# GOsC Education Quality Assurance

## Renewal of Recognised Qualification Report

This report provides a summary of findings of the providers QA visit. The report will form the basis for the approval of the recommended outcome to PEC.

Please refer to section 5.9 of the QA handbook for reference.

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| **Provider:** | Swansea University |
| **Date of visit:** | 25th to 28th February |
| **Programme(s) reviewed:** | M.Ost Osteopathy |
| **Visitors:** | Sharon Potter, Ceira Kinch, Ana Molares-Bargiela |
| **Observer:** | William Shilton |

### Outcome of the review

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| **Recommendation to PEC:** | ☒ Recommended to renew recognised qualification status<br>☐ Recommended to renew recognised qualification status subject to conditions being met<br>☐ Recommended to withdraw recognised qualification status |
| **Programme start date:** | |
| **Date of expiry (if applicable):** | |
| **Date of next review:** | |

## Abbreviations

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| **AHP** | Allied Health Professional |
| **AI** | Artificial Intelligence |
| **APR** | Annual Programme Review |
| **ARQUE** | Assessment Reports on the Quality of University Examinations |
| **BoD** | Board of Directors |
| **BoS** | Board of Study |
| **BSc** | Bachelor of Science |
| **CAS** | Centre for Academic Success |
| **CCA** | Clinical Competency Assessment |
| **CPD** | Continuing Professional Development |
| **CV** | Curriculum Vitae |
| **DBS** | Disclosure and Barring Service |
| **EDI** | Equality Diversity Inclusion |
| **ESS** | External Subject Specialist |
| **FAQ** | Frequently Asked Questions |
| **FEC** | Faculty Education Committee |
| **FLT** | Faculty Leadership Team |
| **FMHLs** | Faculty of Medicine, Health, and Life Sciences |
| **FOI** | Freedom of Information |
| **FPDG** | Faculty Portfolio Development Group |
| **FtP** | Fitness to Practice |
| **FtS** | Fitness to Study |
| **GCSE** | General Certificate for Secondary Education |
| **GDPR** | General Data Protection Regulation |
| **GOsC** | General Osteopathic Council |
| **HAW** | Health and Wellbeing Academy |
| **HCPC** | Health and Care Professions Council |
| **HR** | Human Resources |
| **HWA** | Health and Wellbeing Academy |

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|---|---|
| **IELTS** | International English Language Testing System |
| **IPL** | Intense Pulsed Light |
| **ISS** | Information Services and Systems |
| **LGBT+** | Lesbian, Gay, Bisexual, Transgender plus community |
| **M.Ost** | Masters of Osteopathy |
| **MS Teams** | Microsoft Teams |
| **NCOR** | National Council for Osteopathic Research |
| **NHS** | National Health Service |
| **NMC** | Nurse and Midwifery Council |
| **NSS** | National Student Survey |
| **OPS** | Osteopathic Practice Standards |
| **OSCE** | Objective Structured Clinical Examination |
| **PAEB** | Portfolio Approval and Enhancement Board |
| **PDR** | Professional Development Review |
| **PDRs** | Professional Development Reviews |
| **PEER Group** | Patient Experience and Evaluation in Research Group |
| **PEP** | Programme Enhancement Plan |
| **PgCert** | Postgraduate Certificate |
| **PPD** | Personal and Professional Development |
| **PPI** | Patient and Public Involvement |
| **PSRB** | Professional Statutory and Regulatory Bodies |
| **QA** | Quality Assurance |
| **QAA** | Quality Assurance Agency |
| **QR Code** | Quick Response Code |
| **RCP** | Raising Concern Policy |
| **RPL** | Recognition of Prior Learning |
| **RQ** | Recognised Qualification |
| **RQSB** | Regulations, Quality, and Standards Board |
| **SAI** | Swansea Academy of Inclusivity |
| **SALT** | Swansea Academy for Learning and Teaching |

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|---|---|
| **SEA** | Swansea Employability Academy |
| **SEF** | School Education Forum |
| **SES** | Student Experience Survey |
| **SHSC** | School of Health and Social Care |
| **SIREN** | Swansea International Race Equality Network |
| **SMT** | Senior Management Team |
| **SSF** | Staff and Student Forum |
| **SUSim** | Swansea University Simulation Centre |
| **Athena SWAN Awards** | Scientific Women's Academic Network Awards |
| **SWOT** | Strengths Weaknesses Opportunities and Threats |
| **UCAS** | Universities and Colleges Admissions Service |
| **VLE** | Virtual Learning Environment |

## Overall aims of the course

The University confirmed the following aims of the M.Ost programme through the mapping tool:

To develop and produce safe, confident, and competent practitioners able to deliver professional osteopathic services through the provision of a clinical environment that fosters:

- The promotion of osteopathy in maintaining health and wellbeing
- The development of osteopathic research
- A developmental relationship between the local osteopathic community and other health professionals

The programme specifically aims to:

1. Ensure graduates acquire clinical osteopathic competence via a self-critical and reflective approach that incorporates the domains of conceptualisation; problem solving; reflective abilities; practical abilities; and interpersonal/ communication skills.

2. Develop the skills of analytical and critical thinking and display mastery of a complex and specialised area of knowledge and skills, employing appropriate skills to conduct research, or advanced technical and professional clinical activity, accepting accountability for all related decision making.

3. Enable students to continue their professional and academic development in a related speciality area through appropriate clinical and theoretical studies and the submission of an extensive clinical dissertation portfolio.

4. Enable professional growth and development through increased use of clinical supervision processes and skills.

5. Enhance the student's ability to influence practice and policy and contribute towards governance.

6. Promote an evidence-based practice approach to osteopathic practice.

## Overall Summary

The visit to Swansea University was undertaken over three days at the Swansea University campus. Visitors met with a range of relevant groups to support their work in relation to the visit specification. These included SMT, teaching staff, clinic administration staff, support services, students, recent graduates, and patients. Meetings across the three days were held in an open and honest way to support the visitors with triangulation.

### Strengths and good practice

The development of additional EDI including menopause and neurodiversity policies to support specific populations demonstrates an ongoing commitment to supporting staff and students at the University through action and recognition. (1ii)

Osteopathic faculty are responsive to providing additional tutorials in subject areas requested by students outside of the curriculum as evidenced by stakeholders in the course team and student meetings. This creates a strong and collaborative working environment for the students. (1iv)

Engagement of local patient groups to increase the diversity of patients accessing the osteopathy services and continued NHS clinic service provision provides osteopathy students with patients in a broad range of populations. (1vii, 7ii)

The University demonstrates a commitment to compliance and student wellbeing, with a dedicated EDI role within the M.Ost programme, and well-defined safeguarding policies and escalation procedures. (2i)

The shift to a risk-based monitoring model through continual enhancement approach provides a responsive and proportionate framework for maintaining programme quality, reducing unnecessary administrative burden while ensuring high-risk areas remain subject to rigorous scrutiny. (2i)

The University's three-stage FtP model ensures proportionality and transparency, with a clear escalation route for serious concerns. The FtP filtering committee allows for early resolution of lower-risk cases, while maintaining rigorous oversight for more serious matters. (2ii, 9iv, 9v)

Canvas supports assessment clarity by providing access to marking criteria, feedback, and module learning outcomes, ensuring that students can track their progress and understand expectations. The platform also facilitates OPS mapping and access to external examiner feedback, strengthening student engagement with professional standards. (2vi)

The values-based selection interview process is designed to identify applicants with the qualities of compassion and professionalism, ensuring alignment with the principles of osteopathic practice. (3i)

The University has received recognition of gender equality through the Athena SWAN Silver Award. The University and SHSC's Athena SWAN Silver Awards demonstrate an ongoing institutional commitment to gender equality. (3iii)

The M.Ost programme demonstrates a structured and integrated approach to developing lifelong learning and reflective practice key competencies for professional success. Through the Personal and Professional Development Portfolio module, CPD modelled assessments, and professionalism modules, students are supported in cultivating habits of continuous learning and self-improvement. This is further reinforced by the final-year SWOT analysis, which enables students to critically evaluate their strengths and areas for development. Together, these elements foster a strong foundation for ongoing professional development, reflective practice, and adaptability in a regulated healthcare environment. (3vi)

The implementation of a real-time PEP framework allows for continuous monitoring and action planning throughout the year, rather than relying on a point-in-time review process. (4i)

The University are taking a data-driven approach to monitoring student performance and progression through the new data dashboard which integrates statistical reports and demographic data, ensuring equity in student outcomes and targeted intervention where needed. (4i)

While standard practice requires policy updates to be accessible, the University's multi-channel approach using MyUni, Canvas hubs, and Faculty committees ensures a clear and structured method for disseminating changes, reducing the likelihood of information gaps. (4iii)

The use of the SUSim to deliver IPL sessions with occupational therapy students provides an opportunity for students to develop teamworking and patient-centred care skills. This approach allows osteopathy students to engage in collaborative practice scenarios, preparing them for working in multi-professional healthcare environments. (4iv)

The trial of Heidi AI software for clinical notetaking and feedback provides students with an opportunity to improve their clinical documentation and reflection skills. This technology supports students in developing more structured and detailed patient records, enhancing their learning and assessment experience. (4iv)

The University provides an opportunity for students to experience simulated learning in the SUSim building and inter-professional learning including planned reinstatement of theatre operation observation for musculoskeletal conditions and patient position sessions delivered by the Operating Department Practitioners. This gives students the opportunity to understand the patient journey prior to having assessment and osteopathic treatment, if appropriate. The SUSim suite allows students to practice their skills in a safe controlled environment without consequence and helping to promote confidence through feedback and repetition. (5i)

Receipt of written feedback in 15 days post-assessment provides students with a good opportunity to receive feedback in a timely manner to be able to learn and reflect. This is one of the quicker time periods seen in the sector. (6iv)

## Areas for development and recommendations

The University should provide clearer signposting to exit awards in programme documentation and for prospective and osteopathy students throughout the programme so there is clarity on what award would be achieved should they consider leaving or transferring part way through the course. (1i)

The University should include GOsC signposting of the FMHLS RPLs terms of reference to further support prospective osteopathy students in this process when achieving the PSRB requirements. (1iii)

The University should consider development of a specific induction schedule to support RPL students on entry to the osteopathy programme. This is an area that has been overlooked to date and it will help with the onboarding and transition of the RPLs students onto the new programme. (1iii)

Health volunteers are used across all aspects of other AHP programmes provided by the University including programme development and committee representation. For parity it would be beneficial for the University to apply this to the osteopathy programme. (1iv, 9vi)

The University should consider an evaluation of the newly implemented quality assurance processes for 2024-25 to take place at the first opportunity from all stakeholders to ensure that there is no negative impact on the osteopathy programme. (1vii)

Further osteopathic faculty engagement in conducting osteopathic research should be encouraged, to gain further insights and contribution to osteopathic research, given the resources and opportunities that are available to the University staff and considering the academic level that they are teaching at. (1ix)

As part of the evaluation of the service redesign project the University should assess the impact of integrating professional services staff across faculties and central education services, ensuring that governance support structures remain effective during this transition. (2i)

The University should report on the transition to a risk-based quality assurance model once it has been evaluated in July 2025, with particular emphasis on demonstrating its impact on the M.Ost programme – specifically in relation to programme quality, governance oversight, and the student experience. (2i)

While students receive guidance through multiple platforms, the University should conduct further evaluation to determine whether students fully understand the long-term professional implications of FtP decisions. Enhancing this understanding is essential to support students in making informed choices during their studies and to ensure they are adequately prepared for professional registration and clinical practice. (2ii, 9v)

While the University has well-developed policies and procedures for raising concerns, it is recommended that further, more targeted efforts be made to embed student awareness and engagement with these processes. This could include incorporating dedicated sessions on raising concerns into student induction and professional practice modules, embedding scenario-based discussions into curriculum delivery, and creating clear, visible signposting on the student portal and in physical spaces such as clinic areas. Actively involving students through these targeted education and awareness initiatives will help ensure they understand how and when to raise concerns, fostering a culture of openness, psychological safety, and shared responsibility for maintaining professional and ethical standards. (2iv)

Variability was observed in the quality, clarity, and level of detail in feedback provided via Canvas, with some feedback being too brief, overly generic, or lacking clear guidance on how students could improve. This inconsistency may limit students' ability to act effectively on feedback and hinder their academic progress. Strengthening communication and consistency in these areas will help students better understand expectations, support their academic development, and promote fairness and transparency in assessment. (2vi)

The University states that health volunteers are used in student recruitment and selection, but students have reported that they were not involved in interviews. Given that their involvement was paused in 2023-24, the University should undertake a structured review to ensure that their role in selection is consistent, meaningful, and accurately reflected in university processes. (3i, 3iii)

The University has developed a structured approach to evaluating the impact of the PEP model. Given the shift to continuous enhancement, the University should review how well the PEP model functions compared to the previous APR process, ensuring that no quality assurance gaps emerge. (4i)

The Programme Director plays a pivotal role in the delivery and oversight of the M.Ost programme. However, there appears to be a significant reliance on this individual. Establishing clear succession arrangements would help ensure continuity in programme management and reduce potential risks associated with staff turnover or unforeseen absence. (4iii)

The student breakout area works as a multi-functional space but requires consideration of the impact on the student experience during clinical and assessment periods. The open plan aspect of the room does not permit for quiet reflective learning or allow for private conversations to take place. As the Clinic on the Singleton Park campus is busy, there are limited opportunities to use the treatment rooms as an overflow. In collaboration with the students the University should consider a division of the space available to permit for quieter areas for discussion and reflection and privacy when required or providing an additional quiet area of separate changing area. (5i, 5iii)

Patient experience is impacted when the HAW clinics are busy due to treatment times all running simultaneously and all rooms being at full capacity. The University should consider staggered treatment start times for students allocated to each clinic tutor to help alleviate bottle necks in patient waiting times if one appointment over runs. It will also ensure that clinic tutors can cover each other as required if their time demands overlap rather than run concurrently. This could improve the student and patient experience as not all students will require the attention of the clinic tutor simultaneously and will build in resilience if there is a complex case discussion required. (5ii, 9i, 9iii)

The University should add clinical audits (currently done by the clinic manager) as part of the senior student's portfolio and reflect on their clinical performance. This will help students to gain autonomy, identify learning gaps and areas of improvement, make more effective use of clinical time and generate new insights about their practice, thus preparing them for future CPD clinical audit activities. (7i)

The University should consider the inclusion in the Clinic of children and adolescent treatments to expand students' clinical experience and prepare them for possible encounters with children and young patients once qualified. (7ii)

The University should consider updating the osteopathy and pregnancy page on the Swansea University Osteopathy clinic website to ensure it is clear to patients who will be the treating practitioner in the pregnancy clinic, including whether the treatment will be performed by qualified osteopaths or student osteopaths. (7ii)

## Conditions

None reported.

# Assessment of the Standards for Education and Training

## 1. Programme design, delivery and assessment

### Education providers must ensure and be able to demonstrate that:

**i. they implement and keep under review an open, fair, transparent and inclusive admissions process, with appropriate entry requirements including competence in written and spoken English.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The University admissions policy is informed by the relevant legislation for Medr, Wales's Commission for Tertiary Education and Research and the Quality Assurance Agency. The policy is available on the University website; however, an older version was supplied as part of the evidence for the RQ visit.

The admissions requirements are clearly outlined on the University's M.Ost programme page, with a range of qualifications or routes into higher education accepted for course entry. The programme specification reflects these requirements, including acceptance of either the Welsh or English language at GCSE. Students from a Welsh language school are required to attain appropriate English language awards. International students need to have a minimum IELTS score of 6 and a minimum requirement of 5.5 in each component. Applications from school leavers and mature students are encouraged, though the student population on the osteopathy course continues to reflect a school leaver population.

The course sits within the FMHLS with additional entry requirements including a DBS, occupational health check, and satisfactory character references. All applicants apply via UCAS, are interviewed, and meet the additional course requirements prior to being offered a place. An osteopathic faculty member assists with the interview process.

The M.Ost course is marketed through various channels including at the University open days, osteopathy applicant days, FMHLS website, and the undergraduate course prospectus. Should there be any spaces left during the clearing process the recruitment team are advised by the osteopathy Programme Director and the osteopathy course is subsequently advertised during clearing. Prospective students are fully informed of what to expect when studying on the course and are invited to observe classes with the osteopathy students, as confirmed in the student meeting.

