

General Osteopathic Council review of osteopathic courses and course providers

Programmes Master of Osteopathic Medicine (full-time)
Master of Osteopathic Medicine
(part-time)

Type of review: Initial recognition review

Name of institution: University of St Mark & St John

October 2016

Foreword

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

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

GOsC review

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

GOsC review may take one of three forms:

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

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

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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 an initial recognition review of aspects of the governance and management, the academic standards proposed, and the quality of the learning opportunities proposed in osteopathy at the University of St Mark & St John. The programmes reviewed were Master of Osteopathic Medicine (full-time) and Master of Osteopathic Medicine (part-time).

The review was undertaken by visitors appointed by the General Osteopathic Council (GOsC) in accordance with GOsC's regulatory responsibilities for safeguarding Recognised Qualification (RQ) criteria under the *Osteopaths Act 1993*. A prime focus of the review was the relationship of the programmes to the Osteopathic Practice Standards professional competence standard of the GOsC. The review was completed in the academic year 2016-17. The review visitors were Mr Seth Crofts, Ms Rachel Ives, Mr Graham Sharman, and Mr Simon Ives (Review Coordinator).

A Formal recommendation

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

The recommendation of the visitors for the Master of Osteopathic Medicine (full-time) and Master of Osteopathic Medicine (part-time) programmes is:

- **approval with conditions.**

In the case of 'approval with conditions' the conditions are:

- Revisit and comprehensively map external reference points, including the Osteopathic Practice Standards (OPS), the Guidance for Osteopathic pre-registration Education (GOPRE) and the Subject Benchmark Statement for Osteopathy, by May 2017, and ensure that their requirements are fully embedded throughout the programme (paragraphs 12 to 15).
- Implement a phased strategy for ensuring that external clinical placements are available from September 2019, consistent with the requirements of the Subject Benchmark Statement for Osteopathy, sufficient to meet projected student numbers and underpinned by service level agreements that articulate clinical arrangements and responsibilities, and the support and mentoring to be provided for placement supervisors and their students (paragraph 33, 50, 58, and 59).
- Implement, by September 2017, a fitness to practise policy that reflects current General Osteopathic Council (GOsC) guidance, and ensure that key staff, including external placement supervisors, are trained to participate in relevant stages of the process (paragraph 48).
- Implement, by May 2017, a phased five-year clinic infrastructure development strategy that meets the requirements of the Subject Benchmark Statement for osteopathy and the Osteopathic Practice Standards (OPS), consistent with initial development requirements and planned growth in student numbers, as part of a comprehensive plan for learning resources and programme expansion (paragraphs 50 to 54).
- Implement, by August 2017, a marketing strategy linked to forecast student numbers, to ensure that an appropriate range and diversity of patient presentations are available to meet students' learning needs, consistent with the expectations of

the Subject Benchmark Statement for Osteopathy and the Guidance for Osteopathic Pre-registration Education (paragraphs 60 to 62).

- Implement, by March 2017, a comprehensive phased strategy for the recruitment, appointment and training of specialist staff, to provide students with a diversity of exposure to a range of osteopathic perspectives, so that staff are in post three months prior to programme start (paragraphs 64 to 66).

B Findings

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

Strengths

- The support and recognition provided for research and scholarly activity and the intention to contribute to osteopathic research (paragraphs 34 and 82).
- The opportunities within the faculty and University for students to access an extensive range of specialist industry standard resources and facilities, especially in the areas of sports and rehabilitative therapy (paragraph 34 and 50).

Good practice

- The wide-ranging opportunities for student participation, and the variety of effective mechanisms for feeding back, which inform the enhancement of learning opportunities (paragraphs 35 and 36).
- The extensive range of mechanisms provided to support both part-time and full-time students, including the out-of-hours service (paragraph 45 to 47).

Areas for development

- Ensure that comprehensive formative and summative assessment information is provided in all module handbooks prior to the start of the programme (paragraphs 21 to 27).
- Articulate more clearly within the programme specification, module descriptors and handbooks how the programme teaching and learning strategy progressively facilitates students' integrated competence development throughout the levels, by ensuring that the clinical education experience is effectively structured, including external placements in supporting in-house clinical education, and that students' development of their knowledge, skills and professional attributes are similarly structured within the other core programme themes (paragraphs 30 to 33).
- Implement a plan for engaging service users in the development and enhancement of the programme and the clinical experience (paragraph 39).
- Include in the programme specification clear criteria for the recognition of prior learning, including available modules, procedures to identify any further gaps in applicants' incoming competence profiles and, where appropriate, their record of osteopathic clinical education practice (paragraph 42).
- Include in the programme specification particular arrangements for inducting and orientating UK and non-UK students entering with advanced standing, consistent with the requirements of Osteopathic Practice Standards, and addressing any deficiencies in their incoming competence profiles (paragraph 42).

C Description of the review method

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

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

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

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

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

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

Key features of GOsC review include:

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

- the facility to engage a further specialist adviser where necessary
- close monitoring by QAA officers.

D The overall aims of the provider

1 The University of St Mark & St John is an independent Church of England foundation based on a single campus on the northern edge of the city of Plymouth. Formerly called the University College Plymouth St Mark & St John, taught degree awarding powers were granted in 2007, and the award of university title was made in February 2013. The University is commonly referred to as Marjon.

2 The University was originally founded as two separate colleges, St John's, Battersea in 1840, and St Mark's, Chelsea in 1841. The two colleges combined on the Chelsea site in 1923 and the College of St Mark and St John moved from London to Plymouth in 1973.

3 The University's mission is the development and dissemination of theory-informed applied education and research, designed to meet the needs of a range of professions developed through its core subject areas of communication, education, health, language, media and sport.

4 In support of this mission, the University has seven strategic goals. Progress towards these goals is guided by strategic themes and enablers that are focused on 'engagement', including digital engagement; global engagement and employer engagement.

5 At the time of the recognition review visit, the University had approximately 2,080 full-time students and 283 part-time students, supported by 295 full-time equivalent staff. The University's research degree provision is through a partnership agreement with the University of Chichester.

6 The University considers itself to be a progressive university where students are enabled to achieve their full potential. The University is committed to providing a well rounded study experience with a promise to keep class sizes small and manageable, and through wide-ranging events organised by the Student Union. In 2016 the University of St Mark & St John was recognised as the UK's top institutions for social mobility, with more than 94 per cent of students finding employment or moving into further education within six months of graduating.

7 The University delivers undergraduate and post graduate education across a wide range of subjects. It takes a holistic approach to students' development during their time at the University, encouraging them into extracurricular activities and helping them to apply for opportunities such as international exchanges and internships, with the aim of bringing out students' talents and abilities through opportunities to work in partnership with patients and other health professionals.

8 Currently the University delivers a range of other health and related courses in the Faculty of Sports and Health Sciences. These programmes include BSc Sports Therapy, BSc Rehabilitation in Sport and Exercise and BSc (Hons) Speech and Language Therapy (regulated by the Health and Care Professions Council).

9 The University is seeking to add to its portfolio of programmes through recognition by the General Osteopathic Council of the proposed Master of Osteopathic Medicine (M.Ost). The current proposal is to offer a four-year full-time, or six-year part-time, pre-registration undergraduate integrated master's programme, M.Ost.

