General Osteopathic Council review of osteopathic courses and course providers

Renewal of recognition review

Master's of Osteopathic Medicine (MOst)
Bachelor's in Osteopathic Medicine (BOst)

North East Surrey College of Technology (NESCOT)

October 2017

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 (OPS).

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 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 review team, which gathers evidence to enable it to make judgements on governance and management, 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 provider handbook.[1]

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 reviews' normally explore 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, the review team makes one of the following recommendations to GOsC:

• **approval without conditions**
• **approval with conditions**
• **approval denied.**

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

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

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[1] *General Osteopathic Council Review of Osteopathic Courses and Course Providers: Handbook for Course Providers*, available at: www.qaa.ac.uk/en/Publications/Documents/GOsC-handbook-providers.pdf (PDF, 176KB)

Introduction

This report presents the findings of a renewal of recognition review of aspects of the governance and management, the academic standards achieved, and the quality of learning opportunities provided in osteopathy at the North East Surrey College of Technology (NESCOT). The programmes reviewed were the Master's in Osteopathic Medicine (MOst) and the Bachelor's in Osteopathic Medicine (BOst). The review was undertaken by a review team appointed by the GOsC in accordance with its regulatory responsibilities for safeguarding RQ criteria under the *Osteopaths Act 1993*. A prime focus of the review was the relationship of the programmes to the OPS professional competence standard of the GOsC. The review was completed in the academic year 2017-18. The review team consisted of Mr Vince Cullen, Mrs Jill Lyttle, Mr Graham Sharman and Mr Michael Ridout (Review Coordinator).

A   Formal recommendations

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

The recommendation of the review team for the BOst and MOst programmes is:

* **approval with conditions.**

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

* ensure the provision of adequate patient numbers (of sufficient range and diversity) together with improving the patient allocation process and generating accurate information to allow effective management, monitoring and review of students' clinical experience (paragraphs 10, 50, 51, 52, 53, 54, 59, 61, 84 and 85)
* maintain students' clinical experience through the recruitment of sufficient students to sustain the differential between the numbers of standard entry pathway students and certification of prior learning students (paragraphs 31, 54, 57, 59 and 83).

B   Findings

The following is a summary of the review team's main conclusions.

Strengths:

* the steps taken to raise awareness and embedding of the Osteopathic Practice Standards within teaching, clinic and assessment (paragraphs 4, 6, 12, 16, 26, 38 and 39)
* the integration of teaching and clinic, together with the engagement of students as partners in their learning (paragraphs 9, 23, 25, 26, 27, 81 and 82)
* the effectiveness of the assessment processes and its contribution in providing feedback to support student learning (paragraphs 13, 14, 15, 16, 17 and 27)
* the range and availability of learning support, together with the high level of academic and clinic tutor support to underpin student learning and success (paragraphs 13, 15, 23, 24,25, 34, 37, 38, 40, 46 and 88)
* the approaches taken to ensure the successful integration of certification of prior learning and standard entry pathway students (paragraphs 34, 35 and 37)

- the responsive approach adopted in the provision of physical, clinical and virtual learning resources to support osteopathic higher education programmes (paragraphs 43, 44, 45, 46, 67 and 78)
- the strong working relationship developed with Kingston University to ensure the quality management of the programmes offered (paragraphs 72, 73 and 74).

Good practice:

- the use of video recording for practical assessment to strengthen the moderation process (paragraph 15)
- the use of the portfolio assessment tool to provide continuity of professional learning (paragraph 16).

Areas for development:

- embed further the 2015 Subject Benchmark Statement for Osteopathy into existing programme specifications and documentation (paragraph 5).

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 review team with at least one visit of two days to the provider. For recognition and renewal review, the review period is typically six weeks.

The review team is selective in its lines of enquiry and focuses on its need to arrive at findings and a recommendation against clearly stated criteria. It refines 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 to the provider can remain anonymous if preferred. There was no unsolicited information submitted relating to this review.

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

The review team respects the principle of proportionality in its enquiries and emerging conclusions.

Key features of GOsC review include:

- an emphasis on the professional competencies expected of osteopaths and expressed in GOsC's OPS
- peer review: review teams include currently registered osteopaths and frequently at least one lay visitor with higher education interests
- a focus on students' learning experience, frequently to include observation by the review team 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 review team does not normally expect to find areas for improvement that the provider has not identified in its 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 the review team
- 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 the review team 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 review team 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   North East Surrey College of Technology (NESCOT) is a general further education college located in the London borough of Ewell and Epsom. It was founded in 1950 as Ewell Technical College, becoming NESCOT in 1974. It provides both further and higher education programmes. In 2016-17, there were 606 students registered on higher education programmes: 27 students on foundation provision, 466 students on undergraduate programmes, and 113 students on postgraduate programmes. The Surrey Institute of Osteopathic Medicine (SIOM) was established by NESCOT in 2001 to provide osteopathic education, following the dissolution of a previous agreement with the John Wenham College of Classical Osteopathy.

2   NESCOT is currently approved to offer three recognised qualifications that include the MOst and BOst. In September 2014, Kingston University replaced Surrey University as the validating partner. The last cohort of Surrey University students successfully completed their studies in 2016-17. NESCOT also offers two non-recognised qualifications that include MSc Osteopathy and BSc (Hons) Osteopathy (level 6 progression). Currently, there are 12 students registered on the BOst and 42 students on the MOst.

3   Over the years, NESCOT has developed a strong relationship with the International College of Osteopathic Medicine (ICOM), Italy. Initially, NESCOT offered a progression route for its diplomates onto non-RQ MSc and BSc top-up osteopathy programmes. After a satisfactory monitoring review in 2015, this progression route was enhanced with the option for ICOM diplomates to join NESCOT's RQ MOst programme via a certification of prior learning (CPL) pathway. In 2016, NESCOT established a formal partnership with the ICOM and the opportunity was taken to re-designate the provision as ICOM NESCOT.

The specific aims of the MOst programme are to:

- produce a graduate who has the theoretical, practical and professional competence required to practise as a registered osteopath
- produce a graduate who has the reflective, self-evaluative and critical thinking skills necessary to be a safe, caring, ethical and effective osteopath
- develop a graduate who has a commitment to lifelong learning and an appreciation and understanding of the importance of research and evidence-based practice to their professional development
- prepare a graduate for employment by developing their business, entrepreneurial, problem solving and key (transferable) skills
- develop a graduate who has the critical thinking skills and breadth of knowledge to be able to synthesise information and propose innovative ideas and solutions
- enable students to write a journal-ready research paper.