The exit awards outlined in the programme specification are unclear and identified just as a BSc. Students told us they are unaware of what exit awards they could receive if they withdraw from the course prior to the end.

The admissions policy, FMHLS website, and stakeholder meetings with the course leaders, marketing team, and students assure us that this standard is met.

**Strengths and good practice**

None reported.

### Areas for development and recommendations

The University should provide clearer signposting to exit awards in programme documentation and for prospective and osteopathy students throughout the programme so there is clarity on what award would be achieved should they consider leaving or transferring part way through the course.

### Conditions

None reported.

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**ii. there are equality and diversity policies in relation to applicants, and that these are effectively implemented and monitored.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

The University has a dedicated EDI team who have been responsible for developing the strategic equality plan for 2024-28, which includes EDI under the 'people and culture' strategic pillar of the identified quality outcomes. This document, alongside the supporting action plan, informs the University's recruitment and selection process. There are additionally separate policies, which reflect some of the identified protected characteristics e.g. neurodiversity, menopause, and recruitment policies.

The University recognises the need for ongoing consultation and engagement with relevant stakeholders to ensure that they are responsive to the evolving community needs. University documents have been benchmarked against relevant government legislation and census data with an ongoing review of data gathered from internal and external sources including surveys and stakeholder representatives with monitoring completed at the University equality committee. Updated policies are communicated via the SEF and are available to staff and students via Canvas and MyUni, the University's student website.

The University is committed to raising awareness of EDI as part of its culture, examples of this are the resources that have been developed by the SALT and the application of an inclusive curriculum framework for the evaluation of the osteopathy programme.

The University's strategic equality plan and action plan, subject specific policies including the neurodiversity, menopause, and recruitment policies; stakeholder meetings with the senior management team, osteopathy course team, assure us that this standard is met.

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### Strengths and good practice

The development of additional EDI including menopause and neurodiversity policies to support specific populations demonstrates an ongoing commitment to supporting staff and students at the University through action and recognition.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

**iii. they implement a fair and appropriate process for assessing applicants' prior learning and experience.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

RPL experience is assessed via the University's standardised RPL process. An identified member of the osteopathic faculty assists with this process and benchmarks against the learning outcomes of the programme before the application is presented to and considered by the RPL Panel.

RPL applications are considered only for the first three years of the osteopathy programme. An applicant's prior experience is shared with osteopathy faculty members if they have been successful and to support them with integration on the course. There is no specific induction programme for an RPL student but there is a meeting with their assigned personal tutor who will signpost them as required.

NMC and HCPC professional body requirements inform the RPL process for nursing and midwifery and AHP students respectively, however, GOsC signposting is omitted from the RPL terms of reference. This should be included in the list to inform the RPL process for osteopathy students.

The RPL Panel's terms of reference; admissions policy; RPL policy and stakeholder meetings assure us that this standard is met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

The University should include GOsC signposting of the FMHLS RPLs terms of reference to further support prospective osteopathy students in this process when achieving the PSRB requirements.

The University should consider development of a specific induction schedule to support RPL students on entry to the osteopathy programme. This is an area that has been overlooked to date and it will help with the onboarding and transition of the RPLs students onto the new programme.

### Conditions

None reported.

**iv. all staff involved in the design and delivery of programmes are trained in all policies in the institution (including policies to ensure equality, diversity and inclusion), and are supportive, accessible, and able to fulfil their roles effectively.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

All staff have access to the University's intranet system Canvas, which has a live format to enable accessibility to the most recent policies that are updated via the SEF. Any policy updates are accompanied with an email alert as well as alerts on logging in to the system. This ensures that staff are fully informed of the relevant updates.

Policies are included as part of the new faculty induction programme, which also includes statutory and mandatory training requirements inclusive of EDI. Some elements of this training are required to be completed on a cyclical basis and staff are alerted through Canvas.

The osteopathic faculty have offices located in the same building where teaching classes are delivered. This offers accessibility to staff, who have their timetables visible on the office doors and as part of their email signatures.

The approachability of the osteopathic faculty and their willingness to support additional learning was highlighted by students. Examples of this include tutorials on specialist patient populations including transgender and wheelchair users.

Students can complete assessments in the Welsh language. Academi Hywel Teifi is accessible to staff who require further support with Welsh language students.

The SEF meeting minutes: meetings with the programme leader, osteopathy course team and students' probation policy, performance enabling policy, and supporting resources assure us that this standard is met.

### Strengths and good practice

Osteopathic faculty are responsive to providing additional tutorials in subject areas requested by students outside of the curriculum as evidenced by stakeholders in the course team and student meetings. This creates a strong and collaborative working environment for the students.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

**v. curricula and assessments are developed and evaluated by appropriately experienced and qualified educators and practitioners.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

The University requires all staff to undertake a PgCert in Teaching in Higher Education or the PgCert Education for Health Professionals delivered by the University. As part of the PgCert programme staff will undertake observation and peer review. The University adopts an 'open door' culture to observation and cross-departmental observation is actively encouraged on an annual basis. Faculty development includes inter-departmental peer reviews and student feedback.

The PDR process supports staff development once probation has been completed. PDRs, alongside student feedback and the NSS survey data, helps the Programme Director to identify faculty and individual development needs. SALT supports ongoing staff development.

Module leaders meet on a regular basis, termly at a minimum, to ensure alignment of content across the programme. The osteopathic faculty are supported by the University's professional service team to provide expert guidance on curriculum and programme development and follow the code of practice for programme design, development, approval and review. This code of practice is currently under review. The osteopathic faculty have been responsive to student feedback in the areas of assessment. These changes are monitored by the quality team to ensure that continual change is not made to the programme without good justification and a period of embedding and evaluation of the implemented change.

The quality team review programme data regularly to ensure that there is no curriculum drift.

The probation policy, staff CPD resources, staff CVs, job descriptions, and stakeholder meetings assure us that this standard is met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

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**vi. they involve the participation of students, patients and, where possible and appropriate, the wider public in the design and development of programmes, and ensure that feedback from these groups is regularly taken into account and acted upon.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

SHSC applies the principles of service user engagement from the strategy for public and patient involvement in health professional programmes across 2024-29. The University has a PPI group who engage in a range of activities across the University, and their activity is captured in an annual report with training provided to new members.

Students on the osteopathy programme receive a high level of interaction and feedback with patient stakeholders through their clinical training. The University has developed an expanding health volunteers programme across their other AHP courses to provide patient stakeholder feedback across their other

programmes, including representation on the BoS. There are currently no osteopathy patients involved in the health volunteers programme.

Osteopathy patients are encouraged to provide feedback to students through tablets available at the HWA and there is signposting to other feedback opportunities through posters in the reception area and treatment rooms. The materials are also available in Welsh upon request.

Two student representatives are appointed for each year group and represent the programme on the BoS. There is a staff student forum where additional feedback opportunities are provided. Final year students completed the NSS, the results of which are included in the action plan for the programme for the following academic year. The SES provides feedback at an institutional level.

External subject specialists are also consulted in the curriculum development and approval processes.

The student feedback toolkit, annual reporting process, stakeholder meetings, NSS and SES survey data, terms of reference, and minutes from relevant committees assure us that this standard is met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

Health volunteers are used across all aspects of other AHP programmes provided by the University including programme development and committee representation. For parity it would be beneficial for the University to apply this to the osteopathy programme. (1iv, 9vi)

**Conditions**

None reported.

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**vii. the programme designed and delivered reflects the skills, knowledge base, attitudes and values, set out in the Guidance for Pre-registration Osteopathic Education (including all outcomes including effectiveness in teaching students about health inequalities and the non-biased treatment of diverse patients).**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The OPS and osteopathy graduate outcomes are embedded into the programme documentation with a mapping document applied as part of quality assurance of the spiral curriculum. As students progress through the course there is a reminder of the expectations of the OPS at each stage and level.

The professional and personal development modules focus on development of professional identity. Reflective logs and case scenarios guide students through the OPS and graduate outcomes providing opportunities for application, critical appraisal, and reflection. The upcoming addition of simulated learning in a home visit setting will provide an invaluable opportunity to practice their skills in a safe and controlled environment at SUSim.

Professional behaviour external to the course and the impact of student FtP is highlighted at the start of the course. Students are fully aware of the expectations and related student FtP policies. Self-reporting of professional behaviours has occurred and is dealt with through the appropriate channels.

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Students receive EDI training as part of the programme and have opportunities to work with a diverse range of patients. A recent example included engagement of the local stroke community group for an opportunity of reciprocal learning from patients and students, which resulted in stakeholders from this group attending the Health and Wellbeing centre for treatment. In addition, there is the NHS funded Clinic, which provides exposure to patients from a diverse background.

The M.Ost OPS mapping documents and programme documentation, teaching observation, and stakeholder meetings assure us that this standard is met.

**Strengths and good practice**

Engagement of local patient groups to increase the diversity of patients accessing the osteopathy services and continued NHS clinic service provision provides osteopathy students with patients in a broad range of populations. (1vii, 7ii)

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

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**viii. assessment methods are reliable and valid, and provide a fair measure of students' achievement and progression for the relevant part of the programme.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

Quality assurance processes are currently in a state of review and development for the current academic year with plans for evaluation of any changes made. The newly formed PAEB provides an opportunity for assessment strategy and scrutiny as part of faculty quality assurance processes. From 2023-24 the FPDG oversees modular changes, with a reported move to a reduction in the number of changes possible on a course between programme review to reduce curriculum drift. The FPDG reports into PAEB.

The programme documentation demonstrates a diverse range of assessments applied across the programme, relevant to the stage of learning and knowledge. The external examiner reviews the assessment range and results, reporting on this annually. Student results are reviewed at the progression and award board and analysed as part of the annual programme review. For the current academic year, the quality team are continuing to develop the data dashboards to summarise programme data including assessment data. This will provide the osteopathic faculty with consolidated data to identify patterns for future cohorts.

The osteopathic faculty are guided in assessment processes by the University's assessment, marking and feedback policy. Staff development is provided in this area and is also covered as part of the PgCert programmes in education that staff are required to complete. The SHSC has standardised marking grids and templates.

The programme documentation, external examiner reports, stakeholder meetings, assessment templates, relevant meeting terms of reference assure us that this standard is met.

**Strengths and good practice**

None reported.

### Areas for development and recommendations

The University should consider an evaluation of the newly implemented quality assurance processes for 2024-25 to take place at the first opportunity from all stakeholders to ensure that there is no negative impact on the osteopathy programme.

### Conditions

None reported.

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**ix. subject areas are delivered by educators with relevant and appropriate knowledge and expertise (teaching osteopathic content or supervising in teaching clinics, remote clinics or other clinical interactions must be registered with the GOsC or with another UK statutory health care regulator if appropriate to the provision of diverse education).**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

The osteopathic faculty hold GOsC registration, confirmed during the initial HR recruitment process, with any changes to status to be identified by osteopathic faculty. The same process occurs for other University staff members who hold professional registration. External examiners are also appointed according to subject expertise, providing objective scrutiny to the overall programme.

Expert subject specialists from other faculties contribute to the teaching on the osteopathy programme. This includes an anatomy and physiology specialist who liaises closely with the osteopathic faculty for content. Inter-professional learning occurs with the operating department practitioner demonstrating patient positioning during common musculoskeletal operations for final year osteopathy students to help them gain an insight to the patient journey and experience.

All University staff are either working towards or hold a PgCert in an education related subject area and have Advance HE membership or the opportunity for progression of the professional membership level as they develop as educators. The University's probation policy and performance enabling policy outline these processes. SALT supports staff development in teaching and learning excellence. Teaching staff are provided with a teaching manual to guide them in teaching, learning and assessment activities. Annual PDR processes continue to support professional development. Staff have been signposted to additional learning opportunities including leadership development courses.

Research activity is encouraged amongst the faculty and inter-professional learning opportunities and involvement are provided through the University. Academi Hywel Teifi is a resource to support staff with Welsh language.

Staff CVs, stakeholder meetings, teaching manual for osteopathic staff, PDRs, and relevant policies assure us that this standard is met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

Further osteopathic faculty engagement in conducting osteopathic research should be encouraged, to gain further insights and contribution to osteopathic research, given the resources and opportunities that are available to the University staff and considering the academic level that they are teaching at.

### Conditions

None reported.

**x. there is an effective process in place for receiving, responding to and learning from student complaints.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

There are multiple highly publicised routes for students to raise a complaint or a safeguarding issue. The University complaints procedure is supported by an FAQ quick guide for ease of access to information. Complaints procedures are outlined in the academic handbook and the programme handbook. Students are signposted to the professional services' academic quality team for all complaints. The student cases team liaise with the Head of SHSC and academic and professional services team members. The process is overseen by the Academic Quality and Assessment Manager. All responses are reviewed by the student cases team and students have the opportunity for feedback on an outcome. The Students Union Advice Centre can also provide confidential advice and support on academic complaints.

Complaints concerning a student's health or character follow the student FtS and FtP policies and procedures. These types of complaints are investigated by the Head of SHSC or Head of Discipline (Therapies). The FtP filtering committee and FtP and Professional Suitability Panel form part of the escalation process.

The rise in Student FtP complaints has been attributed to an increase in peer-to-peer reporting. Students are signposted to the RCP via the student handbook. At the student meeting students came across as well informed on complaints processes and confident in raising any issues that arise.

The University has an appointed Head of Safeguarding and a team, including appointing safeguarding officers to support students or staff in relation to safeguarding. Further published guidance is available in the safeguarding good practice guide and policy.

SafeZone is the safeguarding app that can be used by any student on-site. If assistance is required, then security can be alerted through this app and they will attend immediately. Students have confirmed their positive experience of this for a medical related incident occurring outside of programme attendance. The app is also used to monitor international students and is linked to their on-site attendance of classes.

The FtP policies and procedures, stakeholder meetings, academic handbook, My-Uni website, and committee terms of reference assure us that this standard is met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

None reported.

**Conditions**

None reported.

**xi. there is an effective process in place for students to make academic appeals.** ☒ **MET** ☐ **NOT MET**

**Findings and evidence to support this**

The 'Academic Life' section on MyUni provides information on the academic appeals procedure. The Student Union Advice & Support Centre provides confidential support and advice on academic appeals. The process is further outlined in the academic handbook. Students have the opportunity for feedback on outcomes and the professional services student case team review the data for feedback to the osteopathic faculty.

Student representatives are well informed and trained to provide appropriate signposting to students in a considered and supportive manner.

Students are aware of the support available to them and also where to signpost other students if they are student representatives.

The academic handbook, MyUni website, the relevant policies, and stakeholder meetings assure us that this standard is met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

## 2. Programme governance, leadership and management

**i. they effectively implement effective governance mechanisms that ensure compliance with all legal, regulatory and educational requirements, including policies for safeguarding, with clear lines of responsibility and accountability. This should include effective risk management and governance, information governance and GDPR requirements and equality, diversity and inclusion governance and governance over the design, delivery and award of qualifications.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

The University has a well-established and effective governance structure that ensures compliance with legal, regulatory, and educational requirements, including safeguarding, risk management, information governance, GDPR, and EDI governance. The FLT, led by the Pro-Vice Chancellor Executive Dean, provides clear lines of responsibility and accountability. The governance framework is structured through a series of defined committees, with the FEC overseeing quality assurance, programme delivery, and student experience.

The introduction of the PAEB has strengthened governance by consolidating programme and module approval processes into a single streamlined structure. This change aligns with the University's code of practice for programme design, development, approval, and review, ensuring that academic governance remains robust.

The BoD provides strategic oversight, with members actively engaged in governance structures, including participation in the audit and risk committee and faculty education committee. The BoD has appropriate expertise to ensure the University meets its regulatory obligations and continues to develop its governance in response to external requirements.

It was evidenced that risk management is effectively embedded within governance structures. The risk register is actively monitored, with oversight from FLT, the Regulations, Quality and Standards Board, and the University education committee. The University's approach ensures risks are identified, assessed, and mitigated in a structured manner, particularly during periods of change.

It was also confirmed that the University has clear policies and mechanisms for safeguarding, data protection, and confidentiality. Staff and students are required to complete statutory and essential training, and patient records are managed under the HWA records management policy. FOI requests follow established protocols.

The University has adopted a continual enhancement approach to quality assurance, moving away from annual programme reviews toward a risk-based monitoring model. While periodic quality reviews have been temporarily paused, high-risk areas remain under scrutiny, with external examiner oversight ensuring academic standards are upheld. A full review of governance effectiveness is scheduled for July 2025.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met.