10 The University's self-evaluation and programme specification state that the emphasis of the programme is on providing structured learning opportunities, offered within

the framework of the GOsC Osteopathic Practice Standards, the Subject Benchmark Statement for Osteopathy, and the Quality Code. The intended learning outcomes for the pathways and modules have been mapped to the Osteopathic Practice Standards.

11 The six-year part-time route will be part-time for the first four years, when students will complete level 4 and 5 study, before becoming full-time for levels 6 and 7 modules, in line with sector practice.

E Commentary on the provision

An evaluation of the clinical and academic standards achieved

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

12 The overall aims and outcomes of the programmes are set out in the programme specification. The programme outcomes match the aims of the curriculum and are mapped to individual modules. The intended learning outcomes for each module are provided in the module descriptors and are aligned to *The Framework for Higher Education Qualifications in England, Wales and Northern Ireland* (FHEQ) through the use of the University's Generic Level Descriptors. The University's approval event confirms that the panel was satisfied that the programme aligns with the University's curriculum model and that it fully meets the level expectations of the FHEQ.

13 Initial mapping of key external reference points has been undertaken, and the team considers that progress is appropriate for this stage of programme development. The University's self-evaluation states that the programme is aligned to the Subject Benchmark Statement for Osteopathy. Staff reported that the original documents contained explicit acknowledgement of this key external reference point. This is commented on in the University's report of the approval event for the Master of Osteopathic Medicine programme. However, although some initial mapping has been done, further work needs to be undertaken to ensure an explicit mapping of the proposed programme to both to the Subject Benchmark Statement for Osteopathy and to the Guidance on Osteopathic Pre-Registration Education (GOPRE).

14 The four main aims of the programme are broadly based on the Osteopathic Practice Standards (OPS) and have been designed to encourage achievement of the intended learning outcomes, and to ensure delivery and attainment of the OPS. Individual modules are mapped against OPS. There is at present no explicit referencing of the OPS within individual module descriptors, and limited evidence that the intended learning outcomes have yet been fully mapped to these requirements. Staff confirmed that the mapping took place through a process of collaboration between internal staff and external consultants, with the intention of ensuring that each component in the OPS is covered more than once in the programme. The programme development team plans to develop this process further using the subject-specific expertise of osteopathic practitioners to be appointed prior to the start of the programmes.

Standard A: Communication and Patient Partnership. This theme is strongly embedded across all years of teaching, and in all aspects of the curriculum. There are 12 modules mapped against standards A1 to A6, and all these modules contain reference to all six categories of OPS. The relevant modules include the three osteopathic skills modules, clinical Practice, and osteopathic clinical practice. The three personal and professional development modules relate to engaging with learning and personal and professional development, as well as clinical differential diagnosis; osteopathic evaluation and therapeutics; managing clinical uncertainty; and the master project module.

Standard B: Knowledge, Skills and Performance. The understanding of osteopathic concepts and principles, and the critical application of these to patient care, is mapped against 12 modules. These include the modules on human physiology and functional anatomy, although the rationale for this is unclear. The latter module is not currently mapped to B2, which relates to developing sufficient knowledge and skills to support work as an osteopath. Eleven modules are associated with the requirements of B2, 15 modules with B3 and 16 modules with B4.

Standard C: Safety and Quality in Practice are present in a wide range of modules. The expectation that osteopaths must deliver high quality, safe, effective and ethical healthcare through evaluation and considered treatment approaches is explicit in various aspects of the provision. Standards relating to osteopathic patient evaluation and treatment planning are mapped extensively across a range of modules. The biochemistry and biophysics module also contains elements of treatment planning. Caring for patients, and their individuality and treatment, is mapped against 17 modules, although these elements are not present in the two research modules nor currently in entrepreneurship and business management. Consideration for patients is comprehensively mapped against all modules in the programme, except one relating to research methods and analysis in sport and health sciences. Treating patients with dignity and providing appropriate care and treatment is mapped in a wide range of modules. Acting quickly to help patients and keeping them from harm is addressed in the two clinical practice modules: the osteopathic evaluation and therapeutics.

Standard D: Professionalism. This theme permeates through all elements of the curriculum, although the mapping process needs further development and refinement to provide a more coherent approach. Fifteen modules are mapped against the standard related to ensuring that contributions of other healthcare professionals are considered. D2 is mapped to all modules, except engaging with learning and personal and professional development. There are further opportunities to embed the development of high quality written material and data, which currently appears to be addressed in five modules. Standards related to making sure that personal beliefs do not prejudice patients' care, and compliance with equality and anti-discrimination elements, are extensively addressed. Privacy and confidentiality appears within four modules, two of which are research methods and analysis, and the master project. Further work needs to be undertaken to ensure the mapping of the personal and professional development modules that involve clinical placements. Being responsive to complaints, and supporting colleagues, are mapped to clinical practice and the master project. Standards D9 and D10 are mapped to the same eight modules, with D11, the promotion of public health, addressed in 16 modules. D12, controlling the spread of communicable diseases, is considered in four modules, including clinical practice modules, managing clinical uncertainty, and the master project. Standard D14, acting with integrity, appears explicitly only in the two clinical practice modules. Standard D15, relating to trustworthiness in financial dealings, is also mapped to the two clinical practice modules, and also considered within entrepreneurship and business management. D16, 17 and 18, concerning professional conduct, are mapped to the four modules about personal and professional development and clinical practice.

15 An initial process of mapping of the proposed programme to key external reference points has been undertaken. However, the review team considers that further work needs to be done by the University to ensure a coherence and balance in the mapping of the full range of reference points. This mapping should include the Subject Benchmark Statement for Osteopathy and the GOPRE, and ensure that the OPS code of practice standards are fully and coherently embedded within the programmes specification, module descriptors and handbooks. This development work should include the proposed staff appointees, who will be osteopathic practitioners, and enable the proposed programme to meet fully the expectations of the full range of reference points.

Curricula

16 The proposed programmes have been designed and developed by a team comprising senior academic staff from the faculty of Sports and Health Sciences, along with external input from an osteopathic educational consultant, and two local osteopaths. While progress is appropriate for this stage in programme development, there is greater opportunity for contribution by other members of faculty academic staff, and members of the wider osteopathic community. The process of programme design has taken place as part of the University's strategic plan to grow student numbers in health-related programmes through the development of a suite of programmes in a range of health disciplines. Proposed new programmes include specialisms in osteopathy, nutrition and biosciences.

17 The proposed programme consists of a range of core subjects that are developed through osteopathy-specific modules, and through modules shared with other programmes. The proposed Master of Osteopathic Medicine programmes comprises 120 credits at levels 4, 5, 6 and 7. At levels 4 and 5 all modules are of 20 credits. At level 6 and 7 the clinical practice module is double weighted, with 40 credits. Additionally, at level 7 there is a 60-credit research project and one 20 credit module on managing clinical uncertainty. The requirement for exit awards from the Master of Osteopathic Medicine programmes was recognised in the internal scrutiny document. The University's internal programme approval event had as a condition the requirement to provide a clear statement on exit awards, including the need for a BSc (Hons) exit award in healthcare studies for students who fail to reach the required standard in the clinical components of the programme. This BSc award will not contain the term 'osteopathy' in its title. Exit awards at level 4 will be a Certificate in Healthcare Studies and, at level 5, a Diploma in Healthcare Studies.

