General Osteopathic Council review of osteopathic courses and course providers

Initial recognition review:
Bachelor of Osteopathic Medicine (B.Ost)
Renewal of recognition review:
BSc (Hons) Osteopathic Medicine
Master of Osteopathic Medicine (M.Ost)

North East Surrey College of Technology

February 2013

Foreword

Under the *Osteopaths Act 1993*, the General Osteopathic Council (GOsC) is the statutory regulatory body for osteopaths and osteopathic education providers. The GOsC advises the Privy Council on which programmes of osteopathic education merit Recognised Qualification (RQ) status. The Privy Council grants RQ status to programmes where the governance and management of the course provider and the standards and quality of the programme meet the requirements laid down by 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, renewal review, and in some instances of monitoring review, visitors make one of the following recommendations to GOsC:

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

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

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

Introduction

This report presents the findings of a joint initial recognition and renewal of recognition review of aspects of the governance and management, the academic standards achieved and proposed, and the quality of the learning opportunities provided and proposed in Osteopathy at North East Surrey College of Technology (the College). The programme subject to initial recognition review was Bachelor of Osteopathic Medicine (B.Ost) and the programmes subject to renewal of recognition review were BSc (Hons) Osteopathic Medicine and Master of Osteopathic Medicine (M.Ost).

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 GOsC). The review was completed in the academic year 2012-13. The review visitors were Ms Rachel Ives, Mrs Jill Lyttle, Mr Graham Sharman and Mr Peter Clarke (Review Coordinator).

A   Formal recommendation

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

The recommendation of the visitors for the BSc (Hons), B.Ost and M.Ost programmes is:

- **approval with conditions**

In the case of 'approval with conditions', the conditions are that the College:

- develop and make explicit, by the end of 2013, the assessment criteria employed for year four assessments in the B.Ost and M.Ost to demonstrate greater differentiation between Level 6 and M Level (paragraphs 10, 15 and 21)
- develop and implement a marketing plan from September 2013 which is linked to forecast student numbers, underpinned by strengthened commitments to achieve 50 new patients per student within three years, and which also addresses ways of building relationships with existing patients (paragraph 41).

B   Findings

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

Strengths

- the progress made in ensuring that research and scholarly activity inform curricula and teaching and learning, and enhance the levels of research skills and criticality in student work (paragraphs 9 and 20)
- the cohesive and collegial spirit within the teaching team, which has lead to increased staff engagement with academic processes (paragraphs 9 and 45)
- improved tracking of student performance, supported by the Group Tutor Scheme and the virtual learning environment, linked to well targeted support (paragraphs 19, 30, 33 and 40)

- the opportunities available to staff to reflect on and improve their teaching (paragraph 24)
- clear and effective structures for listening and responding to students (paragraphs 25 and 49)
- the monitoring and management of student experience in clinic (paragraphs 31 and 36)
- the high quality of formative feedback and the arrangements for the use of formative assessments to inform student development and support (paragraph 32)
- the positive roles played by the Professional Lead Manager, the Research Coordinator and the Clinic Managers in developing a team spirit and communal vision within Osteopathy at the College (paragraphs 45 and 46)

Good practice

- innovative assessment, notably in the year two Reflection and Collaboration modules (paragraph 12)
- the development of collaborative inter-professional research and teaching links within the wider College (paragraph 23)
- the continuous annual programme reporting process, which facilitates wide staff commitment to quality enhancement (paragraph 47)

Areas for development

- the distinction between the B.Ost and M.Ost programmes lacks clarity in some key areas (paragraphs 8, 10 and 21)
- some information provided to staff and students concerning intended learning outcomes, assessment criteria and assessment methods is inconsistent (paragraphs 7 and 13)
- there are significant differences in the assessment burden of modules of the same credit weighting (paragraph 17)
- some moderation activity has been poorly recorded and is lacking in transparency (paragraph 18)
- while some valuable use is made of feedback from patients, it is not being utilised fully in the management of the clinic provision (paragraphs 26 and 50).

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 six weeks.

The visitors are selective in their lines of enquiry and focus on their need to arrive at findings and a recommendation against clearly stated criteria. They refine emerging views on the provision against as wide a range of evidence as possible. For example, the perceptions expressed in meetings by students or by staff are tested against other sources of evidence. Documentary evidence typically used includes financial accounts; strategic plans; financial projections; insurance schedules; student work; clinic management records; internal reports from committees, boards and individual staff with relevant responsibilities; and external reports from examiners, verifiers, employers, and validating and accrediting bodies. A protocol exists for staff, students and patients to submit unsolicited information about the

provision to the review team. Submissions can remain anonymous to the provider if preferred. The College publicised the protocol appropriately, but no unsolicited information was forthcoming.

