

Perspectives on Quality Assurance Methods – A Comparison of
Osteopathic Programmes in Two Countries: A Pilot Study

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Abstract

Introduction

Osteopathy is practised and taught in approximately 50 countries around the world. Anecdotally, there is evidence of a wide variety in the regulation and accreditation of osteopathic education. However, there is little formal research exploring the comparison of osteopathic education programmes in different countries. This research attempts to present a method by which osteopathic programmes may be compared in order to develop a deeper understanding of the issues facing the education and practice of osteopathy today.

Aim

The objective of this research is to identify and compare the perspectives on quality assurance (QA) methods of a Key Informant and students at three osteopathic programmes in two countries. Furthermore, this research aims to analyse the comparability of the Key Informant and student perspectives at each osteopathic programme, and the intranational and international comparability of the themes identified by the research.

Method

This qualitative pilot study used an interpretive description methodological research design to identify and compare perspectives on QA methods through an interview and focus group at three osteopathic programmes. An inductive thematic analysis was conducted for the interpretation of the data.

Results

Several common themes were identified through the comparison of the data. These included the action of QA methods, students, faculty, regulatory authorities and academia, the role of allopathic medicine, the end-goal versus the student experience, and finance and administration. Many perspectives of the themes identified were comparable; however, there existed significant differences between the three osteopathic programmes which assisted in the development in a deeper understanding of the issues facing osteopathic education and the profession.

Conclusion

The method presented in this research for the comparison of osteopathic programmes in different countries is of value in establishing themes and issues pertinent to the wider osteopathic community. The limited scope of this research presents opportunities for further comparative research of osteopathic education.

Acknowledgements

Through this research, I have developed a deeper concern for the development and growth of the osteopathic profession. The variety of osteopathy continues to fascinate me, and I have become more interested in the role of education and the possibilities for the future. I have learnt more about osteopathy, education and myself than I ever expected.

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Introduction

The World Osteopathic Health Organisation (WOHO) Vice President, Raimund Engel, recently noted that in many countries osteopathy is still struggling for recognition and even survival (Engel, 2010). Efforts have been made in the past decade to support the global osteopathic community; however, there are likely to be many challenges still ahead for the education and practice of osteopathy.

In this chapter, some background to the research topic is presented, along with relevant definitional and conceptual issues. My personal interest in the topic is briefly discussed before the rationale for this research is presented. Finally, the objectives for this research are identified.

Background

In 1874 Andrew Taylor Still “flung to the breeze the banner of osteopathy” (Still, 1897). Today osteopathy as a profession is practiced in over 50 countries, with osteopathic educational programmes present in approximately 20 countries (Standen, 2007). Osteopathy can be classified as consisting of two ‘streams’: osteopaths, and osteopathic physicians. Within the past decade, two international organisations were founded to encourage the development of the osteopathic profession globally. In March 2004, WOHO held its inaugural meeting in response to the need for a non-political body to act as a forum for the osteopathic community. The organisation states its goals as:

To promote, develop, protect and establish throughout the world, the study, knowledge, philosophy and practice of osteopathy its application and research for the benefit of the peoples of all nations; to ensure the worldwide availability of the practice of osteopathy at the highest possible standards; to promote the integration of osteopathic philosophy and practice with related clinical and healthcare subjects (World Osteopathic Health Organisation, 2006).

By 2005 the Osteopathic International Alliance (OIA) was formed as an alliance of the osteopathic organisations around the world (Wickless, 2005). The OIA and WOHO aim to work together to coordinate the development of the osteopathic profession between the osteopaths, osteopathic physicians, national associations, regulatory bodies and colleges. These two organisations represent a growing desire for the international osteopathic profession to be united, thus setting standards within the education, research and practice of osteopathy and co-ordinating the promotion of the profession world-wide.

However, there is limited research about the osteopathic profession. Zegarra-Parodi (2008) from the WOHO research committee conducted a study of the research facilities at osteopathic programmes

around the world. The OIA and WHO also initiated a four part research survey of the institutions offering osteopathic education around the world (Standen, 2008). Both these research projects relied upon the snowball effect of word of mouth in order to gather responses. This can be a slow process, often missing underrepresented sections of the population researched, especially with a broad international community, such as exists within osteopathy. Therefore, little is known about the commonalities and differences of the osteopathic education programmes around the world.

In order for the osteopathic profession to move forward as a body, there needs to develop a deeper understanding of the issues facing the profession globally. This involves not only those who practice osteopathy, but also those entering osteopathy. The education programmes and the students they serve are essential for the continuation and growth of the profession. Through the exploration of themes that are both common and unique to the osteopathic programmes around the world, it is suggested that the issues facing the osteopathic profession, now and in the future, may be more fully understood.

The interpretive descriptive research presented in this dissertation offers a methodological approach to comparing and contrasting osteopathic programmes intranationally and internationally. The perspectives of a Key Informant staff member and of students on quality assurance methods are collected and analysed to explore and present themes that are common to the three osteopathic programmes researched. Themes that are unique to one or two of the participating osteopathic programmes are also presented. Each theme is discussed, exploring the comparability of the osteopathic programmes and offering reasons for the differences that occur. Furthermore, this research highlights some issues facing osteopathic programmes and the profession, as well as providing a basis for further research.

Definitional and conceptual issues

The World Health Organisation (WHO) published the *Benchmarks for Training in Osteopathy* in November 2010. This document differs from its draft form which contained the definitions for both osteopath and osteopathic physician. The omission of these definitions has caused some frustration for those who participated in the drafting process of this document (Engel, 2010). For the purpose of this research, the distinction between osteopath and osteopathic physician is maintained. According to the WHO Draft *Guidelines on Basic Training and Safety in Osteopathy* an osteopath is defined as:

A person who has achieved the nationally recognized academic and professional standards within her or his country to independently practice acute, chronic and preventative healthcare using diagnosis and treatment which is based upon the principles of osteopathic philosophy. Individual countries establish the national academic and

professional standards for osteopaths practicing within their countries (as cited in Osteopathic International Alliance, n.d.).

Osteopathic physicians differ by having full scope medical practice rights (WHO Draft *Guidelines on Basic Training and Safety in Osteopathy*, as cited in Osteopathic International Alliance, n.d.).

The understanding of these ‘twin streams’ of osteopathy is important in identifying the challenges that exist for the osteopathic profession. Anecdotally, there are many differences between osteopaths and osteopathic physicians in their education and practice. However, the differences and similarities of the two streams in ethos, culture and philosophy are not clearly defined. Furthermore, the definition of an osteopath cited above does not address the variety of osteopathic models practised by osteopaths (Orrock, 2009). These definitional issues highlight the difficulty of defining what osteopathy is and who practices it. This research does not attempt to clarify these definitions, but it is important to acknowledge the presence of these difficulties in order to establish the background of the themes identified through this research.

Terminology used in this research

Several terms are used to establish anonymity of the subjects. They are explained here.

Key Informant – the staff member most involved in the quality assurance of the osteopathic programme.

School A – a College of Osteopathic Medicine in the USA

School B – an autonomous osteopathic institution in Britain

School C – an autonomous osteopathic institution in Britain

It is also important to note the difference in the nomenclature of osteopathic programmes in Britain and America. In this research, the term ‘college of osteopathic medicine’ or COM is used in relation to osteopathic educational institutes in America only. The term ‘osteopathic programme’ is used in relation to British osteopathic educational institutes as well as all osteopathic education programmes in general. The rationale for using the term ‘osteopathic programme’ is that not all osteopathic education programmes are provided by an autonomous osteopathic institute – some are located in large state sector universities or institutes of technology; an example of this is the osteopathic programme offered at the Unitec Institute of Technology in New Zealand.

The quotations from the interviews and focus groups are directly transcribed and presented with the following symbols:

- . . . an omission of dialogue

- [text] Text is added or altered for clarity

My personal interest in the topic

My personal interest derives from an opportunity that I had to visit the Institut Supérieur d'Ostéopathie in Lyon, France where I witnessed teaching styles and models of osteopathy being taught that were different from what I had experienced in my own studies. Also, within the osteopathic programme at the Unitec Institute of Technology, I was taught by tutors who had gained their qualifications from several different institutions, and I was struck by the difference in approaches to osteopathy. This diversity of modalities started a curiosity into the international community of osteopathy and how this might influence the future of the osteopathic profession.

Through conversations with my supervisors, tutors and other qualified osteopaths, I saw evidence that the way in which an osteopath was educated influenced their practice. The relationship between education and profession interested me and I began to look at issues relevant to osteopathic education. The issue of quality assurance was chosen as a medium through which to compare osteopathic education, as the question of benchmarking osteopathy was a recent topic of debate (Standen, 2005). By 2007, the Quality Assurance Agency for Higher Education in Britain had published the osteopathy *Subject Benchmark Statement* (The Quality Assurance Agency, 2007). Thus the issue of quality and quality assurance in osteopathic education, and how that might influence osteopathy globally, is a relevant issue for osteopathy today.

Rationale for the research

In a world where the increase of globalisation calls for the unification of standards, and the medical community is committed to evidence based practice, the osteopathic profession has a precarious path to travel. Osteopathy is challenged to maintain its distinctiveness while progressing with the demands placed upon it by various regulatory authorities, competition with the medical profession and the development of the international community. There is anecdotal evidence of the differences and commonalities in the education and practice of osteopathy; however, there is a scarcity of formal information about osteopathy as a global entity. In order for osteopathy to maintain a united purpose, there needs to be a greater understanding of the parts that make up the whole of osteopathy.

The education of osteopaths represents the future of the profession. The issues for the osteopathic programmes and the students they serve are closely related to the issues facing the profession as a whole. Furthermore, it is through education that the profession changes and grows depending on what is taught and how it is taught. Studies examining the curricula of osteopathic programmes would be beneficial to understand what is taught; however, to explore how osteopathy is taught requires an

inquiry into the perspectives of those who experience osteopathic education at first hand – the staff and the students of an osteopathic programme. The development of a greater understanding of the commonalities and differences between osteopathic programmes would help generate a better understanding of the issues facing the osteopathic profession, and provide deeper insight into how the profession might develop in the future.

Objectives of the research

This research had three objectives:

1. To identify the perspectives of a Key Informant and students on quality assurance methods in place within their osteopath programme
2. To analyse the comparability of the Key Informants' and students' perspectives on quality assurance methods.
3. To explore the value of this method of comparing perspectives on quality assurance methods in osteopathic programmes in establishing an understanding of intranational and international themes existing within osteopathic education.