18 The programme includes a mixed range of osteopathy-specific modules as well as shared modules. For the shared modules core lectures will be complemented with seminars to provide a specific osteopathic focus. The programme development team recognises the importance of the need to ensure that shared modules retain subject-specific relevance for osteopathic students. This approach has been utilised in other health programmes at the University, although external examiners' reports confirm that shared modules give rise to some challenges. In anticipation of these possible difficulties, the development team has proposed that the format of the osteopathic seminars will involve a problem-based learning approach, and that new staff will be adequately supported in the design and delivery of these seminars.

19 The Master of Osteopathic Medicine programme will be available as a four-year full-time route, or a six-year part-time pathway. The part-time route is, in effect, mixed mode, as the first four years will be part-time when students complete levels 4 and 5. The final two years will be identical to the full-time route, where students will complete levels 6 and 7 in two academic years. Students enrolled on the part-time route will take two academic years to complete levels 4 and 5 respectively. Staff confirmed that the part-time students' attendance will be equivalent to that of the full-time students, but that they will complete a smaller number of modules over a longer period of time. This part-time study model has already been used successfully at the University with other health-related programmes.

Assessment

20 The University's student regulations framework and assessment policy set out the institutional approach to assessment. The framework includes regulations which reflect the expectations of *Chapter B6: Assessment of Students and the Recognition of Prior Learning* and *Chapter B7: External Examining* of the Quality Code. A wide range of assessment methods is intended to be used throughout the programmes, and designed to test the achievement of the learning outcomes of each module. A variety of assessments to support the clinical and academic requirements of the programmes is planned. The University has an

effective structure for the oversight of assessment, including module assessment boards, to ensure that academic standards are maintained. There are robust and well established processes and procedures for the appointment and reporting by external examiners. Responses to examiners' reports routinely inform the annual monitoring process. A specific osteopathic external examiner will be appointed for the M.Ost programme, and this role will include the formal signing-off of all assessments.

21 Comprehensive assessment criteria will ultimately be presented in module handbooks, although examples for the M.Ost programme have not yet been developed. Examples of module handbooks for a comparable programme, the BSc Speech and Language Therapy, presented useful information regarding assessment and an indication of the University's intended model for presenting information to students. Students enrolled on the BSc Speech and Language Therapy programme confirmed that assessment information presented in module handbooks is helpful, and easy to locate on the University's virtual learning environment. External examiners for other programmes in the Faculty of Sport and Health Sciences confirm that they are supplied with detailed assessment criteria, which they consider at times to be examples of good practice. Examples of assessment criteria for other programmes in the faculty made available to the team demonstrate that these provide students with helpful and accessible information. This was also evident in the marking framework document for the literature review shared module.

22 The programme development team intends to ensure that formative assessments are included in each module as detailed handbooks are developed. However, the module descriptors provided to the team do not at present consistently show information regarding formative assessment opportunities. In the Engaging with Learning: Professional and Personal Development shared module, a formative written exercise contributes to the assessment strategy. Some limited information regarding formative assessments in other modules was made available to the team, although detail on these processes was minimal.

23 Students enrolled on other programmes report satisfaction with the helpfulness and timeliness of feedback following assessment submission. Examples of assessment practice on other programmes demonstrate evidence of useful developmental assessment feedback. Academic and professional support staff confirmed that verbal feedback is routinely given for practical and clinical assessments. External examiners' reports verify that feedback on assessment is supportive and developmental, and relates clearly to the grades awarded. Examiners consider this feedback to be a strength, and that it is helpful for weaker students as well as for those performing well.

24 Double and second marking processes were clearly understood by staff, and detailed in the University regulations framework and assessment policy. There is a moderation process for each cohort of students, which includes the double marking of sampled assessments, and blind double marking of dissertations. External examiners are provided with a 20 per cent sample of assessments. For the osteopathy programmes, external examiners will also attend practical and clinical assessments. External examiners for the BSc Speech and Language Therapy confirm that clinical assessments are conducted diligently by two assessors, who ensure moderation of student performance in line with the assessment criteria.

25 Osteopathy-specific modules include one 20-credit skills module at levels 4, 5 and 6. These modules contain relevant components of osteopathic examination and technique. The assessment of the practical component of these modules comprises an Objective Structured Clinical Examination (OSCE) and an Objective Structured Practical Examination (OSPE). The team was unable to identify any information that would explain the format of these assessments and why the different formats may have been chosen in the various osteopathic skills modules.

26 Clinical competence assessments (CCA) contribute appropriately to the assessment strategy of the two clinical practice modules. Clinical Practice 1 comprises three CCAs and Osteopathic Clinical Practice 2 comprises five CCAs. Detail regarding the weightings for each assessment have not been developed, along with comprehensive information regarding the assessment format. A condition of the University's programme approval process was that the frequency of the CCA is reviewed to limit the impact on resources. The programme team explained their intention to address this condition, although confirmation of specific details regarding the number of assessments in each module is not apparent. The programme team confirms that each CCA comprises assessment of a student interaction with a new patient, and that all CCA will be assessed by clinical tutors, with occasional attendance by an external clinical assessor.

27 Research skills are developed in level 4 with the module Engaging with Learning: Professional and Personal Development. This continues at level 5 with Research Methods and Analysis in Sport, Physical Activity and Health Sciences. Research skills development culminates at level 7 in a 60-credit master's degree project. In recognition of the absence of a discrete research module at level 6, the programme development team confirms that an extended research proposal will be included in the Clinical Practice 1 module. The programme team acknowledges that assessment of this element in the Clinical Practice 1 module would require further review.

Achievement

28 Examples of student achievement were not available as the programmes are not yet running. However, the team was provided with examples derived from the BSc (Hons) Speech and Language Therapy. External examiners' reports for this programme confirm that student academic work is of a good standard, and is comparable to others nationally. They consider that teaching and assessment has led to effective clinical practice. Examples of student work from this programme were scrutinised by the team.

29 The University and the faculty effectively elicit the views of graduates on how well their training has prepared them for professional practice. In 2014-15 94 per cent of students leaving the University found employment or moved into further education within six months of graduating.

The quality of the learning opportunities provided

Teaching and learning

30 The University cites a range of teaching and learning strategies that will be deployed, which will respond to students' varied learning styles. The University's Quality Assurance Framework sets out expectations for different delivery modes to enable students to achieve the intended learning outcomes. These are clearly articulated in example module handbooks from comparable programmes.

31 Students will be able to observe clinical practice in levels 4 and 5. These observations will occur within the Personal, and Professional Development modules. However, the original module descriptors and those presented at the University programme approval event provide no information on clinical observation. Level 6 and 7 clinical practice modules as presented provide very limited information on the teaching and learning strategies intended to underpin clinical education.

32 The revised programme specification lists a range of relevant teaching and learning methods used throughout the programmes, including e-learning. However, it is unclear how students' developing knowledge, skills and professional attributes are integrated as part of a coherent strategy, nor how these methods facilitate students' progression within related

modules that are intended to develop core themes, such as clinical practice and osteopathic skills.