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
- an emphasis on governance and management, to include the maintenance and enhancement of standards and quality
- use of the self-evaluation document 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 self-evaluation document 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 College 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 North East Surrey College of Technology (NESCOT) in 1974. It provides both further and higher education programmes. Most of its higher education programmes, including those in Osteopathy, are validated by the University of Surrey. Within the College as a whole, there are 372 students registered on higher education programmes. The Surrey Institute of Osteopathic Medicine (SIOM) was established by the College in 2001 to provide osteopathic education, following the dissolution of a previous agreement with the John Wenham College of Classical Osteopathy. SIOM is located within the Faculty of Science and Osteopathy and is the largest single area of higher education provision in the College; there are 36 students registered on the BSc (Hons) Osteopathic Medicine and 32 students registered on the M.Ost.

2   SIOM programmes achieved GOsC RQ status in 2003 and, prior to the current joint renewal and initial recognition review, have been subject to four previous GOsC reviews. The last review, in 2010, granted recognition subject to several conditions. These were subsequently addressed to the satisfaction of GOsC. The College intends to replace the BSc (Hons) programme with a new B.Ost and to introduce a redesigned M.Ost programme. The new programmes recently underwent a University of Surrey validation. They were approved subject to conditions, and the College is in the process of addressing these. If the University accepts that the conditions are met, the College plans to offer current first and second-year students the opportunity to transfer to the new programmes from September 2013. Third-year students will continue on the current programmes.

3   The College's self-evaluation states that the primary aim of the programmes is to provide flexible and adaptable degree programmes that lead to awards which meet present academic and vocational requirements of the profession and are relevant and adaptable for the foreseeable future.

E   Commentary on the provision

An evaluation of the clinical and academic standards achieved

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

4   All programmes are appropriately designed to meet their aim to produce graduates who are academically qualified and credible in the field of osteopathy, meet the criteria for registration with GOsC, possess a high degree of professional competence and confidence, and are able to make a positive contribution to the continuing development of the profession. In addition, the BSc and B.Ost programmes reflect the expectation that graduates should demonstrate skills in critical thinking and reflection. The M.Ost programme generally reflects its additional aims to enable graduates to synthesise information, propose innovative solutions to critical situations, and demonstrate criticality and the ability to evaluate independent and original thought.

5   Programme handbooks are available to students and staff through the virtual learning environment. In addition to setting out the aims and objectives of the programmes, they inform students that they are subject to GOsC standards and the fitness to practise regulations of the University of Surrey.

6   All of the programmes have been mapped to the GOsC Osteopathic Practice Standards. Meetings with staff confirmed that module leaders have mapped individual intended learning outcomes within each module, and the outcome of the mapping is presented in the module guides.

7   Intended learning outcomes are communicated in module guides appended to the programme handbook on the virtual learning environment and, in most cases, highlighted in class at the start of the module. Students noted that assessment criteria were often contradictory and there can be a mismatch between assessment criteria and intended learning outcomes, which causes frustration at times. In samples of student work seen by the visitors, inconsistencies in intended learning outcomes were also noted. For example, the cover sheet attached to a master's level project displayed the Level 6 intended learning outcomes, while the marking criteria were identical to Level 6 project-marking criteria. There was also an inconsistency in the History, Principles and Mechanics module of the existing programme, where the module guide indicated a different form of assessment from that seen in the work sample provided to visitors.

Curricula

8   The new Bachelor of Osteopathic Medicine (B.Ost) and the revised Master of Osteopathic Medicine (M.Ost) are identical for the first three years, and then differ in the fourth year when B.Ost students complete Level 6 modules and M.Ost students complete M Level modules. Analysis of module guides reveals limited differentiation between the reading lists and assessments of the Level 6 and M Level modules. The conditions of the internal validation event refer to the need to standardise module guide formats between the B.Ost and M.Ost and to ensure that reading lists, including relevant texts for skills development, are up to date.

9   The curriculum is now better informed by research and scholarly activity than at previous reviews, with several staff members being sponsored by the College to attend M Level courses. Modules specifically cited within the self-evaluation as reflecting the scholarly activity of staff include the Posture and Movement Education and Clinical Reasoning modules. Research and scholarly activity have impacted on all levels, and this was confirmed by programme documentation and teaching observations. For example, the development of academic writing and literature searching in year one in the Reflection and Collaboration module was evidenced during an observed class where students were directed towards published research within the area of reflective practice. Analysis of the marking criteria for Reflection and Collaboration essays indicated no explicit need for students to refer to published material, although students who achieved a higher mark had done so. Strong performers had exercised skills in literature searching and used a range of sources to inform their essay. Meetings with staff confirmed that the design of the new curriculum has been informed by University of Surrey assessment regulations, including an assessment tariff. It has also been influenced through formal and informal meetings between the Professional Lead Manager and module leaders. This continual dialogue enhances ownership of modules and their assessments. The new M.Ost has eight possible electives, although meetings with staff confirmed that it is unlikely that all will be delivered. More were validated than is required for the programmes, as it is intended that these modules will ultimately be delivered as part of a programme for Continuing Professional Development.