### Strengths and good practice

The University demonstrates a commitment to compliance and student wellbeing, with a dedicated EDI role within the M.Ost programme, and well-defined safeguarding policies and escalation procedures.

The shift to a risk-based monitoring model through continual enhancement approach provides a responsive and proportionate framework for maintaining programme quality, reducing unnecessary administrative burden while ensuring high-risk areas remain subject to rigorous scrutiny.

### Areas for development and recommendations

As part of the evaluation of the service redesign project the University should assess the impact of integrating professional services staff across faculties and central education services, ensuring that governance support structures remain effective during this transition.

The University should report on the transition to a risk-based quality assurance model once it has been evaluated in July 2025, with particular emphasis on demonstrating its impact on the M.Ost programme – specifically in relation to programme quality, governance oversight, and the student experience.

### Conditions

None reported.

**ii. have in place and implement fair, effective and transparent fitness to practice procedures to address concerns about student conduct which might compromise public or patient safety, or call into question their ability to deliver the Osteopathic Practice Standards.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

The University has well-established and transparent FtP policies and procedures to ensure students maintain good health and good character throughout their studies. These procedures are designed to address concerns regarding student conduct that could compromise public or patient safety or affect their ability to meet the OPS.

The FtP process is structured across three key stages, beginning with the SHSC FtP and Professional Suitability Panel, which filters cases anonymously to ensure impartiality and fairness. The Panel comprises of academic representatives from all SHSC professional programmes, along with NHS practice learning partners, occupational health specialists, and disability support staff. This ensures a broad and informed perspective in decision-making. Cases are reviewed anonymously via a secure MS Teams site ensuring fair and unbiased decision-making: decisions must be reached by consensus among at least three panel members, reinforcing consistency and fairness.

It was confirmed that all M.Ost applicants must undergo an occupational health check and an enhanced DBS check prior to admission. If any concerns arise from the DBS check, cases are referred to the SHSC FtP filtering committee and, where necessary, escalated to the full FtP Panel. The requirement for pre-admission health checks and DBS clearance, along with ongoing monitoring and referral mechanisms, ensures compliance with professional standards. Students are required to self-declare any changes to their health or character status annually during re-enrolment, and such disclosures are automatically communicated to the faculty's student cases team.

Where serious concerns arise, these may be escalated to the University's committee of enquiry, which holds the authority to withdraw students on FtP grounds. Decisions at this stage are based on evidence presented by the SHSC Panel and the student.

The importance of professional behaviour and FtP responsibilities is embedded throughout the programme, with guidance provided through programme handbooks, student information guides, and timetabled sessions. Additionally, students receive FtP training from the GOsC via Canvas learning modules and face-to-face sessions on professionalism and behaviour in clinical settings.

The University's FtP procedures include mechanisms for student support, ensuring that students are informed of their rights, the procedures involved, and the support available. The HWA complaints procedure provides students with a route for raising concerns related to FtP matters within the clinical setting.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met.

**Strengths and good practice**

The University's three-stage FtP model ensures proportionality and transparency, with a clear escalation route for serious concerns. The FtP filtering committee allows for early resolution of lower-risk cases, while maintaining rigorous oversight for more serious matters. (2ii, 9iv, 9v)

**Areas for development and recommendations**

While students receive guidance through multiple platforms, the University should conduct further evaluation to determine whether students fully understand the long-term professional implications of FtP decisions. Enhancing this understanding is essential to support students in making informed choices during their studies and to ensure they are adequately prepared for professional registration and clinical practice. (2ii, 9v)

**Conditions**

None reported.

**iii. there are accessible and effective channels in place to enable concerns and complaints to be raised and acted upon.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The University has established, accessible, and effective channels for raising concerns and complaints, ensuring that students, staff, and patients can report issues with confidence. The University's complaints procedure provides a clear and structured process for handling student concerns, while the HWA complaints policy sets out procedures for clinic-related complaints. Additionally, a raising concern in practice policy is in place for students undertaking clinical training.

The University provides multiple formal and informal avenues for raising concerns, ensuring accessibility for all students. Regular personal tutor sessions, weekly check-ins, and clinic tutor oversight provide continuous opportunities for concerns to be raised and addressed promptly.

The University's safeguarding processes are well-established, with a dedicated Head of Safeguarding and supporting team. The SHSC has safeguarding officers who provide support for both staff and students, ensuring that safeguarding concerns are addressed appropriately. The safeguarding good practice guide supports students, particularly those under 18 or considered adults at risk, reinforcing the University's commitment to protecting vulnerable individuals.

It was confirmed that safeguarding within the Clinic environment is actively monitored, with mechanisms in place for students and patients to raise concerns. This includes feedback gathered through weekly check-ins, personal tutor sessions, and direct reports from clinic tutors and the Clinic Manager. Complaints or safeguarding issues raised through the dignity at work and study procedure are also considered where appropriate.

The University ensures that staff are adequately trained in safeguarding procedures. All staff complete safeguarding training via Canvas, and the Head of Safeguarding delivered a CPD session for the entire osteopathy team in 2023. Additionally, Prevent training and policy guidance have been introduced for staff to support the identification of individuals at risk.

It was evidenced that the University ensures accessibility of complaint and safeguarding procedures for students with additional needs. Reasonable adjustments are implemented on an individual basis, with one-to-one support available for students raising safeguarding concerns. Information about safeguarding reviews and FtP procedures is provided both verbally and in writing to ensure clarity for those involved. In terms of language accessibility, students are required to meet an IELTS score of 6 upon admission, ensuring they have a sufficient understanding of English to engage with these processes effectively.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

**iv. the culture is one where it is safe for students, staff and patients to speak up about unacceptable and inappropriate behaviour, including bullying, (recognising that this may be more difficult for people who are being bullied or harassed or for people who have suffered a disadvantage due to a particular protected characteristic and that different avenues may need to be provided for different people to enable them to feel safe). External avenues of support and advice and for raising concerns should be signposted. For example, the General Osteopathic Council, Protect: a speaking up charity operating across the UK, the National Guardian in England, or resources for speaking up in Wales, resources for speaking up in Scotland, resources in Northern Ireland.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The University fosters a culture where students, staff, and patients feel safe to speak up about unacceptable behaviour, including bullying and harassment. The raising concerns policy provides clear guidance for students and staff on reporting inappropriate behaviour and safeguarding concerns. The dignity at work and study policy further reinforces the University's commitment to maintaining a harassment-free learning and working environment.

The University has multiple channels for raising concerns, ensuring accessibility for those who may face barriers to speaking up. Students can raise issues through personal tutors, heads of school or discipline, clinical educators, programme teams, or professional services staff. Formal avenues include the BoS, Student Staff Forum, and the student feedback toolkit, all of which provide structured opportunities for students to voice concerns and receive institutional responses. Patients are encouraged to provide feedback at the point of their appointment confirmation, and concerns raised in the Clinic follow a structured review process.

The Students' Union Advice and Support Centre offers confidential and impartial support, helping students navigate complaint processes. In addition, external avenues of support are signposted, including general welfare services, specialist organisations for domestic abuse, alcohol and drug support, and occupational health services for staff. Students and staff can also be directed too external agencies such as Protect (a UK-wide speaking-up charity), and GOsC.

It was confirmed that complaints and safeguarding concerns are actively monitored. The SHSC safeguarding officers provide specialist support to students and staff, ensuring that concerns are properly investigated and managed. In the Clinic setting, complaints are reviewed by clinic leads and discussed at team meetings where appropriate. Where safeguarding concerns are identified, follow-up actions are taken to prioritise patient safety and ensure affected students understand the process.

The University ensures that individuals with additional needs can access support and speak up safely. Reasonable adjustments are implemented through ISS, and students with disabilities or specific learning difficulties receive tailored support through the University's Student Support and Wellbeing services. These services ensure that students with disabilities or additional needs can fully engage with the complaints process. Accessibility tools are available through the 'Academic Life' section on MyUni, ensuring that complaints and safeguarding policies are presented in an inclusive and user-friendly format.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

While the University has well-developed policies and procedures for raising concerns, it is recommended that further, more targeted efforts be made to embed student awareness and engagement with these processes. This could include incorporating dedicated sessions on raising concerns into student induction and professional practice modules, embedding scenario-based discussions into curriculum delivery, and creating clear, visible signposting on the student portal and in physical spaces such as clinic areas. Actively involving students through these targeted education and awareness initiatives will help ensure they understand how and when to raise concerns, fostering a culture of openness, psychological safety, and shared responsibility for maintaining professional and ethical standards.

### Conditions

None reported.

**v. the culture is such that staff and students who make mistakes or who do not know how to approach a particular situation appropriately are welcomed, encouraged and supported to speak up and to seek advice.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

The University promotes an open and supportive culture where students and staff feel encouraged to seek advice, reflect on their practice, and speak up when they need guidance or make mistakes. The personal tutoring system ensures that students meet with their personal tutor two to three times per term, providing a structured opportunity to discuss challenges, seek support, and reflect on their academic progress. Additional ad hoc meetings allow for immediate concerns to be raised as needed.

Students are encouraged to engage in structured reflection on their experiences, using reflective logs to document areas of strength, challenges, and further development needs. These reflections allow students to develop greater self-awareness and to identify the resources and support necessary for improvement. Academic staff are also supported in reflective practice, using PDRs and one-to-one meetings with their line manager as an opportunity to discuss developmental needs and challenges openly.

It was confirmed that staff are encouraged to speak up about developmental needs through regular one-to-one meetings with their line manager. Staff also benefit from the mentoring provided by experienced educators, which helps them navigate challenges and identify opportunities for professional growth. The University supports this culture through structured mechanisms, including the probation policy and CPD requirements, ensuring that all staff are given opportunities for professional reflection and learning.

The University provides strong and engaged leadership, fostering an environment where students and staff feel supported and able to seek guidance. Programme leaders maintain open communication channels, holding regular meetings with staff and students to address concerns, provide feedback, and offer development opportunities. This proactive approach to leadership has created a culture in which both students and staff feel confident in speaking up and addressing challenges.

The University actively encourages a feedback-driven culture, valuing multiple perspectives, and stakeholder input. Students and staff are encouraged to raise concerns about challenges they encounter in their academic work or professional development, with formal and informal mechanisms available to support open discussions. Recent cases have demonstrated the University’s proactive response to concerns, such as when a student reported difficulties with communication, leading to a structured intervention that included engagement with the disability team and the implementation of reasonable adjustments. The University demonstrates a strong commitment to inclusion, as evidenced by recent interventions to support students with additional needs. Structured processes ensure that reasonable adjustments and tailored support are provided when required.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

**vi. systems are in place to provide assurance, with supporting evidence, that students have fully demonstrated learning outcomes.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The University has robust systems in place to provide assurance, with supporting evidence, that students have fully demonstrated the required learning outcomes. The M.Ost programme is designed to ensure that students achieve all intended learning outcomes, with all modules being core and all assessment components requiring a pass.

The assessment process is structured to confirm student achievement of learning outcomes, using standardised marking grids to ensure consistency across grading. The internal moderation process and external examiner review provide additional layers of scrutiny to maintain academic standards and fairness in assessment.

It was confirmed that progression and award decisions are overseen by the SHSC Exam Board and further reviewed at the University level through the Progression and Awards Board. These formal governance structures ensure that only students who have met the required academic and professional standards are permitted to progress and graduate.

The programme specification is explicitly mapped to the OPS, ensuring that all learning outcomes align with professional and regulatory expectations. Additionally, the programme reflects the GOPRE and the QAA benchmark statement (2019, updated 2024), confirming that graduates meet sector-wide expectations for osteopathic education.

External examiners, who are GOsC registrants, play a key role in assuring the integrity of assessment processes. Their review includes verification of assessment standards, appropriateness of marking, and alignment with professional expectations. In response to external examiner recommendations, the University has implemented additional calibration of exams before papers are sent for approval, demonstrating a commitment to continual enhancement in assessment processes.

The University's assessment, marking and feedback policy underpins all assessment processes, ensuring a clear and transparent framework for assessment design, marking, and student feedback.

The Canvas VLE provides students with structured access to assessment materials, marking criteria, and feedback, supporting transparent communication of assessment requirements and ensuring students can track their progress throughout the programme. The use of Canvas for online submission, grading, and feedback ensures consistency and accessibility in the assessment process. Canvas also serves as a platform for engaging students with module learning outcomes, OPS mapping, and external examiner feedback, further embedding assessment clarity and alignment with professional competencies.

Annual module reviews, including a review of how modules align with the OPS, provide an opportunity to refine and enhance assessments to ensure their continued relevance to professional standards. Additionally, student feedback is captured through module surveys, the BoS, and the NSS, allowing for continuous monitoring and improvements to assessment methods.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met.

### Strengths and good practice

Canvas supports assessment clarity by providing access to marking criteria, feedback, and module learning outcomes, ensuring that students can track their progress and understand expectations. The platform also facilitates OPS mapping and access to external examiner feedback, strengthening student engagement with professional standards.

### Areas for development and recommendations

Variability was observed in the quality, clarity, and level of detail in feedback provided via Canvas, with some feedback being too brief, overly generic, or lacking clear guidance on how students could improve. This inconsistency may limit students' ability to act effectively on feedback and hinder their academic progress. Strengthening communication and consistency in these areas will help students better understand expectations, support their academic development, and promote fairness and transparency in assessment.

### Conditions

None reported.

## 3. Learning Culture

**i. there is a caring and compassionate culture within the institution that places emphasis on the safety and wellbeing of students, patients, educators and staff, and embodies the Osteopathic Practice Standards.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The University fosters a caring and compassionate culture that prioritises the safety and wellbeing of students, staff, educators, and patients, embodying the principles of the OPS. The philosophy of the M.Ost programme is centred on developing safe, effective, and compassionate osteopaths, with a values-based selection interview process intended to ensure that students admitted to the programme possess the qualities of empathy, professionalism, and patient-centred care.

To support student wellbeing, the University provides comprehensive and inclusive student support services, including wellbeing, disability support, academic support, and financial advice. Students requiring specific learning support are assisted by the University's disability office, which offers services such as diagnostic testing, personal care support, and tailored adjustments for learning and assessment. The SHSC disability co-ordinator and M.Ost disability link tutor ensure that recommendations for student support are effectively implemented.

The SAI works to increase opportunities for students from diverse backgrounds and to ensure inclusive academic and pastoral support. Additionally, the CAS provides specialist support for students in developing their academic and study skills, ensuring that all students have the tools needed to succeed.

The University has a structured approach to fostering inclusivity and patient involvement in the design and delivery of the M.Ost programme. The Strategy for PPI in Health Professional Programmes (2024-29) outlines how service users and carers contribute to curriculum development, teaching, learning, and assessment. However, while the University states that health volunteers are involved in student selection, recruitment, and assessment, students have reported that they were not used in selection interviews, and it has been confirmed that health volunteer involvement in recruitment was paused in 2023-24. The University has committed to reintroducing their involvement for 2024-25.

It was confirmed that safeguarding processes are in place both within the University and in placement environments, ensuring that students and staff feel safe and supported. The University has also introduced a new suicide prevention strategy, further strengthening the focus on student mental health and wellbeing.

All staff are required to complete EDI and unconscious bias training, ensuring that teaching staff are familiar with equality legislation and the importance of fostering an inclusive and compassionate learning environment.

The values-based selection interview process is designed to identify applicants who demonstrate the core values of compassion and professionalism. The interview includes discussion of values-based scenarios, such as how an applicant might respond to a patient undressing, to assess their suitability for a patient-centred profession. However, student feedback indicates inconsistencies in the interview process, particularly regarding the role of service users in selection, highlighting the need for a more structured evaluation and review to ensure that the process is transparent, effective, and aligned with University aims.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met.

### Strengths and good practice

The values-based selection interview process is designed to identify applicants with the qualities of compassion and professionalism, ensuring alignment with the principles of osteopathic practice.

### Areas for development and recommendations

The University states that health volunteers are used in student recruitment and selection, but students have reported that they were not involved in interviews. Given that their involvement was paused in 2023-24, the University should undertake a structured review to ensure that their role in selection is consistent, meaningful, and accurately reflected in university processes. (3i, 3iii)

### Conditions

None reported.