33 The proposed programmes identify potentially innovative use of external clinical placements to supplement students' clinical learning. However, the methodology underpinning this approach is unclear and module descriptors provide only limited information on teaching and learning strategies. The University's Internal Scrutiny Report and Programme Approval Event report give little information about how the teaching and learning strategy supports students' achievement of learning outcomes. Academic staff articulated a range of relevant approaches to be used in specific modules, including e-learning, lecture capture and problem-based learning.

34 The University has a strong research focus, which informs its teaching and the transfer of benefits to the wider academic community. Once appointed, the specialist osteopathy team will be encouraged to become research active and will be offered opportunities for doctoral study. Staff development resources are delegated to individual faculty deans and heads of department, and three-year plans are in place to support and mentor new staff appointees. Staff are supported in scholarly activity, including to attend and present at conferences, and through a range of staff development events. Academic staff workloads are balanced between teaching, academic and scholarly activity. Individual staff activities are underpinned by appraisal, and performance and development reviews, which support the faculty and departmental strategic objectives. The focus of this activity offers the potential for strong developmental support for a newly appointed osteopathy team to contribute to research within their specialist area. An extensive array of physiological and rehabilitative facilities exist within the faculty and will be available to students on the osteopathy programmes. This access will also allow osteopathy students to experience a wide range of approaches to treatments in sports and health sciences.

35 There are wide-ranging opportunities for student participation and a variety of effective mechanisms for providing feedback, which inform the enhancement of learning opportunities. Regular timetabled sessions with each student cohort are intended to gather feedback on their learning experience. The University aims to respond quickly to potential teething problems of the proposed programmes using a range of formal and informal mechanisms. Extensive materials are published to encourage student participation.

36 Staff Student Liaison Committees (SSLC) meet twice per year, posting minutes on the VLE. These committees provide an effective forum for students to raise and discuss issues concerning learning and teaching. SSLC also provides a forum to discuss resource allocation with the programme leader and members of the faculty team, and consider the effectiveness of e-learning in supporting their studies. 'You said, we did' reports are regularly generated and provide a response to issues raised by students. Student feedback is also collected and acted upon through informal means in line with the University's strategic intention to keep class sizes small and manageable. Student feedback derived from module evaluations is addressed in annual reports, which in turn inform annual programme reports. Module evaluation forms also provide information on the quality of learning resources, and this aspect is specifically reported in module reports considered by the SSLC. Programmes are rated in real time within the University on specific performance indicators, including National Student Survey (NSS) data, and retention and employment data, which enables problems to be picked up early.

37 The programme specification lists a range of approaches to teaching and learning. Students will have access to the VLE, which will provide a comprehensive repository for information, including lecture capture and podcasts. Audio assessment feedback is being introduced, which will augment the use of assessment and plagiarism-detection software. Students have remote access to the VLE while on placement, and throughout their studies. The library works in tandem with programme teams to support learning, and develops

reading lists and programme materials both in hard copy and electronically. Learning resources are also monitored through students' feedback at SSLC. Students commented positively on the well equipped library and the relevance and availability of learning materials, especially in the area of sports and rehabilitative therapies. They spoke positively about the support and guidance provided for both academic skills development and IT-specific classes, and the responsiveness of staff.

38 Following the recommendations set by the Internal Scrutiny Panel, and the subsequent Programme Approval Event, documentation now provides much greater clarity about student workload and assessment balance. The validation conditions to revise module credit weightings, delivery timings and the assessment strategy, have been largely addressed. Assessment loadings will now reflect the University's standard assessment tariff, although some modules contain workload errors and omissions.

39 Patient feedback forms are used for the physical activity and lifestyle programme, and in the sports therapy and rehabilitation clinic. Feedback from patients gathered through the Patient Participation Group is used to inform service delivery. No patients have been involved in the development of the proposed programmes. The University plans to involve service users more effectively in the monitoring and enhancement of its provision, although mechanisms for this are currently not well advanced.

Student progression

40 The University maintains a comprehensive admissions policy, mapped to current legislation, which covers all aspects of admissions. This policy includes procedures for delegated responsibilities, appeals, complaints and monitoring. Fitness to study and evidence of good character are evaluated. A compliance officer manages risk and oversees the disclosure and barring service process for both students and clinical supervisors. Prospective students receive appropriate information and guidance and a framework for interviews is prescribed. Admissions policies and procedures are considered by external examiners, and are reviewed through annual programme monitoring. The University's admissions framework is well placed to support osteopathy applicants.

41 Programme-level criteria prescribe an academic entry profile for prospective osteopathy students of 280 to 320 UCAS points. Selection will be based upon an interview to evaluate applicants' suitability based upon their interest in the field, an evaluation of their personal skills and qualities, and an evaluation of their ability to cope with the programme of study. Unsuccessful applicants are able to receive feedback on why they have been refused entry.

42 The programme specification provides no specific regulations for the recognition of prior and experiential learning, instead relying on University processes that are in place. Further work needs to be undertaken to provide clear criteria for the recognition of prior and experiential learning, and which modules would be included in this process. Opportunities may exist for graduates from other osteopathy, healthcare or sports programmes to apply to join the osteopathy programme with advanced standing.

43 Students will participate in a central university induction week, which will include an osteopathy-specific orientation. The induction process is supported by high quality printed materials to support students in their first weeks of study. Students joining the programme with advanced standing, including those from the University's own programmes, will have specific needs in addition to those fulfilled during the induction week. Structured OPS orientation will support these students' phased introduction to clinical practice to ensure that critical issues such as OPS Themes A, C3-C6, C9 and D underpin their clinical practice and occasions when they practise on their student colleagues. In addition, these students may have other gaps in their prior learning and the University will want to implement a robust

evaluation system to satisfy itself that it has fully diagnosed students' incoming competence profiles, including any clinical education experience such that it satisfies itself that it can also remedy any additional deficiencies identified as part of an orientation process. Specific orientation issues for overseas students are mentioned below. The University has undertaken a detailed analysis of the undergraduate osteopathy training market, taking into account regional variations in applications, funding changes in NHS allied health professional and nursing programmes, and national application trends for osteopathy. Based on this analysis the programme development team projects a 2017-18 enrolment of 30 students, 35 in 2018-19 and rising to a stabilised entry cohort of 40 students in 2019-20.

44 The programme team seeks to develop positive, trusting relationships with students and ensure that there is ongoing and continuous dialogue, formalised through regular monthly meetings. In addition to library and learning resources, a full range of support services are also available through the University's Student Support Team. Support includes academic information and guidance; the disability, inclusion and advice service; student funding and finance; counselling and well-being; and the out-of-hours support team.

45 The University's current arrangements for supporting its part-time and mature students provide a secure framework for osteopathy students studying part-time in levels 4 and 5. Approximately 25 per cent of students in the faculty study part-time, and the osteopathy programme will use the same part-time delivery model as has been used on its sports science programmes. Part-time osteopathy students will follow the same programme as those studying full-time, but will complete their programme in six years rather than four. In levels 6 and 7 part-time students are required to join the programme full-time. The programme documentation has no specific arrangements for orientation and supporting European Union and international students who may wish to join the programme with advanced standing. The programme team will need to include detailed policies concerning the integration of these students into later stages of the programme, given possible language, cultural and healthcare systems differences, which may impact on their clinical education experience and that of their patients.

