitly reflecting the requirements of Master's level study.

7 The intended learning outcomes for each module are mapped to the programme learning outcomes, and are provided in Module Definition Forms. These reflect the appropriate academic level on *The framework for higher education qualifications in England, Wales and Northern Ireland* (FHEQ), and are matched to the aims of the curriculum. The expectations of the *Subject benchmark statement: Osteopathy* are clearly evident. There is explicit reference to, and reflection throughout, of the requirements of the Osteopathic Practice Standards. The sequential progressive osteopathy and professional studies modules, and the final year portfolio module effectively develop students' practice-based skills and understanding.

#### Curricula

8 Both the MOST and BOST curricula are consistent with the *Subject benchmark statement: Osteopathy*, and embed the FHEQ-level descriptors. Curriculum content is directly mapped to the Osteopathic Practice Standards, as summarised below:

**Theme A: Communication and Patient Partnership.** This is strongly embedded throughout the curriculum and in clinic-based learning. It is particularly evident in the sequential progressive Osteopathy modules and the final year Portfolio. Further emphasis is located in those clinical assessments and associated underpinning tasks which are embedded into Research, Criticality and the sequential Professional Studies Modules. There are twelve modules mapped directly against A1 and clinic staff confirm that A1 is evident in their teaching. A2 to A6 specifically underpin all aspects of clinic-based learning and this was observed in practice.

**Theme B: Knowledge, Skills and Performance.** This theme is embedded into the curriculum across all years. Overall ten modules are mapped against B1 and five or more modules are mapped against all the subsections of B2. These include the progressive Osteopathy and Professional Practice series, Clinical Pathology and Differential Diagnosis and Anatomy (B2). B3 and B4 are explicit in all aspects of clinic teaching and assessment, and in the final year Portfolio module.

**Theme C: Safety and Quality in Practice.** The elements of this theme are explicit in a number of areas and were observed in action. Seven or more modules are mapped against C1 and a maximum of eight against C2. Particular emphasis is located in the sequential Osteopathy and Professional Studies series. Scrutiny of the progressive clinical assessment proforma and their underpinning tasks, in the context of the modules in which they are embedded, reveals that the demands of C3 to C9 (inclusive) underpin all aspects of clinical teaching.

**Theme D: Professionalism.** A maximum of seven modules are mapped against the requirements of D1. These include the latter three progressive Osteopathy modules Clinical Pathology, Differential Diagnosis and the Dissertation Module. D2 and D3 are reflected in the more advanced modules of Professional Studies 2, Osteopathy: Autonomy, Portfolio and Dissertation. Clinic staff confirm that D1 to D3 are explicit in clinic learning interactions. D4 to D18 (inclusive) are also evident throughout all aspects of clinical teaching and assessment. These aspects were confirmed on observation and in discussion with staff and senior management. The final year Portfolio module is explicit in its reflection of, and alignment with, the Osteopathic Practice Standards. It is considered to be an effective tool in preparing the students for autonomous professional practice.

9 Staff confirm their involvement in the curriculum review required for implementation and embedding of the new standards. Students are very aware of the demands of professional practice standards and how these are clearly referenced throughout their studies.

10 The School has delivered its programmes over five years in mixed mode, with successful students gaining 240 credits in the first three years, equivalent to a part-time programme, and 240 credits in the final two years, equivalent to full-time study. However, following changes to student loans provision, the School has now validated four-year full-time and six-year part-time programmes. Students are provided with a range of flexible options, and can continue to study on the mixed-mode route by enrolling as part-time students and transferring on to the full-time course after the first three years. There are currently no full-time students enrolled in years one and two. The programmes will be undergoing a quinquennial review by the University in March 2014. Although the School intends to make no significant changes to the programme content, it is considering the strategic implications of introducing an entirely full-time attendance mode.

11 All students are initially enrolled on the MOst. Prior to entry into the final year they are offered the option to transfer to the BOst with guidance from tutors and the Course Leader. Reasons for those opting to complete the BOst were generally attributable to the time commitments required for level 7 study, or to previous academic performance. Students confirmed their understanding of the difference between the two courses, and feel supported in making the decision about which level they should study.