The specific aims of the BOst programme are to:

- produce a graduate who has the theoretical, practical and professional competence required to practise as a registered osteopath
- produce a graduate who has the reflective, self-evaluative and critical thinking skills necessary to be a safe, caring, ethical and effective osteopath
- develop a graduate who has a commitment to lifelong learning and an appreciation and understanding of the importance of research and evidence-based practice to their professional development
- prepare a graduate for employment by developing their business, entrepreneurial, problem solving and key (transferable) skills.

E   Commentary on the provision

An evaluation of the clinical and academic standards achieved

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

4   The course aims and outcomes are explicitly mapped to the GOsC's OPS. The Kingston University validating panel described this as meticulous. The module guides also reference the OPS prominently. Programme outcomes are referenced to the Subject Benchmark Statement for Osteopathy (2007) and *The Framework for Higher Education Qualifications in England, Wales and Northern Ireland* (FHEQ). The University validation panel considered the programmes with reference to the UK Quality Code for Higher Education (the Quality Code), the Subject Benchmark Statement and the FHEQ. The Curriculum Design Principles and other key features of the University's Academic Framework were also considered.

5   As the programme outcomes are referenced to the 2007 Subject Benchmark Statement, an external examiner refers to the need to align the programme with the new Subject Benchmark Statement for Osteopathy published in 2015. The programme team intends to review the curriculum after the first cohort has completed all four years (due to occur in this 2017-18 academic year), and consideration will be given to any changes required to align with the new Subject Benchmark Statement. When the current programmes were being developed, at least a year before the new Subject Benchmark Statement was published, the Academic Coordinator was part of the QAA Statement review team and was able to incorporate some of the proposed key changes to the Statement into the curriculum development. This included 'increased focus on evidence-based practice', 'increased emphasis on osteopaths working in partnership with patients' and 'increased recognition of

professionalism and duty of candour'. These themes run throughout the programme and are emphasised in the professional practice modules in all four years.

6   The aims and outcomes are well publicised in programme specifications, programme handbooks and module guides, and students, staff and external examiners have a good understanding of them. This is augmented by a rigorous and effective induction process. All documentation is readily accessible through NESCOT's comprehensive virtual learning environment (VLE), and is reinforced by a prominently featured section entitled 'Induction Support for Osteopathy' that features guidance on key academic and professional areas of reflective practice, criticality, research and working at masters' level. It also directs students to professional and health guidance documents, such as the GOsC's OPS, research guidance by the National Council for Osteopathic Research, and information about healthcare in the UK. The GOsC's 'student fitness to practise' document is included in the programme handbooks section of the VLE.

7   Student fitness to practise issues are comprehensively addressed in Kingston University's General Regulations 4a (student conduct) and 4b (health and disability). Where there are allegations of inappropriate student behaviour, the fitness to practise procedures will usually take precedence over the student disciplinary procedure. The quality department, faculty and students have collaborated to develop clinic fitness to practise guidelines to manage student clinic attendance more effectively.

Curricula

8   Curriculum content and design are strongly referenced to the OPS and there is a clear sequential integration of academic learning; practical and clinical skills acquisition; and the development of reflective and professional skills. There is an incremental increase of challenge for students throughout the programme, seeking to increase students' autonomy in clinical practice as they progress through the levels. Ongoing professional development of staff informs the design and enhancement of the curriculum, especially in research, exercise rehabilitation, sports medicine, paediatrics and pain science. Robust oversight of curriculum planning and its ongoing review leads to appropriate and timely curricula development and enhancement.

9   The change of programme validation to Kingston University provided the opportunity to review and improve the integration of modules within the curricula, helped by a 30 rather than 15-credit module structure. The change of validating university also led to module leaders being delegated more responsibility and more time for programme coordination. Training by the quality department has helped create improved engagement with module management quality aspects, such as student management, module enhancement plan development, and attendance at relevant meetings. This has helped improve curriculum delivery and management. The restructuring of the osteopathy department has further enhanced this, with an increased proportion of fractional rather than sessional teaching leading to improved cohesion in curricula. This has been achieved through greater integration of clinical and classroom teaching as a result of more staff being both classroom lecturers and clinic tutors.

10   Significant investment has been made in NESCOT clinic facilities and improvements in the clinic staff structure over the last academic year. Prior to these changes, NESCOT had identified inconsistencies in the patient allocation process. It is envisaged that the recently introduced Private Practice Software (PPS) will help overcome the problems identified in patient allocation. New clinic reception staff have contributed to more accurate capturing of patient data and the structured running of the clinic. Central to this will be capturing, at the first point of contact, an indication of the patient's presenting

condition to ensure the appropriate allocation to a treating student to ensure the range and diversity of clinical experience.

Assessment

11   The assessment strategy is governed by Kingston University's Academic Quality and Standards Handbook, which embeds the UK Quality Code. Procedures are referenced to the expectations of the Quality Code, *Chapter B6: Assessment of Students and the Recognition of Prior Learning*. Robust assessment quality processes are regulated and monitored by the Module Assessment Board and the Programme Assessment Board, which meet at the end of the academic year.

12   University grade criteria on NESCOT's VLE show differentiation in the progression of assessment from levels 4 to 7, and there is a prominent clear statement for levels 6 and 7 relating to safety: 'Note: For professional courses, your work will be judged a fail if it contains direct or indirect evidence of unsafe or dangerous practice'. External examiners are given the opportunity to comment on draft examination papers and assessment briefs.

13   Students receive their assessment schedules at the start of the academic year. The VLE is used extensively to manage and monitor the assessment process and student performance. Students can access their assessment schedule, assignment briefs, assessment feedback and grades through this portal, and records of their personal development planning and tutorial sessions are stored here also for central access. External examiner reports can be accessed by students via the VLE, contributing to the transparency of the assessment process.

14   The good variety of assessment formats, explicitly tailored to learning outcomes and the OPS, provides the opportunity for students to demonstrate their differing strengths. Summative assessment tools include unseen written exams (including short answer, long answer and case study questions), reflective essays and action plans, practical exams, case study essays, presentations, clinical competence assessments, seminars, objective structured practical examinations, and research projects. Formative short answer exams, practical exams, presentations and clinical competence assessments occur throughout the programme. Formative and summative feedback is provided to students both verbally and via the VLE. The programme team actively engages with students to provide support and regular verbal feedback, and annual staff development days are designed to improve effectiveness in assessment and quality-related processes.

15   Structured tutorial support extends to the clinic, where students receive formative assessments twice per semester, and formative assessment has been developed in all modules. Students' assessed work across modules generally showed evidence of feedback sufficient to enable those of varying achievement levels to understand how they could improve their performance. The review team observed a clinical encounter where a clinical tutor provided excellent feedback to a student with support needs, while managing a complex clinical case. Another tutor provided their student with high quality feedback, including the use of duplicate meeting record slips so that formative feedback can be followed up at the next session. Standard entry pathway students reported positively on the quality of their feedback, noting especially the clinic, where it was regularly given. They identified their small groups as a positive factor, as did teaching staff. Students also positively identified the feedback received on their technical skills development. Developed over the past two academic years, video recording to assist internal and external moderation has enhanced the consistency and equity of practical assessments.