10   The year-on-year development of critical appraisal and research skills is apparent throughout the new B.Ost and revised M.Ost programmes. Academic writing and literature searching is developed in year one, continues in the Research Fundamentals module in year two with critique of published literature, then develops further in year three, where students complete a research proposal. However, differentiation between the skills requirements at Level 6 and M Level in the year four research modules lacks clarity.

11   At the previous review, the existing programmes were found to be largely consistent with the *Subject benchmark statement: Osteopathy* and *Standard 2000*, and as such can be mapped to the Osteopathy Practice Standards. Consideration of the new B.Ost and the revised M.Ost shows that they are also consistent with the Osteopathic Practice Standards, as indicated in the following summary.

Standard A: Communication and patient partnership is well represented across year two to year four modules. The Osteopathic Technique, Professional Practice, Posture and Movement Education, Personal and Professional Development, and Professional Practice modules contribute to all elements of this standard. In addition, Diagnostic Studies contributes to elements A2, A3 and A4; Musculoskeletal Medicine to A3 and A4; Research Fundamentals, Research Methods and the research project to A3 and A5; Osteopathic Medicine to A3 and A4; and Clinical Neurology to A2, A3 and A4.

Standard B: Knowledge, skills and performance is similarly well represented across years two to four. All elements are dealt with in the Diagnostic Studies, Osteopathic

Technique, Professional Practice, Research Methods, Research Fundamentals, research project, Personal and Professional Development and Integrated Osteopathic Technique modules. In addition, Musculoskeletal Medicine, Osteopathic Medicine, Clinical Neurology, Posture and Movement Education, Osteopathic Principles in Practice, and Applied Osteopathic Medicine are relevant to B1, B2 and B3. Human Disease and Dysfunction contributes to B2, Professional Practice in year two to B2 and B4, Professional Practice in year three to B1 and B4, and Clinical Reasoning at M Level to B1.

Standard C: Safety and quality in practice is a key concern in many modules.
All elements are covered by the Osteopathic and Integrated Osteopathic Technique modules and by the Personal and Professional Development module, and the Professional Practice modules. Research Fundamentals, Research Methods and the research project contribute to elements C3 and C7; Osteopathic Medicine and Diagnostic Studies between them contribute to all elements except C9. Musculoskeletal Medicine is relevant to C1, C2, C3, C7 and C8; Clinical Neurology is relevant to C1, C2 and C6.

Standard D: Professionalism is dealt with across the curriculum. It is central to the Professional Practice and Personal and Professional Development modules, with the latter covering all elements. Research Fundamentals, Research Methods and the research project cover elements D1, D2, D3 and D6, while Osteopathic Technique modules cover D1, D4, D7, D8, D10 and D11. Other modules contribute to specific elements as relevant.

Assessment

12   Assessments take an appropriate variety of formats and are well designed to assess academic and practical capability and cover the Osteopathic Practice Standards. Summative assessment tools include unseen written examinations, case study questions, reflective essays and action plans, case study essays, presentations, clinical competence assessments, objective structured practical examinations and research projects. Scrutiny of student work showed a range of appropriate assessments, including innovative assessment formats in Reflection and Collaboration modules, which engage students effectively in the reflective process.

13   An external examiner's report indicates that in some modules it is unclear whether the full range of learning outcomes is assessed, and this was also noted by the visitors in an unseen written examination in Applied Osteopathic Medicine, where only one of the four learning outcomes was assessed. This matter had been responded to in the action plan to address the external examiner's comments. This shows that intended learning outcomes for each module are being reviewed, refined and updated where appropriate.

14   The format of the Final Clinical Competence Assessment proposed for the new B.Ost and revised M.Ost programmes is appropriate and is the same as that used in the previous programmes. It is modelled on a traditional osteopathic approach that comprises two observed new patient interactions plus one follow-up. This Final Clinical Competence Assessment appears in the Professional Practice modules in both the B.Ost and M.Ost, although it is unclear how this assessment will be tailored to assess at both Level 6 and M Level.