The second objective of this research is explored in three ways. Firstly, the perspectives of the Key Informant and the students of each osteopathic programme were compared. Secondly, an intranational comparison was made between the two British osteopathic programmes. Thirdly, an international comparison was made between the British osteopathic programmes and the American college of osteopathy.

Summary

This research attempts to identify the value of comparing the perspectives of a Key Informant and students on quality assurance methods as a method to compare and contrast osteopathic programmes around the world. There are increased demands placed upon the osteopathic profession by external factors such as globalisation and stricter regulation. In order for the osteopathic profession to face these challenges, it is suggested that there needs to be a better understanding developed of the themes present in osteopathic education. The issue of quality assurance was chosen as the medium through which to compare the osteopathic programmes due to its relevance to debates continuing in the osteopathic profession today.

Literature review

Osteopathic education has been provided in America and Britain for a little over 100 years. Despite this fact, there is a scarcity of extensive research of osteopathic education, especially in the comparison of educational institutes. Therefore, in the review of literature, issues for higher education institutes will be discussed, including the phenomenon of globalisation, concepts surrounding quality and quality assurance, and the stakeholders of higher education. The history and development of the osteopathic profession will also be presented to provide a foundation for the themes identified by this research.

A review of the literature was conducted via the internet, database and hand searches. The primary internet search engine used was 'Google' at <http://google.com>. The databases Emerald, ScienceDirect and EBSCOhost were primarily used for the literature search of a wide-ranging word list including quality assurance, student perspectives, faculty perspectives, higher education, regulation, stakeholders, and osteopathy education. The reference sections of the retrieved articles were also reviewed for relevant literature that may have been missed or excluded from the original search. A date range from 1980 to 2011 was used.

Globalisation and education

Globalisation is a phenomenon affecting all aspects of society. It is the growing interconnection of states to create world systems (Marginson, 1999). These developments of interdependence create a new kind of competition in which politics, economics, sciences, and societies are competing on a global scale. Educational institutes are one of the key areas which are affected, while also in turn having an effect on globalisation (Bradmore & Smyrnios, 2009). The market increasingly forces educational institutes to develop global policies, programmes of global quality, and to produce graduates with global skills (Nguyen & Pudlowski, 2006) in order that their graduates and respective professions are able to compete on an international scale. Paradoxically, while doing so, educational institutes are one of the drivers of globalisation by encouraging international communication and long distance learning through the developments of communication technology (Marginson, 1999).

A further link between globalisation and education is the migration of skilled workers around the globe. Never before has there been a period where the transfer of people has been so universal. The movement of people equally means the movement of money, language, culture and skills. In the year ending October 31, 2009 approximately 44,700 New Zealand citizens left New Zealand on either a permanent or long-term (PLT) basis, which represents 1% of the total population (Statistics New Zealand, 2009). According to a report produced by Statistics New Zealand the majority of those who

leave New Zealand on a PLT basis are from their late teens and twenties (Statistics New Zealand, 2008). Therefore, it is those who have recently completed an education and are taking their skills to the global market; however this trend exists all around the world. Instead of the talked-of “brain-drain” from New Zealand it is more of a “brain-swap” with as many skilled immigrants as emigrants (Callister, Bedford, & Didham, 2006). This further encourages the transfer of skills, education and professions globally.

Globalisation and the transportation of qualifications

In order for the international transfer of skills, education and professions, there needs to be a global understanding, and potential agreement, of what those skills, education and professions mean. It is difficult for a global market to exist without global standards being in place. At present certain countries already have agreements existing between them to allow the transfer of recognised qualifications and the practicing of those qualifications in the new country. For example, medical graduates from the UK, Australia and Northern America are readily accepted to practice medicine in New Zealand (Narasimhan, Ranchord, & Weatherall, 2006). This is due to those countries having similar standards of training and practice and regulatory models to those recognised by the New Zealand Medical Council.

The Osteopathic Council of New Zealand (OCNZ) requires international osteopaths (excepting those registered in Australia, in line with the requirements of the Trans-Tasman Mutual Recognition Act 1997) to pass an entry examination before being able to apply for registration and an annual practicing certificate (The Osteopathic Council of New Zealand, n.d.). Doctors of osteopathy (osteopathic physicians) who are trained in the US are currently allowed to practice in approximately 45 countries (Standen, 2008), whereas osteopaths who are trained in other countries (non-physicians) are not allowed to practice osteopathy in the US. This is due to significant differences between the practice of an osteopathic physician and an osteopath, (which will be discussed further in the literature review).

The Bologna Declaration

In June 1999 the European Ministers of Education developed the Bologna Declaration in recognition of higher education being “a key way to promote citizens’ mobility and employability and the Continent’s overall development” (The European Higher Education Area, 1999, pp. 1-2). The Bologna Declaration, later renamed the Bologna Process, holds the aim to create the European Higher Education Area to be more compatible, more comparable, more competitive, and more attractive for Europeans and non-Europeans alike (European Commission, 2009). The Bologna Process is evidence of the impact of globalisation on the development of education policies and procedures, so much so that the reforms taking place have generated interest from countries around the world. In April of 2009, the *Bologna Policy Forum* took place in Belgium, inviting not only the 46 countries participating in the Bologna Process, but also 20 from outside the participating states, including New

Zealand and Australia (European Commission, 2009). The development of the Bologna Process and the European Higher Education Area could be the ground work for establishing larger global policies and standards in higher education.

A current discussion amongst the osteopathic community in the UK is about the possible impact of the Bologna Process on the undergraduate education of osteopathy in the UK. In 2003 a paper exploring the perspectives of some of the leading osteopathic educators in England on the Bologna process found some conflicts of the education of osteopathy in the UK and in Europe, and how they relate to the Bologna process (Medniuk, 2003). There are fears that the more American model of osteopathy, i.e. osteopathic physicians, that is existent in Europe, could influence the UK osteopathic model, i.e. osteopaths. Although this is somewhat of a stereotype (both osteopathic physicians and osteopaths exist throughout UK and Europe), there are nevertheless, discrepancies within what is considered appropriate training for both osteopaths and osteopathic physicians. In order for osteopathy to come into line with the objectives set out by the Bologna Declaration, such as increased academic mobility, increased quality and cooperation in quality assurance, and increasing the voice of both higher education institutions and the students of them (European Unit, n.d.), there needs to be more discussion and understanding between the different osteopathic educational institutes.

Medniuk (2003) comments that although doctors, physiotherapists and dentists do not necessarily have a common training within their profession they are still recognised throughout the European Union. However, the author later acknowledges that osteopathy lacks the basis for the recognition of osteopathic qualifications across Europe, that is, a clear definition as a profession. Part of the Bologna Process objectives (European Unit, n.d.) is the development of comparable degrees in terms of a credit system and a common standard of quality. In order to achieve these two objectives for the education of osteopathy, there first needs to be established a clear line of what osteopaths or osteopathic physicians do and what is required in the education for the practice thereof. Medniuk (2003) continues by stating that there appears to be a lack of communication and understanding where current principles and ideas can be discussed in order to pave the way for comparable (in terms of content and quality) osteopathic education.

An example of the challenge facing the osteopathic community globally can be seen in a paper reviewing the challenges facing the engineering profession in Australia due to globalisation. Nguyen and Pudlowski (2006) address the issue from the perspective that in order for higher education institutes and the professionals they train to be globally competitive, the educational standards need to be compatible and comparable. They identify five main areas which educational institutes, and by extension professions, need to address in order to achieve standardisation. They are:

- Tackling the problems of nomenclature;

- Identifying basic standards in education (most noticeably within Europe because of the diversity of national practices and laws governing each country);
- Establishing standards of professional qualification across different countries;
- Licensing and registering the profession (particularly those who have obtained their qualification in a foreign country);
- Resolving the issue of the mutual recognition of qualifications/certifications (Nguyen & Pudlowski, 2006).

The osteopathic profession could likewise address these same objectives in order to set the standards for osteopathic education, be it for osteopaths or osteopathic physicians, and thus aid in the improvement of the recognition of osteopathy globally.

It should be noted that it is not the researcher's opinion that the osteopathic profession as a whole should be united under one model of osteopathy; the diversity that exists within osteopathy can be appreciated when it is understood that osteopathy is an art as well as a science. What the researcher suggests, however, is that there are themes existing within osteopathic education by which osteopathy can be better understood in a global context; by this study the researcher hopes to review some aspects of those themes.

The osteopathic profession

The history and development of the osteopathic profession in America

The osteopathic profession was first developed in the mid to late 19th Century by Andrew Taylor Still, an American medical doctor who became frustrated with the allopathic medicine's preoccupation with treating patients' symptoms rather than approaching treatment based upon an holistic philosophy of health. In 1892 he opened the American School of Osteopathy (ASO) in Kirksville, Missouri. Both the profession and the school grew quickly.

Throughout the following years, several associations were formed in order to protect the standards of osteopathy, both in education and professional practice. As early as 1897, the American Association for the Advancement of Osteopathy was formed; the name was changed to its current form in 1901, the American Osteopathic Association (AOA). Its purpose was to enforce educational standards and provide a committee of education. It was also developed to promote the profession of osteopathy.

By 1898, educators at the ASO formed the Associated Colleges of Osteopathy (ACO) with five other osteopathic schools. The ACO set the standards of curriculum, length of study and professional standards for flagship schools. Even in these early days of osteopathic education, standards of quality and education were being established. Those developing the osteopathic profession recognised the

importance of implementing a set of recognised standards to protect the osteopathic principles developed by Still.

Over the following decades, the osteopathic profession strove to achieve the same recognition as medical doctors, after having been rejected by the medical profession of the day and labelled as a cult until the middle of the 20th Century. From the 1930's onwards, changes were made in the osteopathic curriculum in order for students to be able to more easily pass external science and licensure exams. Yet, according to Gevitz (1996) “the radical ideology that characterised early osteopathy . . . progressively weakened” (p. 33) as osteopathy attempted to achieve parity with the medical profession.

In a paper calling for the reform of osteopathic medicine in America to a more “separate but equal” model of practice, authors Meyer and Price (1993) showed the transition of osteopathy in America from a manual medicine to one that has little distinction to that with allopathic medicine (Table 1).