46 In line with the University policy, students will be assigned an academic adviser for regular meetings about their progress, assessment feedback and personal development planning. This role is considered to be critical to supporting part-time students. Comprehensive guidance is provided for students and advisers. In cases where module staff have specific concerns about individual students' progress they can refer these to the Student Support Advice Desk.

47 The University is committed to the regular monitoring of students' progress. Monitoring of students occurs at four levels: institutional level, programme level, modular level, and through the academic adviser. The University also acknowledges the strength of its informal networks, which support these mechanisms. The University has formal procedures for tracking students' attendance and activating support where this is problematic. A live institutional-level student data management system that tracks retention data from the point of admission and throughout the programme is being trialled. Data can be analysed at programme level and is considered at each meeting of the University's Learning, Teaching and Student Experience Committee. These arrangements will provide a strong support infrastructure for the new osteopathy programmes and enable early problems to be identified quickly and addressed at an institutional level.

48 The University has in place procedures to manage students' fitness to study, and fitness to practise. It also produces easily accessible documentary advice on what actions should be taken when concerns are raised concerning a student's behaviour. Programme leaders have oversight of students' fitness to practise, and cases are reported to the Head of Department and Dean when Fitness to Practise Panels can be convened. These procedures have not yet been adapted for the osteopathy programmes and therefore do not include

arrangements for notifying the GOsC. They do not currently cover osteopathy students generally or when operating in the in-house clinic or when out on placement.

Learning resources

49 The University has modelled its clinical education requirements based upon 1,000 hours of clinical practice. In levels 6 and 7 students will see 70 new patients, plus follow-up patients, and also undertake clinical observations. The ratio of clinical tutors to practising students will be 1:10. An in-house osteopathy clinic will provide the majority of the clinical education experience, supplemented by external clinical placements. Students will undertake 150 hours of clinical placements, out of a total 400 hours in level 6, and 200 hours out of 600 hours in level 7. Students will additionally observe clinical placements in levels 4 and 5, although these hours have not yet been articulated in the programme specification.

50 The University currently runs a successful sports therapy and rehabilitation clinic in its extensive, well equipped and easily accessible sports complex. A range of treatments are available, depending on patients' needs. BSc (Hons) Sports Therapy and Sports Rehabilitation students provide 20 new patient treatments and 60 follow-up treatments per week as part of their programme, accredited by the UK Sports Therapy Organisation and BASRaT. The sports therapy clinic, with a designated manager, is organised within an open-plan space, with movable curtains separating eight examination bays. A booking and administrative area is arranged opposite a patient waiting area. Patient evaluation and rehabilitation equipment is available. Bookings are computerised and case histories are currently paper based.

51 Expansion of the existing sports therapy clinic into separate multi-disciplinary units, with a new 100 square metre osteopathic clinic, is planned. This will provide separate in-house clinical learning for students. A mezzanine-level osteopathy clinic is agreed in principle, although formal plans are yet to be developed. The osteopathy clinic will be available to the first planned cohort of level 6 students in 2019.

52 The University's approach to programme funding is that resources follow student numbers. Detailed planning for the new clinic is intended to start following the GOsC's approval of the recognition review. Initial estimates are based on a facility to support a first cohort of 30 students, followed by a second cohort of 40. However, the clinic's size and configuration will depend on up-to-date student number projections (reviewed on first cohort intake in September 2017). The financial break-even point for the osteopathy programme is 16 students initially, increasing to 24 after three years. The University considers this sufficient to support its development plans. Initial programme and facility development could be delayed if the Year 1 intake did not reach a threshold of 12 students. The minimum cohort viability for the programme would remain at growing an annual number of 24 full-time equivalent students over a three year period.

53 Starting from September 2017, the Sports Rehabilitation Clinic is to be co-used for up to two years. One bed will be allocated to an osteopath member of staff to build patient numbers for four hours per week. From 2018 this will rise to eight hours per week, while the new clinic is established.

54 The existing Sports Rehabilitation Clinic as currently configured does not provide facilities of sufficient standard for the discussion of patient cases, such as break away rooms or dedicated areas. The examination bays have insufficient space for observing students to enable effective osteopathic clinical education to be undertaken. The absence of solid walls is likely to cause some patients concern for their dignity and modesty and therefore affect how they choose to communicate. Their confidential historical information or discussions with the practitioner are also likely to be overheard. Given that resources follow student numbers, the University will need to commit to an appropriate and additional level of capital

infrastructure pump priming consistent with its initial target recruitment plans to ensure that its physical clinical environment meets OPS and Subject Benchmark standards at programme start. It will also need to have in place appropriate exit strategies for enrolled students and patients should it decide to run out its programme.

55 At the start of the programme, level 4 and 5 students will observe local osteopaths in NHS practice who are currently contracted to manage NHS low back pain patients; these students will not be permitted to provide any supervised treatment or management. One individual is part of the programme development team. Service level agreements have yet to be arranged, although verbal agreement with one NHS provider has been made. Additional placements need to be established for student cohorts from 2019, in line with the programme team's aim for external clinical placement learning to supplement its in-house clinical activity.

56 The University's campus is served by good transport links in close proximity to an expanding residential population and a range of hospital services, and is in the city's 'Health Quarter'.

57 The University is currently being commissioned to run a physical activity and lifestyle programme. This is operating as part of a multi-disciplinary team assisting patients to self-manage back pain and should provide students with placement opportunities. A cancer rehabilitation programme focusing on life quality and activity may also provide students with placements. Placements with professional football and rugby teams through the University's sports therapy and rehabilitation degree programmes will also be available. Initial meetings have been held with private local osteopathic practices to discuss the possibility of opportunities for student placements.

58 Many of the students on sports and health programmes undertake placement learning. A comprehensive policy covering all placement activity sets out expectations of all stakeholders and is supported by placement learning agreements. Speech and language and sports therapy students are provided with detailed and comprehensive clinical placement handbooks. Students evaluate their placement learning experiences through module feedback and placement learning is also considered at SSLC meetings. Placement learning is also monitored by external examiners.

59 The University does not currently offer professional development to placement supervisors. Speech and language therapy clinical placement arrangements provide a framework for supporting all stakeholders. The team is confident that osteopathy staff will be well placed to develop external placements to complement its in-house clinic. The University intends to provide the same training opportunities to osteopathy clinicians in the field as those in-house. The planned clinical placement opportunities should provide an innovative approach to enriching students' clinical experience, gained within the University's in-house clinic. However, these external placements should only be an adjunct to the in-house clinic, where the majority of clinical teaching and learning will be located. Placements should also meet the needs of the Benchmark Statement for Osteopathy. In refining the clinical teaching and learning strategy, the programme team will want to assure itself that it has achieved the right balance in hours allocated to placement activity. The programme development team has sufficient time to develop a strong network of osteopathic placements and to mitigate any risks associated with managing the quality of students' and patients' experience. Developing training, professional development and close support for osteopathic supervisors underpinned by placement audit will be required to ensure its success. Robust policies, including fitness to practise, together with service level agreements, will complement a fully articulated teaching and learning strategy and allow for effective clinical experience. This will then expose students to a diversity of osteopathic practice.