15   Although the intended learning outcomes for the final-year research project are more demanding at M Level than at Level 6, this is not well articulated in the wording of the assessment requirements. Staff explained that the B.Ost requirement is for a 7,500 word project compared with the M.Ost requirement for 15,000 words, and M.Ost students are required to complete a pilot plus a complete project. This - and the different skills requirements - could be made clearer in the documentation, and consideration given to the internal validation suggestion of a viva voce for M.Ost students.

16   Students reported that, on occasion, key details regarding assessments - such as essay titles or submission dates - are given late and with insufficient time for them to prepare adequately. Staff acknowledged that the skeleton assessment brief is put on the virtual learning environment at the start of the module but that specific information may be supplied later in the module, which may account for lateness of assessment information reported to students.

17   Assessment burden is inconsistent between modules of the same credit weighting in the B.Ost and M.Ost programmes, with a risk of over-assessment in some cases. For example, in the Professional Practice M Level module, there are three summative assessments, one of which is the four-hour Final Clinical Competence Assessment.

18   College policy stipulates that feedback following summative assessment should be received by students within three weeks. This requirement is generally met, but students noted that there are inconsistencies in the quality of the feedback received. Feedback from clinical formative assessments and osteopathic technique assessments was reported to be especially helpful. Students also confirmed that there are ample opportunities to meet tutors to discuss feedback in circumstances where clarification is needed. This can be either with the group tutor or with the relevant clinic tutor or module leader. Scrutiny of student work revealed feedback of mixed quality, for example, in the research dissertations. These also showed poor recording of the outcome of moderation, which lacked transparency and indicated a significant disparity in the marking by different tutors. Meetings with staff indicated that recent staff development for the research team has improved the integrity of the moderation process for research projects.

Achievement

19   Achievement of BSc graduates in the 2007-11 cohort was good, whereas the following year was significantly lower, with only three students graduating out of nine. Data capture problems prevented student achievement statistics being available at the last review visit. This has now improved, and entire cohorts' results were available to the team. Samples of student work were presented with data showing the performance across the cohort.

20   Improvements in the levels of criticality within student work since the last visit are evident, indicating the impact of the year one Reflection and Collaboration module. Samples of work included essays where students who had achieved a higher mark had demonstrated good skills in literature searching and used a range of sources, appropriately referenced, to inform their essay, whereas weaker students did not demonstrate these skills.

21   Samples of Level 6 projects completed by BSc (Hons) students were analysed, as well as the one project completed by an M.Ost student. The M.Ost project was presented with a College cover sheet showing the BSc (Hons) intended learning outcomes. The marking criteria were identical to that of the BSc (Hons) project. It is therefore difficult to differentiate between the levels of achievement of these two cohorts, who should be demonstrating achievement at different levels.

The quality of the learning opportunities provided

Teaching and learning

22   Staff use an appropriate range of learning and teaching approaches which are well matched to intended learning outcomes, curricula content and programme aims. They are supported by effective systems of peer observation, staff development, opportunities to

share best practice, and feedback from students and patients. Overall, observed teaching and learning sessions were effective in relation to the curriculum and programme aims. Teaching plans were of high quality and the self-evaluation sections enabled session leaders to review the effectiveness of the session for future modification. Two practical teaching sessions observed showed evidence of good team-based teaching.

23   The programme team has developed valuable links with other departments. These include an arrangement with the Department of Biomedical Sciences to share equipment and develop integrated collaborative research projects. Sports Therapy and Psychodynamic Counselling staff contribute to teaching within the Osteopathy programmes. Good practice is shared through the Higher Education Practitioners Group. The development of these inter-professional research and teaching collaborative links within the wider College enhances the quality of students' teaching and learning experience.

24   In 2012-13, SIOM introduced a new peer-observation policy for classroom and clinic-based learning, to aid the sharing of good practice and to support staff development. All staff have undergone the process as both observed and observer, and report improvements over the previous scheme, as observation is now conducted by specialist, practising teachers. Furthermore - as part of teacher training - staff observe, and are observed by, teachers from other disciplines. Staff commented on the opportunities this affords to share best practice and identify common staff development needs, such as the need for interactive whiteboard training. This is part of a college-wide initiative to share best practice, and a summary report will be produced at the end of the year.

25   The College provides an appropriate and effective range of opportunities for students to make their views known concerning the quality of teaching and learning. At an institutional level, this is effectively secured through the Higher Education Student Council, and programme-specific matters are addressed at meetings of the Osteopathy Student Representative Group and Board of Study. The tutors' open-door policy and meetings provide good opportunities for students to report what teaching and learning practices are working well and not so well. The students reported very positively on the quality of teaching and learning.