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**ii. they cultivate and maintain a culture of openness, candour, inclusion and mutual respect between staff, students and patients.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

The University cultivates and maintains a culture of openness, candour, inclusion, and mutual respect between staff, students, and patients. Students are explicitly informed of their professional responsibility to be open and honest in their interactions, with the OPS forming the foundation of learning at each stage of the programme.

From year one, students engage with PPD modules, where professional identity, ethical practice, and professionalism are embedded throughout the curriculum. Reflection is introduced early and developed further during the clinical phase of the programme, supporting students in recognising the importance of candour and respect in their professional practice. In the final year, students complete a PPD portfolio, modelled on the CPD framework used by registered osteopaths in the UK, allowing them to critically reflect on their experiences and alignment with the OPS. The integration of PPD modules across all years ensures that students develop an understanding of candour, ethical practice, and reflection.

It was confirmed that patient consent and respect for patient autonomy are reinforced through the student clinic handbook, ensuring students understand the importance of informed decision-making and ethical practice.

The University actively promotes a culture of inclusion and mutual respect among staff and students. Staff are required to complete mandatory training in EDI and unconscious bias, supporting them in embedding inclusive teaching and professional behaviours in their interactions with students and patients. Staff are also supported through mentorship sessions, guidance on handling difficult conversations, and professional development opportunities, ensuring they model a culture of openness and respect in both academic and clinical settings.

Patient feedback is actively encouraged to ensure they feel respected and included in their interactions with students. Notices are placed in all treatment rooms, informing patients of how to provide feedback. Patients are encouraged to speak with the receptionist, Clinic Manager, or clinic tutors, and any complaints or concerns can be escalated to the Clinic Lead.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

**iii. the learning culture is fair, impartial, inclusive and transparent, and is based upon the principles of equality and diversity (including universal awareness of inclusion, reasonable adjustments and anticipating the needs of diverse individuals). It must meet the requirements of all relevant legislation and must be supportive and welcoming.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The University is committed to fostering a learning culture that is fair, impartial, inclusive, and transparent, meeting the principles of equality and diversity. The University's approach to EDI is embedded within the Strategic Equality Plan 2024-2028, which is developed and overseen by the University's dedicated equality team.

The strategic equality plan is supported by a number of policies, including the dignity at work and study policy and procedure, which provides clear definitions of bullying and harassment and outlines the procedures available to staff and students to address these issues. The University's commitment to gender equality has been recognised through its Athena SWAN Silver Award, and the SHSC has also held an Athena SWAN Silver Award since 2017, demonstrating an ongoing commitment to embedding gender equality in all aspects of its activities.

It has been confirmed that the University has established a range of equality networks, providing staff with safe and supportive spaces to discuss issues relevant to their experiences. These include the Carers' Network, Disability Staff Network, Neurodivergent Staff Group, LGBT+ Staff Network, and the SIREN.

The University offers a broad range of inclusive student support services, including wellbeing, disability support, academic support, and financial advice. Students who require reasonable adjustments for learning and assessment are supported under the reasonable adjustment policy for learning and assessment, and additional guidance is provided by the University's disability office, the SHSC disability co-ordinators, and the M.Ost Disability Link Tutor. The SAI works to promote inclusive learning and teaching practices, while the Centre for Academic Success supports students in developing their academic skills and maximising their potential.

The PAEB ensures that inclusive learning, teaching, and assessment strategies are considered as part of programme approval and review.

Student and staff feedback mechanisms have been confirmed to be in place to ensure that everyone feels welcomed and supported. Students are encouraged to provide feedback on their experiences through online

surveys, personal tutor sessions, and student representation at the BoS and the Student-Staff Forum. Additionally, students' complete reflections in clinical practice and can raise concerns with clinic tutors, the Clinic Lead, or the Programme Director. Student feedback is formally considered at the BoS, with responses monitored through action plans. Staff have annual PDRs, which allow them to reflect on their performance and identify learning and support needs with their line manager. Staff also complete end-of-year reflections, identifying areas of strength, challenges, and opportunities for development.

The role of PPI Health Volunteers in contributing to fairness and inclusion in curriculum development has been evidenced. Health volunteers are substantive members of the BoS, where they provide feedback on curriculum development and modifications, ensuring that the patient perspective is embedded in programme discussions. However, it has been confirmed that health volunteer involvement in student recruitment and selection was paused in 2023-24, and students have reported inconsistencies regarding their participation in interviews. The University has stated that their involvement will be reintroduced for 2024-25, and a structured review of their role in selection processes is recommended to ensure transparency and consistency.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met.

### Strengths and good practice

The University has received recognition of gender equality through the Athena SWAN Silver Award. The University and SHSC's Athena SWAN Silver Awards demonstrate an ongoing institutional commitment to gender equality.

### Areas for development and recommendations

The University states that health volunteers are used in student recruitment and selection, but students have reported that they were not involved in interviews. Given that their involvement was paused in 2023-24, the University should undertake a structured review to ensure that their role in selection is consistent, meaningful, and accurately reflected in university processes. (3i, 3iii)

### Conditions

None reported.

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**iv. processes are in place to identify and respond to issues that may affect the safety, accessibility or quality of the learning environment, and to reflect on and learn from things that go wrong.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

The University has clear processes in place to identify and respond to issues that may affect the safety, accessibility, or quality of the learning environment, ensuring that learning from incidents is embedded into continuous improvement processes.

The BoS plays a central role in monitoring and addressing issues within the learning environment. It was confirmed that the BoS meets three times per academic year, where it reviews student feedback, patient feedback, and health volunteer input, alongside any complaints recorded from the Clinics. Any issues raised are documented in the BoS action plan, ensuring that appropriate actions are tracked, resolved, and communicated back to stakeholders.

Safeguarding measures are robust, with clear FtP policies in place, providing a structured approach to handling concerns about student conduct. Additionally, safeguarding policies are embedded within both the University and placement environments, ensuring that students and patients are protected throughout their clinical education.

Students and staff can report adverse incidents through the "Report It!" system, providing a direct mechanism for raising safety concerns and ensuring they are acted upon swiftly.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

**v. students are supported to develop as learners and as professionals during their education.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The University has comprehensive processes in place to support students in developing as learners and as professionals throughout their education. The M.Ost programme provides students with a wide range of learning opportunities in both academic and clinical settings, ensuring progressive skill development, professional identity formation, and employability preparation.

Students are supported from the outset through an extensive induction programme, which introduces them to professional accountability, good health and character, and University services. At the start of each academic year, students receive a reorientation session, reinforcing key aspects of professional expectations and academic progression.

Each student is allocated a personal tutor in accordance with the University's personal tutoring system policy, providing academic and pastoral support throughout their studies. Information about the role of personal tutors and available support is accessible via the University website.

It has been confirmed that professional development is a key feature of the programme. Personal development and professionalism modules are embedded across all years, helping students develop reflective practice, professional identity, and self-awareness. In the final year, students complete a SWOT analysis, identifying areas for development in relation to the OPS. The final-year PPD portfolio module is modelled on CPD used by registered osteopaths in the UK, helping students to transition from undergraduate to professional practice.

Academic skill development is integrated across modules, with support from the CAS and library services, covering referencing, paraphrasing, essay writing (Year 1) through to critical appraisal (Year 3). The SEA delivers final-year employability sessions, covering CV writing, LinkedIn profiles, and interview skills.

These are further supported by business skills modules in Years 2 and 3, equipping students with financial management, tax, and business planning knowledge.

The osteopathy Clinic within the HWA plays a critical role in professional development, providing work-based learning opportunities under the supervision of registered osteopaths. Clinic risk assessments are conducted in line with University health and safety policies, ensuring a safe and accessible clinical learning environment.

Students can report adverse incidents through the "Report It!" system, ensuring that issues are addressed promptly and learning opportunities are identified. Where concerns arise about a student's professional conduct or patient safety, FtP procedures are in place, with escalation to the SHSC FtP and Professional Suitability Panel if necessary.

It has also been confirmed that reasonable adjustments are provided where needed, with the University's disability office, personal tutors, and programme disability link tutors working together to ensure students can successfully complete the programme.

The use of Canvas as a central learning platform ensures students have ongoing access to up-to-date information on professional and academic expectations, supporting self-directed learning, and development.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

**vi. they promote a culture of lifelong learning in practice for students and staff, encouraging learning from each other, and ensuring that there is a right to challenge safely, and without recourse.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The University promotes a culture of lifelong learning in practice for both students and staff, encouraging collaborative learning, critical reflection, and a safe environment for raising concerns and engaging in constructive challenge.

Students are provided with structured academic and professional development opportunities from the outset of their studies, ensuring they build the necessary skills to engage in lifelong learning and reflective practice. The PPD portfolio module, completed in the final year, is modelled on CPD requirements for registered osteopaths in the UK, ensuring students are prepared for lifelong learning post-graduation.

Students are supported through a structured personal tutoring system, ensuring they receive individual academic and pastoral support throughout their studies. Information about the role of personal tutors and available student support services is accessible via the University website.

Lifelong learning is embedded within the academic curriculum through the PPD modules, where students develop skills of self-reflection, critical analysis, and professional identity. This is further reinforced in the final-year SWOT analysis, which enables students to identify areas for future development and align them with the OPS.

The University's CAS and Library Services provide progressive academic skill development sessions, ranging from referencing and paraphrasing in Year 1 to critical appraisal in Year 3, supporting students to develop independent learning skills essential for lifelong professional development.

To ensure that students are prepared for professional practice, the SEA delivers final-year employability sessions, covering CV writing, LinkedIn profile development, and interview skills. These sessions complement the business skills modules in Years 2 and 3, equipping students with the knowledge required to establish and manage their own practice or business

To maintain a safe learning environment and allow students and staff to challenge and question appropriately, risk assessment procedures are in place, aligned with University and HWA health and safety policies.

It has been confirmed that reasonable adjustments are provided where needed, ensuring that students with additional learning needs or disabilities can fully participate in their studies and clinical training. The University's disability office works collaboratively with the programme disability link tutors, personal tutors, and programme directors to ensure that appropriate adjustments are implemented.

To foster a culture of safe challenge and critical discussion, all members of the University community – including staff, students, and patients – are encouraged to raise concerns about performance, behaviour, or patient safety, with clear processes outlined in the raising concerns policy. If concerns arise regarding a student's FtP, they are reviewed by the SHSC FtP and Professional Suitability Panel, with further escalation to the University's FtP committee if required.

The use of Canvas as a VLE ensures students always have access to up-to-date resources, OPS materials, and professional development tools, supporting ongoing learning and reflective practice.

The policies and guidance in place, as well as the case studies shared by stakeholders, mean that we are confident that this standard is met.

### Strengths and good practice

The M.Ost programme demonstrates a structured and integrated approach to developing lifelong learning and reflective practice key competencies for professional success. Through the Personal and Professional Development Portfolio module, CPD modelled assessments, and professionalism modules, students are supported in cultivating habits of continuous learning and self-improvement. This is further reinforced by the final-year SWOT analysis, which enables students to critically evaluate their strengths and areas for development. Together, these elements foster a strong foundation for ongoing professional development, reflective practice, and adaptability in a regulated healthcare environment.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

## 4. Quality evaluation, review and assurance

**i. effective mechanisms are in place for the monitoring and review of the programme, to include information regarding student performance and progression (and information about protected characteristics), as part of a cycle of quality review.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The University has established mechanisms to monitor and review the M.Ost programme, ensuring that student performance, progression, and equity are effectively tracked and acted upon. The APR process has been discontinued from 2024-25, and the University has introduced a continuous enhancement approach designed to provide ongoing, real-time monitoring of programme quality through a PEP framework. Quality assurance responsibility for the M.Ost programme sits with the BoS, which oversees programme development, student performance, and feedback integration . The Regulations, Quality and Standards Board and the University education committee provide direct oversight of this transition, ensuring that programme quality is rigorously maintained.

While the APR has not been completed for 2023-24, quality assurance continues through several mechanisms. The PEP allows for real-time monitoring and action planning throughout the year rather than relying on a single, end-of-year review. Ongoing module reviews ensure that both module performance data including ARQUE statistical reports and student feedback are regularly analysed so that any necessary changes at the module level are identified and acted upon promptly. The introduction of a university-wide data dashboard provides comprehensive statistical insights into student achievement, progression, and demographic data, including protected characteristics, enabling data-driven decision-making. This data dashboard continues to be developed with ongoing updates to enhance its effectiveness.

In addition to internal quality assurance measures, the University stated that the GOsC RQ visit will provide an external quality review, ensuring regulatory standards are upheld. However, the University is not solely reliant on this visit, as internal monitoring, including student evaluations, module reviews, and senior leadership oversight, remains central to its quality assurance approach. The new data dashboard plays a key role in providing real-time monitoring of student performance, progression, and demographic trends. This data is used to: identify and address performance disparities between student groups, including those from protected characteristic backgrounds; track student outcomes over time to ensure that programme interventions are data-driven and targeted; and monitor student feedback trends, particularly in clinical placements, to refine teaching and learning strategies. As the data dashboard becomes a core tool for programme monitoring, staff training on using this data effectively will be key to ensuring its potential is fully realised

Student feedback continues to be actively collected and reviewed through multiple channels. Module review surveys and evaluations are used to assess learning and teaching effectiveness. Clinic feedback from students and patients is used to ensure that quality improvements are implemented in response to direct experience reports. Regular student engagement forums provide opportunities for students to discuss their experiences, and proposed improvements are incorporated into the PEP.

To mitigate risks associated with the transition from APR to the new continuous enhancement model, the University has maintained direct oversight by senior governance bodies, including the Regulations, Quality and Standards Board and the University education committee. Collaboration between Academic Quality Services and faculty academic quality teams ensures that any emerging risks are identified and addressed in real time. Structured module review continues to be a requirement, ensuring that any module-level issues

are identified and acted upon, even in the absence of an APR cycle. The University has also committed to ensuring transparency in student feedback responses, allowing students to see the impact of their feedback on programme improvements.

The policies and guidance in place, as well as the case studies shared by stakeholders, provide confidence that this standard is met.

### Strengths and good practice

The implementation of a real-time PEP framework allows for continuous monitoring and action planning throughout the year, rather than relying on a point-in-time review process.

The University are taking a data-driven approach to monitoring student performance and progression through the new data dashboard which integrates statistical reports and demographic data, ensuring equity in student outcomes and targeted intervention where needed.

### Areas for development and recommendations

The University has developed a structured approach to evaluating the impact of the PEP model. Given the shift to continuous enhancement, the University should review how well the PEP model functions compared to the previous APR process, ensuring that no quality assurance gaps emerge.

### Conditions

None reported.

**ii. external expertise is used within the quality review of osteopathic pre-registration programmes.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

The University integrates external expertise into the quality review of the M.Ost programme, ensuring that assessment standards, programme quality, and regulatory compliance are upheld. External examiners who are GOsC registrants have been appointed to the programme and provide independent scrutiny of assessment and student achievement. Their role, guided by the University's code of practice for external examiners, includes reviewing a sample of all assessments, including failed work and examples from each grade boundary, providing feedback on assessment design, marking consistency, and student outcomes. Academic standards are confirmed through reports that are considered by the Programme Director and BoS, and through engaging with students and staff where required to ensure fair and transparent assessment practices. It was demonstrated during the visit that all assessment components on the M.Ost programme align with the University's assessment, marking, and feedback policy, with external examiners playing a key role in verifying integrity and fairness across assessment outcomes.

It was evidenced that external examiner reports are reviewed by the Programme Director, who responds to recommendations and ensures that appropriate actions are taken. These responses are submitted to the BoS, where they are discussed and monitored for implementation. A clear example of external examiner impact was seen where concerns were raised regarding low average marks. In response, the module lead reviewed student performance and introduced OSPE walkthroughs, providing students with structured

preparation for summative assessments. This change has improved student confidence and performance, illustrating how external scrutiny directly informs enhancements in teaching and learning practices.

All new and revised programmes considered by the PAEB require independent review by an ESS. The ESS plays a critical role in ensuring programme alignment with academic and regulatory standards, including assessing compliance with professional, statutory, and regulatory body PSRB standards and QAA benchmark statements. They provide independent scrutiny of programme content, structure, learning outcomes, and participating in university-approval panels, where they present findings and recommendations. It was demonstrated during the visit that ESS feedback is integrated into the programme approval process, ensuring curriculum content remains current, meets professional standards, and aligns with sector-wide expectations.