12 Teaching is currently framed within two nine-week semesters each year. These are delivered fortnightly on Saturday and Sunday. Programmes are modular, with 15 credit modules being completed in one semester and 30 credit modules running across both semesters. The framework of the curriculum allows for a clear progression path and the incremental development of a student's theoretical, practical and clinical skills and professional attributes.

13 Emphasis is placed throughout on developing an evidence-based student-centred approach, with problem-based learning and clinical presentations. Staff and students contribute to incremental and continuous curriculum planning, refinement and development. Staff research and scholarly activities inform curriculum development and changes. Student feedback is well received, considered and acted upon. Curriculum approval, monitoring and review processes reflect *Chapter B1: Programme design and approval* of the Quality Code.

## Assessment

14 The School's assessment processes and practice comply with the Anglia Ruskin University Senate Code of Practice on Assessment, which is underpinned by the Quality Code, *Chapter B6: Assessment of students and accreditation of prior learning*. The overall assessment strategy allows for the evaluation of the requirements of the Osteopathic Practice Standards.

15 There is a wide range of appropriate assessment methods in use which reflects the demands of the *Subject benchmark statement: Osteopathy* and the Osteopathic Practice Standards. These methods include case studies, clinical assessment, essays, dissertation, poster presentations, practical examinations, presentations and research proposals. Assessment practice ensures that students using different learning styles and practice approaches are able to demonstrate their developing professional and educational capabilities. Marking criteria are appropriate for judging achievement and threshold marks are set higher for modules being assessed at levels 6 and 7. Assessment hand-in and completion dates are appropriately staggered throughout the two consecutive nine-week semesters of the academic year, with the final clinical examination being timetabled outside the final nine-week semester in order to reduce student overload.

16 There is an appropriate balance of formative and summative assessment. The School's assessment strategy is well developed and ensures that students are able to integrate their theoretical and practical skills through a range of learning opportunities. Students confirm their overall satisfaction with the assessment methods, the timeliness of their assessments, links to intended learning outcomes and the assessment information made available to them. Overall the assessment strategy is effective in assessing students' achievement of both programme and module aims and learning outcomes.

17 The criteria for assessing practical, clinical and professional competence at different levels provide increasing challenge as students progress. The series of phased and progressive clinic assessments are sequentially embedded through the modules in Research and Criticality and Professional Studies. Each clinical assessment is underpinned by a series of progressively demanding clinical tasks. Assessment criteria relating to practical skills and the demands of clinic in year five clearly differentiate between BOst and MOst levels. There is explicit reflection throughout of the demands of the Osteopathic Practice Standards.

18 External examiners report that feedback on students' assessments is in the main informative and developmental. Students consider that feedback on work is generally prompt and helpful in showing them how to improve. Scrutiny of student work identified constructive and sometimes comprehensive feedback, particularly in the assessment of students' clinical and practical skills. The School's 'open-door' policy, the strong mutual support network, and the clinical activities are effective in identifying and supporting individual student's learning needs.

19 The School has appropriate arrangements for Final Clinic Competence Assessment, which is embedded in both the BOst and MOst final year clinical modules. It involves students assessing and treating two new and one returning patient. Students are assessed by a combination of internal staff members and external assessors. This process has also been observed to date by an external examiner who confirms the process is effective in testing students' clinical competence.

20 Effective processes for internal moderation of assessment tasks and assignments are in place at levels 5, 6 and 7. These tasks and assignments are then sent for approval by the relevant external examiner who also reviews module assessments and examination papers, answer guides, resit examination papers, and sample scripts which have been internally moderated. Marking and moderation of scripts is in line with the University's assessment requirements and the expectations of the Quality Code.



## Achievement

21 External examiners consider that the standard of students' work compares favourably with that from other osteopathic providers. They confirm that students demonstrate a sound understanding of the knowledge and skills required for professional osteopathic practice. This was confirmed by the visitors scrutiny of students' assessed work. The visitors concur with the external examiners' comments that there is a clear differentiation between achievement in BOst and MOst major projects. This was also reflected in the levels of achievement evident in other student work in the final year of the programme.

22 The final year professional portfolio module is highly effective in preparing students for autonomous professional practice. Students are introduced to professional demands and expectations, and are required to develop a business plan to support their entry into independent osteopathic practice. Medical and legal issues are also included. This module reflects, and is aligned to, the Osteopathic Practice Standards. Former students commented upon its usefulness in preparing them for practice.