26   SIOM gathers feedback to inform its teaching through patient satisfaction questionnaires that are available to all patients. This is reviewed and actions carried forward. Recently, a shortened version was introduced for intermittent, focused use with all attending patients. The programme team noted that some issues have arisen, such as problems with telephone answering - however, most feedback is positive. Staff acknowledge that there is, however, no effective structure whereby patient feedback is gathered systematically, evaluated, and actions fed into teaching and learning strategies.

Student progression

27   SIOM recently reviewed its admissions policy to ensure that it is recruiting students able to cope with the academic demands of the programme, following low first-attempt progression rates from year one to two. Students are required to attend for interview, to ensure that they are aware of the nature of osteopathy. The Professional Lead Manager reviews applications and sets entry criteria. Arrangements for student admissions are fit for purpose.

28   At interview, students are counselled on their choice of programme, whether BSc/B.Ost or M.Ost. Students are recruited initially to either the bachelor's or master's programme, depending on previous attainment. However, regardless of this, students performing at below 60 per cent in the third year will be required to complete at B.Ost level, whereas students performing at 60 per cent or above will be given the option to complete the

M.Ost programme. Students are made aware that transfer is possible later, depending on achievement. Further support and counselling is available to help them choose pathways. Students reported that during the applications process the differences between the BSc and the current M.Ost programmes were not made clear. They also reported that, while information concerning the new B.Ost and revised M.Ost programmes is available, there is some lack of clarity concerning the implications of transferring to the new programmes. The programme team explained that a condition of the recent validation event stipulates that SIOM must submit a written summary of how existing students will be transferred on to the new programme. This had not been completed at the time of the visit, as the arrangements for second-year students were still being finalised. Staff explained that, once the University of Surrey accepts that the condition has been met, they will ensure that students are consulted fully on the implications of any choice they make.

29   All Osteopathy students attend a two-day cross-college induction programme. The programme provides new students with an awareness of their place within the College and an introduction to the services that are available to them. At programme level, students are introduced to the teaching team and their peers. Students reported positively on a range of factors in their induction survey, but stated in their meeting with visitors that it took too long to send out information prior to enrolment. Non-local students noted a perceived lack of support in finding suitable local accommodation. However, they noted that the provision of information at enrolment was good, including the timely provision of programme materials. Induction arrangements for students are fit for purpose.

30   A group tutor scheme helps to identify students at risk and provide support. Group tutors have a pastoral as well as an academic role, and take responsibility for particular year groups. They have access to students' profiles of formative assessments and attendance, stored on the virtual learning environment. They generate student profile summary sheets with information concerning individual students' learning styles and any particular pastoral, academic or learning needs that they may have. This enables staff to provide focused support to individual students. Regular one-to-one support for students is provided and learning contracts are made with students in difficulty. The Professional Lead Manager also monitors individual students' performance, identifies concerns, and discusses support strategies directly with students or through module leaders or group tutors. All students benefit from the high level of personal support that staff are able to provide to the relatively small group sizes. However, while frequent and valued, such support is not always fully documented. Group tutors have undergone special needs awareness training, and students suspected of having learning difficulties are assessed and tutorial and study skills support is provided by the College's Learning Resources Centre. Where appropriate, adjustments have been made to assessment strategies to provide all students with opportunities to demonstrate their abilities.

31   There is appropriate tutor support for students in clinic. Tutors supporting observing students are different from those supporting students with clinical responsibilities. Observing students receive separate dedicated tutorials. The Clinic Coordinators rotate tutor responsibility regularly so that students are exposed to different clinical tutors. Student allocation to patients is managed through the clinic patient management system. Weekly management reports are used to prioritise patient allocation to students. Since September 2012, more detailed patient/student profiling has been implemented and this will, in future, enable greater control and definition in patient allocation to students. Staff acknowledge that, while there has been significant progress in managing student clinical activity, the reporting mechanisms have limitations and they are looking at exploring clinic management systems used by other providers. Students receive close supervision in clinic which is well matched to their stage of clinical development. The systems are effective in ensuring that students benefit from the learning opportunities afforded by patients attending clinic. Staff are making significant attempts to enhance the systems for monitoring

students' allocation to new patients and looking into follow-up patient activity though enhancing the quality of management information.