Evolution of Osteopathic Medicine's Mission and Identity	
Time span	Mission/identity
1892 to 1950	Manual medicine
1951 to 1970	Family practice/manual medicine
1971 to present	Full-service care/multispeciality orientation

Table 1 (Meyer & Price, 1993)

The debate continues today over whether or not osteopathic medicine is distinctive; if so, should osteopathy attempt to retain its distinctiveness or should osteopathic medicine change its name in order to be more closely aligned to allopathic medicine (Bates, Mazer, Ledbetter, & Norander, 2009)? Further questions facing the osteopathic medicine profession in the US are centred on defining what osteopathic distinctiveness is, be it osteopathic philosophy or Osteopathic Manipulative Therapy (OMT) (Patterson, 2006); and why it appears that OMT is being used less amongst osteopathic physicians (Allee, Pollak, & Malnar, 2005; Chamberlain & Yates, 2003; Gamber, Gish, & Herron, 2001; Johnson & Kurtz, 2001)

History and development of osteopathy in the UK

Osteopathy in the United Kingdom developed quite differently to its American counterpart. While American trained osteopaths moved to the UK in the early part of the 20th century, it is generally acknowledged that Dr John Martin Littlejohn was responsible for establishing osteopathy within the UK by opening the British School of Osteopathy (BSO) in 1915. However, the history of osteopathy within the UK is best described as fractious. There arose a division between those who had been

trained under the American model as doctors of osteopathy (united under the British Osteopathic Association (BOA)), and the faculty and new graduates from the BSO. Furthermore, there developed concerns over the poorly trained practitioners, legally practicing as osteopaths, which led the BSO and BOA to present a bill to the House of Lords to prevent the practice of untrained osteopaths in 1935. This was the first attempt to bring osteopathy under greater regulation and recognition. The bill did not pass and instead it was suggested that there be a voluntary register.

The lack of structured regulation meant that for the greater part of the 20th century, the divisions of osteopathy within the UK increased. The range of osteopathy being purported included medical doctors trained in osteopathic manipulation, those who practiced other alternative therapies alongside osteopathy, and other osteopathic modalities often linked with the French and Belgian schools, such as cranial and visceral manipulation. There were also independent osteopaths who declined to align to any of the four organisations present for osteopathic registration. Somewhere in amongst the factions existing within osteopathy, lay osteopaths who still maintained a musculoskeletal therapy based upon a general approach to health; it is this form of osteopathy, along with elements from the aforementioned osteopathic modalities, which is largely present in the UK today. The full extent of the osteopathic divisions and developments in the UK up till the late 1980's is explained in Hans A. Baer's paper exploring the divergence of osteopathy in America and Britain (Baer, 1987).

By the 1990's osteopathy started to gain more recognition so that in 1993 the Osteopaths' Act led the way for the registration of osteopaths. In 1998 the BOA amalgamated all osteopathic organisations to make one central point for the independent representation of osteopaths. In 2000 the General Osteopathic Council (GOsC) was formed to register osteopaths practicing within the UK in order to maintain the standard of osteopathy practiced and to protect the public. It is now illegal for osteopaths to practice without registration with the GOsC.

The formation of the GOsC has allowed the osteopathic profession in the UK to work with the Quality Assurance Association (QAA) which sets the standards for all higher education institutes in the UK. Together, the GOsC and the QAA developed the "Handbook for the General Osteopathic Council Review of Osteopathic Courses and Course Providers" (henceforth referred to as the GOsC Handbook) to set the general expectations of standards of osteopathic education. The Subject Benchmark Statement was produced by the QAA at the request of the GOsC, and describes the curriculum for an osteopathic education programme. The GOsC has also developed in collaboration with osteopathic programmes in the UK and abroad, the Standard 2000, detailing the skills required of an osteopath.

History and development of osteopathy in NZ and current global status

Unlike in the UK and the United States, it appears that there was never a strong desire amongst the osteopaths practicing in NZ to align osteopathy with the medical profession. Despite being viewed as fringe medicine, and obscure in terms of the accepted medical practice, a few osteopaths gained admirable reputations (Bowden, 1989). By the 1970's it was clear to established practicing osteopaths that osteopathy needed to develop legislation in order to protect both the public and the profession. The New Zealand Register of Osteopaths Act was enacted in 1978 and was the first Act to be administered solely by osteopaths. Despite the forward thinking of the osteopathic community in terms of legislation, the educational efforts remained relatively unstructured until the development of the Bachelor of Applied Science (Human Biology) and the Master of Osteopathy at Unitec, a polytechnic institute in Auckland. Osteopathy in New Zealand is currently practiced in a similar manner to the UK and all osteopaths must be registered with the Osteopathic Council of New Zealand (OCNZ) in order to use the title 'Osteopath', and be in possession of an Annual Practising Certificate in order to practise.

Globally, osteopathy is practiced in over 50 countries, with osteopathic physicians also practicing in 50 countries. Osteopathic education programmes exist in more than 20 countries, with osteopathy regulated in less than half of the countries in which it is practiced (Standen, 2008). There nevertheless exists an ongoing effort by the osteopathic community to work together with educators, regulators and associations to advance osteopathy on a global scale (Standen, 2010). This study hopes to explore through the viewpoint of quality and quality assurance within osteopathic education some themes pertinent to the osteopathic profession globally.

Quality

Since the inception of the osteopathic profession, there has been an emphasis on maintaining the quality of the profession. This applies firstly to the education of osteopaths and then to the continuing maintenance of a standard of quality in practicing osteopaths. However, the question remains, what does quality mean?

Defining quality is an important factor for all aspects of society, including education. Before any assessment of quality can be implemented, it first needs to be known what is being assessed. Yet, quality is an abstract concept and is better defined in terms of its dimensions and variables in order to understand all that the concept of quality encompasses.

Supply and demand

At the most basic level, quality can be considered from two perspectives, the supply-side and the demand-side (Gatfield, Barker, & Graham, 1999). The supply-side comes from managerial

responsibility for defining quality. It is concerned with organisational objectives that are specific and quantifiable, definitions of fitness for purpose and economic efficiency. The other aspect of quality is the demand-side, which comes from consumer driven determinants of quality. Historically, higher education has been a supply-side approach to defining the quality of the services provided. However more recently, research has been increasingly exploring the demand-side and who are classified as the consumers and how their perceptions of quality impact the definition of what quality is (Gatfield, Barker, & Graham, 1999; Geall, 2000).

Basic quality definition

In general terms, the dimensions of quality can be expressed in five distinct yet interrelated definitions:

1. quality as exceptional (e.g. high standards);
2. quality as consistency (e.g. zero defects);
3. quality as fitness for purpose (fitting customer specifications);
4. quality as value for money (as efficiency and effectiveness); and
5. quality as transformative (an ongoing process that includes empowerment and enhancement of customer satisfaction). (Lagrosen, Seyyed-Hashemi, & Leitner, 2004; Becket & Brookes, 2006).

For the purpose of this study, these are the definitions that will be used in identifying quality. However, it is still important to recognise finer concepts of quality that focus upon the consumer conceptions of quality in order to understand the application of quality in quality assurance.

Concepts within quality

Barnett (1992) offers the concept of quality in three terms: objectivist, relativist and developmental. Objectivist and relativist concepts are related to external customers of higher education; these can be identified as regulating authorities of both the educational institute and the professional bodies (Sahney, Banwet, & Karunes, 2004). While both concepts are primarily interested in the 'inputs' and 'outputs' of an educational institute, the objectivist concept of quality concentrates upon quantifiable aspects of education such as the research conducted by the teaching staff, or degree results of the students in order to define quality; the relativist concept, as defined by Barnett, refers to quality as 'fitness for purpose', including a 'golden standard'.

The third concept of quality identified by Barnett relates to the internal customers of higher education, which are the faculty, administrative staff, and the students. Rather than assessing quality as quantifiable, the developmental concept of quality considers the processes of a higher education institute, making quality a qualitative concept.

Furthermore, these three concepts cover the supply (higher education institutes) and demand (students, regulating authorities and professional bodies) sides to quality. All three quality concepts thus are required to encapsulate the broader scope of quality (Sahney et al., 2004) and form a platform from which the totality of quality assurance can be expounded.

Quality assurance

Quality assurance has to do with the evaluation and management of the quality of an institute. As discussed previously, quality in education focuses primarily on three aspects: inputs, process and outputs. Quality assurance analyses these three aspects, however, how that analysis is undertaken is a point of constant debate.

As demands on higher education evolve, the perspectives of the quality assurance likewise change (Cheng, 2003; McKay & Kember, 1999; Mizikaci, 2006). Cheng (2003) reviews the progression of quality assurance models over the past three decades, noting that quality assurance developed depending on the demands required from the various stakeholders of higher education. From higher education institutes being largely self-responsible for assessing internal processes, to the increase of external stakeholders necessitating a shift of focus of quality assurance, Cheng (2003) goes on to show the more recent increase of internal stakeholders' demands upon education in an increasingly global market. Similar conclusions are to be found in Law (2010a) and Becket and Brookes (2006).

It is argued, nevertheless, that each quality assurance model lacks the rigorous framework in which a complete picture of the education process can be viewed and analysed (Law, 2010a). Each model presents a diverse approach to the inputs, processes and outputs of higher education; consequentially there is on-going assessment and change of quality assurance. What has become increasingly evident in the quality assurance arguments is the existence of three distinct stakeholders of higher education and hence the quality assurance of that education (Barnett, 1992; Becket & Brookes, 2006; Tsinidou, Gerogiannis, & Fitsilis, 2010). These stakeholders can be classified as either external, such as governing authorities (including professional authorities), or internal, meaning the faculty (representative of the educational institute) and arguably the students themselves as paying 'customers' of higher education.

Stakeholders in higher education

Regulating authorities

Government educational authorities and professional bodies are increasingly assessing quality assurance practices within higher education as both the demand for and the expenses of education increase (Law, 2010a). The reason lies within an enhanced awareness of the need for accountability

and control. Higher education institutes are called to accountability by the customers of education – the students and the work force into which the students will enter upon graduation (Reid, 2010), and by extension, the public that the graduates will be serving. The control of higher education institutes is perceived to be necessary in order to ensure the standardisation of higher education nationally, and to maintain the ability to compete in a global market (Barnett, 1992).

In an example of the collaboration between regulating authorities, the UK's government educational authority, the Quality Assurance Agency (QAA) has worked with the statutory regulator for osteopaths, the General Osteopathic Council (GOsC), and the osteopathic professional association, the British Osteopathic Association (BOA), to develop a subject benchmark statement to guide (and not dictate) the internal quality assurance of recognised osteopathic programmes in the UK (The Quality Assurance Agency, 2007). This quality assurance development is in line with what Barnett (1992) discusses as the importance of governmental and professional authorities concerning higher educational institutes' right to maintain the institutions' individual functions while still upholding comparable standards of quality.