23 Final achievement of students in recent years has been good. Over the period 2010-11 to 2012-13 inclusive, 56 per cent of students on the MOst programme achieved a Merit grade with five per cent gaining a Distinction. On the BOst, over the same period, 21 per cent achieved an Upper Second-Class honours, with Lower Second-Class honours awarded to 43 per cent. The pass rates for the Final Clinical Competence Assessments for the same period were consistently high.

## The quality of the learning opportunities provided

### Teaching and learning

24 The School employs an appropriate range of teaching methods in the delivery of the curriculum. Observations by visitors confirm that teaching is of a high standard and classes are appropriately organised, with lecture plans and structured reading to encourage independent learning. Tutors make effective use of teaching aids and encourage student participation through the use of different teaching styles and methods. Students report that high quality teaching is delivered by knowledgeable and experienced tutors.

25 Students' portfolio development emphasises reflective practice, and the production of a dissertation allows students to focus on individual research areas in greater depth. Students state that the portfolio provides support for learning and reflection. It facilitates integration of knowledge and skills across the curriculum, and prepares students for future continuing professional development activities.

26 The use of technologies that support distributed study facilitate independent learning. The School has recently increased its use of the virtual learning environment (VLE), and this allows for flexibility in the way that students engage with the programme, both on-site and remotely. Active participation by students has helped enhance the design and application of the VLE.

27 Clinical teaching takes place at recently opened premises in Bethnal Green which provide a professional learning environment. Students are exposed to clinical activity early in the programme. They are required to complete a total of 1,200 hours of clinical practice and are exposed to sufficient numbers of new patients to meet the expectations of the *Subject benchmark statement: Osteopathy*. The wide variety of patients with a range of presentation types allows students to develop an appropriate range of clinical skills.

28 Observation at the clinic confirmed that teaching is of a good standard. Clinic tutors provide students with an appropriate level of challenge by ensuring that academic knowledge is translated into clinical practice at a level that matches their individual stage of development. Students regard the teaching clinic activities positively and view it as a conduit

for integrating the various aspects of the programme. Senior students are encouraged to reinforce their learning through demonstrating osteopathic practice to junior students. Such mentoring activity is formally built in to final-year activities.

## **Student progression**

29 The School provides a wide range of effective support mechanisms which underpin student progression. These fully reflect the expectations of various sections of the Quality Code including *Chapter B3: Learning and teaching* and *Chapter B4: Student support*, learning resources and careers education, information advice and guidance.

30 The websites of both the School and University provide clear entry criteria and information on the application and selection process. Admissions are managed efficiently by the School in accordance with the University's Code of Practice. The application form and associated documentation are comprehensive, and care is taken to ensure applicant suitability. Some students are accepted through the Accreditation of Prior Certificated Learning, although no students have yet been accepted through the Accreditation of Prior Experiential Learning, although there is a clear process for this. Students confirm that the application and enrolment process supports them in making informed decisions. A comprehensive induction day at the start of the academic year for new students involves school staff and the whole student body, and introduces the School's ethos of developing mutual support. The gender balance in the student cohort varies between years, with generally a higher proportion of men than women. The age of the student cohort in recent years ranges from 21-56 years, with an average age of 35 years. Recent first year new student enrolments have shown a gradual decrease from 32 new students in 2010-11 to 22 students 2013-14. The relatively sharp decrease in the 2013 intake may reflect a current decrease nationally. The School is actively considering ways to increase future numbers.

31 The monthly Student Welfare and Academic Support Team (SWAST) forum plays an effective role in encouraging dialogue between students and staff. Student representatives regularly discuss a wide range of operational and quality enhancement matters within this forum. Students point to examples where changes have taken place as a result of SWAST discussions and through membership of the School committees.

32 There are well developed and well understood formal and informal networks of student support arrangements, which are highly valued by students. The School has established a network of support mechanisms to assist in developing student knowledge, skills and capabilities. Students are assigned to a personal tutor group which provides peer support. Students value the School's ethos of mutual support, including the mentoring of junior students by senior students. The School recruits mostly mature students, often engaged in other occupations, who find the wide range of support mechanisms especially valuable.