It was confirmed that while external examiner reports are usually received in a timely manner, delays can occasionally occur. The University has established processes to follow up with external examiners and ensure reports are submitted promptly. Annual reports from external examiners are reviewed at the BoS, with responses recorded in meeting minutes. In addition to annual reports, external examiners provide individual assessment feedback throughout the academic year, allowing the programme team to implement timely changes. The University uses the CAE Learning Space platform, enabling external examiners to review recorded OSCE and presentation assessments remotely, which facilitates more efficient verification of assessment outcomes. However, as of the visit, external examiner reports for 2022-23 had not yet been received. It was confirmed that the programme team is required to respond to these reports once available, with actions formally recorded at the BoS to ensure that recommendations are implemented appropriately.

The policies and guidance in place, as well as the case studies shared by stakeholders, provide confidence that this standard is met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

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**iii. there is an effective management structure, and that relevant and appropriate policies and procedures are in place and are reviewed regularly to ensure they are kept up to date.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The University has an effective management structure in place to oversee the M.Ost programme, ensuring that appropriate policies and procedures are implemented, reviewed, and kept up to date. The Head of School is responsible for the operational management of the SHSC, with the M.Ost Programme Director providing academic and professional leadership. The Programme Director is a GOsC registrant and, in line with University expectations, is required to hold a teaching qualification, achieve Fellowship of Advance HE, and undertake ongoing CPD.

Each module is led by a dedicated module lead, and subject-specific teaching is delivered by specialists in relevant disciplines. The osteopathy clinical services, located on the Singleton Park campus and the Beacon Centre for Health, are managed by clinic leads, who report to the Programme Director. These arrangements ensure that students have access to a well-organised and professionally managed learning environment that integrates academic and practical training effectively. Policies and procedures governing the programme are regularly reviewed at multiple levels, ensuring alignment with University regulations, faculty priorities, and school-specific operational needs. The RQSB oversees the approval and modification of University-wide policies and regulations, with any changes being reviewed and reported to the FEC. At the faculty and school level, policies are reviewed on a three-to-five-year cycle or on an ad hoc basis where required, ensuring they remain relevant and up to date. It was confirmed that students and staff are kept informed of policy updates through multiple channels, including the 'academic life' section of the MyUni website, Canvas hubs, and faculty committees. The School Education Forum and faculty education committee act as conduits for communication, ensuring that relevant stakeholders are aware of and understand updates to policies that may affect their learning or teaching experience.

The policies and guidance in place, as well as the case studies shared by stakeholders, provide confidence that this standard is met.

**Strengths and good practice**

While standard practice requires policy updates to be accessible, the University's multi-channel approach using MyUni, Canvas hubs, and Faculty committees ensures a clear and structured method for disseminating changes, reducing the likelihood of information gaps.

**Areas for development and recommendations**

The Programme Director plays a pivotal role in the delivery and oversight of the M.Ost programme. However, there appears to be a significant reliance on this individual. Establishing clear succession arrangements would help ensure continuity in programme management and reduce potential risks associated with staff turnover or unforeseen absence.

**Conditions**

None reported.

**iv. they demonstrate an ability to embrace and implement innovation in osteopathic practice and education, where appropriate.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The University demonstrates an ability to embrace and implement innovation in osteopathic practice and education where appropriate. All osteopathic teaching staff are required to maintain GOsC registration, ensuring that their knowledge remains current and aligned with contemporary osteopathic practice. Staff are encouraged to engage in research and professional development activities; however, it was noted that research productivity has faced challenges in recent years. Despite this, the University has taken several steps to integrate innovative teaching, learning, and practice-enhancing initiatives into the M.Ost programme.

The introduction of IPL sessions at the SUSim is a key example of innovation in osteopathic education. These sessions bring osteopathy students together with occupational therapy students, allowing them to collaborate on realistic case scenarios involving house visits. This initiative helps students develop

interdisciplinary working skills, understand different professional roles, and enhance patient-centred care. This reflects best practice in preparing students for modern healthcare environments, where multi-professional collaboration is increasingly required.

Another notable innovation is the trialling of AI-assisted note-taking software called Heidi, which has been used to enhance clinical feedback. This software supports students in recording and analysing patient interactions, allowing for detailed reflection and personalised feedback. Early results suggest Heidi has improved the efficiency and accuracy of clinical documentation, providing students with a valuable tool for learning and professional development.

In response to challenges in research opportunities and outputs, the University has taken proactive steps to support staff engagement in research. The Clinic is now closed on Wednesdays, allowing dedicated time for staff to focus on research projects and encourage student involvement. Mentorship sessions have been introduced to develop research skills and guide staff in securing research funding, while links with NCOR have been strengthened to facilitate research collaborations. Additionally, participation in the SALT conference has enabled osteopathy staff to integrate best practices from wider university research into teaching methods.

CPD sessions have been designed to support innovation in teaching and osteopathic practice. These sessions are responsive to staff needs and have provided opportunities to review and implement best practices identified at SALT. The ‘open door’ approach to teaching observations enables staff to learn from one another, experiment with new techniques, and refine their delivery methods.

It was evidenced that guest speakers play a role in broadening student exposure to business and employability skills. The University’s partnership with Big Ideas Wales has allowed experts such as Chris James, a business owner and consultant, to deliver specialist sessions on business planning and professional development. Similarly, SEA staff provide final-year students with tailored workshops on CV writing, interview skills, and personal branding, ensuring that graduates are well-prepared to transition into professional practice. The University has demonstrated a commitment to fostering innovation through initiatives such as interprofessional learning, AI-driven feedback tools, enhanced research support, and CPD-focused practice development, all of which contribute to its continuous improvement strategy. However, challenges were articulated relating to fully embedding research within the osteopathy team. These include variability in research engagement among staff, limited capacity for research activity alongside teaching, and clinical responsibilities.

The policies and guidance in place, as well as the case studies shared by stakeholders, provide confidence that this standard is met.

### Strengths and good practice

The use of the SUSim to deliver IPL sessions with occupational therapy students provides an opportunity for students to develop teamworking and patient-centred care skills. This approach allows osteopathy students to engage in collaborative practice scenarios, preparing them for working in multi-professional healthcare environments.

The trial of Heidi AI software for clinical notetaking and feedback provides students with an opportunity to improve their clinical documentation and reflection skills. This technology supports students in developing more structured and detailed patient records, enhancing their learning and assessment experience.

### Areas for development and recommendations

None reported.

## Conditions

None reported.

## 5. Resources

**i. they provide adequate, accessible and sufficient resources across all aspects of the programme, including clinical provision, to ensure that all learning outcomes are delivered effectively and efficiently.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The osteopathy course is delivered at the University's Singleton Park Campus, where there is a dedicated clinic site with eight treatment rooms, each appropriately equipped for providing osteopathic treatment to patients in a hygienic environment, and a student breakout room. In addition, there is an NHS funded osteopathy clinic based at the Beacon Centre for Health. The student breakout room is multi-functional: acting as a changing area with lockers to secure valuables, a space for discussion of patient cases, and collaborative working with accessibility to computers, printers and MyRehab exercise software to support the patient journey. All direct communication with patients outside of the treatment process is conducted centrally through the reception team.

There are car parking spaces available for patients attending the Clinic for treatment with an accessible entrance, reception, and waiting area. All appointment times are scheduled for the same start and finish times across the morning and afternoon sessions. The Clinic is open Monday to Friday 09.00-17.00 and has recently started to close on a Wednesday afternoon, so students are able to participate in the sports activities scheduled during term time.

The patient population includes staff and students at Swansea University with the Clinic administration team extending advertising to the wider community in Swansea, including specialist population groups. There is currently a reported three-week waiting list for appointments at the Clinic, and a cancellation policy and charge has been implemented for 2025 to reduce non-attendance rates.

Students have access to a range of shared facilities including the library, which provides a range of in-person and digital services, including private study spaces, which are accessible 24 hours a day 365 days a year. The library team liaise with the osteopathic faculty to align with availability of reading lists to support course materials and learning. Any updates that module leaders make to the osteopathy course via Canvas are published in real time across Canvas and the University's course webpage.

There is a dedicated anatomy library, which includes a dissection lab, anatomical models and specific texts. The osteopathic faculty liaise with the anatomy faculty directly to keep up to date with accessible resources.

SUSim is a building dedicated to medical simulation training and was opened in 2024, primarily a resource for the medical students, but with opportunity for the osteopathy students to access too. The first planned session is for the coming semester with fourth year students set to experience a home-visit setting in the dedicated simulation flat with different scenarios presented to explore themes including lone-working, manual handling, and quality and safety in practice.

Practical and theory classes are delivered on campus in appropriate settings with a dedicated practical skills room with 16 hydraulic plinths, four functioning sinks, and infection control supplies. The classroom setting has information boards dedicated to year group notices, wellbeing and support services for welfare, and academics. Access to the spiral curriculum is available through a QR code and hard copies of all relevant GOsC data for osteopathy training students is also available. Lecture materials are viewable from the three electronic screens distributed throughout the classroom and whiteboards are available for collaborative learning. A meeting area and a small reference book library is available in the same space where

osteopathic faculty are based. The current timetable is reflective of student feedback on asynchronous learning, which has returned to a traditional style of delivery with the exception of physiology.

The University provide a comprehensive range of student support services to aid students through their academic journey. These resources are centralised and accessible to all enrolled students.

There are no reported plans for expansion of the course team, with sufficient resources for the planned 40 students per cohort.

The facilities seen at the visit, stakeholder meetings, and resources viewed assure us that this standard has been met.

**Strengths and good practice**

The University provides an opportunity for students to experience simulated learning in the SUSim building and inter-professional learning including planned reinstatement of theatre operation observation for musculoskeletal conditions and patient position sessions delivered by the Operating Department Practitioners. This gives students the opportunity to understand the patient journey prior to having assessment and osteopathic treatment, if appropriate. The SUSim suite allows students to practice their skills in a safe controlled environment without consequence and helping to promote confidence through feedback and repetition.

**Areas for development and recommendations**

The student breakout area works as a multi-functional space but requires consideration of the impact on the student experience during clinical and assessment periods. The open plan aspect of the room does not permit for quiet reflective learning or allow for private conversations to take place. As the Clinic on the Singleton Park campus is busy, there are limited opportunities to use the treatment rooms as an overflow. In collaboration with the students the University should consider a division of the space available to permit for quieter areas for discussion and reflection and privacy when required or providing an additional quiet area of separate changing area. (5i, 5iii)

**Conditions**

None reported**.**

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**ii. the staff-student ratio is sufficient to provide education and training that is safe, accessible and of the appropriate quality within the acquisition of practical osteopathic skills, and in the teaching clinic and other interactions with patients.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The staff-student ratio was reported and observed as 1:10 in practical classes.

Teaching staff hold dual roles across the programme in the practical and clinical environments. During term time there is a reported ratio of 1:4. When the osteopathic teaching faculty are free they will then join the Clinic sessions on an ad-hoc basis to support as additional clinical tutors.

Patients have reported an impact on treatment time due to accessibility to clinic tutors. It was observed that during clinical sessions, patient case discussion occurs at a fast pace due to the demands on the clinic tutor for supervision and the multi-functional learning space.

Practical class sessions have a 1:10 ratio and provide opportunity for small case-based discussion and learning, with opportunity for verbal feedback on practical skills from all staff.

Clinic and teaching observations, and stakeholder meetings assure us that this standard is met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

Patient experience is impacted when the HAW clinics are busy due to treatment times all running simultaneously and all rooms being at full capacity. The University should consider staggered treatment start times for students allocated to each clinic tutor to help alleviate bottle necks in patient waiting times if one appointment over runs. It will also ensure that clinic tutors can cover each other as required if their time demands overlap rather than run concurrently. This could improve the student and patient experience as not all students will require the attention of the clinic tutor simultaneously and will build in resilience if there is a complex case discussion required. (5ii, 9i, 9iii)

**Conditions**

None reported.

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**iii. in relation to clinical outcomes, educational providers should ensure that the resources available take account, proactively, of the diverse needs of students. For example, the provision of plinths that can be operated electronically, the use of electronic notes as standard, rather than paper notes which are more difficult for students with visual impairments, availability of text to speech software, adaptations to clothing and shoe requirements to take account of the needs of students, published opportunities to adapt the timings of clinical sessions to take account of students' needs.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The University's EDI and reasonable adjustment for learning and assessment policies help to support the diverse needs of the students whilst on the programme. Using their depth and knowledge, the student disability services team are able to implement any reasonable adjustments as required and in consideration of practicality in cost. These adjustments are considered with input from the osteopathic faculty and updated on the student ISS proformas. Staff are also further supported in implementing these reasonable adjustments.

The student Clinic and practical rooms have hydraulic plinths and paper notes are used as standard in clinic. Computers are available in all clinic rooms and the breakout areas. Teaching and learning resources are available via Canvas prior to lectures. Students have reported positive reasonable adjustments to help support them with their studies.

The student breakout area in clinic is an open plan multi-functional space that may hinder the clinical learning environment experience for some. The area is busy for the full session and there are no quiet spaces available to students when the treatment rooms are in use.

The Clinic and teaching observations, and stakeholder meetings assure us that this standard is met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

The student breakout area works as a multi-functional space but requires consideration of the impact on the student experience during clinical and assessment periods. The open plan aspect of the room does not permit for quiet reflective learning or allow for private conversations to take place. As the Clinic on the Singleton Park campus is busy, there are limited opportunities to use the treatment rooms as an overflow. In collaboration with the students the University should consider a division of the space available to permit for quieter areas for discussion and reflection and privacy when required or providing an additional quiet area of separate changing area. (5i, 5iii)

**Conditions**

None reported.

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**iv. there is sufficient provision in the institution to account for the diverse needs of students, for example, there should be arrangements for mothers to express and store breastmilk and space to pray in private areas and places for students to meet privately.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

There is a welfare area, including a kitchen, available in the library. The library services are open 24hours per day all year round, which is particularly useful for international students. There are accessible private and group study spaces and there is also a zoned area for a calm space.

A respite area with a fridge is also available at SHSC for the use of breastfeeding mothers and for storage of their milk. Students are individually signposted to this service on a needs-basis.

The facilities site tour, MyUni website, and stakeholder meetings have assured us that this standard is met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

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**v. that buildings are accessible for patients, students and osteopaths.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The University osteopathy Clinic is located on the ground floor and is accessible via automatically operated double doors with patient parking facilities in close proximity. This clinic information is posted on the dedicated clinic website and is available to patients prior to their first visit.

The teaching classes are located in an accessible site and the building has two lifts.

The Beacon Centre for Health, where the osteopathy clinic for NHS patients is located, was not visited and therefore accessibility cannot be commented on.

Observation of the Clinic and teaching facilities assure us that this standard is met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

## 6. Students

**i. are provided with clear and accurate information regarding the curriculum, approaches to teaching, learning and assessment and the policies and processes relevant to their programme.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

All academic policies are accessible to students via Canvas and the 'Academic Life' section of MyUniLife website. The programme website is live-linked to any changes made by module leaders on Canvas, ensuring the programme information is up to date and accessible.

There is a personal tutor section under construction on the Canvas site, which will help to improve signposting for students. This will be available to academic staff later in the current academic year. The clinic hub section on Canvas has been reported to be developed recently by a faculty member, which includes information on clinic placements.

The programme documentation, MyUniLife, Canvas, noticeboard QR code to the spiral curriculum and stakeholder meetings assure us that this standard is met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

**ii. have access to effective support for their academic and welfare needs to support their development as autonomous reflective and caring Allied Health Professionals.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

Each student is appointed a personal tutor from the osteopathy programme. The personal tutors meet with the students in the first few weeks of the programme and meet at regular intervals throughout. The personal tutors receive training and are able to help support and guide students through their studies. Students report signposting by personal tutors to the University's extensive support services teams with outcomes including access to voice recognition software or other adaptations to support student learning.

Support and guidance about the programme and specifically for clinical elements of the course are available through dedicated areas on Canvas and are outlined in the academic and programme handbooks.

The University's student services offer support through a range of health and wellbeing services offering information on a range of subjects including finance, academic support and disability services. The library team support with academic skills and offer a range of services including digital services, individual study pods, and access to further academic study skills. At the start of each academic year the library team meet

with the students and re-frame their focus on the expectations of that level of academic learning and teaching.

Osteopathy students have facilitated a range of osteopathy-focused wellbeing groups including mature students and the osteopathic society encourages engagement and support across the year groups.