It can be argued that having external quality measures imposed upon a higher education institute can limit that institute's autonomy and freedom (Marginson, 1997). However, if a higher education institute is to compete in a global market, or if a profession such as osteopathy is to gain greater recognition and credence, it is important that quality assurance is applied, by both external and internal measures.

In an internal study of a higher education institute, Reid (2010) demonstrates that if an organisation wishes to understand a problem, it is necessary to ask those who have a vested interest. Although governmental and professional regulating authorities are essential in maintaining quality at a national level, in order to understand the processes that exist within an institute, one must consider the perspective of the internal stakeholders. With regards to higher educational institutes, this relates to the staff and students.

Staff

The staff's perspective of quality within a higher education institute has been relatively ignored since students' opinions have dominated the determinants of quality in the past two decades (Bingham & Ottewill, 2001; Crumbley, Henry, & Kratchman, 2001). It has become a concern that the staff are losing a level of control over their profession and are becoming dictated to by the expectations set upon them by the students' concerns (Crumbley et al., 2001).

As the interface between the higher education institute and the students, the quality of an institute is largely reflected by the staff members – faculty and administration alike. While Barnett (1992) argues that it is the students who do the achieving in education, it is the staff who deserve the credit when an

institution is described as being of high quality. This, however, implies that the staff have nothing to achieve in higher education. On the contrary, Bingham and Ottewill (2001) and Sahney et al. (2004) show that the staff of a higher education institute are also stakeholders of that institute and have much to achieve in terms of course development and professional development. The staff therefore have different, but equally valid, requirements and expectations of a quality service. Bingham and Ottewill (2001) further explain that the professional judgement of the staff members deserves recognition where quality assurance is involved. As the staff are able to see the educational process from start to finish, they are more aware of the 'big picture' in education, whereas students are usually only aware of their current situation. Therefore it is the responsibility of all staff to have an awareness of, and take part in, the quality assurance measures of a higher education institute (Rowley, 1995).

Students

Unlike the staff of higher educational institutes, the student's role within quality assurance has been an ongoing and increasing debate (Bingham & Ottewill, 2001). In a world which is driven by consumer demands, the development of the student as a consumer of education has forced quality assurance systems to adjust to their expectations (Sahney, et al., 2004; Barnett, 1992).

The student perspective of quality within higher education is nonetheless not without its conflict. As previously mentioned, students do not have a full understanding of the entire educational process and therefore can only make judgements from their limited perspective. However, as a student progresses throughout the education process, their perception and understanding will likely also progress (Rowley, 1995). Another consideration is that students often consider quality and quantity as synonymous, showing a dependency orientated attitude towards receiving education (Barnett, 1992); whereas the current trend of quality in higher education is that of encouraging self-directed learning. Curricula is "delivered rather than taught" and understanding and knowledge become "competence and information" respectively (Law, 2010a, pp. 64-65). This may then lead to discrepancies between the student and institutional concepts of quality education.

A more serious concern is discussed by Crumbley et al. (2001) where they question the validity of students' evaluation of teaching. The authors cite examples of students' evaluations as biased towards those teachers who allow easy grades or decrease work-load; and even cases where students may lie in order to 'punish' a teacher that they did not like. Where a person's professional career and the reputation of an institution are at stake, the student perception of quality must be taken with care.

Despite the concerns, the student perception of quality in higher education does play a vital role. Students bring a unique perspective to the educational process (Joseph, Yakhou, & Stone, 2005). By utilising data gathered from people of varying levels within higher education, the management can gain a more complete understanding of the institution as a whole, leading to better practice (Reid,

2010). It may be argued that the educational process is focused upon the student, and guiding the student to achieve; as Barnett (1992) states, a higher educational institute cannot exist without students. Therefore, the student perceptions of the quality of their educational experience are essential to evaluate and include as part of the quality assurance process.

Summary

There is a wide diversity of osteopathic education around the world. The US and the UK, as the most established countries offering osteopathic education, demonstrate the divergence of the osteopathic profession between osteopathic physicians and osteopaths. Within the UK, the historical development of osteopathy has led to a variety of osteopathic modalities. Despite the differences in osteopathic education, there is little research exploring the comparisons between osteopathic education programmes. QA is an important common issue facing not only the osteopathic education programmes, but also the profession as a whole. Therefore, it is suggested that comparing and contrasting the staff and student perspectives of QA is a valid method to begin the process of comparing osteopathic programmes intranationally, and internationally.

Methodology to method

In this section, the methodological framework of the research is provided, along with the details of the method used. Questions relative to the choice of methodology are answered, including the reasons for conducting a pilot study that is qualitative and interpretive description in design. Information about the sample, data collection method and data analysis method is provided, followed by the ethical considerations for this research. Finally, the rigor and credibility is addressed.

Why Qualitative?

To date, little research has been conducted comparing osteopathic programmes internationally. The research that has been conducted has largely focused upon surveys and quantitative data (Standen, 2008; Zegarra-Parodi, 2008). While quantitative research methods are useful for establishing a foundation and framework for comparing educational institutes (Wilson, 2009), the results may not necessarily be applied in practice. In comparative research this is particularly true as external factors such as culture, economics and politics cannot be ignored in their influence upon education (Zajda, 2009; Redmond, 2003). What may be applicable in one country, or even one education institute, may not be applicable in another (Alaniska, et al., 2006). Qualitative research has long been utilised in the exploration of the social sciences, but amongst the health sciences, qualitative research has in the past been relatively limited. A misapplication of appropriate qualitative research methods has led to questions of rigor in qualitative research (Hunt, 2009). However, when used appropriately, qualitative research may extract richer data than what can be achieved by quantitative research (Wilson, 2009).

The osteopathic profession is anecdotally known to encapsulate many different models of practice. Although much can be learned of osteopathic education through quantitative research, the rationale for employing a qualitative research methodology was driven by the desire to explore more fully how the variety within osteopathy may influence osteopathic education. Interpretive description was used as the methodological framework for this research.

Why Interpretive Description?

Interpretive description explores realities that are “local in nature, socially and experientially based, and contingent in form and content on the persons who hold them” (Hunt, 2009, p. 1285). Interpretive description allows for the natural variations that inevitably occur when individuals’ perspectives on a particular phenomenon are sought. The basis of interpretive description acknowledges the researcher’s own theoretical and practical knowledge of the subject brought to the inquiry (Hunt, 2009; Thorne, Reimer Kirkham, & O’Flynn-Magee, 2004). As an osteopathic student and student

representative exposed to quality assurance issues in the osteopathic programme in New Zealand, I was able to use those experiences as a foundation for exploring other student and administrative perspectives of QA.

The product of interpretive description aims to form a “coherent conceptual description that taps thematic patterns and commonalities believed to characterize the phenomenon that is being studied” (Thorne, Reimer Kirkham, & O’Flynn-Magee, 2004, p. 4). Thus interpretive description was deemed a suitable methodological framework for a comparative study which would be largely based upon subjective experiences.

Why a pilot study?

During the initial development of the research topic it became clear that the potential scope of research was vast. As a study of this nature had not been previously conducted in the comparison of osteopathic education programmes, it was evident that a preliminary research protocol needed to be established in order to produce a foundation from which larger and more in-depth studies could be based. A pilot study is useful for uncovering potential problems such as research techniques, biases and limitations, which may influence the research process, as well as building a foundation for more detailed inquiry (van Teijlingen & Hundley, 2001). Through the use of interviews and focus groups, this research attempted to identify themes which would better inform the development of further comparative research for osteopathic programmes.

Sample

The US and the UK were chosen as the two countries in which to base this study, as it is there that osteopathy has its longest history. Two programmes were to be selected from one country, with the third programme chosen from the other country. Three osteopathic programmes in the UK and three colleges of osteopathic medicine in America were contacted by email inviting them to participate in this study. One osteopathic college in America and two osteopathic programmes in the UK accepted the invitation. Once the invitation had been accepted, further information concerning the research process was provided and each school agreed to continue their participation.

The participants of each osteopathic programme fell into two categories. Firstly, the staff member most responsible for the QA processes of the programme was invited by email to conduct an interview. The participating staff member was to be known as the Key Informant of that school. All Key Informants of the participant schools agreed to take part in the study. An information sheet (Appendix B) was then provided to each Key Informant and they were invited to ask questions for clarification about the research or interview. The Key Informant became the main contact for each

school and provided documents detailing the QA process which formed the structure of the interviews. The Key Informants also played an important role in assisting in the recruitment process for the students. At one school an additional staff member assisted the Key Informant during the interview by providing further detail for certain questions which the Key Informant felt they could not answer sufficiently. The perspectives of this staff member were considered to be equal to those of the main Key Informant for that school.

The second group of participants were students representing each level of the osteopathic programme who participated in a focus group at their school. Students were recruited through posters (Appendix A), and information provided to student representatives to be extended to all students. In one case where I was present at the school to conduct the focus group I personally introduced the study to each class. I then left information about the study for interested students to contact me at a later time in order to avoid the coercion of participants. Students could then email or telephone me to express their interest to participate. Once a student had shown interest, an information sheet (Appendix C) was emailed in return, or handed to them personally if I was present at the school. If a student still wished to continue in their participation, they were then invited to ask further questions about the research or the focus group for clarification.

One interview and two focus groups were conducted face-to-face, with the remaining two interviews and one focus group conducted via Skype™. The number of student participants for the three focus groups were six, seven and eight. At two schools no second year students were present. All other year groups were represented by one to three students. For the face-to-face interview and focus groups consent forms (Appendix D) were signed by all participants. For the interviews and focus group where I was not personally present, written consent in an email alongside recorded verbal consent were considered sufficient for the requirements of informed consent, as agreed by the Unitec Research Committee ethics committee.

The only inclusion criteria required for the Key Informants was that they be the main staff member concerned with the QA process of the osteopathic programme. There were no exclusion criteria for the Key Informants. For the student participants, the inclusion criteria stated that they needed to be a current student of the participating osteopathic programme. No exclusion criteria were created for the students. It was questioned if there needed to be an exclusion criterion for student representatives of the relevant osteopathic programmes due to their unique insight into the QA methods used. However, it was deemed that a mixture of student representatives and ordinary students would create a more realistic student voice. While no effort was made to recruit student representatives separate from ordinary students, between one and two student representatives participated in each focus group.