33 Continual academic guidance and feedback is provided by tutors and by clinic supervisors. Open practical sessions are offered in the clinic. Additional voluntary academic tutorials are organised around specific topics arising from student requests and are well attended. Students value the 'open-door' policy which provides them with access to staff, both on-site and by electronic means.

34 The close interaction of staff and students at all levels and the mentoring provided in the clinic environment enable staff to identify and resolve any potential difficulties at an early stage. Serious concerns about individual students' progress are discussed immediately with the University, but to date, only one case has arisen. The Student Handbook refers to the University's Fitness to Practise Committee and provides a hyperlink for further information.

35 The School Student Advisor, who teaches on a year-one module, provides academic and pastoral support, along with the Course Leader. Students also access study support from their university Student Advisor, while pastoral support is also available through a personal tutor and from a personal tutor group.

36 Student progression from year to year is high, generally above 90 per cent. There are intermediate exit awards for students who do not complete the full award. Generally students who complete their first year progress to successful completion of the programme.

37 The Student Handbook is comprehensive, easy to read, and clearly set out, with frequent references and hyperlinks to both School and University regulations. It signposts sources of student support and highlights the importance of the Osteopathic Practice Standards. Information is also available through the School website and intranet. These are accessible, well structured and straightforward to navigate. Students value the extensive information and guidance provided.

## **Learning resources**

38 Class teaching takes place at the Grange building in Bermondsey which is equipped with five classrooms, a library and a number of utility rooms which can be used as office or study space. All classrooms have fixed data projectors and screens. Four of the classrooms have hydraulic plinths to facilitate the teaching of practical sessions.

39 A wireless network is available throughout the building and provides access to an extranet where additional student resources can be found. The School's VLE offers an intuitive platform for storing and disseminating course literature and associated media. It also has calendar and email functionality, which can be set up to notify users of important events. IT support is available during teaching weekends with help available by email at other times.

40 The Grange library is open throughout the week and contains essential textbooks, printed and electronic journals and a small computer suite with eight computer terminals. A trained librarian is available on teaching weekends and support is given to help students with access to textbooks and journals from other specialist libraries. The librarian also provides individualised student support in developing search strategies for research projects and dissertations. Outside teaching weekends, the librarian is contactable via email.

41 The school's outpatient clinic provides a well equipped professional clinical environment for students and patients. The School considers that the new location and the visibility of the clinic has led to increased patient demand. Students are able to decide when they are able to attend clinic. Attendance is monitored by clinic supervisors to ensure that students complete the required number of clinical hours, and are exposed to an appropriate range of patients. The number and diversity of patients treated by each student meets the requirements of the GOsC and the *Subject benchmark statement: Osteopathy*.

42 The new clinic premises were designed in consultation with staff, students and patients. They make greater use of technology than the previous clinic, with network, wireless access, and cameras integrated into the fabric of the building. This, along with a small reference library, gives students ready access to online books, journals and the VLE. The School makes use of its network of cameras within the clinic to remotely monitor student and patient interaction. Security measures are in place to isolate the camera network from other networks in the building. However, these interactions are occasionally downloaded on to encrypted memory sticks and taken off-site in order to facilitate student learning and assessment. While appropriate patient consent is sought to allow this to happen, it is not clear that the School has reviewed this practice to ensure that the retention and movement of patient sensitive data is compliant with the Data Protection Act.

43 Teaching is delivered by a well qualified team of largely part-time staff who bring a broad range of skills and experience to the teaching environment. Some staff also teach at other osteopathic educational providers. A third of the teaching staff are qualified to MSc level and the majority either hold, or are working towards, a formal teaching qualification. Staff from other medical schools and universities, who teach part-time at the School, also bring valuable skills and experience to the programme.

44 The informal process of induction for new staff encourages a culture of mutual support, and is effective in ensuring that staff are properly integrated into the School. The School's system of peer review of teaching informs the annual appraisal process, and encourages the identification and dissemination of good practice. Staff are enthusiastic about the benefits of this process and view it as an opportunity for development through reflective practice.

45 There are many examples of continuing professional development and scholarly activity which enrich the student learning experience. However, staff development activity is predominantly driven by areas of personal interest. Professional development often takes place outside a structured framework which is aligned to the aims and outcomes of the programmes. The process for identifying, prioritising and planning continuing professional development for staff lacks formal structure.