60 Currently, the existing Sports Therapy and Rehabilitation Clinic treats a range of musculoskeletal sports injury patients, some of whom are elderly. However, while profile of patients currently attending this clinic is limited, the geographical location of the sports complex offers opportunity to establish a diverse osteopathic patient profile for the osteopathy clinic.

61 An effective marketing strategy linked to planned student demand for clinical education is required to ensure that there is a managed build-up of capacity sufficient to meet students' educational needs. The University's marketing and external relations team have planned activities to ensure that a sufficient diversity of patients is recruited to meet students' clinical education needs. A marketing strategy underpinned by the University's standard resource allocation model will be deployed. This will build on the University's successful strategy used to build its Sports Injury and Rehabilitation Clinic. Three activity streams will be used to recruit patients, including through the University's existing clinics, ongoing relationships with local GPs, and osteopathic practitioners.

62 Additionally, the University will add osteopathy to the mix of current marketing channels that are currently used effectively to boost clinic numbers, including posters and leaflets, press releases, feature articles and the use of social media. Paid-for marketing will include advertisements in the local press and on the internet. In addition, free osteopathy services will be provided to local fire services and the police department at the initial stage of osteopathy development.

63 The University operates a hierarchical programme management structure and the proposed osteopathy programmes will be located within the Faculty of Sport and Health Sciences. At faculty level, academic staff include programme leaders, senior lecturers, lecturers and associate lecturers. Clear expectations are articulated concerning teaching, learning, assessment, student support, research and knowledge exchange, consistent with the staffing grades. These roles are underpinned by clear person specifications.

64 The programme development team has consisted of three specialist osteopaths whose experience covers an appropriate range of expertise. Two have relevant NHS practice experience, and one has subject expertise and experience of programme leadership in higher education. These three external specialists have been supported by University senior academic staff, and a wider multidisciplinary University team.

65 The recently developed staffing plans for establishing a programme team provide for a sufficient range of osteopathic expertise. However, the University acknowledges the need to balance diversity within the programme team, with growing student numbers and is aware of the risks of recruiting specialist osteopathy staff. Additional associate lecturers will be recruited to work on a sessional basis to support the permanent osteopathy teaching staff.

66 The senior academic staff member who has been the lead programme developer will assume the programme leader role to ensure close integration with University structures and processes. Staff resource allocation is based on a ratio of one full-time equivalent (FTE) staff member to 24 students. Prior to the first cohort in September 2017, the University intends to appoint two 0.5 FTE osteopathic specialists. In year two, an additional one FTE staff member will be deployed as three 0.3 FTE staff members. In the longer term, the aim is to recruit 10 lecturer practitioners along with sessional osteopath staff. New staff will be allocated development time as part of their workload plans.

67 An additional budget of £3,000 has been allocated to support the purchase of teaching items and a range of learning materials and equipment. The library is well stocked and provides extensive guidance for students. The library develops module reading lists, which are updated every semester and translated into book stock and e-learning resources. The library works closely with academic staff to manage learning resources and learning

objects. Feedback mechanisms are in place to monitor the services provided and learning resources available, including through the SSLC.

Governance and management (including financial and risk management)

68 The University of St Mark & St John, and its predecessor organisations, has been established for over 170 years. The University has a relatively small student population. This facilitates a close-knit learning community and allows the University to operate in a responsive manner to address the needs of students, employers and the local community. There is evidence of a strong partnership between students and academic and professional support staff, which supports excellent communication, allows for a proactive approach to enhancement and ensures that prompt action is taken in response to feedback from students.

69 The University has well established governance arrangements. The Vice-Chancellor assumes overall executive responsibility and is ultimately accountable to the Board of Governors. The Vice-Chancellor is supported by an effective senior management team, including Pro Vice-Chancellors, deans of faculty and heads of service departments.

70 There is an effective committee structure that deliberates on academic standards, and ensures that the learning opportunities for students are continually enhanced. The senior committee is Academic Board, which takes ultimate responsibility for the oversight of academic standards and ensures the effective delivery of programmes. The Academic Board is steered by well defined terms of reference. A number of standing committees and panels report to Academic Board, including the Academic Development Committee, and Academic Quality and Standards Committee. The deliberative structures focus on University-wide issues as well as faculty-specific discussions. Owing to the scale of the University, committees are not replicated at faculty level. However, each faculty has a Faculty Management Team that meets regularly to discuss future strategy and operational delivery, and which promotes effective communication across the institution.

71 The University has well established processes to assure financial sustainability. A Finance and Resources Committee oversees the management of financial governance and deliberates on financial planning including establishing a strategy for investment in major infrastructure projects. The University is currently in financial surplus, as indicated by the 2014-15 accounts and financial statements.

72 The Master of Osteopathic Medicine programme will be located within the Department of Health Sciences. The programme leader will take operational responsibility for the implementation of this provision and the management of the student experience. The programme leader will be supported by the Head of Department and Dean of Faculty. The team identified a high level of commitment from senior staff, who demonstrate a sound insight into the requirements of osteopathy education. The University has established a strategy to diversify its portfolio and is in the process of completing curriculum development to introduce other new programmes, including in the areas of biosciences and nutrition. This is a part of a strategy to grow new provision and to build on well established links with local NHS and other health care providers. The University has identified a need for new types of practitioners to meet the needs of the local population. There is a strong relationship between the University and local health care leaders, which is used effectively to shape relevant academic proposals that have a strong focus upon student employability.

73 The University has an established business planning process, which identifies areas of new programme development and formalises the requirements for academic staffing and learning resources. This includes planning specialist teaching and clinical accommodation. The programme team has attempted to identify the risks associated with the implementation of the osteopathic provision. Calculations have been made in relation to the requirements for

clinic sessions, including patient numbers and the availability of specialist clinical staff. The programme development team demonstrated that major risks had been carefully considered and some attention had been given to monitoring these risks. However, it would be helpful for the programme team to formalise the risk management approach, with a plan that identifies risk ratings, control measures and timescales for risk monitoring.

74 The University has thorough processes for approval of new programmes. This involves two stages, approval in principle and approval in detail. Approval in principle ensures the viability of new proposals, with second-stage approval in detail allowing for a full validation of the proposed curriculum. This process appears to be well structured and provides a sound framework for the initial review of proposals, and the requirements for successful validation. Both stages of this process have been successfully completed in relation to the Master of Osteopathic Medicine Programmes. The team confirms that the University has effective processes for programme validation and review.

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

75 The University has established a comprehensive framework of policies and procedures that guide the delivery of programmes and ensure that programme monitoring and review are managed consistently. Where appropriate, these policies are mapped against the provisions of the Quality Code. The University has also established policies that relate to the quality management of clinical placement learning, and ensure that students can provide feedback on clinical learning experience.

76 There are well established policies for complaints and appeals. These provide explicit guidance for students and set out timeframes for appeals and complaints to be dealt with. Processes are widely promoted during induction and made available to all students, including through the VLE. Students are clear about these processes and how to utilise them if necessary.