The stakeholder meetings, facilities tour, programme documentation and stakeholder meetings assure us that this standard is met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

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**iii. have their diverse needs respected and taken into account across all aspects of the programme. (Consider the GOsC Guidance about the Management of Health and Disability).**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The University has an extensive support services team and provides a vast range of accessible services for students. Students are supported throughout their student journey in respect to their diverse needs from the recruitment process onwards. Should additional requirements or access to disability services be required the University has a dedicated disability office and a Disability Co-ordinator who facilitates reasonable adjustments. Reasonable adjustments for assessments are updated on a students' ISS proforma. The osteopathic faculty regularly review ISS proformas, with standard points of review occurring at the beginning of the year with additional review prior to each assessment. The proformas are located on Canvas, in each individual student area. The University's policies and EDI culture support this area.

Students are signposted to additional pastoral and academic welfare services through various channels including personal tutors, student representatives, MyUniLife, Canvas, Student Union, osteopathic faculty, and noticeboards in teaching areas.

Students with Welsh as a first language have the opportunity to take or submit their assessments in Welsh and there is support for staff to facilitate this process. This option has not been requested or applied to date but remains available.

The SAI works closely with the osteopathic faculty to identify areas of improvement. The osteopathy programme has applied an inclusive curriculum framework across the modules to identify areas which require further development. Hard copies of GOsC guidance and the management of health and disability are available in the osteopathy practical skills teaching rooms, student practice areas, and in the Clinic student breakout room.

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Appointed and internally trained external examiners for the osteopathy programme provide an additional level of scrutiny to the programme reviewing assessment materials, attending the progression and award board and providing an annual external examiners report.

Learning materials are available to students in advance of lectures via Canvas. There is a range of branded PowerPoint templates available for use by teaching staff.

The University's assessment, feedback and marking policy, reasonable adjustment policy for learning and assessment, external examiner reports, assessment materials and templates, and meetings with relevant stakeholders assure us that this standard is met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

**iv. receive regular and constructive feedback to support their progression through the programme, and to facilitate and encourage reflective practice.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

In alignment with processes outlined in the University's marking, assessment and feedback policy, students receive written feedback on all assessments within 15 days. Formative assessment opportunities are in place to prepare students for their summative assessments. Turnitin, the University's plagiarism checking tool, is used to provide feedback on written assessments and the CAE learning space is used for practical assessment feedback.

Any student who has failed an assessment is encouraged to devise an action log to identify areas for improvement and to achieve prior to summative assessments. Action log development is required for any student failing their formative CCAs in their final year of study.

The University promotes a feedforward style of feedback, and the module and programme leaders review assessment feedback to ensure consistency. Marking grids and CPD have been delivered to support staff skill development in this area. There is also an opportunity for each student to meet with the module lead to discuss the feedback received in context.

Verbal feedback opportunities are provided to students during practical classes and clinical sessions as part of the ongoing learning process with immediate reflective learning. Portfolio case studies and reflective learning logs provide additional opportunities for reflective practice.

The marking, assessment and feedback policy, programme documentation, assessment templates and resources, student feedback, and stakeholder meetings assure us that this standard is met.

### Strengths and good practice

Receipt of written feedback in 15 days post-assessment provides students with a good opportunity to receive feedback in a timely manner to be able to learn and reflect. This is one of the quicker time periods seen in the sector.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

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**v. have the opportunity to provide regular feedback on all aspects of their programme, and to respond effectively to this feedback.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

Student Representatives provide student feedback to the BoS and the reps have the opportunity to be elected and rotate annually.

The University has implemented a new feedback toolkit, and students can provide feedback on individual modules on a mid-module and end of module basis. The new format has been implemented for this academic year, and a subsequent evaluation of the process has not occurred to date.

Evaluation of the programme is completed through the annual reporting process, which includes external examiner report, module reports, student feedback, and a programme report. Student feedback is formally reviewed through annual module reviews at the BoS. At programme and institutional level, the NSS and SES data provide opportunities for feedback. Formally the SSF provides feedback opportunities and, informally, the Listening Forum has been implemented. MyUniVoice is an additional informal feedback mechanism to provide feedback on overall student experience.

Students have actively observed changes to the programme in relation to feedback, for example, a change in the final year of study to include additional assessment for a fairer reflection of their final degree calculation as opposed to reliance on a pass/fail method.

The student feedback toolkit, module reviews, and terms of reference for relevant committees and stakeholder meetings assure us that this standard is met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

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**vi. are supported and encouraged in having an active voice within the education provider.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

Formal and informal feedback mechanisms provide the opportunity for students to give feedback. Institutionally, students are members of the SHSC Education Forum and Student-Staff Forum. The engagement with these mechanisms is supported by the student engagement strategy. The Student Union actively supports this strategy and develops the student voice and engages with student representatives.

The osteopathic faculty actively encourages feedback from students at programme level and have implemented additional tutorials in response to feedback. These tutorials include treating wheelchair users, this resulted in the course team engaging with a local stroke group to find patients in this population. Service users of the local group have in turn attended the HAW clinic to receive osteopathy treatment. This is a good example of how student feedback has helped to strengthen their learning.

The Student Engagement Strategy, student feedback toolkit, terms of reference for relevant committees, and stakeholder meetings assure us that this standard is met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

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## 7. Clinical experience

**i. clinical experience is provided through a variety of mechanisms to ensure that students are able to meet the clinical outcomes set out in the Guidance on Pre-registration Osteopathic Education.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

Students are offered a blended approach to clinical experience which includes placements throughout the academic year. The students' Clinic situated in the University campus, offers placements to students from years 1 to 4. Students are gradually introduced into Clinic and familiarised with protocols in the first two years of the programme. First year students attend Clinic to observe practice and to be introduced to the running of the HWA. Second year students attend clinic to observe practice and where appropriate will be invited by the clinic tutor to participate in discussions related to the treatment or formulation of treatment plans for the patient. They are excluded active management, including treatment, of the patient. If students pass the second-year exams, they will start treating patients during the summer season between year 2 and year 3. Year 3 and 4 students are required to attend two four-hour sessions per week during term time and further sessions during easter and summer. Students from year 4 have an additional clinical experience within an NHS clinic. Students are also offered the use of case-based discussions or simulation case scenarios; these discussions mainly take place in years 3 and 4 and are intended to develop and enhance students' knowledge of osteopathic management approaches.

The M.Ost programme outlines the requirement for students to achieve 1000 clinical hours by the end of the programme. This minimum figure aligns with the Benchmark Statement for Osteopathy (2019) and the GOPRE. The clinic hours documentation provided confirms that students meet the 1000-hour requirement. Completion of hours is monitored through the clinic tutor logs which are compared to monitor attendance. Students' attendance to the Clinic throughout the year is compulsory; the sessions are timetabled and change every six months so students have the option to work with different clinicians and peer students. Appropriate notices are posted to cover each academic year, and students are responsible for making themselves acquainted with the times, dates, and locations of all clinic sessions. Students' attendance is registered in the University system as students must swipe their student card when they attend a class or Clinic. Students are informed of missed hours and are provided with an opportunity to make back these hours during easter and the summer breaks.

Student attendance to the Clinic is linked to their osteopathic skills modules, meaning that they need to attend for the adequate number of hours each year to pass their osteopathic skills modules and to progress to the following year. The hours are distributed as follows: 35 hours in the first year,257.5 hours in the second year, 392 hours in year 3 and 343 hours in year 4.

The student Clinic located at the University has a three-week waiting list. The Clinic is busy and ensures that each student at each Clinic session may be assigned a new patient and/or up to four continuing patients. This way all students achieve the 50 new patient encounters prior to graduation set out in the GOPRE. In our meeting with students, they advised that they see enough patients and a wide variety of patients cases in the Clinic.

Monthly audits are supervised by the Clinic Manager and the course leader to maintain oversight of students' clinical experiences. Any students needing additional support or specific mentoring are highlighted to colleagues and programme managers. New patients' allocation can be modified if needed in the Clinic if a student learning gap is identified. For example, if a student hasn't treated a patient with a knee injury for a

while, a new patient with a knee injury will be allocated to them even if it was originally allocated to a different student in the diary.

The programme documentation, the allocation of compulsory clinical hours linked to the osteopathic skills modules, the monitoring of student attendance, and stakeholder meetings assure us that this standard is met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

The University should add clinical audits (currently done by the clinic manager) as part of the senior student's portfolio and reflect on their clinical performance. This will help students to gain autonomy, identify learning gaps and areas of improvement, make more effective use of clinical time and generate new insights about their practice, thus preparing them for future CPD clinical audit activities.

**Conditions**

None reported.

**ii. there are effective means of ensuring that students gain sufficient access to the clinical experience required to develop and integrate their knowledge and skills, and meet the programme outcomes, in order to sufficiently be able to deliver the Osteopathic Practice Standards.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The tutor to student ratios is 1:4 for treating students in the student's University Clinic and 1:2 for treating students in the NHS Clinic. This supervision by qualified osteopaths provides learning support and mentoring as well ensuring the safety of patients. Students told us that they feel supported to develop and strengthen their clinical skills by the Clinic tutors.

Osteopaths are not recognised AHPs in Wales, however, students in year 4 have one session a week in an associate NHS clinic located in the centre of Swansea which treats patients with musculoskeletal conditions. The Clinic located at the Beacon Centre for Health in central Swansea provides final year students with the opportunity to work in an NHS setting and to manage patients from GP referrals. The patients' referred to the Clinic often have multiple chronic conditions alongside their presenting musculoskeletal symptoms. This encounter provides students with the opportunity to cover the required osteopathy graduate outcomes and to manage a wide range of patients, such as those set out in the GOPRE guidelines. The GPs from the surgery that refer patients to the students' osteopaths also supply students with a full case history of the patients current and past medical history. The encounter with the NHS patients is supplemented through tutorials scheduled during these clinic sessions where students present their patients' cases to their peers and clinic tutor to encourage discussion of care and patient management.

The students we met with commented that treating these patients provides them with a more extensive experience of treating complicated patients. In some cases, these patients present with several comorbidities, psychosocial, and communication challenges.

Graduates we spoke with shared positive feedback about their experiences in both the University students' clinic and the NHS clinic. They appreciated the opportunity to learn from a diverse range of osteopathic

tutors. The clinic training played a key role in helping them develop their professional identity as osteopaths and consolidate their medical and osteopathic diagnostic skills. Additionally, their extensive exposure to a variety of patients in the Clinic equipped them to enter practice as confident, autonomous practitioners. They also appreciated the lectures on business and financial guidance. They found the course well balanced and that the University had approached the challenges of the pandemic well allowing them to tackle three to four clinical practical sessions a week, even during Covid.

As part of the professional practice modules, years 3 and 4 students are required to document their clinical journey by logging reflections on their clinic experiences and mapping them to specific OPS. These pieces of reflective work during their clinical placements provide the opportunity for students to integrate their knowledge, skills, and performance in clinic. This work is part of their personal professional development portfolio and it is the baseline for their future CPD. Graduates stated that the Personal Professional Development portfolio activities and reflections equipped them well for future CPD.

During the teachers meeting, staff mentioned that the OPS and osteopathy graduate outcomes are embedded in lectures and in every activity in the Clinic. Professionalism, informed consent, and patient centred communication are examples from the OPS that are included and referenced during lectures and clinical work. Clinical placements are specifically aligned to the OPS, aiming to integrate knowledge and skills and ensuring that all learning outcomes meet professional and regulatory expectations. Formative and summative assessments have a clear link to the OPS and are aligned with the programme learning outcomes in year 1 and 2. Students have a specific lecture about the OPS and they map their written work to specific OPS. The student's Clinic is open to the general public and in addition, the agreement with the University's Occupational Health team, continues to see the referral of University staff to the Clinic for a course of four consultations free of charge. The University students from the campus also assist the Clinic giving the opportunity for students to treat patients from different age groups and a variety of cases including patients with sporting injuries. However, in the student and course leader meetings, at the visit it was confirmed that students do not treat patients under the age of 18. The Programme Director stated that case-based discussions or simulation case scenarios of children and young patient management are included in the Clinic providing students with a good foundation for their possible encounter with children and young patients once qualified as osteopaths.

The programme documentation, the opportunities to see an extensive and diverse type of clinical cases in the NHS, and University clinical settings, the embedded OPS and learning outcomes in the clinical curriculum as well as stakeholder meetings assure us that this standard is met.

### Strengths and good practice

Engagement of local patient groups to increase the diversity of patients accessing the osteopathy services and continued NHS clinic service provision provides osteopathy students with patients in a broad range of populations. (1vii, 7ii)

### Areas for development and recommendations

The University should consider the inclusion in the Clinic of children and adolescent treatments to expand students' clinical experience and prepare them for possible encounters with children and young patients once qualified.

The University should consider updating the osteopathy and pregnancy page on the Swansea University Osteopathy clinic website to ensure it is clear to patients who will be the treating practitioner in the pregnancy clinic, including whether the treatment will be performed by qualified osteopaths or student osteopaths.

### Conditions

None reported.

## 8. Staff support and development

**i. educators are appropriately and fairly recruited, inducted, trained (including in relation to equality, diversity and inclusion and the inclusive culture and expectations of the institution and to make non-biased assessments), managed in their roles, and provided with opportunities for development.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

New staff are provided with an induction pack and relevant mandatory training supervised by their line manager. The statutory and essential training includes access to IT accounts, information about their probation process, health and safety, EDI, legal and compliance training, safeguarding and academic resources. EDI, unconscious bias and 'let's talk about race in the workplace' is part of the mandatory training for new staff and renewed annually for all staff at the University.

During the teaching staff meeting at the visit, new staff stated that they felt well supported through mentorship sessions and well informed of the university culture of inclusive teaching and professional behaviours. They also told us that they were provided with a very comprehensive mandatory training as well as the additional relevant training for their position as teachers and tutors in the Clinic.

New staff are allocated a mentor who helps them with their progression and as part of the specific training in the osteopathic department, new staff shadow senior colleagues and different clinicians. The shadowing can be done across the different disciplines of the University. New staff informed us that they were introduced to the University professional development opportunities and that they can discuss with their mentor any development needs.

All staff receive two formal observations per term by a more senior member of staff. After the observation, staff receive feedback and have regular follow ups. Staff reported that they find the observation of colleagues from osteopathy or other disciplines very helpful and a good way to learn and share best practice.

The University states that each new academic staff starter has a probation period of three years. This allows time for new staff to gain a PGCert qualification in teaching in higher education and/or fellowship of Advance HE. Staff stated that they receive protected time for the PGCert studies.

The Programme Director meets regularly with each staff member to review progress on their objectives and discuss any additional support that is required to help them to reach their objectives. There is an annual formal meeting in July to establish the objectives for the next academic year.

The programme documentation, the University probation policies, peer observations, and annual meetings as well as the stakeholder meetings assure us that this standard is met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

**ii. educators are able to ask for and receive the support and resources required to effectively meet their responsibilities and develop in their role as an educator.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

Both new and existing staff are required to undertake mandatory training which includes GDPR, EDI, Prevent, and safeguarding. Staff have access to the VLE, Canvas, and their annual training and policy update training is monitored by the SMT with alerts and reminders sent to staff when retraining is due.

Staff told us that the Canvas portal is very accessible and well equipped with training resources. Furthermore, the course leader makes sure staff have training sessions and access to teaching resources specific to osteopathy. Staff are able to request and suggest training activities or themes to enhance their osteopathic teaching learning.

Staff undertake teaching observations twice annually as a peer review process and are provided with feedback in order to enhance their academic practice. Staff observation is primarily undertaken by the senior osteopathic team and feedback is overseen and monitored by the SMT. The University peer support culture enables staff to feel supported to discuss professional challenges and motivated to find guidance and solutions through interactions and collaboration within the academic team.

A new member of staff reported during the teaching staff meeting that as new staff they receive regular teaching observations with good support and feedback provided to enhance their teaching development and to integrate them into faculty. Additionally, every member of staff has an individual annual review in July. These one-to-one meetings focus on their individual needs and development.

All teaching staff report being able to ask for support from the University or the SMT when required. In the SMT meeting it was stated that both formal focus groups and informal meetings are used to gather feedback from staff. The University management board regularly discusses any potential issues, and decisions are communicated individually and during team meetings. Staff reported an ‘open door’ culture within the department with the ability to speak out and challenge one another. If they require any extra support or any issues arise, they can reach out to the SMT.

Module leaders meet on a regular basis, termly at a minimum, to ensure alignment of content across the programme. The osteopathic faculty are supported by the University’s professional service team to provide expert guidance on curriculum and programme development.