Data collection method

In interpretive research, interviews and focus groups are common methods of data collection, along with “collateral documentary sources” which add to the broader knowledge of the topic (Hunt, 2009). The triangulation of multiple data collection methods, attempts to avoid an over-emphasis of the data gathered through interviews alone, and places the interpretation of the data in the wider context of the phenomenon of interest (Thorne, Reimer Kirkham, & O’Flynn-Magee, 2004). Furthermore, the use of focus groups aimed at providing a mechanism that reflects the diversity of characteristics typically present within osteopathic student bodies, and captures the range of opinions that are likely to be associated with that diversity. Semi-structured interviews are useful for allowing the deviation of the questions to gather unexpected information, while maintaining the structure of the interview plan (Nicholls, 2009). The same principles may also be applied to semi-structured focus groups. The structure style of the interviews and focus groups was important in allowing the subjectivity of the perspectives gathered and the exploration of issues not previously considered, although it was also necessary to maintain a recognisable structure to prevent unnecessary data gathering.

Project design

The communication programme Skype™ was used to conduct the interviews and focus group where I could not be personally present. Skype™ is a free programme that allows the user to make free calls from computer to computer over the internet if talking to another person using Skype™ or at low costs if calling a mobile or landline. Skype™ may also be used to perform video calls. Skype™ is available for download from www.skype.com. The two participating schools for which Skype™ was required had existing Skype™ accounts. For the two interviews conducted through Skype™, a simple computer to computer call was used. The one focus group that utilised Skype™ was conducted as a video call where I could see the students and all the students could see me. This encouraged a more personal environment and assisted me in identifying each individual student during the focus group and analysis process. One interview and two focus groups were conducted face-to-face. The interviews ranged in length from between 45 minutes to 90 minutes with an average length of 65 minutes. The focus groups ranged in length from 70 minutes to 135 minutes with an average length of 95 minutes. Interestingly, the shortest focus group produced the largest transcript due to the speed at which the students spoke.

The interviews and focus groups were recorded using several methods. The interviews and focus group conducted through Skype™ were digitally recorded at the school, and the audio file was then emailed to me. I also simultaneously used a programme called PowerGramo™, which is available from www.powergramo.com. A professional version was bought by the School of Health Science at Unitec. PowerGramo™ is a programme specifically designed to record Skype™ calls. When both programmes run simultaneously, PowerGramo™ will start recording automatically as soon as a

Skype™ call is started. Two recording methods were used in case one method failed. Only the audio content of the focus group video Skype™ call was recorded. The face-to-face interview and focus groups were recorded with a personal Dictaphone. For one interview and one focus group only the single recording method was used due to limited resources. The final face-to-face focus group conducted also utilised a direct digital recording onto my personal computer to ensure a second copy of the focus group. At the beginning of the interview or focus group, the participants were reminded that they were already being recorded. Reminding them gave them an opportunity to withdraw consent if they were not happy being recorded. It is noteworthy that the digital recordings were of higher quality and easier to use than that of the dictaphone.

Interviews

QA documents detailing the QA methods of the osteopathic programme were provided by each Key Informant. These documents were used to familiarise myself with each QA structure and to form the basis of the questions exploring the Key Informants' perceptions and perspectives of the QA methods. Due to differences in osteopathic regulation between the two countries, the America QA documents differed in structure to the QA documents of the two British schools, thus informing the interview structure differently. While an interview schedule was created addressing the same issues, the difference between the American and British interview structure highlighted some national and osteopathic cultural differences which contributed to the data. The outline of the interview schedules is provided in Appendix E. The semi-structured interview style gave me a framework in which to direct the questioning. Sometimes a response would answer more than one question, while at other times the schedule was used for prompting the Key Informant. The semi-structured interview allowed me to clarify statements and explore relevant issues raised by the Key Informant which had not been apparent in the QA documents. As I became more experienced with the interviews I was able to incorporate my growing understanding of QA methods into the interview and develop a more conversational interview process.

Focus Groups

Prior to commencement of the interviews and focus groups an informal meeting with fellow students and research supervisors was conducted to develop the focus group schedule (Appendix F). This was useful to develop questions appropriate for students who had little or no understanding of QA methods, and to explore how they might perceive those methods. At the start of each focus group the students were asked to define quality and quality assurance, and what methods they believed their osteopathic programme employed. I then provided an outline of the QA methods used and invited the students to describe their perceptions of those methods.

The main challenge of the focus groups was to maintain the structure of the conversation. Once the students had discussed a certain issue they were prone to continue describing other concerns which

were not relevant to the research topic. The semi-structured style of the focus group allowed the students some freedom to explore issues surrounding the QA methods; nevertheless, the focus group schedule was very valuable for guiding the students' conversation and maintaining the relevance of the data gathered. The students were encouraged to clarify and elaborate on their responses.

Data analysis method

An inductive thematic analysis was conducted for the interpretation of the data. This is in keeping with the recommendations for interpretive description research (Hunt, 2009; Thorne, Reimer Kirkham, & O'Flynn-Magee, 2004). Instead of employing a pre-determined coded analysis of the data, which may overwhelm the theoretical themes in favour of the technical themes, repeated immersion in the data was conducted prior to the development of coding and classification (Thorne, Reimer Kirkham, & MacDonald-Emes, 1997). This method of thematic analysis encourages the development of "a coherent conceptual description that taps thematic patterns and commonalities believed to characterise the phenomenon that is being studied and also accounts for the inevitable individual variations within them" (Thorne, Reimer Kirkham, & O'Flynn-Magee, 2004, p. 7).

The interviews and focus groups were transcribed by me as this afforded an opportunity to familiarise myself with the data and develop initial conceptual impressions. These impressions were recorded in an informal journal. Each transcript was read through once without making any notes. A further three readings were performed to write notes on the transcripts about words, concepts and themes which were repeated or considered important. The notes were then correlated into comprehensible themes, which were then presented in thematic tables with relevant quotes (an example is provided in Appendix G). The analysis was conducted in a specific order. The interviews and focus groups were initially analysed separately. A fourth reading was then conducted prior to the analysis of the interview and focus group of each school. Finally, all transcripts were read a fifth time before analysing the intranational and international themes. The extra readings were useful for identifying concepts in the transcripts, which, when viewed in isolation, were not apparent initially. Throughout the analysis, I referred the thematic developments to my initial conceptual impressions recorded in my journal. This enabled me to check the influence of any preconceptions on the analysis of the data. The interview and focus group thematic tables were used to inform the development of the thematic tables for the individual analysis of the schools, and the intranational and international analysis. The final thematic tables formed the basis for the presentation and analysis of the data in the chapters Analysis Parts 1-3.

Ethical considerations

Prior to the commencement of the research, a full ethics proposal was submitted to the Unitec Research Ethics Committee and was subsequently approved. The ethical issues relevant to research are: anonymity and confidentiality, data security, withdrawal from the study and the risks and benefits of participating in this study.

Anonymity and confidentiality

Each interview and focus group was personally transcribed by me so that anonymity and confidentiality could be maintained. The information was stored on my personal computer in password protected files, to which only I had access. Each participating osteopathic programme was assigned a generic pseudonym. The QA staff members were each called the Key Informant of the relevant school. No attempt was made to identify the individual student participants, except by stating their academic year when necessary for the interpretation of the data. Thus, every endeavour was made to ensure the anonymity of the participants. Due to the nature of the data which identifies cultures within osteopathic programmes, it is possible that a reader of this dissertation may recognise characteristics of the individual schools. In order to preserve anonymity, identifiers such as validating universities and specific geographical locations were not named.

Storage and destruction of materials

All interview and focus group recordings, transcripts, email correspondence including the emails containing the consent for the interviews and transcripts, and the thematic analyses have been stored on my personal computer to which only I have access, as well as being kept in password protected files. The consent forms for the face-to-face interview and focus groups along with my research journal are kept in a filing cabinet to which only I have access. The printed copies of the transcripts made for the data analysis have been destroyed.

The audio files, electronic transcripts, the signed consent forms and the emails giving consent for the interviews and focus groups will be kept for five years in accordance with Unitec New Zealand's regulations for research projects. After this time, all computerised files comprising the transcripts and audio files will be deleted and the consent forms and any other written information will be shredded.

Withdrawal from study

All participants were informed that they were able to withdraw from the study prior to and during the interview or focus group. Any participant had the ability to withdraw their data up to two weeks after the interview or focus group. None of the participants wished to withdraw their responses and only the students of *School A* wished to reconfirm the anonymity of their identity. After an extensive re-explanation of the methods employed to maintain their anonymity, the students were happy to

continue their participation in the research, as they felt that their contribution would be beneficial to the study.

Risks and benefits of participation

A risk of participating in this study was the exposure of potentially controversial issues in the QA of the osteopathic programme. In particular the students of one school were more aggressive in their criticism of the school. This reaction was monitored during the focus group and acknowledged throughout the analysis process. The data were presented in a non-judgemental manner to allow the expression of the students' perspectives while maintaining a balance with the Key Informant's perspectives. Possible reasons for the students' more critical approach were suggested, but explanations of the issues criticised were not attempted.

The Key Informants potentially benefited from this study by being asked to review their QA methods, thereby undergoing an informal self-examination process. The main benefit was for the osteopathic programmes who participated by the presentation of comparative data between the Key Informant and the students, and between other osteopathic programmes. The participant programmes would be enabled to view themselves in relation to other osteopathic programmes in future studies.

Rigor and credibility

The rigor and credibility has been attempted to be established through a variety of means. Although the value of an audit trail can be questioned (Thorne, Reimer Kirkham, & O'Flynn-Magee, 2004), I nevertheless felt it important to maintain a record of the development of my ideas, concepts and biases. These records proved useful as a reference point throughout the research process, which I could refer to and reflect upon my development as a researcher, and the potential influences upon the analysis of the themes identified.

However, the main rigor and credibility of this research was established through the presentation and contextualisation of the data (Thorne, Reimer Kirkham, & O'Flynn-Magee, 2004). The relation of the themes identified by this research to issues present in osteopathic and higher education literature implies the validity of the data and themes presented. Furthermore, Emden & Sandelowski (1999) suggest that a "criterion of uncertainty" is included as part of the rigor and credibility of the research. The authors describe the concept as "an open acknowledgement that claims about our research outcomes are at best tentative" (p. 5). I have attempted to maintain an honesty of the transferability of this research by acknowledging the requirement of further research to be conducted before the extent of the value of this research is known. Thus, through an audit trail, the contextualisation of this research, and the presentation of the research limitations, the rigor and credibility of this research are maintained.