77 Student progression and achievement are carefully analysed and discussed as part of annual monitoring. Entry characteristics and transition to graduate employment are also monitored. The monitoring process is detailed and systematic. A robust two-stage process for annual monitoring is completed for all provision. Firstly, annual module reports are produced, with an analysis of student achievement data and progression statistics. Secondly, an annual review at programme level builds upon the data from module reports and takes account of feedback from students and external examiners. This is brought together to produce an annual programme report.

78 The team identified that these policies were well understood by academic and professional support staff and are consistently applied to the programme management processes. The Academic Quality and Standards Committee reviews annual monitoring outcomes and ensures that appropriate action plans are initiated and followed up. Action plans are tracked following annual monitoring and reports are detailed and provide a comprehensive review of programmes, focusing on the enhancement of students' learning opportunities.

79 There are thorough mechanisms in place to collect feedback from the student body, using SSLC meetings and module evaluations. This data is synthesised into the annual monitoring process. The SSLC meetings are supported enthusiastically by both senior staff and the Student Union, and actions arising out of these meetings are logged and monitored to ensure that concerns are addressed. The team found that there is a strong partnership between students, academic and professional support staff, which allows for any concerns to be promptly addressed and programmes to be continually enhanced.

80 There are effective processes in place to support the role of external examiners. Detailed guidance is provided for external examiners, and a comprehensive handbook supplies information about their duties, and sets out principles for the operation of the role. Information is provided on sampling of student assessed work, and on report writing. This handbook has been explicitly developed to meet the expectations of the Quality Code, *Chapter B7: External Examining*.

81 External examiners' reports provide a positive account of academic standards. The team found that external examiner feedback is carefully managed and that commentary from examiners feeds into the annual monitoring process. Clear responses are sent to examiners in response to their reports. The management of external examiners' reports is well planned and recommendations are systematically addressed. Processes relating to the management of external examiners are working effectively.

82 The University is committed to supporting staff, with pedagogic and subject-specific staff development linked to the appraisal system. Staff are supported to undertake formal teaching qualifications through programmes that have been recognised by the Higher Education Academy. There are also opportunities to complete research degrees and to develop high level professional knowledge that underpins both the research and teaching priorities of the University. Professional updating through conferences and other practice-focused scholarship is also encouraged as a means of maintaining currency. The University has a proactive approach to staff development and has carefully considered the needs of the osteopathy specialist academics who will be appointed. The University has made a significant investment in supporting practice-based research and has aspirations to build a strong reputation in relation to health research and evaluation.

Meetings and documentation

Meetings held

M1A Initial presentation by the Programme Development Lead and HoD
M1 Meeting with School Management Team
M2 Meeting with academic
M3A Meeting with current students representing full and part-time provision
M3B Meeting with current students representing full and part-time provision
M4 Meeting with professional support staff
M5 Final meeting with senior management
M6 Learning resources tour
M7 Final meeting with senior staff

Major documentation

- 1 University Generic Level Descriptors
- 2 University Generic Grade Descriptors
- 3 University Programme Approval Panel Members Checklist
- 4 Master in Osteopathic Medicine and Osteopathic Practice Mapping Document
- 5 Master in Osteopathic Medicine Programme Specification
- 6 Master in Osteopathic Medicine Module Descriptors
- 7 University Annual Monitoring Processes and Procedures 2015-16
- 8 University SSLC Terms of Reference 2015-16
- 9 University Module Evaluation Form 2015-16
- 10 University Assessment Policy 2015-16
- 11 University External Examiners Handbook 2016-17
- 12 Master in Osteopathic Medicine Grade Descriptors
- 13 Curriculum Vitae of Existing Research and Teaching Team

- 14 University Academic Adviser Framework Guidance
- 15 University Management Structure 2015-16
- 16 Academic Board Terms of Reference 2015-16
- 17 ADC Terms of Reference 2015-16
- 18 AQSC Terms of Reference 2015-16

Additional Evidence Supplied (9 September 2016)

- AE001 Table of Additional Documentation
- AE002 University Committee Structure 2015-16
- AE003 Faculty Committee Structure 2016-17
- AE004 Faculty Organisation Structure 2016-17
- AE005 AiP and AiD Processes
- AE006 Internal Scrutiny Report for MOst
- AE007 Approval in Principle Course Costing Tool
- AE008 Deans Resource Statement and Faculty Business Plan
- AE009 Extract from Master of Osteopathic Medicine Rationale
- AE010 Modes of Assessment BSc (Hons) Sports Therapy and BSc (Hons) Rehabilitation in Sport and Exercise
- AE011 SHSD01 Module Descriptor
- AE012 SHSD01 Assessment Outline 2016-17
- AE013 SHSD01 Assignment Three Draft Honours Project Proposal
- AE014 SHSD01 Marking Framework for Literature Review
- AE015 Final Clinical Competence Assessment Additional Information
- AE016 S Castleton CV
- AE017 C Peers CV
- AE018 Prof A Edwards (Dean, Faculty of Sport and Health Sciences)
- AE019 Prof B Noble (Pro Vice-Chancellor, Postgraduate Research and Innovation)
- AE020 Associate Lecturer (Generic job description)
- AE021 Lecturer (Generic job description)
- AE022 Senior Lecturer (Generic job description)
- AE023 External Examiner Report BSc (Hons) Speech and Language Therapy 2014-15 (C Hartley)
- AE024 External Examiner Response BSc (Hons) Speech and Language Therapy 2014-15 C Hartley)
- AE025 External Examiner Report BSc (Hons) Speech and Language Therapy 2014-15 (J Stansfield)
- AE026 External Examiner Response BSc (Hons) Speech and Language Therapy 2014-15 (J Stansfield)
- AE027 External Examiner Report BSc (Hons) Speech and Language Therapy 2015-16 (R Rees - new External Examiner for 2015-16)
- AE028 External Examiner Report BSc (Hons) Sports Therapy and BSc (Hons) Rehabilitation in Sport and Exercise 2014-15 (M Woodward)
- AE029 External Examiner Response BSc (Hons) Sports Therapy and BSc (Hons) Rehabilitation in Sport and Exercise 2014-15 (M Woodward)
- AE030 External Examiner Report BSc (Hons) Sports Therapy and BSc (Hons) Rehabilitation in Sport and Exercise 2015-16 (M Woodward)
- AE031 LCSC07 (Introduction to Linguistics) Module Report
- AE032 LCSD01 (Professional Knowledge & Skills 2) Module Report
- AE033 LCSH02 (Developmental Communication Disorders 2) Module Report
- AE034 LCSH02 Module Evaluations
- AE035 Programme Annual Monitoring Report and Action Plan for BSc (Hons) Speech and Language Therapy 2014-15