The programme documentation, the University policies, support provided by the University’s professional service team and stakeholder meetings assure us that this standard is met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

**iii. educators comply with and meet all relevant standards and requirements, and act as appropriate professional role models.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

Teaching staff are registered with the GOsC and are either qualified educators, or are undertaking teaching qualifications, and have a range of teaching experience.

The code of conduct and standards of clinical education are documented in the tutors' clinical handbook and clinical educators are required to promote patients' health, safety, wellbeing and to act as an example to students on ethical practice in the osteopathic clinics. Clinical educators make sure that patient confidentiality is respected in accordance with the law and the OPS, and that students obtain informed consent as a fundamental part of osteopathic practice and a legal requirement. Furthermore, clinical educators as registered osteopaths, are requested to act in accordance with the OPS that comprise both the Standard of Proficiency and the Code of Practice for osteopaths.

The University has a robust performance and development review process which provides members of staff with meaningful opportunities to reflect on their performance, establish key objectives and identify CPD and learning needs. Staff confirmed that the University fosters a feedforward style of feedback, and staff have received additional training in mindful and compassionate feedback style which they practice through peer reviews. Staff stated that the University is in the process of creating feedforward feedback guidelines for students' assessments.

During the teaching staff meeting, the staff commitment to providing high-quality and effective teaching was evident, as well as their commitment to additional training and CPD. For example, as all teachers are also students' personal tutors, they undertake additional training on Canvas on mental health and communication in order to enhance their tutoring skills.

Junior staff express that they feel supported by the senior staff, that there is a culture of peer support and engaging professional, respectful and collaborative relationships with colleagues. For example, junior clinic tutors get ongoing extra peer support working alongside senior clinical tutors acting as a continuous training.

The programme documentation, policies, training opportunities, and stakeholder meetings assure us that this standard is met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

**iv. there are sufficient numbers of experienced educators with the capacity to teach, assess and support the delivery of the recognised qualification. Those teaching practical osteopathic skills and theory, or acting as clinical or practice educators, must be registered with the General Osteopathic Council, or with another UK statutory health care regulator if appropriate to the provision of diverse education opportunities.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The osteopathy programme team consists of 13 educators who are registered osteopaths and 18 that are not osteopaths but that contribute to learning and teaching of, for example, law and ethics. Four educators have gained a post graduate qualification in teaching in HE, and there are two educators currently studying to gain this qualification. Three educators in the team have also gained fellowship of AdvanceHE.

All osteopathic educators are involved in teaching practical osteopathic skills and theory, act as clinical or practice educators, and are registered with the GOsC. The teacher to student ratio is 1:10 in the classroom practical sessions. In the student's University Clinic the ratio its 1:8, with four of the students treating patients and four observing. In the NHS clinic the ratio is 1:4 with two students treating patients and two as observers.

As outlined above, ongoing CPD and mentorship is provided to all educators in the team. Every member of the academic team undergoes an annual PDR, which provides an opportunity for individuals to reflect on their performance and discuss learning and support needs with their line manager. Staff are involved in semestral observations with the correspondent peer feedback and are encouraged to complete reflections, highlighting strengths, challenges, and areas for development. Additional training on lecturing and assessment is available on Canvas as well information on marking criteria and university policies. The University provision of annual mandatory training peer reviews and additional CPD equips educators with a high-quality teaching and assessment resources to ensure learning objectives are achieved.

The programme documentation and policies on staff development, and stakeholder meetings assure us that this standard is met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

**v. educators either have a teaching qualification, or are working towards this, or have relevant and recent teaching experience.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The University policy is that all academic members of staff are required to complete a teaching qualification within their probation period of three years. Members of staff not required to do this are supported to complete the PGCert in Teaching in Higher Education or the PGCert Education for Advance the Health Professions. Ongoing continuous professional development in teaching and learning experience is supported by SALT.

To support staff development, all staff on the M.Ost programme are encouraged to take part in peer observations. This is part of each team members yearly objectives to complete and provide an opportunity to be observed by a peer and observe another peer, which is designed to share good practice and highlight any areas for development or enhancements for their practice.

Staff development is provided with in-house training and guidance on relevant, up to date teaching, and assessment education at level seven. Moreover, the University provides academic staff with ongoing support and training through Canvas which includes resources on marking criteria and the University's academic policies. University teaching manuals are provided to staff to assist them with their teaching, marking, and assessments. Staff get extra support on identifying their professional development needs from their annual PDR, the management team, and through peer support.

Staff are encouraged to gain leadership skills and can see a way of progression in the future. During the SMT meeting, it was stated that the University policy is to upskill members of staff for their own development and to make sure there is a succession within the leadership team if needed.

The programme documentation, the academic staff development policies, in-house training, and stakeholder meetings assure us that this standard is met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

## 9. Patients

**i. patient safety within their teaching clinics, remote clinics, simulated clinics and other interactions is paramount, and that care of patients and the supervision of this, is of an appropriate standard and based on effective shared decision making.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

The clinic tutor handbook outlines the expectations of tutors in providing effective and appropriate supervision of the osteopathic care of patients. For students this is also outlined in the student clinic handbook. The University states that both staff and students are expected to place patient safety and welfare at the heart of each interaction and highlight any concerns or risks identified, as per the raising concerns policy. Patients sign an informed consent form prior to examination or treatment. The informed consent is registered clearly in the patient's case history and the paperwork is supervised by the clinic tutor to ensure informed consent is valid. The University continues to work to make the shared decision making clear and transparent for patients and it is part of their osteopathic patient management approaches. It is the patients' choice as to whether or not to accept the students' advice or treatment, and informed consent policies are strengthened through the student clinic handbook, reinforcing students' understanding on shared decision making.

In the patient meeting, patients stated that they were asked for consent at all stages during the patient and student encounter. They told us that students explain prior to examination and treatment what the examination and treatment will entail and the possible risk of discomfort and post-treatment symptoms. Patients felt well informed about the risks by students and the supervising clinicians.

Patients are encouraged to provide feedback at any time during their encounter with students and tutors in the clinic and are aware of how to raise a concern or complaint if they experience any issues with their care. They are also signposted to other feedback opportunities through posters in the clinic reception walls and treatment rooms walls. The SMT ensure that complaints and safeguarding concerns are closely monitored. In the Clinic setting, complaints are reviewed by clinic leads and if safeguarding concerns are raised, follow-up actions are taken to prioritise patient safety. Furthermore, information about osteopathy and clinic activities can be viewed by patients prior to their visit on the dedicated area of the student osteopathic Clinic on the University website. Patients told us that they felt well informed before the visit to the Clinic because the website is easy to navigate and contains relevant information.

We were assured that clinic staff or students explain procedures, treatment plans, and risks very clearly and openly to patients. Patients also told us that they feel reassured because students consult their supervisors throughout their consultation and treatment.

Students commented that teachers prioritise the need for patient consent, and that safety in patient handling and respect for the patient is embedded during practical technique classes. Recent graduates also stated that patient prioritising, shared decision making, informed consent, and patient safety is a priority in the students' clinics at all times.

The programme documentation, policies, and stakeholder meetings assure us that this standard is met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

Patient experience is impacted when the HAW clinics are busy due to treatment times all running simultaneously and all rooms being at full capacity. The University should consider staggered treatment start times for students allocated to each clinic tutor to help alleviate bottle necks in patient waiting times if one appointment over runs. It will also ensure that clinic tutors can cover each other as required if their time demands overlap rather than run concurrently. This could improve the student and patient experience as not all students will require the attention of the clinic tutor simultaneously and will build in resilience if there is a complex case discussion required. (5ii, 9i, 9iii)

### Conditions

None reported.

**ii. Effective safeguarding policies are developed and implemented to ensure that action is taken when necessary to keep patients from harm, and that staff and students are aware of these and supported in taking action when necessary.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

The University has thorough safeguarding policies in place for the osteopathic clinics, which are available to students and staff on the M.Ost programme. These documents are located on Canvas, and under the M.Ost clinic hub. Moreover, the University has in place risk assessment procedures aligned with health and safety policies to create a safe learning environment for students, staff, and patients. Safeguarding is part of the syllabus in the Year 1 Introduction to Personal and Professional Development module. It is also covered as part of the Clinic induction for final year students and part of a Year 4 lecture on treating children and adolescents.

New staff learn about safeguarding in their induction which includes training on safeguarding key indicators and identification of concerning behaviours. As part of the onboarding process all staff are DBS checked and professional qualifications and professional registration verified. Safeguarding policies are reviewed regularly to align with changes in legislation. Staff are informed of changes via email and during staff meetings. Staff receive email notifications, and management follow up to make sure they complete their safeguarding updates. There is a compulsory annual training on safeguarding. The SMT and the teaching and clinical staff stated that this year they had additional CPD on safeguarding policies to reinforce staff knowledge and understanding on safeguarding policies and University procedures in case of having to deal with a safeguarding concern.

Students told us that safeguarding information is signposted in posters around the Clinic and that they have extra safeguarding training in the Wednesday summer clinic as part of their summer clinic workshops.

Students are introduced to the University ‘Safe Zone’ app when they join the University which they reported makes them feel safe on campus as the app has direct access to security who are very responsive. They told us the app is easy to use and anyone can report any safeguarding concerns anonymously.

The programme documentation, safeguarding policies, the safeguarding app, the compulsory staff, and students’ training on safeguarding and stakeholder meetings assure us that this standard is met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

None reported.

### Conditions

None reported.

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**iii. the staff student ratio is sufficient to provide safe and accessible education of an appropriate quality.**

☒ **MET**

☐ **NOT MET**

### Findings and evidence to support this

The staff to student ratio is 1:10 for practical sessions and 1:4 treating students in the student University clinic. The ratio is 1:2 treating students in the NHS clinic. This student to tutor ratio is sufficient to provide safe and accessible education of an appropriate quality. In the clinical setting, tutors are responsible for no more than four students treating patients and no more than twelve students when not treating patients. Clinic tutors receive a print-out showing the patients and students to be supervised for each session, including observers allocated to each patient.

Students are supported through all stages of a new patient encounter including the case history, the differential diagnosis discussion, examination phase, treatment, and management. If patients are not deemed suitable for treatment or if referrals are needed students are supervised with the writing of referral letters. Prior to seeing continuing patients, students give presentations to tutors before the session and after the initial interview where they report on the patients' comments regarding progression and discuss the patients' diagnosis and possible treatment. Tutors are accessible to discuss the patients' cases and observe students in the various stages of the treatment session. In practical classes the ratio is 1:10 students, meaning one tutor to five pairs of students working with one student as the practitioner and the other as the model. These ratios allow for close supervision to ensure safety but also offers students the opportunity to ask questions and be supported throughout the practical application of techniques.

The programme documentation, the tutor-students' policies, and stakeholder meetings assure us that this standard is met.

### Strengths and good practice

None reported.

### Areas for development and recommendations

Patient experience is impacted when the HAW clinics are busy due to treatment times all running simultaneously and all rooms being at full capacity. The University should consider staggered treatment start times for students allocated to each clinic tutor to help alleviate bottle necks in patient waiting times if one appointment over runs. It will also ensure that clinic tutors can cover each other as required if their time demands overlap rather than run concurrently. This could improve the student and patient experience as not

all students will require the attention of the clinic tutor simultaneously and will build in resilience if there is a complex case discussion required. (5ii, 9i, 9iii)

**Conditions**

None reported.

**iv. they manage concerns about a student's fitness to practice, or the fitness to practice of a member of staff in accordance with procedures referring appropriately to GOsC.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

Staff complete mandatory training on FtP for staff and students, and FtS for students. GOsC guidance on student FtP is easily accessible for students via Canvas. This is introduced to all students through their personal and professional development modules, which start in year 1. In case of a concern of a student's FtP, this is reviewed by the SHSC FtP and Professional Suitability Panel, with further escalation to the University's FtP committee if required. The SHSC student FtP policies reflect GOsC guidance and the wider AHP sector. Two students were referred under FtP procedures in 2023-24. One student was referred on health grounds and the second in relation to conduct. The GOsC was informed of the two FtP procedures, however, both students withdrew from the programme before any decisions could be made. Both incidents were mentioned in the annual institutional reporting. There has not been any disciplinary issue recorded or FtP issues involving a member of staff.

Students told us that they feel comfortable raising concerns about inappropriate behaviour in practice. They carry out a FtP essay in their first year linked to the OPS. Every year they complete essays and reflections for their professional personal development portfolio, and they discuss FtP guidelines and link them to the OPS.

Students are encouraged to raise FtP concerns and are aware of the complaint procedure and the different channels they can access. They can approach their student representatives or student union who are well trained to offer clear and relevant guidance. Students can approach their personal tutors, course leads, or any member of the staff to raise a FtP concern and are assured that these concerns will be dealt with anonymously. The SMT stated that they have a good record of students coming forward with concerns and that students feel free to raise concerns. The 'open door' policy means that they are checking in with students regularly, and students can talk to anyone one in the team as well as their tutor.

During the teachers meeting, teachers told us that staff are trained to raise FtP concerns and that they are aware of the importance of professional behaviour and FtP responsibility. In the event of a concern, effective formal and informal communication channels exist between department staff and faculty. They can also contact security and the welfare department to ensure their concern is managed accordingly. Staff told us they feel reassured by the multiple accessible channels the University has established to raise concerns. Staff have access to occupational health and FtP regulations as well as the University complaints procedure, which provides a clear and organised process to addressing complaints.

The programme documentation, the University's clear FtP and complaint policies, students and staff training, and mechanisms for raising complaint via various channels assure us that this standard is met.

**Strengths and good practice**

The University's three-stage FtP model ensures proportionality and transparency, with a clear escalation route for serious concerns. The FtP filtering committee allows for early resolution of lower-risk cases, while maintaining rigorous oversight for more serious matters. (2ii, 9iv, 9v)

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

**v. appropriate fitness to practise policies and fitness to study policies are developed, implemented and monitored to manage situations where the behaviour or health of students poses a risk to the safety of patients or colleagues.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

As outlined in the clinic tutor handbook, staff are required to be registered as practising osteopaths with GOsC and any issues regarding changes to their registration status, or issues which may affect the care they give to patients, as outlined in the OPS needs to be reported to their line manager. Staff must follow the professional standards and conduct outlined by GOsC at all times and comply with legislation ensuring high-quality care for patients to maintain their professional registration. GOsC's guidance on student FtP is easily accessible on the Canvas site for staff and students to access. Additionally, to comply with the University on FtP and FtS policies, staff have to complete mandatory training on FtP and FtS. Staff and students are well informed about updates to the FtP and FtS policies via emails, team meetings, and Canvas.

The University has their own FtP procedures for health professional courses. The SHSC student FtP policies reflect GOsC guidance and the wider AHP sector. The University's comprehensive FtP policy is in place at both the University and NHS clinic to ensure that students and patients are protected during their clinical training. Students are informed of the expectations and related student FtP in their student clinic handbook. Before attendance to the clinic, students sign a University code of conduct agreement that includes the legal requirements (including health & safety), and clinic protocols including matters of confidentiality and consent, as set out in the University's clinical handbook.

In a meeting with the students, they told us that there have been previous FtP cases within the osteopathic department. They told us that there is an open-door policy to report any FtP or FtS concerns and there have been cases of peer reporting previously. Students stated that they are aware of different channels to discuss a possible FtP or FtS concern anonymously. These channels include their tutors or any member of the teaching staff, members of the management team, and the student union. FtP complaints are then investigated by the Head of SHSC or Head of Discipline (Therapies). The FtP filtering committee and FtP and Professional Suitability Panel form part of the escalation process.

The programme documentation, the FtP and FtS University policies, academic handbooks, and stakeholder meetings assure us that this standard is met.

**Strengths and good practice**

The University's three-stage FtP model ensures proportionality and transparency, with a clear escalation route for serious concerns. The FtP filtering committee allows for early resolution of lower-risk cases, while maintaining rigorous oversight for more serious matters. (2ii, 9iv, 9v)

**Areas for development and recommendations**

While students receive guidance through multiple platforms, the University should conduct further evaluation to determine whether students fully understand the long-term professional implications of FtP decisions. Enhancing this understanding is essential to support students in making informed choices during their studies and to ensure they are adequately prepared for professional registration and clinical practice. (2ii, 9v)

**Conditions**

None reported.