Researcher bias

Prior to the commencement of the research process I was aware that, as a student myself, I could potentially hold bias towards the student perspective. However, during the research analysis I also became aware of potential bias towards the British perspective as a New Zealand and British citizen and an osteopathic student with several British-trained lecturers. I therefore attempted to reduce this bias by maintaining a close observation of my personal interpretation of the data, and to question my motives at each stage of the analysis. My self-analysis was recorded in my research journal and referred to throughout the analysis and write-up of the research to assess any influence of my bias upon the interpretation of the data.

Summary

The research presented in this project is a qualitative pilot study of the perspectives on QA methods presented by a Key Informant and students at three osteopathic programmes in two countries. Interpretive description was used as the methodological model because it encourages the development of a coherent conceptual description of the common themes believed to characterise the phenomenon studied. Two osteopathic programmes from the UK and one osteopathic college in the USA participated. At each school, an interview was conducted with a Key Informant, as well as focus group with a minimum of six students. QA documentation provided by the Key Informants formed the basis of the development of the interview schedules. The focus group schedule was developed through the collaboration of osteopathic students and lecturers at the Unitec Institute of Technology. An inductive thematic analysis of the data was performed to identify themes that were both common and different amongst the three participating osteopathic programmes. Ethical approval was provided by the Unitec Research Ethics Committee. Ethic issues of the study included anonymity and confidentiality, storage and destruction of materials, withdrawal from study, and the risks and benefits of participation. The rigor and credibility of the research was maintained by the use of an audit trail, the contextualisation of the themes within the larger picture, and the acknowledgement of the limitations and potential biases of the research.

Analysis Part 1

The first section of the analysis will begin by analysing and comparing the interviews conducted. The second part of this section will deal with the analysis and comparison of the focus groups.

Part 1a: Interviews with the Key Informants

The analysis of the interviews conducted with the Key Informants of each osteopathic programme revealed six major themes: accreditation and reporting, end-product focus, faculty, students, QA in action and QA ethos.

Accreditation and reporting

The first theme to emerge is that of accreditation, and alongside that, reporting. *School A*, as an osteopathic college in America, is responsible to three accreditation agencies. The American Osteopathic Association (AOA) is the over-arching organisation regulating osteopathy within America. Their involvement with the Colleges of Osteopathic Medicine (COMs) includes student achievement, programme effectiveness and opportunities for improvement. Each COM must be administered in accordance to the AOA accreditation standards in order to be legally recognised. The Commission of Osteopathic Accreditation (COCA) as part of the AOA is responsible for the accreditation of the COMs. Alongside the AOA is the American Association for the Colleges of Osteopathic Medicine (AACOM), representing all the osteopathic colleges within America. While membership is not compulsory, all COMs in America belong to AACOM. *School A* is also accredited by an additional higher education accreditation commission.

As the main osteopathic accreditation agency, the AOA has a large influence on the QA of a COM. A major aspect of the AOA QA accreditation identified by the *School A* Key Informant is the Core Competencies set out by the AOA as the minimal requirements for an osteopathic graduate. It is through these five competencies that *School A* analyses each subject in order for their students to achieve these competencies upon graduation. Even the recruitment of students and faculty is based around the Core Competencies, in that the questions used in the interview process “specifically get at our understanding of how well prepared they will be able to demonstrate the outcome competencies”. These Core Competencies were adopted by the AOA from the National Board of Osteopathic Medical Examiners (NBOME) whose subcommittee on Competency and Evidence-Based Medicine developed the seven osteopathic medical competencies in response to the growing demand for a valid method to assess a student’s clinical skills (National Board of Osteopathic Medical Examiners, 2006). On a larger scale, *School A* also administers itself by the accreditation standards as defined by the AOA. The *School A* Key Informant explained, “If a faculty member, for example, has a new idea of something they wanted

to do, the first question is ‘well, to which standard does this speak?’” If an accreditation standard is not met, then the college must assess if the idea merits the required *School Curces* or not; if not, then the idea is not implemented. The focus of the management of *School A* appeared to be upon strict compliance with the accreditation standards of the AOA.

In the same manner that *School A* is accredited by both a professional and an education body, so too are *Schools B* and *C*. As osteopathic programmes within the UK, each must be accredited by the General Osteopathic Council (GOsC) and the Quality Assurance Agency (QAA). Each programme also is accredited by a validating university. At the time of the interview, *School C* was phasing out one validating university and introducing a new validating university. Osteopathic programmes in the UK have three main QA documents. Firstly, from the GOsC, the *Standard 2000: standard of proficiency* (General Osteopathic Council, 1999), which was at the very beginning of professional regulation according to the *School B* participant. The *Standard 2000* describes the “competencies required of a professional osteopath” (*School B* Key Informant). The *School B* Key Informant described the *Standard 2000* as giving a clear idea of “what we’re meant to be aiming for”. The *School C* Key Informant explained that “you can only infer curriculum content from it” as it is couched in terms of the capabilities of graduates and practicing osteopaths. When asked if the students are aware of the *Standard 2000* and use it in light of the fact it describes the qualities of a graduating osteopath, the *School B* Key Informant replied that the students were aware of the *Standard 2000*, however it is of more use to the institution rather than the students. The *School C* Key Informant replied that the students were given a copy upon their entrance into the clinic, and knew that it is the basis of their assessment. It is implied therefore that the *School C* Key Informant believed that *Standard 2000* is of use to both the institute and senior students.

The second important QA document described is the *Subject Benchmark Statement: osteopathy* (The Quality Assurance Agency, 2007) created in a joint effort by the GOsC, the QAA and representatives of osteopathic programme in the UK and abroad. Developed to establish osteopathy as a “bone fide academic discipline within the UK” (*School B* Key Informant), the *Benchmark Statement* is a description of a suggested osteopathic curriculum. The *School B* Key Informant described the *Benchmark Statement* as the process of osteopathic education, as compared to the *Standard 2000* which is the end-product. The *School C* Key Informant described the *Benchmark Statement* as being “very beneficial in curriculum review”. The *School B* Key Informant explained further that the *Benchmark Statement* reflected current practice in osteopathic education. Nevertheless, the development of the *Benchmark Statement* highlighted to the *School B* Key Informant that historically they had very little nutrition within their curriculum. *School B* has since made changes in its curriculum in light of the *Benchmark Statement*. Similarly, *School C*, at the time of the interview, was reviewing its level of degree offered due to the “continuing

argument throughout the Osteopathic Benchmark Statement . . . that there is a considerable amount of level M [Master] material already in the bachelors programme” (*School C* Key Informant). Both *Schools B* and *C* clearly showed the importance of the *Benchmark Statement* to their continuing quality assurance.

The *GOsC Handbook* is the third main document used in the QA of osteopathic programmes in the UK. Produced by the GOsC alongside the QAA, the *Handbook* describes the accreditation process of an osteopathic programme in the UK. According to the *School B* Key Informant, the *Handbook* relies “quite heavily” upon the *Standard 2000* “because that is the end product”, further emphasising the importance of the *Standard 2000*. However, it is unclear whether or not there was some misunderstanding during the interview with the *School C* Key Informant about the *GOsC Handbook*. The *School C* Key Informant claimed that the *Handbook* was to do with “professional practice and ethics, and that’s used quite a lot in the context of [the student’s] work in the clinic They each have a copy of the handbook”. Unfortunately this point was not clarified and it may be that the *School C* Key Informant was referring to another handbook more specifically directed at the students rather than at the institute’s accreditation.

All three Key Informants stressed the importance of the “end-product” QA documentation, outlined in America as the Core Competencies, and in the UK in the *Standard 2000*. Each Key Informant discussed the influence of the expected graduate competencies upon curriculum design and review. Also of importance to each of the Key Informants was the national accreditation of the institute and its impact upon the QA methods of the programme. A slight difference was evident in the *School A* Key Informant’s perspective of adherence to the standards of management as outlined by the AOA, and if any suggested variation from these standards arose, the merit of that suggestion compared to the required *rSchool Curces* was the next deciding factor. On the other hand, in the UK, both *Schools B* and *C* saw the standards as set out by the *Benchmark Statement* as guidelines, which the *School B* Key Informant stated that the *Benchmark Statement* was intended to be.

Reporting is a significant part of the accreditation process. Each Key Informant commented on the large volume of numbers and figures that are part of the reporting process and the length of time it takes to prepare the reports. They all also commented on the value of reporting. The *School B* Key Informant stated, “It’s an irritating discipline in the way of a lot of disciplines [are] It focuses the mind . . . ; they could be simpler . . . but they’re probably quite useful and productive.” Both Key Informants of *Schools B* and *C* commented on the frustration of the lack of feedback from the GOsC after submitting their annual report; however, both stated that the value in reporting came from the procedure rather than the feedback. The *School B* Key Informant saw usefulness in oral reporting with their validating university where they could compare themselves with other health

science programmes. The Key Informants of *Schools C* and *A* found the report process, especially the self-evaluation documents, of importance in competing with themselves from year to year.

The perspectives upon the theme of accreditation and reporting are comparable between the three programmes. The slight difference the application of the standards as given by the accreditation documentation may come as a result either of the expectations of the accreditation agencies, or the cultural differences between the US and the UK.

End-product focus

A theme that runs across the three interviews is the focus on the end-product, and how that influences QA. Each programme is subject to the external regulations of accreditation agencies as discussed above, and these agencies define the requirements of the end-product which then greatly impact on how QA ensures that desired end-product. Although this theme is common throughout the three interviews, there remains a difference in one school's definition of the end-product.

The main definition of the end-product of an osteopathic programme is the qualities required of an osteopathic graduate. At *School A*, these qualities are set out by the AOA in the form of the Core Competencies. These "outcome competencies" (*School A* Key Informant) are the medium through which *School A* interviews prospective students: "We have basically taken the subject assessment and aligned them completely to the outcome competencies" (*School A* Key Informant). The Core Competencies also play a vital role in the review of the curriculum. The *School A* Key Informant explained that the school had realigned their "entire curriculum" around the competencies and from then on "everything [the school] teaches, even if it is microbiology, [is reviewed] through the lens of that competency". The *School A* Key Informant believed that "it's critical" that students were made aware of the competencies by being taught them at the undergraduate level of education.

Within the UK, *Schools B* and *C* have the *Standard 2000* document which directs the qualities required of a graduate osteopath. At both *School B* and *School C* students are given a copy of the *Standard 2000* upon their entrance to the student clinic in their final two years. However the *School B* Key Informant saw the *Standard 2000* of more use to the institute than to the students. The *School C* Key Informant stated that the institute can infer curriculum from the *Standard 2000*. Although the students of *School B* and *School C* were expected to be aware of the outcome competencies required of them, there appeared to be less focus upon them than at *School A*.