16   The portfolio assessment tool was seen as good practice by an external examiner for providing continuity of professional learning developed over the entire length of the

programme in the professional practice modules in each year. It is explicitly linked to the OPS to familiarise students with their professional responsibilities and reflective practice from the start of the programme. It enables students to develop critical self-reflection and insight by reflecting on their feedback from assessments so that they can formulate action plans to address learning needs and facilitate their future development.

17   Assessment continues to improve, with favourable feedback given by students and external examiners. Previous problems with timeliness and quality of assessment feedback have been resolved effectively. Staff have taken responsibility for rationalising and improving written feedback, and module leaders were proactive in seeking students' opinion and working collaboratively with them. Staff performance reviews used audited feedback return dates as a measure of performance. Students were receiving verbal feedback in one-to-one sessions but this was not always recorded in writing. Students and external examiners confirm this improvement. The turnaround period of three weeks for feedback required by NESCOT is a week shorter than Kingston University's four-week stipulation.

18   The programme team responds quickly to monitoring and feedback derived from the quality processes. For example, external examiners raised the potential risk to standards due to an anomaly in the design of the assessment for the advanced professional practice programme level 7. The final clinical competence assessment and a presentation were grouped to form one element of the module assessment leading to the possibility that an excellent performance on the presentation could compensate for a fail in the final clinical competence exam. This would not be acceptable for meeting the OPS requirements. The module was amended to ensure that it cannot be passed if a student fails the final clinical competence exam, and the team analysed the programme for other similar anomalies in assessment. Another illustration of team responsiveness is that external examiners requested, and were given, an additional day to sample student work in the last academic year to ensure scrutiny was still sufficient to monitor standards as the programme had expanded.

Achievement

19   External examiners confirm that learning outcomes are demonstrated and achieved, and that standards of student performance are comparable with the rest of the osteopathic education sector. They confirm that students are able to meet the requirements of the OPS. This was evident in the review team's sampling of student work and observations of teaching and learning.

20   NESCOT feels that the recording and management of student achievement data now being carried out centrally by Kingston University, and presented for scrutiny at the Module and Programme Assessment Boards, provides an objective and rigorous process.

21   Student achievement data has been consistent and satisfactory over the last few years. The entire first cohort of 23 CPL students achieved the MOst award in 2016-17. For the 19 students of the second CPL cohort, who studied in year three for 2016-17, all progressed to level 7.

22   The emphasis placed by the programme team on business skills and professional development was seen as important by an external examiner, as graduates would most likely become self-employed. The team continues to develop this area.

23   A major strength of the provision is the highly motivated and professional staff, who engage students in a collaborative learning experience. An external examiner commented on the high values and commitment of the staff, and on how students are clearly at the centre of the programme, being given substantial support to do well. Students spoke of appreciating the benefits of the small class sizes and the staff being very approachable. A

student survey found that a major perceived strength is the staff - in their professionalism, variety and their delivery of a one-to-one pastoral care experience. The committed and collegial staff engagement enables students to achieve the required standards, underpinned by the strong library and learning support provided by NESCOT's Learning Resources Centre, which is held in high regard by students, staff and external examiners.

The quality of the learning opportunities provided

Teaching and learning

24   The programme aims to develop students' critical reflective capability and this is clearly evident as students' progress through their programme of study. Teaching and learning strategies include a range of approaches to identify and support students' differing learning styles; these approaches are consistent with the modules' aims and learning outcomes and are appropriately matched to the programme's levels.

25   The programme deploys a wide range of teaching and learning methods, and practical classes are supplemented by additional tutors to ensure sufficient learner support. Demonstrations are accompanied by opportunities for students to practise on peers. A range of models and visual aids support classroom-based learning. Level 4 focuses on students' acquisition of underpinning knowledge and skills. Level 5 enables students to consolidate their prior learning and further integrate their theoretical and practical knowledge in the context of supervised clinical practice. Level 6 supports students to integrate and synthesise their prior learning and to make informed and justified clinical decisions. Level 7 prepares them for professional practice, including business preparation, refining their clinical reasoning skills and technical skills, and widening the scope of their practice. A focus on professional identity and the OPS is evident throughout. These approaches to teaching and learning effectively supports students' progression through the programme by progressively developing their knowledge, skills and professional attributes. Students' engagement and participation in their learning is a strength of the provision.

26   Both standard entry pathway and CPL students noted that lecturers make their sessions accessible, interactive and supportive of their learning, together with being proactive in seeking students' feedback on their approaches to teaching and delivery. Standard entry pathway students noted how they were made aware of the OPS from day one and how the four portfolios over the years built upon different competences, equipping them for their transition into working life. CPL students were aware of and fully conversant with the OPS and described how they were encouraged to work in partnership with their patients to engage in shared decision making and gaining consent.

27   A range of practical, theory and clinic sessions were observed. These ranged from mostly good to excellent, with high levels of student engagement and participation evident throughout. Of particular note was a pain differential diagnosis class that used a range of models to facilitate student engagement and conceptual understanding of the topic's elements. In another instance, there was evidence of focused engagement by the clinical tutor with the student, the patient and their carer. Informed consent was sustained throughout the whole clinical encounter, as was the carer's confidence in the care and advice received. Formative feedback throughout supported the student's learning and confidence.

28   Staff draw upon their professional research and scholarship activities, and teaching on the MSc Osteopathy and ICOM engagement, to inform their MOst teaching. This was evident within the teaching and clinical sessions observed. Special areas of focus include exercise rehabilitation, osteopathic principles and paediatrics.

29   Students had raised concerns about their clinic timetable; balancing clinical training demands with their other work life commitments; and, during busy clinic periods, being too busy to study, although they did not complain about the clinic-lecture balance and no learning issues have been raised by staff. Standard entry pathway students mentioned the steps made by the team not to overload them in year four, citing the schedule given to help them manage the year. CPL students reflecting on their experience said that there were difficult moments, but they came through them.

Student progression

30   Admissions is managed by NESCOT's Student Advice and Guidance Department, including disclosure and barring service checks. All applications are assessed and reviewed by the Head of Osteopathy; applicants are invited to open days to gain an appreciation of the programme and are offered a non-compulsory interview. NESCOT does not hold dedicated higher education open days but plans to do so from October 2018. All new osteopathy students attend a one-day cross-college induction programme incorporating course specific elements, and students are positive about this experience.