32   Formative assessments have developed in all modules, leading to improved management of at-risk students. In year one, weekly formative assessments are used to monitor progress in Anatomical Structure, and students log their achievements into the virtual learning environment, where their progress is monitored. In year two, Diagnostic Studies students also have weekly formative assessments. At-risk students are identified and given learning contracts, additional support and formative assessment. As part of their clinical modules, students receive formative assessments twice per semester; these provide feedback on the full range of students' knowledge, skills and affective attributes, criterion-referenced to their expected stage of development. These are logged on the virtual learning environment, and students' development is tracked. The high quality of formative feedback enables students to manage their clinical development. Arrangements for the use of formative assessments to inform student development and support are very effective and a strength of the provision. All students have Personal Development Planning (PDP) tutorial sessions. Student satisfaction with tutorials and PDP was below College expectations in the on-programme survey; this represents a disappointing decline in satisfaction. Meetings with students confirm that PDP support is managed by the College rather than SIOM, and students questioned the relevance of this process, with a suggestion that it is simply a duplication of work that is already being completed as part of their reflection on clinical activities. Students reported positively on their experience within SIOM, citing the effective use of learning agreements to assist students who are struggling.

33   SIOM captures student progression data on a per-cohort basis. The data is monitored through the programme team tracking sheets, Registrar's tracking sheets, and by the Assessment Boards that analyse module results, leading to action points where necessary. The College has made significant improvements to the way programme data is tracked and monitored, including monitoring of at-risk students. This will enable it to continue to consider student performance on individual modules and cohort performance as part of the programme's annual monitoring activity.

Learning resources

34   There are 22 registered osteopaths (10 full-time equivalents) involved in lecturing and clinical supervision; all have at least a Preparing to Teach in the Lifelong Learning Sector teaching qualification. A substantial number of staff are working towards a professional teaching qualification and/or a postgraduate qualification. Classroom and clinic integration is encouraged, and 17 of the 19 clinic tutors also teach in the classroom. There are two members of non-teaching staff who provide administrative and reception services to the programme.

35   Capacity building, particularly in dissertation supervision, has been a major focus following the previous review visit. The ratio of supervisors to students has improved and is now 1:3. The panel at the recent validation event recommended that the pool of dissertation supervisors be expanded to ensure that no member of staff supervises more than five student dissertations. Staff supporting students undertaking dissertations are inducted and supported by the Research Working Group and receive focused development enabling them to supervise at master's level. Supervisors meet regularly as part of a network and also receive regular one-to-one support from the Research Coordinator. Their role is further augmented by the Ethics Committee that considers students' project proposals.

36   Staff-to-student ratios in clinic are good, with one tutor allocated to three students managing patients and one tutor specifically allocated to six observing students. This allocation provides for effective clinical supervision and good division of tutor resources.

In three practical skills classes observed, staff-student ratios averaged one tutor to eight students, which represents four working student pairs per tutor. This ratio is effective in supporting students' developing practical skills. A knowledge-based tutorial similarly had an effective ratio of 1:6. Staffing levels are appropriate to meet students' learning needs.

37   The strong emphasis on capacity building has been facilitated by clear lines of communication between the Professional Lead Manager and Director of Higher Education in decisions concerning allocation of resources for staff development. The College has established a fund specifically to build capacity in its higher education provision. Staff undertaking relevant master's level programmes can apply for 70 per cent funding of their fees; the other 30 per cent can be deducted through payroll. The SIOM staff development strategy now encourages staff to develop special areas of interest to inform their teaching while engaging in relevant postgraduate study. This is exemplified through specialisms in exercise rehabilitation, paediatrics and osteopathic principles, and in the Posture and Movement Education and Clinical Reasoning modules developed for M Level study.

38   The College's Learning Resources Centre holds an appropriate range of hard-copy and electronic books. These are supported by access to a good range of electronic journals. Through regular communications, formal systems and dedicated support, programme developments are reflected in additions to the library stock. Staff and students acknowledge that the library environment is not wholly appropriate for higher education study due to noise and distractions, although students can book study rooms when necessary. The Learning Resources Centre plans to create a dedicated room for higher education students. These resources and dedicated support meet the needs of the programme effectively.

39   The clinic comprises six treatment rooms equipped with personal computers and two tutorial rooms with computer access and interactive whiteboards. The layout of the clinic area has recently been redesigned and the space is fit for purpose. Teaching rooms for both knowledge and skills development are suitably equipped with a full range of appropriate learning resources, interactive whiteboards and computers. Additional equipment has been purchased for research, and SIOM is working with the Department of Biomedical Sciences to share resources.

40   The virtual learning environment is used as a repository of information, including college-level information, policies and procedures; programme-level documents and policies; and programme handbooks. It contains module-level documents, including handbooks, assessment details and all the learning resources pertinent to particular teaching sessions. Students' individual formative assessment profiles are regularly uploaded. Students' attendance is also directly entered into the system at the beginning of class by tutors, aided by photographic recognition. These accurate student attendance profiles and formative assessment data form the basis of an effective student tracking system. This charts a student's development across a range of modules, including clinic, and leads to well targeted support; it is a strength of the provision. The programme team is aware of the need to consider the further development of the system by introducing, for example, discussion forums and opportunities for e-learning and assessment.