The outcome competencies are not the only factor of the end-product focus at *School A*. The multiplicity of the end-product at *School A* revealed a focus upon end-goals, rather than simply the end-product. The Board Scores play a vital role in the education at *School A*, although this is

reluctantly allowed. The Board Scores are the results from the state examinations for graduating M.D.s or D.O.s. Significantly, the medical colleges are now accredited on their Board Scores, so whereas in the past if a student failed their board exam, it was their problem; the responsibility now lies with the college. This consequentially impacts *School A's* QA in reference to the outcome of the Board Scores. Throughout the interview with the *School A* Key Informant, the issue of the Board Scores frequently arose with an apparent conflict between the desired methods of teaching and QA, and the required methods of teaching and QA because of the external QA requirements. The *School A* Key Informant stated, "We don't want to teach to the board exams, that is not the outcome we're interested in, but because the exam is supposed to represent a comprehensive outcome of the school, we think it is an adequate proxy." Consequentially *School A* is "constantly reviewing the results" of the examinations taken by the students. The curriculum is therefore reviewed in the light of student success. The Board Scores are published and the COMs are able to compare themselves by the board scores. The *School A* Key Informant explained that they would like to see a more detailed analysis of the Board Scores so that they might know where the "curriculum is working and where it isn't". It appeared that despite not wishing to teach to the Board Scores, *School A* designs its curriculum to ensure good results in the Board Exams in order to maintain its accreditation as well as to compete with the other COMs.

In comparison to *School A*, *School B* and *School C* both discussed that student success rates were part of the report process for accreditation; nevertheless, student success rates did not appear to be as significant a part of accreditation and QA at *Schools B* and *C* as it did at *School A*.

A final aspect of the end-product focus that featured in the interview with *School A* was the goal of producing primary-care physicians which is part of *School A's* mission statement. *School A* developed the Primary Care Scholars Pathway as a direct response to a declining rate of graduates entering primary care specialities, and sees the achievement of QA to refocus on the end-product goal as evidence of *School A's* continued improvement. The *School A* Key Informant did not discuss the success of this QA measure; however, as part of the review of QA, *School A* maintains a longitudinal database of each student throughout their career. While the Core Competencies and Board Scores may be considered as short-term end-goals, the Primary Care Scholars Pathway and the longitudinal database are long-term end-goals. Thus, the entire design of the programme at *School A* is focused upon the achievement of the end-goal, both short and long-term.

While the theme of an end-product focus was present in all three interviews, there was a significant difference between *School A* and the programmes in the UK in the definition of that end-product and the focus placed thereon. *School B* and *C* Key Informants described the short-term goal of the osteopathic competencies of their graduates. The *School A* Key Informant

described two short-term end-goals – graduate competencies and Board Scores, and one long-term end-goal – the encouragement of students to enter the primary care specialities.

Faculty

As one of the stakeholders of a higher education institute, the faculty, and the QA methods related to them, emerged as a theme throughout the interviews. The development of the faculty was emphasised by all three Key Informants. According to the Key Informant, *School A* arranges osteopathic courses for their non-osteopathic faculty in order that they may be more aware of the osteopathic philosophy and osteopathic manual therapy (OMT). All faculty members at *School A* are educated on the Core Competencies so as to reinforce the teaching of those competencies through each subject. Furthermore, the *School A* Key Informant described a “generic system of faculty development” where all faculty members are made aware of a specific issue. Faculty are also focused upon at an individual level, with development plans drawn up for each staff member. Overall, the sense of the development plans for the faculty of *School A* is one of achievement with an established and functioning system in place.

The *School B* Key Informant believed that they “invest more . . . than any of our competitors in staff development”. The *School C* Key Informant, on the other hand, stated that they would like to see more done for staff development within their programme, especially in regards to teacher training for the faculty. At the time of the interview, *School C* already had an in-house teaching training programme in place; however, it was admitted that the training programme was not running well due some unforeseen circumstances. The *School C* Key Informant discussed alternate possibilities of enhancing teacher training such as encouraging the teaching staff to partake in external teaching programmes at their validating university. The *School C* Key Informant stated, “That will definitely be changed It would be extremely beneficial”. An aspect of faculty development which was not discussed by the *School B* Key Informant was that, like *School A*, *School C* encourages new employees to learn about osteopathy, especially the particular “flavour” of osteopathy that is taught in the clinic for the new clinic teaching staff.

As with *School A*’s “generic faculty development”, both *School B* and *C* Key Informants frequently discussed the importance of the “dissemination of good practice”. Faculty who act as external examiners at other higher education institutes, and the feedback from reporting provide external examples of good practice. The dissemination of good practice could also be applied internally amongst the faculty themselves. Though not necessarily formalised, the dissemination of good practice was seen as an important factor for the quality assurance of the faculty.

The second element of the faculty theme was that of faculty evaluation. Each Key Informant described their own method of faculty evaluation, though they were all based upon a similar

format: appraisal, peer review and student review. Of the three programmes, *School A* appeared to have the most formal faculty evaluation. The *School A* Key Informant described a “360 degree comprehensive evaluation” involving students, staff, deans and peers based upon 11 key attributes which were developed by the faculty. This evaluation is performed every year and it is upon these 11 key attributes that the individual development plan is created. Outside of the “360 evaluation”, peer reviews are conducted by a senior faculty member appraising a junior faculty member as required on an individual basis. It was felt that these methods work well for the evaluation of faculty although it was considered that the assessment of faculty is “too kind” and that a more honest assessment would be more beneficial.

The *School B* Key Informant believed that of the three methods of staff evaluation, peer review is the most effective as it “cascades good practice and gives feedback in a non threatening [way]”. Overall, peer review raises standards and benefits both the reviewer and the staff member being reviewed. On the other hand, the *School B* Key Informant questioned the worth of staff appraisals as they take a long time. Student evaluations were considered to work well “by and large”; yet the student evaluations of the clinic teaching teams were not considered being as effective, as the group evaluations potentially miss individual problems. The *School B* Key Informant acknowledged that these forms of faculty evaluation are not perfect but stated, “I can’t think of a better way, which is not quite the same as saying it’s a good thing”.

Peer review at *School C* generally stops at the level of the reviewer and reviewee, though the feedback from the peer review may be used in the staff appraisal. Student feedback is also used in the staff appraisal which is conducted every two years due to the small number of reviewers relative to the numbers of staff. The *School C* Key Informant felt these methods of faculty evaluation are “definitely” useful as they “make [the faculty] feel that management cares”, as well as giving senior lecturers a “jolt now and then” who have been “stuck in a rut . . . doing the same thing for years.” Unlike *School A*, who viewed senior staff as a tool for training the junior staff, the *School C* participant acknowledged the necessity of even the senior staff reviewing their practices regularly and embraced new faculty members bringing new ideas. The *School C* Key Informant stated, “Having new blood is very useful”.

All three Key Informants agreed on the importance of the use of QA methods for faculty development. There existed differences in the employment as well as perceptions of appraisals, peer reviews and student evaluations of faculty. The *School A* Key Informant appeared confident in the effectiveness of the QA methods used for faculty development. The *School B* Key Informant acknowledged the limitations of their QA methods. The *School C* Key Informant saw the benefits of new faculty members for the encouragement of the quality assurance of faculty development.

Students

The role of students in QA developed as an important theme of the interviews. Each Key Informant described the students as a vital part of QA. At *School A*, students are surveyed in the 1st and 4th years by AACOM, as well as completing comprehensive course evaluations at the end of each course. Students also sit on the curriculum committee, and have a monthly lunch meeting with the president of the college to allow a range of the student voice to be heard throughout the year.

At *School B*, student evaluations of the courses are conducted throughout the year rather than at the end, in order to make changes along the way if required. The student voice is represented at either end of the QA committee hierarchy: firstly as part of the Staff-Student Liaison Committee (SSLC), and then secondly, students are represented on the Academic Council. *School B* does not have a student representative on the Quality Assurance Committee (which links the SSLC and the Academic Council) as the *School B* Key Informant felt the school could be “more self critical when the students aren’t there”. *School B* also stated that this structure allowed the student representatives to follow up on the issues at the SSLC, to see if the same issues are passed on to the Academic Council.

In contrast, *School C* represents the students on all the main committees, as well as having an SSLC. The students of *School C* also conduct feedback questionnaires, overall questionnaires, and the school also has an open-door policy in order to allow any student to voice their concerns. The *School C* Key Informant explained that although all students use the open-door policy, the school encourages the students to utilise their student representatives as the method of communication. The *School C* Key Informant reasoned that when a student representative presented issues to the school, the school could be confident that the voice of the student body was being heard.

The level of involvement of students in QA at a higher education institute can be debatable. This sentiment is represented in all three interviews. The *School A* Key Informant acknowledged there were limits to the value of student feedback as students “are looking from their limited single experience, whereas [the school] looks across it from many years.” The *School B* Key Informant saw QA as “very much a staff responsibility”. Although the *School B* Key Informant believed that the students’ comments “would be listened to”, they admitted it is “very difficult for students to have a real input” to QA. Within *School C* there appeared an internal conflict of finding the right balance of student involvement in QA. In the interview, the *School C* Key Informant admitted that they may “overdo” student feedback, but felt that they have “probably got it right”. Nevertheless, the *School C* Key Informant acknowledged that some staff members felt that the school is too accommodating and the students are allowed “too much sway”. The *School C* Key Informant agreed that the school must adhere to the policies and regulations of the school, without which

“you’d just have chaos”. The interview with the Key Informant of *School C* revealed the conflicting view points of a desire for allowing student input into management, while upholding the structure and management of the school.

Considering student feedback, all the institutes agreed that students are “not backwards about coming forwards”, as expressed by the *School B* Key Informant. The *School A* Key Informant felt that students felt free to give their honest opinion in their evaluations. The *School C* Key Informant observed that if a student is asked to complain, they will; therefore the *School C* Key Informant tried to make communication with the students positive, and found that worked well for student feedback. The *School C* Key Informant also explained that “occasionally . . . [students] feel they should have more say and there are occasions where that . . . isn’t the time for them to say”. The *School B* Key Informant agreed by stating they “try to discourage people from being too confrontational . . . ; there are ways and ‘ways’ of approaching things.” All institutes also agreed that students are quicker to give verbal feedback, and become more reluctant to partake in written forms of feedback. At *School B*, the students complained about the number of evaluations and questionnaires required, and therefore the Key Informant of *School B* attempted to limit the number of written feedback methods whilst still obtaining the required information.