- AE036 BSc (Hons) Speech and Language Therapy Year 1 SSLC Nov 2015 SSLC
- AE037 BSc (Hons) Speech and Language Therapy Year 1 SSLC Feb 2016 SSLC
- AE038 BSc (Hons) Speech and Language Therapy Year 3 Feb 2016 SSLC
- AE039 BSc (Hons) Speech and Language Therapy Year 2 April 16 SSLC
- AE040 Clinic Feedback Form
- AE041 Patient Feedback Mechanism Statement
- AE042 Patient Healthcare Research Paper
- AE043 Exercise Referral Factsheet 1
- AE044 Group Exercise Evaluation Questionnaire
- AE045 Data Protection Policy
- AE046 Patient Confidentiality and Data Storage
- AE047 Teaching Research and Clinic Equipment List
- AE048 Projection Admission Data for Master of Osteopathic Medicine
- AE049 External Consultancy Statement
- AE050 Master of Osteopathic Medicine FT and PT Statement and Structure
- AE051 University Admissions Policy and Procedure
- AE052 University Admissions Interview Policy
- AE053 Master of Osteopathic Medicine Admissions Criteria (extract from Programme Specification)
- AE054 University Staff Development Policy 2016-17
- AE055 Research and Staff Development Statement
- AE056 Procedure for Implementing the University of St Mark & St John's Placement Learning Policy DRAFT
- AE057 Placement Learning Agreement 2016-17
- AE058 Placement Checklist
- AE059 BSc (Hons) Sports Therapy SPOH01 Placement Outline 2016-17

Additional Evidence Supplied (11 October 2016)

- AE060 University Staff Appraisal Policy
- AE061 University Peer Review Policy
- AE062 University Complaints Procedure 2016-17
- AE063 University Appeals Procedure 2016-17
- AE064 Programme Leader Job Description
- AE065 Approved Response to Internal Scrutiny MOf
- AE066 LCSC01 Student Work
- AE067 LCSC03 Student Work
- AE068 LCS05H Student Work
- AE069 LCSD02 Student Work
- AE070 LCSD04H Student Work
- AE071 LCSD06 Student Work
- AE072 LSH02 Student Work
- AE073 LSH03 Student Work
- AE074 LSH07 Student Work
- AE075 LSH10 (1) (Dissertation) Student Work
- AE076 LSH10 (2) (Dissertation) Student Work
- AE077 LSH10 (3) (Dissertation) Student Work
- AE078 STHC04 (1) Student Work Sample
- AE079 STHC04 (2) Student Work Sample
- AE080 STHC04 (3) Student Work Sample
- AE081 STHD03 (1) Student Work Sample
- AE082 STHD03 (2) Student Work Sample
- AE083 STHD03 (3) Student Work Sample
- AE084 SPOHP1 (1) Honours Project Student Work
- AE085 SPOHP1 (2) Honours Project Student Work
- AE086 SPOHP1 (3) Honours Project Student Work
- AE087 STHH06 (1) Student Work Sample
- AE088 STHH06 (2) Student Work Sample
- AE089 STHH06 (3) Student Work Sample
- AE090 Data on Patient Numbers
- AE091 Faculty Terms of Reference
- AE092 FSHS Faculty Management Team Minutes 14.10.15
- AE093 FSHS Faculty Management Team Minutes 13.11.15
- AE094 FSHS Faculty Management Team Minutes 16.12.15
- AE095 FSHS Faculty Management Team Minutes 13.01.16
- AE096 FSHS Faculty Management Team Minutes 10.02.16
- AE097 FSHS Faculty Management Team Minutes 20.04.16
- AE098 FSHS Faculty Management Team Minutes 22 06 16
- AE099 FSHS Faculty Management Team Minutes 20.07.16

Information Provided during Visit (from 17 October 2016 onwards)

- AE100 Report of the Programme Approval Event for Master of Osteopathic Medicine
- AE101 Revised Master of Osteopathic Medicine Programme Specification (as presented for the Programme Approval event)
- AE102 Revised Master of Osteopathic Medicine Module Descriptors (as presented for the Programme Approval event)
- AE103 Modes of Assessment for Master of Osteopathic Medicine (following evidence AE010 example)

- AE104 University Module Descriptor Template
- AE105 University Module Descriptor Information and Guidance
- AE106 Data Dashboard Screenshots
- AE107 Example Retention First Year Summary 2015-16
- AE108 University Student Monitoring and Progression (Retention) Policy
- AE109 University Retention Policy and Procedure Flowchart for 2015-16 and 2016 onwards
- AE110 Formative and Summative Assessments for Master of Osteopathic Medicine
- AE111 Staff Deployment Information for Master of Osteopathic Medicine
- AE112 University Student Charter (1 paper copy only)
- AE113 University Student Support Statement of Service (1 paper copy only)
- AE114 University Student Support Values (1 paper copy only)
- AE115 University Student Support and Student Welfare Guidance (1 paper copy only)
- AE116 University Mental and Emotional Wellbeing Guidelines for Students (1 paper copy only)
- AE117 University Student Life Supporting Students Concertina Information (A7 size) (1 paper copy only)
- AE118 University Student Welfare Concern Form (1 paper copy only)
- AE119 University Student Academic Progress Concern Form (1 paper copy only)
- AE120 University Academic Adviser Guidance (1 paper copy only)
- AE121 University Academic Adviser: Guidance for Staff (1 paper copy only)
- AE122 University Academic Adviser: Guidance for Students (1 paper copy only)
- AE123 University Academic Adviser Booking Schedule (1 paper copy only)
- AE124 University Charter on Personal Tutors/Academic Advisers (1 paper copy only)
- AE125 University Student Life: A Survival Guide (1 paper copy only)
- AE126 University Freshers' Events What's On Guide 2016 (1 paper copy only)
- AE127 University Student Representative A5 Leaflet (1 paper copy only)
- AE128 University Student Representative Folded Leaflet (1 paper copy only)
- AE129 University Fitness to Practice Procedures 2016-17
- AE130 University Fitness to Study Procedures 2016-17
- AE131 Marketing Plan to Recruit Osteopathy Patients
- AE132 BSc (Hons) Speech and Language Therapy Programme Handbook 2016-17
- AE133 LCSC07 Module Handbook 2016-17
- AE134 LCSD03 Module Handbook 2016-17
- AE135 LCSH01 Module Handbook 2016-17
- AE136 LCSH05 Module Handbook 2016-17
- AE137 Year 3 Clinical Placement Handbook 2016-17
- AE138 Year 4 Clinical Placement Handbook 2016-17
- AE139 UMJC01 Module Overview 2016-17
- AE140 SPOD01 Module Handbook 2016-17
- AE141 SPOD01 Assessment Outline 2015-16
- AE142 SPOD01 Marking Framework Part 1 2016-17
- AE143 SPOD01 Marking Framework Part 2 2016-17
- AE144 ASPD01 Assessment Outline 2015-16
- AE145 ASPD01 Dissertation Marking Framework 2016-17
- AE146 ASPD01 Marking Framework for Literature Review 2016-17
- AE147 STHD01 Marking Framework for Case Study 2015-16
- AE148 STHD01 Marking Framework for Practical Exam 2015-16

- AE149 STHD02 Marking Framework for Case Study 2015-16
- AE150 STHH05 Marking Framework for Case Study/Essay 2015-16
- AE151 STHH06 Marking Framework for Written Exam 2015-16
- AE152 Annual Statements Booklet 2015
- AE153 Programme Risk Assessment
- AE154 DBS Check Statement
- AE155 Osteopathy Clinic Development
- AE156 Screenshots Marjon Mobile App, Lecture Capture, Support
- AE157 REPLAY Guidelines
- AE158 REPLAY Policy
- AE159 Complete List of Supporting Evidence

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