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

46 As a registered charity, the School is governed by a Trustee Board (the Board) which is responsible for resource management and general overall strategic management. It undertakes thorough risk management procedures. The Chair of the Board confirmed that the recent appointment of two new trustees has strengthened the strategic governance of the School. Operationally the School is managed by the Principal, who reports quarterly to the Board and the Senior Management Team (SMT). The minutes of meetings provide a clear and detailed record of outcomes.

47 The School's current Strategic Plan 2011-14, which is reviewed annually, provides the framework for operational management through the SMT. The Board meets jointly with the SMT to review the Strategic Plan and to set targets for developments. Senior staff acknowledge that the recent successful move of both clinic and teaching premises have opened up greater strategic options for the School. The School is giving active consideration to the further development of the Grange building to provide a second teaching clinic; the possibility of seeking a Tier 4 licence to recruit international students; and of delivering an entirely full-time mode of study. Given recent and anticipated changes at management and Board level, and the need to give careful consideration to sources for future capital funding, it is an opportune time to initiate discussion and development of the next strategic plan.

48 The School has effective management structures and practices as exemplified by the relocation of the School and clinic, with minimal disruption to the student learning experience. This involved consolidation of the teaching and administrative functions in its new premises at the Grange, the seamless move from the old clinic to the new one, and tight financial control. The new clinic premises are already attracting an increased number of patients, and providing a wider experience for students.

49 The School's financial situation has been consolidated since settling into the Grange premises. Following the reduction in its reserves caused by the purchase of the premises, the School has been successful in building up both cash and accumulated reserves for the future, putting it on a sound financial footing. This is partly due to the financial stability provided by the collaboration with the University, and consequent access to funding from the Higher Education Funding Council for England (HEFCE), and to careful financial management. The School's risk register is reviewed and updated annually by the SMT and the Board.

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

50 Since 2009, the School has become established as an associate college of the University, who validate the BOst and MOst programmes. This relationship is well embedded, with the School working primarily within the quality assurance policies and procedures as required by the University. There is joint representation on relevant committees at both institutions and regular formal and informal contact is mutually supportive. Ultimate responsibility for academic standards lies with the University. It formally responds to external examiners' reports, after consulting with the Course Leader, module tutors and other staff at the School.

51 The Anglia Ruskin Course Management Committee (ARCMC) meets once a semester, with membership from each institution, and provides a useful forum to share experiences and discuss developments. The School reports formally to the University through its annual monitoring report, which takes into account comments from external examiners. The School's Academic Council (AcC) is the key internal decision-making body, with responsibility for academic activities, although some of its formal responsibilities fall to the ARCMC. To avoid duplication, and to ensure clarity and consistency, the AcC meets immediately following the ARCMC meeting. Membership includes key staff and student representatives. Some discussions are overlapping although separate minutes are kept. This system is understood by all concerned and works well.

52 The School nurtures a collegiate atmosphere among staff and students. It employs a team of dedicated staff ably led by the SMT. The key decision-making committees include both staff and student members, with the terms of reference requiring both staff and students to be present for the meeting to be quorate. A report from the Student Welfare and Support Team (SWAST) is received at each AMCRC meeting. The School's approach to decision making has the student voice at the centre, and participation and ownership of the programme is encouraged at all levels. Both current and former students confirm that they feel valued partners in the development of their learning experience.

53 The School relies on compliance with university procedures, guidelines, and policies to assure its standards. It uses various mechanisms to enhance the quality of its provision, including student feedback and module reports. External examiners comment positively on a number of matters, including the high standards achieved; the diverse range of learning methods and assessment types; and the clarity and management of the assessment process. Recommendations for improvement made by external examiners are thoroughly implemented. External examiners' reports, and responses to those reports, are appended to the annual monitoring form which is considered by the AcC before submission to the University. Relevant extracts are included in the following year's module guides to inform students.

54 Quality enhancement is built into the continual review of all the School's activities. Formal processes for identifying enhancement opportunities include discussions at SWAST meetings, student feedback questionnaires, and external examiners' reports. Outgoing external examiners have commented positively on developments and improvements in both processes and outcomes. The annual Faculty Day provides an opportunity for all staff to reflect on ways to enhance the School's provision for the benefit of its students. A wide range of quantitative data and qualitative feedback is collected, analysed and discussed at appropriate levels. SWAST includes a standing agenda item for 'you said, we did' feedback to students.