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**vi. the needs of patients outweigh all aspects of teaching and research.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

The University states that patients' needs and welfare are prioritised over teaching and research in the clinical setting. All new patients are provided with information which explains that the Clinic is a student-led teaching clinic and it outlines the consultation process. Any proposed research activities involving patients is required to gain ethics approval by the SHSC research ethics committee. Furthermore, for any suggested research initiatives involving patients, the University has created a PEER Group where researchers will receive patients' verbal feedback through PEER group discussion.

Students told us that they are aware of the OPS from year one and are required to write an essay for their personal professional development portfolio on ethics and informed consent. Professional conduct and ethics are well stated in the student handbook and students must maintain professional conduct and ethical considerations at all times as stated by the GOsC Code of Practice. Furthermore, students must sign a code of conduct agreement form before attending to the clinic.

Students' ethics knowledge increases during year 3 and 4 as they learn about the ethical approval process in research and the ethics committee for approval as part of their applying evidence-based practice and dissertation modules. In these modules they acquire knowledge on attitudes, standards, and safeguarding of patient involvement in all aspects of research.

Osteopathy patients are encouraged to provide formal and informal feedback to students. If students receive a formal or informal complaint from a patient, they will contact their clinic tutors who are responsible for the overall patient care to ensure that the osteopathic care of patients is in line with the OPS. A patient complaints policy exists in the teaching clinic and copies of the complaints process are clearly visible on the walls of each treatment room. Further copies are available on the Clinic reception desk.

The University states that they are committed to listening to patients and using their experiences to share good practice and support changes to improve their services. They have created a public health volunteers involvement group to include the public in the development of healthcare programmes but, as of yet, no osteopathy patients are involved.

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The programme documentation, research policies, range of mechanisms in place for patients to provide feedback, and stakeholder meetings assure us that this standard is met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

Health volunteers are used across all aspects of other AHP programmes provided by the University including programme development and committee representation. For parity it would be beneficial for the University to apply this to the osteopathy programme. (1iv, 9vi)

**Conditions**

None reported.

**vii. patients are able to access and discuss advice, guidance, psychological support, self-management, exercise, rehabilitation and lifestyle guidance in osteopathic care which takes into account their particular needs and preferences.**

☒ **MET**

☐ **NOT MET**

**Findings and evidence to support this**

Patients are provided with advice and guidance on self-management, which incorporates specific prescribed exercises. Students have access to an online exercise platform, Rehab My Patient. Prescribed exercises can be shared electronically with the patients, but students or reception staff are also able to print these exercise sheets for patients who are not able to access online resources. There is a dedicated area in the patient's case history where students record all the exercises and advice given to a patient. Students also keep a copy of the exercises, and this information is available to anyone that accesses the case history, so exercises can be re-printed or re-sent to patients if needed.

Patients we met with as part of the visit all praised the treatment received from the students and the care they had been given. All had been offered supplementary advice and information mainly in the form of exercise prescription. This was supported by printed handouts, emails with the exercises, demonstrations of exercises and supervised practice.

Patients told us that the exercise website is easy to navigate, that they all received an email with the exercises, and were all offered a printout of the exercises if needed. Patients told us that students aim to make the exercises related to something familiar, so patients remember the exercises easily.

The patients we met with had discussed extra support and lifestyle advice with the student practitioners who are always ready to help or find the information from their tutor clinicians. They also agreed that the treatment had helped them with their ailments and that they were encouraged to provide feedback. If an exercise or any specific treatment was not compatible with them, they were always given the option to change the treatment and the exercises for something more suitable.

The students' osteopathy clinic is shared with the cardiovascular clinic. NHS handouts with health care information are in the Clinic reception area and accessible to patients visiting the Clinic.

The University and clinic policies, the resources in the clinic, the case history evidence, and stakeholder meetings assure us that this standard is met.

**Strengths and good practice**

None reported.

**Areas for development and recommendations**

None reported.

**Conditions**

None reported.

# A. Evidence

## A.1 Evidence seen as part of the review

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|---|
| 1(i)a Swansea University Admission Policy.pdf |
| 1(i)b M.Ost progamme specification.pdf |
| 1(i)c M.Ost Programme Website.pdf |
| 1(i)d Interview Records.pdf |
| 1(i)e Staff Statutory & Essential Training.pdf |
| 1(i)f FMHLS HV EDI Training Presentation.pptx |
| 1(i)g Extract of Health Volunteers Database 2024.xlsx |
| 1(i)h Open Day Presentation.pdf |
| 1(ii)a Strategic-Equality-Plan-2024-2028.pdf |
| 1(ii)b Strategic Equality Plan Action Plan 2024 - 2028.pdf |
| 1(ii)c Age Policy.pdf |
| 1(ii)d Dignity at Work and Study Policy Procedure and Guides.pdf |
| 1(ii)e Sexual Orientation Policy.pdf |
| 1(ii)f Neurodiversity-Policy.pdf |
| 1(ii)g Menopause in the Workplace - Policy for Managers and Supervisors.pdf |
| 1(ii)h Guide to Supporting Trans Employees.pdf |
| 1(ii)i Equality Committee Terms of Reference and Constitution 2024.docx |
| 1(ii)j Equality Annual Report 2022-2023.pdf |
| 1(ii)k SALT and Resources.pdf |
| 1(ii)l Inclusive Library Services.pdf |
| 1(iii)a RPL Policy.pdf |
| 1(iii)b FMHLS RPL Panel Terms of Reference & Process Flowchart.doc.pdf |
| 1(iv)a Performance-Enabling-Policy & Guide.pdf |
| 1(iv)b Professional Development Reviews.docx |
| 1(iv)c PDR Academic-Line-Manager-Step-By-Step-Guide-2024.pdf |
| 1(iv)d New Staff Induction.pdf |
| 1(iv)e Probation-Policy & Policy Statement.pdf |
| 1(iv)f School Education Forum Terms of Reference & Minutes.pdf |
| 1(iv)g PGCert HE - Teaching Qualification.pdf |
| 1(iv)h Education for the Health Professions Web Page.pdf |

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| 1(iv)i Mentorship Resources Examples.pdf |
| 1(iv)j Peer Review Examples.pdf |
| 1(iv)k Clinic Peer Review Examples.pdf |
| 1(iv)l Academi Hywel Teifi.pdf |
| 1(ix)a Teaching Manual for Osteopathic Staff.docx |
| 1(v)a Staff CVs.pdf |
| 1(v)b Swansea-University-QAA QER Outcome & Technical Report.pdf |
| 1(v)c Code of Practice for Programme Design, Development, Approval and Review.pdf |
| 1(v)d Professional Services Job Descriptions.pdf |
| 1(vi)a Student Review Community.pdf |
| 1(vi)b The role of External Subject Specialists and Employers.pdf |
| 1(vi)c Role of the External Examiner.pdf |
| 1(vi)d 2024 Health Volunteers Induction & Information Session.pptx |
| 1(vi)e Boards of Study Terms of Reference & Minutes.pdf |
| 1(vi)f Extract of Student Feedback Toolkit.pdf |
| 1(vi)g Student Staff Forum Terms of Reference and Minutes.pdf |
| 1(vi)h Summary of Patient Feedback.xlsx |
| 1(vi)i Public and Patient Involvement - Annual Report 2023-24.pdf |
| 1(vi)j FMHLS Health Volunteer Handbook 2024_25.docx |
| 1(vi)k Strategy for Public and Patient Involvement 2024-2029 English.docx |
| 1(vi)l Strategy for Public and Patient Involvement 2024-2029 Welsh.docx |
| 1(vii)a MOst OPS Mapping Document.xlsx |
| 1(vii)b Module Pro Formas.pdf |
| 1(viii)a Assessment, Marking and Feedback Policy.pdf |
| 1(viii)b SHF109 formative assessment.pdf |
| 1(viii)c Portfolio Approval and Enhancement Board_Terms of Reference.docx |
| 1(viii)d FPDG Terms of Reference 2024-25.docx |
| 1(viii)e SHSC Marking Grids.pdf |
| 1(viii)f SHF105 Moderation Report.docx |
| 1(viii)g Code of Practice for External Examiners.pdf |
| 1(viii)h SHF302 External Examiner Assessment Report.docx |
| 1(viii)i Module review summary 23-24.xlsx |

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| 1(viii)j Students_ Welsh language rights (1).pdf |
| 1(x)a Complaints Procedure & Guides.pdf |
| 1(x)b MyUni - Academic Life.pdf |
| 1(x)c Final Review Procedure.pdf |
| 1(x)d FtP Filtering Committee Terms of Reference.docx |
| 1(x)e FtP Panel Terms of Reference & Membership.docx |
| 1(x)f HWA Complaints Policy.odt |
| 1(x)g SHSC Policy for Raising Concerns in Practice.pdf |
| 1(x)i Safeguarding Info and Policy.pdf |
| 1(x)j Prevent Info and Policy.pdf |
| 1(x)k SU Advice & Support Centre - Academic.pdf |
| 1(x)l UG Academic_Handbook.pdf |
| 1(x)m Fitness to Practise Procedure - Swansea University.pdf |
| 1(x)n SHSC FtP Policies.pdf |
| 1(x)o Safeguarding Training.pdf |
| 1(xi)a Academic Appeals Procedure.pdf |
| 1(xi)b Appeals stats 2023-24.xlsx |
| 2(i)a Jayne Cutter CV.doc |
| 2(i)b Tania Wiseman CV.docx |
| 2(i)c Education Govenance Committees.pdf |
| 2(i)d FEC membership & TORs 2024-25.docx |
| 2(i)e HWA Governance Policy.docx |
| 2(i)f Data Protection Info & Policy.pdf |
| 2(i)g HWA Confidentiality Policy.docx |
| 2(i)h External Examiner Nomination Forms & CVs.pdf |
| 2(i)i Partnerships Group  Terms of Reference.docx |
| 2(i)j Risk Management.pdf |
| 2(i)k Progression & Awards Board Terms of Reference.docx |
| 2(i)l EDI Role outline.docx |
| 2(i)m SHSC Confidentiality Policy for Assessment.doc |
| 2(i)n HWA Records Management Policy.docx |
| 2(i)o HWA Freedom of Information Policy.docx |

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| 2(i)p Collaborative Partnership Programme Development Process.pdf |
| 2(i)q University Governance.pdf |
| 2(i)r HWA Privacy Notice.docx |
| 2(i)s Continuous Enhancement Monitoring.docx |
| 2(i)t Clinic Feedback.pdf |
| 2(ii)a SHF108 Presentation.pptx |
| 2(ii)b FMHLS Student Information Guide 2024 - 2025.pdf |
| 2(iii)a HWA Safeguarding and Public Protection Policy.docx |
| 2(iii)b HWA Dealing with a disclosure made by a child or vulnerable person.docx |
| 2(iv)a Reasonable Adjustment Policy for Learning and Assessment.pdf |
| 2(iv)b Student Support and Wellbeing.pdf |
| 2(iv)c Disabilities and Long-Term Conditions.pdf |
| 2(iv)d Specific Learning Difficulties.pdf |
| 2(iv)e Extenuating Circumstances Policy & Info.pdf |
| 2(iv)f Student Clinic Handbook 2024-25.doc |
| 2(iv)g Personal Tutoring System Policy & Student Information.pdf |
| 2(iv)h Patient Confirmation Email.docx |
| 2(iv)i External Sources of Support.pdf |
| 2(iv)j Student Support Information Leaflet.pdf |
| 2(v)a Reflective logs.pdf |
| 2(vi)a School Exam Board.pdf |
| 2(vi)b Module feedback question set.pdf |
| 2(vi)b SHF304 Module feedback report.pdf |
| 2024-25 SHF304 Module Feedback Semester 1.xlsx |
| 3(i)a School of Health and Social Care Canvas Hub.pdf |
| 3(i)b Swansea Academy of Inclusivity.pdf |
| 3(i)c Centre for Academic Success & Catalogue.pdf |
| 3(i)d Swansea University Suicide-Safer Strategy.pdf |
| 3(iii)a Athena Swan Charter Silver Award - Swansea University.pdf |
| 3(iii)b Equality Networks.pdf |
| 3(iv)a Boards of Study Action Plan.xlsx |
| 3(iv)b HWA Lone Working Policy.docx |

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| 3(iv)c HWA Infection Control Policy.docx |
| 3(iv)d HWA risk assessment September 2024.docx |
| 3(iv)e H&S Policies and Procedures.pdf |
| 3(iv)f HWA H&S Policy.docx |
| 3(iv)g Report It - Adverse Events.pdf |
| 3(v)a Induction.pdf |
| 3(v)b SHF208 What to expect.pptx |
| 3(v)c SEA Presentation.pptx |
| 3(v)d Swansea University Osteopathy Clinic & HWA.pdf |
| 3(v)e SHF208_Further Personal and Professional Development Canvas site.pdf |
| 4(i)a MOst PEP.xlsx |
| 4(ii)a External Examiner Reports & Responses 2023-24.pdf |
| 4(iii)a Programme Director Role Descriptor.pdf |
| 4(iii)b Module Co-ordinator Responsibilities.pdf |
| 4(iii)c Regulations Quality and Standards Board Terms of Reference.docx |
| 4(iii)d TheBeacon Centre for Health.docx |
| 5(iii)a DLP_ Minimum Standards.pdf |
| 5(iii)b Staff Resources - Reasonable Adjustments.docx |
| 5(iv)a Student Study & Wellbeing Spaces.pdf |
| 5(iv)b Faith Services.pdf |
| 6(i)a Extract of Online Module Catalogue.pdf |
| 6(i)b SHF302 Canvas Module Site.pdf |
| 6(i)c MOst Canvas Programme Hub.pdf |
| 6(i)d Canvas HUB Most Clinic Placements.pdf |
| 6(i)e My Uni - links to policies.pdf |
| 6(i)f Academic Misconduct Procedure.pdf |
| 6(i)g Proof Reading Policy.pdf |
| 6(i)h Engagement Monitoring Policy for Taught Students.pdf |
| 6(iv)a Year 3 clinical logbook and reflection record.docx |
| 6(v)a Academic Student Reps.pdf |
| 6(v)b MyUni Voice.pdf |
| 6(vi)a Student Engagement Strategy.pdf |

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| 7(i)a Student Clinic Schedule Semester 2 2024-25.docx |
| 7(i)b Clinic Hours 2024-25.docx |
| 7(i)c Proposed change to Osteopathy Clinic Timetabling Sem 2024-25.docx |
| 7(i)d Clinic Activity Overview.docx |
| 7(ii)a Osteopathy Service for Staff.pdf |
| 7(ii)b Patient Numbers 2023-24.pdf |
| 7(ii)c Clinic Tutor Handbook 2024-25.doc |
| 7(ii)d CCA Returning Patient Marking Sheet 2024-2025.docx |
| 7(ii)e CCA New Patient Marking Sheet 2024-2025.docx |
| 7(ii)e Formative CCA prep Nov 2024.pdf |
| 7(ii)f Formative CCA Nov 24 feedback to students.pdf |
| 8(i)a Staff Roles and Responsibilities.docx |
| 9(i)a Patient Information and Consent Form.pdf |
| 9(i)b HWA Infection Prevention Control Policy.docx |
| 9(ii)a Year 4 Clinic Induction.pptx |
| 9(iii)a Staff to Student Ratio 2024-25.docx |
| 9(iv)a General Conduct and Behaviour.pdf |
| 9(iv)b Code of Conduct Agreement.docx |
| 9(vi)a SHSC Research Ethics Committee Terms-of-Reference.docx |
| 9(vii)a Canvas Patient Resources - Signposting and education.pdf |
| Day 1 - Session 1 University Overview Presentation - Jayne Cutter.pptx |
| Example of research paper - Challenges in nature-based health.pdf |
| NSS 23 Negative comment response.docx |
| NSS 23-24 Open Comments Faculty of Medicine, Health and Life Science (8).xlsx |
| Patient Consent Pack.msg |
| Patient Letter.jpg |
| Proposed module feedback procedure Semester 2 2024-25.docx |
| RESPONSE TO 2024 NSS NEGATIVE FEEDBACK M.OST PROGRAME (003).docx |
| SHF100.pdf |
| SHF105.pdf |
| SHF109.pdf |
| SHF205.pdf |

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| SHF208.pdf |
| SHF209.pdf |
| SHF301.pdf |
| SHF303.pdf |
| SHF307.pdf |
| SHFM03.pdf |
| SHFM04.pdf |