31   Student recruitment numbers have fallen since 2014-15 and the Business Development Manager, appointed June 2017, has produced a detailed programme marketing strategy to reverse the decline in standard entry pathway intake numbers, which has yet to be fully implemented. A combined risk assessment and action plan to mitigate the lost 2017 intake supports this plan. Positive steps have been taken to meet the student recruitment target for 2018-19, involving the production of high quality marketing materials to promote the osteopathic provision at NESCOT. These include a large banner across the main gateway, high quality programme flyers, and an innovative, folded, A3 colour publication for patients that gives service advice and information, including programme promotion.

32   A strong working relationship exists between NESCOT and ICOM. Comprehensive arrangements are in place to prepare and build relationships with CPL students for entry to NESCOT. As part of the application process, CPL students are required to develop a reflective clinical portfolio of around 20 clinical cases managed at ICOM, including a critically reflective essay, which is overseen four times as part of students' developmental process. CPL students commented on the value of the support provided by NESCOT's osteopathy team in assisting them with their application.

33   NESCOT's osteopathy team undertakes external examination activities for students entering the CPL pathway, including practical work observation and English written work audits. The international coordinator interviews students and assesses their portfolios prior to offer. Once enrolled, the Kingston University external examiner for years three and four oversees CPL and standard entry pathway students. English levels are confirmed by the British Institute, and students' academic transcripts are mapped between ICOM's course outcomes and those of the MOst. All students entered the programme with a minimum IELTS 6.5. Once registered, ICOM students in Italy have access to the same online study environment as their UK counterparts. Kingston University's liaison officer for osteopathy courses, with relevant osteopathic education experience, oversees the process from a quality perspective, including meeting students. This fulfils the needs of Kingston University's quality assurance processes.

34   At enrolment, CPL students were introduced to the course structure and VLE content, including their year three module assessments. Preceding this, they were signposted to pre-reading materials. CPL students were inducted into the Learning Resources Centre's services and provided with group tutor support. Students received introductory tutorials and 'do you know' questions were used as part of their induction,

including awareness of consent issues. Students reported positively on the high levels of induction support.

35   ICOM students are acclimatised to UK healthcare systems through teaching and integration with their standard entry pathway colleagues. Standard entry pathway students benefited from CPL students by observing different technical approaches and found the general experience positive. CPL students are initially observed in clinic, taking case histories with other students and practising on each other before assuming clinical responsibility themselves. CPL students found the programme challenging in attaining a higher level of understanding; however, they were very positive regarding their teaching and learning experience in developing them as independent reflective practitioners. The relationship with ICOM is a beneficial one to both standard entry pathway and CPL students.

36   At the monitoring review in 2015, it was noted that there was an intention by Kingston University to enter into a progression agreement with ICOM. This has not been pursued, as the current NESCOT and University arrangements are sufficiently robust that one is no longer necessary. Arrangements for the recruitment, admission, induction and integration of CPL students into level 6 NESCOT programmes, and Kingston University oversight, is effective.

37   Group tutors support small student numbers within their cohorts, monitoring their performance, identifying concerns and at-risk students, and supporting them directly or via module leaders or the Head of Osteopathy. Both standard entry pathway and CPL students confirmed the value and benefit of the high level of tutor support provided and staff approachability in supporting their learning, together with treating them as future professional colleagues. Arrangements to support student progression through the programme are effective in meeting their needs within their small cohorts.

38   NESCOT provides a range of support mechanisms through its central learning support unit, including tutorial support for learning disabilities and study skills. Students' learning support issues are identified through formative assessments or behaviours. Individuals are then directed to the learning support team. Where necessary, reasonable adjustments are made. Disabled student allowance reports are made available electronically through NESCOT secure systems for wider access by relevant academic staff. Students confirm these arrangements, commenting on the open-door policy and instances where extra time is provided in exams. Students with learning support needs are effectively supported by NESCOT, and electronic reporting processes provide clear and relevant information to aid programme staff in supporting them and securing OPS integrity.

39   In the year one professional practice module, standard entry pathway students learn academic writing, how to read and write case reports, and literacy and research skills. They start to develop their professional identity and OPS awareness by reflecting on practice areas. This is followed through in their OPS-focused assessment and portfolio. Portfolios are carried through and by year four reflections are embedded in students' thinking. Students also receive ongoing and strong support from the Learning Resources Centre. Students' clinic handbook reinforces these aspects from a practical perspective, with strong OPS reference to behavioural standards, consent and fitness to practise. Together, these develop students' awareness from an early stage of their role as professional osteopathy students, and link with fitness to practise. Arrangements for managing students' fitness to practise are embedded and effective.

Learning resources

40   In September 2017, the restructured osteopathy department became operational and the new 1.0 FTE Head of Osteopathy now assumes overall departmental managerial

responsibility. Three coordinators: International (0.8 FTE), Academic (0.8 FTE) and Clinical (0.8 FTE) now have sub-departmental responsibility. The 1.0 FTE Business Development Manager (appointed June 2017) is responsible for marketing the programme and clinic, and the latter's monitoring systems. Three group tutors are individually responsible for students' progression, retention and achievement in years two, three and four; while the ICOM group tutor (appointed November 2016) is similarly responsible for CPL students. Clinic tutors and clinic sessional tutors staff the clinic and are supported by two receptionists. Twenty-one osteopaths with a minimum of the Preparing to Teach in the Lifelong Learning Sector teaching qualification are employed as lecturers and clinical supervisors. Osteopaths with relevant professional experience lead modules, and all except one staff member now work in clinic and undertake classroom teaching. As a consequence of teaching across both academic and clinic areas, programme coherence has been strengthened.

41   New staff are required to complete the NESCOT induction programme, which includes safeguarding awareness and the completion of a range of induction activities, complete course level induction, and a 12-month probation. Two staff members completed their probation in 2016-17. Staff within the department are suitably qualified for their roles. All permanent staff are required to have or work towards a teaching qualification.

42   A key function of NESCOT's Teaching and Learning, Academic Development and Strategy (TALADS) group concerns higher education teaching staff development. The Staff Development Policy and Procedure sets out college-wide staff development and teaching qualification requirements, including their provision and where needed mentoring support, plus arrangements for development days. College-wide non-specific annual staff development days also support programme development. NESCOT prescribes annual personal development reviews and peer observations for teaching staff. The Head of Osteopathy now plans to regularise the department's peer reviews, 'learning walks' and teaching observations. The Learning Resources Centre also provides relevant support and materials for teaching staff. External examiners' comments concerning positive feedback and good practice are actioned for sharing. Informal opportunities also exist for staff to develop in their role, including visiting teaching sessions and opportunities to undertake master's courses. Staff feel that NESCOT is supportive of their learning and development needs.