55 The School's self evaluation presented for the review is well structured, with clear information about the School's provision, and contains a wealth of statistical data. It does not address previous conditions directly as these had already been resolved to the satisfaction

of the GOsC. Instead, it focuses on the issues that the GOsC have requested be addressed in the current review. The team found the SED both accurate and helpful.

56 The School has appropriate confidence in its own processes and practices for assuring standards and quality. Annual reports to the University and to the GOsC are thorough and informative. Issues raised formally by external reviews receive assiduous consideration and detailed responses. Overall, the School manages successfully the responsibilities vested in it by the University and by the GOsC.

## **Meetings and documentation**

### **Meetings held**

SMT/Trustees/ARU - 29 November 2013  
Presentation by CL - 29 November 2013  
Clinic tutors/staff - 29 November 2013  
Former students/graduates - 29 November 2013  
Student meeting SW/SI - 30 November 2013  
Student meeting SH/JL - 30 November 2013  
VLE demonstration SH/SI/FH - 30 November 2013  
Library meeting SH/SI - 30 November 2013  
Meeting with teaching/academic staff - 30 November 2013  
Meeting with SMT - 30 November 2013

### **Major documentation**

#### **LSO Evidence List 2 December 2013**

SED  
AMR ARU LSO 2010-11  
AMR ARU LSO 2011-12  
APCL application proforma  
APL process letter confirmation from ARU  
Application flow chart (regular plus APL)  
Application forms (regular plus APL)  
Application interview proforma (regular plus APL)  
CSF BOst (Hons) (Course Specification Form)  
CSF MOst (Course Specification Form)  
Employability Statement  
Example of Module Change (yr 2 A&P Neuro module)  
External Examiner reports plus reply 2010-11  
External Examiner reports plus reply 2011-12  
External Examiner reports 2012-13  
Final year Clinic Report form  
Management structure  
Mapping of curriculum to the OPS  
Mapping of modules to the course learning outcomes.  
MDF - an example (Professional Studies)  
Modular assessment schedule 2013-14  
Module Guide - an example  
Organogram  
Physical resources outline  
Strategic Plan (Dec 2011 updated July 2013)  
Student Handbook 2013  
Student new patient numbers 2011-13  
Student questionnaire template  
Student written submission  
Teaching observation proforma  
ToR for Academic Council (LSO committee held with University representation)  
ToR for Anglia Ruskin Course Management Committee (held at associate college)  
ToR for Senior Management Team (LSO)  
ToR for Student Welfare and Academic Support Team (LSO)

#### **List of additional files provided 1 November 2013, with numerical identifiers**

Numerical list of documents provided with SED

Staff list for review dates  
 List of MGs and rationale  
 MDF 1 AP NMS ver fin  
 MDF 1 AP Visceral ver fin  
 MDF 1 Osteo ver fin  
 MDF 2 AP head neck ver fin  
 MDF 2 Osteo ver fin  
 MDF 2 AP Neuro ver fin  
 MDF 3 Clinical pathology ver fin  
 MDF 3 Osteo ver fin  
 MDF 3 Professional Studies ver fin  
 MDF 4 Differential Diagnosis ver fin  
 MDF 4 Osteo ver fin  
 MDF 4 Professional Studies ver fin  
 MDF 4 Research & Criticality ver fin  
 MDF 5 Dissertation L3 ver fin  
 MDF 5 Dissertation M ver fin  
 MDF 5 Osteo L3 ver fin  
 MDF 5 Osteo M ver fin  
 MDF 5 Portfolio L3 ver fin  
 MDF 5 Portfolio M ver fin  
 MDF 5 Professional Studies L3 ver fin  
 MDF 5 Professional Studies M ver fin  
*Yr1 A&P NMS ModGuide 2013-14*  
*Yr2 A&P Neuro ModGuide 2013-14*  
*Yr2 Osteo Mod Guide 2013-14*  
*Yr3 Clin Path ModGuide 2013-14*  
*Yr4 DD ModGuide 2013-14*  
*Yr4 Prof Studies Mod Guide 2013-14*  
*Yr4 R & C Mod Guide 2013-14*  
*Yr5 Osteo BOst Mod Guide 2013-14*  
*Yr5 Osteo MOst Mod Guide 2013-14*  
*Yr5 Portfolio BOst Mod Guide 2013-14*  
*Yr6 Portfolio MOst Mod Guide 2013-14*  
 Clinic Supervisors Guide 2012  
 Staff Development and Activities  
 LSO AMR ARU 12-13  
 EE report 2012-13 JW  
 EE report 2012-13 PF  
 LSO AMR GOsC 12-13 draft  
 Statistics for FCCA for last three years  
 List of attendees (Fri am meeting; graduate meeting; meeting with students)  
 Summary Supplementary response 28.11.13  
 FCCA report 2011  
 FCCA report 2012  
 FCCA report 2013  
 FCCA action plan 2013  
 AV Policy  
 Observation note yr1 SANDRA  
 Observation note yr1 TREVOR  
 Observation note yr2 MIRANDA  
 Observation note yr2 TREVOR  
 Observation note yr3 MATHILDE  
 Observation note yr3 MOISES  
 Observation note yr4 BEN  
 Observation note yr4 SANDRA  
 Observation note yr5 PAUL