41   In the October 2012 Student Representative meeting, students raised concerns regarding consistency of patient allocation to support their developing clinical experience. New systems were introduced to monitor students' clinical experiences and to ensure greater consistency. The systems now in operation are well designed to improve patient allocation to students. However, absolute patient numbers are between 35 and 40 per student, still below the target level of 50. Furthermore, new patient numbers allocated per student between 2007-08 and 2012-13 on a rolling monthly basis show little evidence of sustained upward trend. In mitigation, the College notes that second-year students do

observe the treatment of new patients, but these are not accounted for in the figures. The programme team relies on college-level marketing, and a range of initiatives have been deployed based on the clinic marketing plan. However, the clinic marketing plan is out of date, with most review/completion dates on or before June 2012 and with no actions within the current academic year. Staff acknowledge that the plan needs updating and that some actions may not have been completed or may need reviewing. The visitors concur with this view.

Governance and management (including financial and risk management)

42   The College is governed by a Corporation with a strong non-executive element. Members are drawn from a varied range of stakeholders, including staff and students. It has a well defined committee structure with clear terms of reference; each committee carries out an annual self-assessment of its remit and activities. QAA/GOsC reports and SIOM issues are considered at College committees.

43   In recent years, the College has been prudent in its financial management and has sound management, audit and reporting systems, with cash reserves matching budgeted levels. It is achieving higher than expected surpluses, and financial forecasts indicate that this situation is likely to continue. The College is in the process of refurbishing a range of facilities on its extensive campus. The most recent Ofsted report, from 2010, praises the quality of the College's governance, including leadership and financial management. The College demonstrates its commitment to SIOM by ensuring that SIOM is supported appropriately in terms of staff and other resources. Although Osteopathy student numbers have fluctuated in recent years, the College is satisfied that numbers are likely to be maintained at least at the current level.

44   The College's risk management register is reviewed regularly. At a strategic level this is carried out by the Corporation's Audit Committee and at an operational level by the Risk Management Action Group, which comprises senior managers. The register includes a section relating to risks specific to SIOM. Although 'loss of validation partner' had not been considered to be of high risk, once the College was given notice, in December 2012, of the University of Surrey's intention to discontinue validation, it acted swiftly to initiate discussions with another university. The University of Surrey has confirmed that all on-programme students will be able to graduate as planned, demonstrating the University's commitment to the College and to SIOM. It has validated the proposed new programmes, with conditions, for five years for existing students and the September 2013 intake. One condition of approval was that SIOM should present a proposal to the University for transferring continuing students to the B.Ost and revised M.Ost programmes; this was in progress at the time of the review visit.

45   The Deputy Principal has overall responsibility for the College's higher education provision, with the Director of the Faculty of Science and Osteopathy being responsible for operational oversight. SIOM's management structure has improved significantly since the previous visit, following the appointment of a Professional Lead Manager for Osteopathy and a Research Coordinator; together with the two Clinic Coordinators, they form a small management team. Staffing is stable, with no vacancies occurring in the last academic year. The group tutor system assists in the overview of individual student progress and helps to maintain the cohesive and collegial spirit within the staff team. Staff are involved in programme development through curricular teams and this has increased staff engagement with academic processes, addressing a weakness found during the previous review visit. The clear formal structures that now exist in SIOM are supported by strong informal links facilitated by the Professional Lead Manager, who has an open-door policy. Roles, responsibilities and reporting structures are well understood.

46   The College places great emphasis on staff development and support for all staff, including those on fractional and sessional contracts, further fostering staff engagement. Clear formal induction, mentoring and appraisal schemes are in place. Staff are required to obtain a teaching qualification and are well supported financially to undertake higher level degrees and attend short courses and conferences. Thanks to the steer from the small management team, collegiality, peer support and a research culture are developing well within the Osteopathy team. Staff have developed links with other higher education staff in the Faculty of Science and Osteopathy through personal pedagogic development and peer observation, joint teaching, shared research, staff development days, and through the College's Higher Education Practitioners' Group, which facilitates integration within the College.