43   The student centred and well-equipped Learning Resources Centre provides information, guidance and support to students and staff via its library service and supported access IT facility; new accessions are published monthly. A range of physical study facilities are provided, including a dedicated higher education room and 100 open access computers, which are accessible both during week and term time. The help desk and IT support assist learners and link to e-resources and the Learning Resources Centre catalogue; the VLE allows access to 2,500 e-journals and e-books. In addition, there are extensive osteopathy and sports therapy holdings and access to subject related databases. Students also have access to the Kingston University library, and arrangements are in place for students to access the University College of Osteopathy (formerly the British School of Osteopathy) library. Sufficient materials relevant to osteopathy are maintained, consistent with student cohort sizes. Ninety per cent of National Student Survey respondents agreed that the library resources supported their learning, and that they were able to access resources when needed.

44   The VLE provides students with a comprehensive e-learning environment and access to programme level information, including handbooks, policies, external examiner reports, academic timetables, module specific information, learning resources and assessment information. Separate areas are provided for both ICOM CPL students and UK standard entry pathway student cohorts. The site also provides a gateway to the Learning Resources Centre's extensive range of resources. CPL students have access to online

materials provided by NESCOT to support their learning while they are studying at ICOM. Students spoke very positively regarding the access to e-resource, lecture and support materials. The Learning Resources Centre and the VLE are a strength of the provision.

45   Designated accommodation includes four lecture rooms and a lecture theatre, all suitably equipped for a range of teaching and learning approaches, including practical skills teaching. Access to the lecture theatre and a specially converted and equipped classroom supports the additional 23 CPL students. These spaces are fit for purpose and are suitably equipped for a range of teaching purposes, including lectures, small group work, and practical skills classes and sessions using computers. Of particular note is the range of models and specimens available to students and computer availability.

46   The onsite accessible clinic was relocated to a more central location within the campus, containing nine treatment rooms, tutorial area and separate private study space, with computers throughout. Two full-time receptionists manage the clinic. There is also a pair of treatment rooms separated by a two-way mirror, where the observing room has additional tutorial learning facilities installed. The clinic's tutorial space is of high quality, with good space allocation and a large central appointments monitoring screen. An adjoining private area was well used by students and tutors for clinical discussions. The whole clinical facility is well equipped and provides an appropriate professional environment for both patients and clinicians.

47   Receptionists record patient numbers on a spreadsheet, seen by individual students, allocating new patients accordingly. Clinic tutors ensure that students have access to a diversity of patients, while monitoring their recording of patient codes. Further monitoring occurs through continuous formative assessments when students review their personal clinical audit with their tutor. This is later evidenced in students' clinical portfolios.

48   Patient data is captured and evaluated using NESCOT's PPS system. Weekly patient number monitoring is supplemented by monthly detailed profile and diversity review meetings, referenced against the marketing plan and number projections. A monthly clinic notice is published for students identifying individuals' new and follow-up patient numbers, including hours accrued. One hundred per cent clinic attendance is mandatory.

49   Patient feedback is analysed through regular questionnaires, Facebook, Google reviews and verbally. NESCOT has experienced a drop off in questionnaire returns, with mature patients proving more likely to complete them than younger patients. NESCOT intends to increase its response rate by using a SurveyMonkey online questionnaire sent via email. The clinic is also equipped with a question box for patients. Every patient on arrival will be a given a copy of the clinic newsletter, which includes a patient feedback form on the reverse to gather information about their clinical encounter, as well as inform its marketing database.

50   Students' annual clinical portfolios contain their individual patient demographic clinical audits. NESCOT notes that all its clinical students saw a wide range of patients presenting symptoms over the last year. However, some students were unsure whether the existing patient allocation process was optimal.

51   As part of the preparation for the review visit, information was requested on patient numbers (new/follow-up), and the diversity and conditions presented. As a consequence, NESCOT reported that some of its clinical audit processes required improvement and that a better understanding of how to integrate the clinic patient management system was needed, particularly with regard to evidencing diversity of students' experience. Prior to and at the review visit, it was reported that NESCOT's current systems, inherited from the data manager in November 2016, involved the collection of three separate data sets (student self-audit, spreadsheet data and PPS data) rendering around 80 per cent accuracy, but the

programme team asserted that students were gaining relevant experience and that the Business Development Manager was currently working on the problem.

52   NESCOT reports an overall 2016-17 patient number increase, following a 2015-16 fall in follow-up patients and marginally increased new patient numbers for that year. Standard entry pathway students noted no impact on their clinical education regarding patient numbers with the arrival of CPL students in February 2017, but instead reported an increase of 13 per cent for 2017-18. This increase is supported by patient numbers data in the clinic data spreadsheet, although data showing patient diversity seen by anonymised individual students was not provided, and neither was data showing the average patient numbers seen per week per student. Notwithstanding this, CPL students also reported seeing a good number of patients.

53   At the visit, the Business Development Manager demonstrated the 'sand box' version of the PPS system under current development; the system is due to go live on 1 November 2017. The three systems will migrate into one, with receptionists controlling data input and monthly meetings with key people set to implement timely actions. Kingston University clinic data will be manually inputted into the system. Tutors will continue to allocate patients to students and maintain clinical responsibility for the former. The newly developed implementation of a patient-student management system based on the existing PPS implementation, together with the underpinning protocol, will provide the infrastructure, supporting systems and arrangements to ensure accurate management information is available to manage students' clinical learning experience and real-time marketing activity. The system is yet to be embedded fully so as to provide the necessary accurate information on students' clinical experience.

54   NESCOT identified the challenge of meeting students' increased demand for patient numbers in the initial version of its Marketing Plan 2017-18, particularly in regard to the 19 CPL students joining the clinic in February 2018, and how this might impact its standard entry pathway students. Prior to the visit, the review team was advised that a new clinic business plan would be tabled at the visit and that marketing activity is now focused solely on the new NESCOT and Kingston University clinics. Due to low student numbers and the opening of the larger NESCOT clinic, the University clinic now operates one day per week, but will return to two-day working once student numbers increase.

55   At the 2015 monitoring review, the review team was informed that NESCOT was establishing a referral programme with Epsom and St Helier Trust Occupational Health Department. This clinic did not open and NHS referrals are not being seen at NESCOT. The team was also informed that NESCOT had an arrangement with a local care home to provide geriatric care for its residents; however, this care home has now closed. Due to staff changes, NESCOT's paediatric clinic closed for a short time, but is now open again and supports classroom learning. NESCOT's joint osteopathy and sports therapy faculty clinic is currently closed due to low cross-departmental student numbers. A sports injury clinic now runs in the new osteopathy clinic and links are maintained with local football clubs.

56   At the 2015 monitoring review Kingston University noted that, as part of its transport policy, its bus service would be re-routed in 2016 to collect NESCOT students travelling in line with condition 2. NESCOT subsequently reported that the site is well served by public transport, with adequate parking, and students are free to choose to attend this clinic. Notwithstanding the capacity of the University clinic to expand to two days per week, patient numbers are low compared to the NESCOT clinic. This, together with voluntary standard entry pathway student attendance, with no allocated transport, indicates that the key clinic for developing and sustaining clinical patient capacity is likely to be NESCOT, supplemented by the University clinic for those students who elect to attend there.