<b>Code</b>	<b>Level</b>	<b>Module Title</b>
MOD001652	4	Anatomy & Physiology: NMS
MOD001631	4	<i>A&amp;P: Viscera</i>
MOD001653	4	Osteopathy: Yr 1 Acquisition
MOD001632	4	<i>A&amp;P: head &amp; neck</i>
MOD001654	4	Osteopathy: Yr 2 Understanding
MOD001689	5	A & P: neurology
MOD001690	5	Clinical Pathology
MOD001691	5	Osteopathy: Yr 3 Analysis
MOD001692	5	Professional Studies Yr 3
MOD001735	6	Differential Diagnosis
MOD001741	6	Research & Criticality
MOD001736	6	Osteopathy: Yr 4 Evaluation
MOD001737	6	Professional Studies Yr 4
MOD001753	6	Major Project
MOD001738	6	Portfolio Yr 5
MOD001739	6	Osteopathy: Yr 5 Autonomy
MOD001740	6	Professional Studies Yr 5
MOD003150	7	Major Project
MOD001775	7	Portfolio Yr 5
MOD001776	7	Osteopathy: Yr 5 Autonomy
MOD001777	7	Professional Studies Yr 5

#### **Box containing:**

insurance policies  
 Report and financial statement year ended June 2010  
 Report and financial statement year ended June 2011  
 Report and financial statement year ended June 2012  
 Report and financial statement year ended June 2013  
 Risk management Register  
 Trustee Board Minutes 2010 to present  
 Principals Reports 2010 to present  
 SMT key notes  
 LSO Annual report folder (ARU & GOsC) plus feedback, 2010-11, 11-12, 12-13.  
 Academic Council folder September 2009 to October 2013  
 Academic Council support box (papers for October 2013)  
 ARCMC May 2010 inaugural meeting to October 2013  
 SWAST meetings September 09-April 13 (last of 12-13)  
 Module Guides 2013-14  
 Course / module change folder, 2010 to present  
 QA/QME box file 2010-11  
 QA/QME box file 2011-12  
 QA/QME box file 2012-13: Moderation Forms  
 Assessor feedback from June practical exams  
 External Examiner Reports & responses  
 Assessment results and analysis  
 QA Questionnaires (collated) and analysis  
 Module Reports  
 ARU AMR including action plan  
 GOsC AMR (draft)  
 Staff CVs and lists  
 Staff Development and appraisal 2006-10  
 Teaching observations 2009-10 to present  
 Faculty Day and clinic tutor activities 2010-11  
 Faculty Day and clinic rota consultation 2011-12  
 Faculty Day and follow up activities 2012-13

Job Descriptions and appraisals (templates plus examples)  
Research Reports 2010-11, 11-12, 12-13  
Clinic assessment proformas & accompanying specific assessment criteria.  
Clinic Forms  
Information for clinic patients  
T&L observation note and assessment note  
JD course leader  
SW notes on student work  
SW Clinical Observations

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