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

47   The College has effective overarching structures for the management of standards and quality. Appropriate quality management information is produced at both College and programme level. In particular, the annual monitoring of standards and quality of learning opportunities effected through the annual programme review process is a strength. This comprehensive, critically reflective and interactive process continues throughout the year, with three collation and review points. The first, in November, considers recruitment and induction feedback, together with a report on outstanding action points from the previous year; in March, the focus is on student and employer surveys; and in October on student achievement. At this latter point, the report for the previous academic year is complete and is reviewed, with its associated action plan, by the Academic Board, the Senior Management Team, and the Curriculum, Quality and Standards Committee, which reports to the Corporation. The annual programme review includes thorough and detailed consideration of programme statistics, academic standards, quality of learning opportunities, quality of information, external examiner and moderator reports, programme team views, employability and employer feedback, student feedback, and the ensuing action plan. Because of the continual nature of the process, issues can be addressed by relevant staff throughout the year as they arise. This facilitates the involvement of a wide range of staff in quality management and enhancement. Statistical and other college-level information is input by the Quality Office, and programme teams reflect and respond as required.

48   There is a clear, detailed and effective external examiner system, overseen by the Quality Office. New external examiners are briefed on general regulations and programme-specific details. External examiners see and comment on proposed assessments before issue to students. Matters raised by external examiner reports are promptly identified, addressed by relevant staff, and input into the annual programme review process.

49   The College's commitment to its students is evidenced through its clear and well understood structures for listening and responding to their views. They are encouraged to give feedback through a variety of formal mechanisms, including college-wide surveys and module reviews, programme representative meetings with the Professional Lead Manager, representation on the Board of Studies and wider College meetings. Students acknowledged the value of meetings of the Higher Education Student Council and the Osteopathy Student Representative Group in keeping them up to date. They reported that the Professional Lead Manager is proactive in responding to their views and concerns and that feedback is posted on the virtual learning environment. Anonymous feedback forms are available and students can email tutors directly. Students are also aware of the use of the formal module evaluation forms. Matters arising are fed into the annual programme review process. Complaints from students concerning SIOM are rare. The close and open relationship between staff and students within SIOM means that informal discussions can be held frequently, and any

issues arising can be resolved quickly. Students are aware that staff act on student feedback from previous years and feel well supported by their tutors, both personally and academically.

50   Patient feedback is collected regularly by the Clinic Coordinators and action is taken to improve practice; however, this feedback is not being collated and analysed fully. This under-utilisation of the data represents a missed opportunity for informing the management of the clinic and planning further development.

51   The annual programme review process is core to the College's focus on enhancement. The Higher Education Strategy sets out the College's approach to ensuring that it maintains its current high level of quality as it continues to develop its higher education provision and its facilities. Its priorities include developing higher education provision further, affirming commitment to staff development, and responding to increased student expectations.

Meetings and documentation

Meetings held

M1   Initial meeting - recent developments
M2   Staff - corporate management and governance
M3   Students
M4   Staff - academic standards
M5   Staff - learning opportunities
M6   Staff - management and enhancement of standards and quality
M7   Teaching and clinical staff
M8   Staff - outstanding items

Major documentation

1   Self-evaluation document
2   Previous Recognised Qualification visit report 2010
3   Students Work and Assessment Notes (SWANS)
4   Teaching observation notes (class visits)
5   Website
6   Virtual learning environment
7   QAA Integrated Quality and Enhancement Review report
8   Draft Higher Education Strategy
9   B.Ost programme specification
10   Revised M.Ost programme specification
11   Module guides
12   Notes on internal validation
13   Draft validation feedback letter
14   Teaching notes
15   External examiner reports
16   Surrey Institute of Osteopathic Medicine Annual Report
17   Additional information appended to self-evaluation document:
      a   Appendix 6 - BSc (Hons) programme handbook
      b   Appendix 9 - B.Ost programme handbook
      c   Appendix 10 - New M.Ost handbook
      d   Appendix 13 - External examiner action plans
      e   Appendix 14 - Annual programme review
      f   Appendix 15 - Annual programme review
      g   Appendix 16 - Ethics Committee terms of reference
      h   Appendix 20 - Staff Roles and Responsibilities
      i   Appendix 26 - Fitness to Practise regulations
      j   Appendix 30a - Staff-Student Committee minutes
      k   Appendix 30b - Staff-Student Committee minutes
      l   Appendix 39 - Progression statistics
      m   Appendix 40 - Induction survey 2012
      n   Appendix 43 - Peer observation and appraisal pro formas
      o   Appendix 46 - Feedback methods
      p   Appendix 47 - Final Clinical Competence Assessment format
      q   Appendix 49 - Staff Development Strategy and activities
18   Responses to requests for information:
      a   Appendix 9b - Self-assessment and development plan
      b   Number 3 - Information regarding invocation of Fitness to Practise regulations
      c   Appendix 24 - Organisation chart