57   Student recruitment suffered a significant downward trend from 17 in 2014-15 to eight in 2015-16 to seven in 2016-17; following similar problems, NESCOT suspended recruitment for 2017-18. This is reflected in NESCOT's student recruitment, progression and achievement data and identified as a strategic risk. NESCOT identified that although 40 CPL students were estimated to enrol during 2015-16 and 2016-17, actual numbers were 23 and 21 respectively, and therefore no resourcing issues arose.

58   Starting February 2017, 23 CPL students were in clinic alongside approximately 14 year three and 12 year four standard entry pathway students. Standard entry pathway students reported no problems with patient numbers allocation and neither did CPL students. Indeed, staff reported no patient shortages during 2016-17, citing extra marketing activity to attract more patients to satisfy peak demand, as reflected in patient numbers data presented to the review team.

59   Future student number projections identify significant additional challenges in sustaining the ongoing clinic capacity to provide a constant throughput of patients. This is due to increased CPL demand for patients through projected larger cohort sizes and critically low or absent standard entry pathway cohorts, due to the non-recruitment of a standard entry pathway year one cohort in 2017-18. NESCOT has identified that numbers will stabilise in the academic year 2020-21. Crucial to arriving at this point of stability will be the need to ensure that a manageable relationship and balance between standard entry pathway and CPL student numbers is maintained, in the interim, to ensure the quality of students' osteopathic clinical experience.

60   One strategy to manage student numbers is the use of graduate practitioners and tutors. This was identified at the monitoring review in 2015, and although there were challenges with the introduction of this approach, NESCOT has revisited this option with an intention of developing a graduate pathway for entry into clinic tutoring and/or teaching in November 2017 as a strategy to offset the impact of the fallow year.

61   NESCOT has published its revised Clinic Business Plan, replacing its Marketing Strategy 2017-18, which identifies the clinic's major objective to provide a suitable number and diversity of patients for students' clinical practice needs. The plan provides a comprehensive evaluation of NESCOT's clinical marketplace and identifies opportunities for meeting its growth target, such as opening pop-up clinics, although a detailed tabulated action plan has not been formulated to act as the vehicle for the realisation of the plan.

Governance and management (including financial and risk management)

62   The Corporation is the governing body of NESCOT and its diverse membership includes the Principal as well as student representatives, whose contribution is valued. There are clear governance structures in place; committee minutes are published on the public website, as are financial statements. Oversight of NESCOT's activities is exercised through its committee structure and through a direct link with the senior management team.

63   The Curriculum and Quality Committee receives and discusses monthly reports on: key performance indicators; internal student surveys; student progress; staff performance management; equality and diversity; curriculum planning; and internal NESCOT and departmental self-assessment reports. Relevant information is included separately for higher education courses and the Vice-Principal for Higher Education is in attendance when appropriate.

64   NESCOT's risk register is detailed and thorough, covering both strategic and operational risks. It is maintained, reviewed and updated regularly and reported on to the Audit Committee. A recent internal audit report on risk management and corporate governance stated that governors could 'take substantial assurance that the controls…are

suitably designed, consistently applied and operating effectively.' Recommendations were responded to in a timely manner. Risk assessments are carried out at local level, including clinic operations.

65   NESCOT remains in an overall healthy financial position with respect to its surplus, cash flow and assets, and receives unqualified audit reports from its external auditors. Management accounts, including budget comparisons, are presented to each Finance and General Purposes Committee meeting. It exercises close control over finances, budgeting, potential risks and effectiveness.

66   From January 2015, the then Principal was on secondment and a senior member of staff acted in her place as Head of College. The Principal continued to participate remotely in many Corporation and committee meetings until they resigned in May 2016, without returning from secondment. The Head of College continued in post as Principal and CEO until the appointment of the current Principal, who, as Principal designate, was in attendance at a number of Corporation meetings prior to taking up their appointment, thereby ensuring there was no disruption at senior management level during the transition from one Principal to another.

67   One of NESCOT's strategic goals within its Strategic Plan 2015-20 is the development of its existing link with ICOM and the possible inclusion of other Italian osteopathic colleges. NESCOT's Education Strategy, supporting the Strategic Plan, places osteopathy firmly within its higher education curricular plans. A partnership - the International College of Osteopathic Medicine @ NESCOT - was formed in 2016 between the two colleges. The clinic was consequently rebranded as the ICOM Osteopathic Clinic, NESCOT. This also occasioned the name change from SIOM to NESCOT. Consistent branding should help to raise the profile of osteopathy activity. The recent development and expansion of NESCOT premises includes new classrooms and clinic facilities, part-funded by ICOM, to ensure sufficient appropriate facilities for both standard entry pathway and CPL students. Recent additional investment in equipment and increased staffing for osteopathy underlines NESCOT's strategic commitment to, and support for, this area of provision. NESCOT does not anticipate difficulties after Brexit as it already has Tier 4 status.

68   Overall, NESCOT has strong governance, risk and financial management structures and processes in place; it is explicitly committed to the maintenance and development of its osteopathy provision.

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

69   NESCOT's senior management team includes the Vice-Principal for Higher Education, who has strategic responsibility for quality assurance and enhancement processes within the relevant NESCOT structures and chairs the TALADS group. The Head of Higher Education and the Deputy Chair of TALADS have overall operational responsibility for higher education. The Head of Osteopathy is responsible for the implementation of these processes for the MOst and BOst programmes within the Department of Osteopathy.

70   Senior staff emphasised that it is the curriculum planning model that drives resource discussion, and allocation or adjustment, depending on the time of year; it is expected that all areas will be sustainable, though a certain amount of cross-subsidy is acceptable. Quarterly curriculum and financial quality reviews are therefore linked but take place separately.

71   NESCOT's higher education provision was formerly validated by the University of Surrey. Changes to the University's strategic plan meant NESCOT had to seek a new validating partner as from September 2014. The last Surrey-validated students completed in

2016-17. The final University of Surrey moderator reports on the MOst and BOst programmes were positive, and senior staff confirmed that no issues arose in connection with the teach-out of the programmes.

72   NESCOT's current validation partner is Kingston University; the University's Academic Quality and Standards Handbook governs the quality assurance of both programmes and embeds the Quality Code in its processes. The change in partner afforded osteopathy staff the opportunity to review and develop the curriculum, supported by the University. The MOst and BOst programmes were validated by the University in 2014 and are monitored annually.

73   A Kingston University liaison officer is assigned to NESCOT and the relevant University quality assurance and enhancement processes (including module and programme review) are integrated into, and implemented through, NESCOT's own quality calendar and structures. The comprehensive quality calendar integrates key aspects of NESCOT activity throughout the year, supported by NESCOT's quality staff. A University representative explained that close monitoring is exercised during the first two years of a new partnership; a lighter touch is now being applied to NESCOT, as the University has gained confidence in NESCOT's operation of its quality assurance processes. They further stated that the University sees no need to enter into a progression agreement with respect to students from ICOM, as its CPL procedures are robust and not arduous to carry out on an individual basis.

74   A joint executive committee, comprising members from Kingston University and NESCOT, meets annually to consider and address any issues arising. Both University and NESCOT staff confirmed the close supportive and collegiate relationships that exist at all levels. The University carries out an institutional monitoring process of its partners each year and the latest of these reports rated NESCOT as 'green' - that is, there were no issues of concern raised.

75   NESCOT's higher education provision is monitored by its TALADS group. This includes consideration of an annual summary of external examiner reports, internal student feedback, and National Student Survey results. A senior student representative from NESCOT's higher education student council sits on the TALADS group. Planned actions in response to external examiner comments are approved by NESCOT's Head of Higher Education, and included in the Course Enhancement Plan and annual monitoring report. To date, both BOst and MOst programmes have received generally positive external examiner reports and responsive action plans have been developed.

76   Structured data (for example, student performance and student feedback) and other information (such as external examiner comments) for Kingston University's Course Enhancement Plan is provided by the University and responded to, with associated actions, by the programme team. External examiner reports are received by the University; passed to NESCOT quality staff, who identify action points; and passed to the department for action. Responses, and confirmation of completed actions, are returned through the quality office to the University. Progress is formally considered at the Board of Studies and at the TALADS group. Similar monitoring and review processes are in place for setting assessments.

77   NESCOT's general policies and associated procedures are readily accessed through the public website and are scheduled for review at regular intervals, varying from one to four years. They include policies on safeguarding, equality and diversity (including disability), and are prominent in student course and clinic handbooks. Safeguarding and fitness to practise policies are contextualised through induction and professional practice modules. Students are made aware of the various complaints and appeals procedures that apply to them (NESCOT, Kingston University and/or GOsC) and are encouraged to seek informal ways of resolving issues in the first instance. There have been no formal complaints

in recent years about osteopathy concerning any aspects of teaching, assessment or the student experience.

78   NESCOT's Learning Resources Centre provides strong library and learning support. Resourcing is driven by curricular needs through the curriculum planning process, and student support by identified individual student needs. Guidance on good academic practice is strong in the first year of study. A recent external examiner's report noted that NESCOT's 'Learning Resources Centre provision continues to be excellent'. Both students and staff confirm that library and study support is invaluable and that staff are responsive to their needs.

79   The Careers Information and Advice Centre supports students with general information and advice. Employability skills are integrated into the curriculum in each year's professional practice modules. There are additional personal development opportunities, for example, in representing the programme at careers fairs. Students expressed their appreciation for the guidance and opportunities provided by the department.

80   In 2016-17, the senior management team undertook a review of the department's structure in response to low National Student Survey results in 2015-16 and recent difficulties in recruiting UK students. At that time most staff held small fractional posts or sessional contracts; this was considered to impact adversely on the continuity and consistency of the student experience, and lacked flexibility. The three areas of the department's work (the clinic, UK classroom teaching, and international teaching with ICOM) were not well integrated and too many responsibilities were concentrated in one post. The review process included full staff consultation meetings, including consideration of various staffing and organisational options.

81   Key outcomes of the review include changes in teaching personnel, with a move away from sessional staff towards fractional staff, with remission time for administrative responsibilities. This has raised the status of clinical teaching and resulted in a much higher percentage of staff undertaking both classroom and clinical teaching, and therefore in a more coherent and integrated student learning experience. The Head of Osteopathy has direct oversight and responsibility for all three areas of the department's work.

82   Most staffing and organisational changes were put in place towards the end of the 2016-17 academic year. Clearly delineated and delegated quality assurance and management roles and responsibilities, for example as module leaders, are now shared across more staff. This developmental approach is already leading to improved communication and cohesion between staff, as well as increased personal and professional individual staff development, including opportunities for sharing good practice.

83   An additional internal post dedicated to marketing both the programme and the clinic was filled at the start of the 2017-18 academic year. At the time of the review visit, therefore, the clinic business plan and the recruitment marketing strategy were still in draft format. Implementation of the ideas and actions already in discussion should help to increase the supply of patients, and income, for the clinic, as well as redressing the current difficulty with UK student recruitment. Staff indicated that there are already more potential applicants for the following year than usual at this stage.

84   The coordinators for each of the department's three areas of activity will report regularly to the Head of Osteopathy, who also monitors clinic activity on a monthly basis, enabling immediate remedial action if necessary. The Head of Osteopathy is developing a four-year risk assessment and mitigating action plan due to the 2017-18 fallow year of recruitment. It focuses on the impact on the student clinic experience and staffing, and identifies regular review dates.

85   Although it is too early to evaluate the full impact of the restructuring, the clarity that it brings to staff and students, and the better integration of the department's range of activities, has already been welcomed by staff, who confirmed that teaching across all areas provides a better learning environment for students. The restructuring has the potential to stabilise and develop effective internal monitoring systems across all aspects of departmental activity.

86   Part of the restructuring of the department has included a clearer and more focused approach to the management and oversight of the clinic's operations. Financial targets are monitored at college level through its regular Financial Quality and Resources Review process. The clinic income target has been increased from £50,000 to £70,000 in order to maximise the return on capital investment in the new clinic. Additional opportunities for using the clinic space are being identified that complement the clinic's core function of osteopathy, including continuous professional development and talking therapies. Should this target not be achieved, then NESCOT will offset the shortfall from budgets elsewhere in NESCOT.

87   One of NESCOT's strategic goals is stated as 'Meaningful collaborative engagement with our students and staff.' Students are members of relevant NESCOT committees, from the Corporation to boards of studies, and Staff Student Consultative Committees (SSCCs). This collaborative approach is further exemplified through NESCOT's use of formal and informal feedback mechanisms and the involvement of students in all its quality assurance and enhancement processes.

88   The TALADS group reviews college-wide student feedback through student-led focus groups, formal internal annual induction and on-programme surveys. The University's Course Enhancement Plan process includes consideration of formal student feedback on individual modules and programmes. Overall monitoring of student performance takes place through the Course Enhancement Plan process. Individual support is primarily provided by the year tutor, who is also the personal tutor for each student; there is a separate tutor for CPL students. Students expressed their appreciation for the collegial support provided by staff. Progression and feedback data are gathered and considered, separately and together, for standard entry pathway and CPL students to consider the equity and quality of learning experience for both groups, with appropriate adjustments made in year as far as possible.

89   The SSCCs and Higher Education Council are seen as drivers of enhancement within NESCOT. Student representatives are members of the SSCC at department level; standard agenda items include 'The Student Experience: Student Feedback' and the explicit opportunity for student input to 'course improvement'. Minutes record good attendance from both local and ICOM student representatives; detailed student comments; and willing responses by staff where appropriate. Course representatives are nominated by the SSCC to the relevant board of studies and also feed into the higher education student council at college level. Staff and students confirmed that there is a strong osteopathic student voice.

90   The NESCOT Staff Development Policy sets out the rationale for staff support, sources of support, and how staff development needs are to be identified. New staff receive mentoring and are subject to formal teaching observations; specific ongoing support and development for higher education staff is available both internally and from Kingston University; and staff have access to University e-resources. Individual staff development needs are identified on an ongoing basis through performance reviews or lesson observations. More generally, staff development needs are identified through student feedback, external examiner reports, validation and review processes, and internally arising department requirements. Staff confirmed that the change in validation partner and consequent curricular changes provided them with valuable staff development opportunities.

91   Each year, NESCOT arranges several development days, which include time for departmental staff development, and a higher education conference is held with other local colleges. As a result of the recent departmental restructuring, the current academic year will include several focused department meetings and collective development days. Sharing of good practice goes on during the year as a result of formal teaching observations, 'learning walks' and informal discussion among staff during non-teaching allocated time.

92   NESCOT has a well-developed comprehensive quality assurance framework, including the successful integration of established Kingston University quality assurance and enhancement structures. Formal and informal student views are considered at programme, departmental and college level, as well as through effective committee representation at all levels. A strong network of staff support and development is in place. The restructuring of the department, including clinic reorganisation and better integration with classroom teaching, has the potential to develop and enhance the student learning experience.

Meetings and documentation

Meetings held

ME1 Overview of College and provision
ME2 Corporate Management and Governance issues
ME3 standard entry pathway Student Meeting
ME4 Intended Learning Outcomes, Curricula, Assessment and Student Achievement
ME5 Teaching and Learning, Student Progression and Learning Resources
ME6 Management and Enhancement of Standards and Quality
ME7 Staff Meeting
ME8 Clinic management system demonstration/meeting
ME9 CPL ICOM Student Meeting
ME10 Tour of facilities

Major documentation

A0 NESCOTSED_2017
A1 Appendix 1 - ERSC outcomes 20 03 2014
A2 Appendix 2 - GOsC Annual Report 2015_16
A3 Appendix 3 - MOst Programme Specification
A4 Appendix 4 - BOst Programme specification
A5 Appendix 5 - Student Recruitment Progression and Achievement Data
A6 Appendix 6 - BOst Programme Student Handbook
A7 Appendix 7 - MOst Programme Student Handbook
A8a Appendix 8a - Anatomical Structure and Function OS4701
A8b Appendix 8b - Introduction to professional practice OS4703
A8c Appendix 8c - Osteopathic Principles and Technique 2 OS4702
A8d Appendix 8d - Diagnostic Studies OS5702
A8e Appendix 8e - Foundation in professional practice OS5704
A8f Appendix 8f - Human Disease and Disease OS5701
A8g Appendix 8g - Osteopathic Principles and Technique 2 OS5703
A8h Appendix 8h - Developing professional practice OS6704
A8i Appendix 8i - Developing Scope of Practice OS6702
A8j Appendix 8j - Differential Diagnosis OS6701
A8k Appendix 8k - Osteopathic Principles and Technique 3 OS6703
A8l Appendix 8l - Applied Osteopathic Medicine OS6706
A8m Appendix 8m - Autonomous professional practice OS6707
A8n Appendix 8n - Research Proposal OS6705
A8o Appendix 8o - Advanced Osteopathic Medicine OS7702
A8p Appendix 8p - Advanced professional practice OS7703
A8q Appendix 8q - Research Project OS7701
A9 Appendix 9 - Kingston University Validation Report 2014
A10a Appendix 10a - Academic Calendar 17-18v2
A10b Appendix 10b - Academic Timetable 2017-18_DRAFT
A11a Appendix 11a - Year 1 Assessment Schedule 2016_17
A11b Appendix 11b - Year 2 Assessment Schedule 2016_17
A11c Appendix 11c - Year 3 standard entry pathway Assessment Schedule 2016_17
A11d Appendix 11d - Year 3 CPL Assessment Schedule 2016_17
A11e Appendix 11e - Year 4 CPL Assessment Schedule 2016_17
A12a Appendix 12a - OS4701 Essay Moderation
A12b Appendix 12b - OS4701 Essay
A12c Appendix 12c - OS4701 Viva Moderation
A12d Appendix 12d - OS4701 Viva
A12e Appendix 12e - OS4701 Written Anatomy Moderation

A89 Appendix 89 - NESCOT Risk Register
A90a Appendix 90a - NESCOT Academic Strategy 15- REVISED Nov 16
A90b Appendix 90b - Academic Strategy Update Oct 17
A91 Appendix 91 - Lecturer Qualifications
A92 Appendix 92 - Student Profile Template
A93a Appendix 93a - HE Student Engagement Strategy
A94a Appendix 94a - DLHE Employment Data Osteopathy courses 2015_16
A94b Appendix 94b -DLHE post-course destinations Osteopathy 2015_16
A94c Appendix 94c -DLHE post-course activity Osteopathy 2015_16
A94d Appendix 94d -DLHE preparation for Osteopathy 2015_16
A95 Appendix 95 - Monthly clinic management meeting Agenda
A96 Appendix 96 - NP Case History
A96b Appendix 96b - Continuation Sheet
A97 Appendix 97 - Projected student numbers 2018-21
A98 Appendix 98 - Welcome Presentation by HOD Carrie McEwan
A99 Appendix 99 - NESCOT and ICOM partnership agreement
A100 Tabled Documents Reference List UPDATED 201017
A101 A101 NESCOT ALS Information
A102 A102 Public domain information hyperlinks
A103 Teaching and Learning Observation Notes
A104 Student Work Assessment Notes
A105 Screen shots Kingston University Policies and regulations
A106 Kingston University Academic Quality and Standards Handbook (AQSH) Section H
Accreditation Processes
A107a   Clinic data Information requests Patient Numbers
A107b   Clinic data Information requests Patient Presentations
A107c   Clinic data Information requests Student Learning Data
A108 Video clips - student assessment
A109 Screenshots Weblearn Clinical and Academic Standards
A110 Screenshots Weblearn Osteopathic Medicine LRC Links
A111 Screenshots Weblearn ICOM and SEP Induction Material
A112 Screenshots Weblearn Osteopathic Medicine Course Information