These aspects of student feedback highlight an important issue identified in all the interviews; the quality of student feedback relies upon the quality of students involved in QA. Both Key Informants of *Schools B* and *C* identified issues with the student representatives being able to attend committee meetings and with the students writing the minutes of the SSLC meetings. The *School C* Key Informant commented that they have to encourage student involvement in QA, while the *School B* Key Informant stated that it is the students’ duty to raise issues. At *School A*, the Key Informant felt that many of the students’ questions could be answered by the students utilising the student facilities available; although the Key Informant admitted that the “demands of being a student probably supersede the reading of a policy manual”.

When discussing institutional feedback to students, all Key Informants stated that no student concern was left unanswered. The *School A* Key Informant stated that “we have gone out of our way to demonstrate that feedback leads to changes” and “no item is left unanswered”. The Key Informant of *School C* explained that “we give them very open explanations as to why the school is doing things in certain ways”. The *School B* Key Informant also commented that “we do change things in response to student comment and feedback . . . but they will know if we’re going to change something or not”. The *School B* Key Informant felt that it is not necessary for students to be aware of the processes of QA, but rather know that the institution takes QA seriously and that there are mechanisms in place for dealing with their concerns. Likewise, the *School C* Key Informant believed that the students know that their opinions are taken seriously because they are

represented on all the major committees. A challenge for institutional feedback to students was identified by the Key Informant of *School A*. Changes made from student feedback are usually not put into effect till the following year, which, the *School A* Key Informant admitted, is frustrating for the students. Nevertheless, the *School A* Key Informant believed that the students would be able to see the developments for the next year, and be encouraged to know their participation in QA is valued.

In all three interviews it was evident that the theme of students and QA involved a difficult balance between student rights and institutional rights. This balance is not one easily arrived at, nor is it a clearly definable line. The Key Informants presented varying degrees of student involvement in QA, with *School A* demonstrating the most accommodating student involvement.

Quality Assurance in Action

Identified in the interviews was a broader theme of the practical implications of QA. The *School A* Key Informant believed that there is a strong concordance between the QA processes as detailed on paper and how it is carried out in the daily administration of *School A*. The *School A* Key Informant claimed that this ability to uphold the QA processes is due to *School A's* small size and feared that as the institution becomes larger and older it will no longer be able to be as nimble in QA matters as it currently is. Nevertheless, the Key Informant of *School A* admitted that “here and there . . . things happen. Certain people . . . go about things their own way” which is evidence to the fact that despite plans and procedures being established, QA does not always work according to plan. This same problem was discussed by the *School C* Key Informant. It was felt that the SSLC is not used by the students as it effectively as it could be. The students use the open door policy rather than going through the student representatives. The *School C* Key Informant often referred to trying new methods of QA; however, the *School C* Key Informant found that the theory and the practical implications of new methods do not always coincide. The *School B* Key Informant stated that the QA documentation is “written very much as a description of what we do, rather than as an aspirational document.” The *School B* Key Informant acknowledged that this does not eliminate difficulties in QA procedures, especially where there is student involvement in QA. The Key Informant of *School B* described difficulties in the student representative system, in spite of the job description provided for student representatives to encourage them in their role and what’s expected of them. The *School B* Key Informant acknowledged that QA is not always ideal, but that it is about doing the best you know.

The Key Informant of *School C* valued the benefits that come from QA, especially QA methods such as self-evaluation documents. However, the *School C* Key Informant found that there is a limit to the amount of time that needs to be spent on certain aspects of QA: “[at one point] you spent all your time preparing for the next [accreditation] visit, but fortunately [the GOsC] have

abandoned that”. The *School B* Key Informant also found some aspects of QA, for example staff appraisals, to take a long time, and questioned the relevance of such aspects of QA. Nevertheless, the *School B* Key Informant viewed the disciplines of QA as being “useful and productive”. Instead of discussing some of the frustrations that can accompany QA, the *School A* Key Informant emphasised the effectiveness of their QA methods. The *School A* Key Informant stated that there is a full time dean dedicated to the quality assurance of the school, “gathering data, collating it effectively, and ensuring that it’s available to others”. In the interview it was evident that the *School A* Key Informant saw this role, alongside the dedication and commitment of resources, as important “ingredients” of being able to carry out effective QA.

Each Key Informant described challenges in QA. Many QA methods rely on several groups of people which can introduce difficulties in implementing QA. The Key Informants also discussed the large amount of effort that goes into ensuring effective QA. The Key Informants of *Schools B* and *C* spoke about some of the frustrations of performing QA, while the *School A* Key Informant dwelt positively upon the school’s QA efforts.

Quality Assurance Ethos

The theme of the ethos of QA within a programme was partially evidenced in the themes discussed above. When viewed separately, this theme highlighted some of the differences that exist between each programme.

When the *School A* Key Informant discussed the implementation of QA, it became clear that the viewed adherence to the standards set out by the AOA as the main priority. Much of the QA processes discussed by the *School A* Key Informant related to a focus upon the end-product. Examples of this were the inclusion of the AOA Core Competencies in the student selection process as well as throughout the curriculum, the redesign of the programme to encourage more students to practice as primary care physicians, and the gathering of data about the students and graduates throughout their professional careers. This appeared to reveal an ethos of progress which is guided by the AOA regulations and the maintenance of an end-product focus.

The *School B* Key Informant described the school’s ethos as one of “continuous review and evaluation”. The *School B* Key Informant stated:

I have never, ever, ever, in the 10 years I’ve been here, heard people say ‘well we’ve always done it that way, so we can’t change it’, and that’s not the way that anybody thinks. And there is always, I think, a looking out for ‘could we be doing this any better.’ And I think that’s a strength of the organisation really.

The *School B* Key Informant also discussed changes in the curricula to include subjects which had not been taught historically. These changes were implemented because of information provided in the *Benchmark Statement*. The QA ethos of *School B* seemed to be one of progress, where new ideas are welcomed and there is a pride to the standards of the programme.

The ethos that appeared from the interview with the *School C* Key Informant was one of a conflict between historicity and progress. While the *School C* Key Informant regarded the school as being “very student focused” and a “very self-reflecting institution”, they also acknowledged that there is a resistance to change which can impede QA. Nevertheless, the *School C* Key Informant stated that they are aware of the propensity to rely on historical methods “which is half the battle”, and claimed that “we have overcome it to a large extent in terms of QA.” Also mentioned as a negative aspect of the ethos at *School C* was that “it tends to be a bit isolationist, in that our faculty, for whatever reason tend not to be very collaborative with the other schools.” A positive aspect of the ethos of *School C* was one of honesty: “we are very honest, sometimes too honest, but I think that is a good thing.” The ethos of *School C* was therefore revealed to consist of two sides: isolationism and historicity, and honesty, self-reflection, and a desire to progress.

Though subtle, the differences between the QA ethos of each programme revealed a continuum from historicity to progress. The *School C* Key Informant acknowledged the conflict between holding onto the historical practices of the school, and the desire to progress. The Key Informant of *School A* demonstrated the most progressive and structured approach to QA. The *School B* Key Informant described a QA ethos which is progressive though not as rigidly structured as that of *School A*.

Summary

Several aspects of the six themes derived from the interviews with the Key Informants are comparable. Each described extensively the requirements of accreditation and the influence of QA documents on their QA process. Furthermore, similar challenges were presented in the themes addressing the faculty, the students, and the application of QA. Differences became evident in the focus upon the end-product, where the *School A* Key Informant present two short-term and one long-term factors of the end-product. The QA ethos of each school revealed subtle differences in each Key Informant’s approach to QA. Therefore, despite many similarities, there existed identifiable differences distinguishing the Key Informants’ perspectives of QA methods.

Part 1b: Focus groups with the students

The analysis of the focus groups conducted with the students of *School A*, *School B* and *School C* revealed nine main themes which were largely present in all three focus groups. These themes are: student awareness of QA, challenges to the student perspective of QA, student involvement in

QA, feedback, faculty, the student experience vs. the end-goal, QA in action, administration/leadership, and drivers of osteopathic education. Two additional themes were also discovered. The theme of a culture of fear and punishment was predominately found within the *School A* focus group. The students of *School C* revealed the theme of the cohesion of QA. The common themes will be analysed first.

It is important to note that the student perspective of quality is known to be limited and often critical. The students were encouraged during the focus groups to consider positive issues, however, the content of the focus groups developed to be largely negative. The following analysis is therefore to be considered with respect to the subjectivity of the student perspective.

Student awareness of QA

After briefly discussing the meaning of quality assurance with the students, the first question of each focus group was to ascertain how aware students are of the QA methods that are used by their school. In all three focus groups, students initially stated that they did not know. The *School A* students immediately said “we have no idea”. A *School C* student commented, “I think it all goes on behind closed doors. I think we as students don't get subjected to their methods at all, unless we're class [representatives]”, a sentiment which was also repeated by the *School B* students. Nevertheless, once the students started to consider the question, they were able to identify several quality assurance methods such as student representatives, questionnaires and surveys, external validating authorities and faculty peer reviews.

As the focus groups progressed, it became evident that students are aware of quality assurance through their observations of the outcomes in the classrooms and with their interaction with the administration. Statements such as “feels like”, “seems” and “appears” were commonly used. A *School B* student interestingly stated “that would make sense, based upon the observable outcome”, clearly showing that while students are not necessarily aware of the specifics of QA, they do observe the effects of QA.

Although the students were able to identify various QA methods, and could identify outcomes, the students all commented that they were unaware of how these methods are used. For example, the students at *School A* had observed other lecturers sitting in on certain lectures but did not know why: “Maybe that's why they're there [for peer review], maybe it's not; we don't know why... They just say they're there checking out, seeing what he's doing, if he's doing it well.” Likewise, a *School B* student commented, “I don't know what the process is between...discovering a problem...and actually actionable stages.” This then begs the question, how aware should students be of the QA processes?

How aware should students be?

While not directly asked, this question developed amongst the students themselves and produced varying opinions. One student from *School B* frequently mentioned transparency as an issue, stating that he would like "more transparency of their policies, how decisions are reached". The student continued, "For exams you get that, so why not for the quality assurance of the teaching itself . . . because ultimately the students are the ones paying for the education and for the school". Similarly all the *School A* students agreed that they believed more transparency in the administration of the school would improve how they felt during their educational experience. The students at *School C* also discussed that they would like to know each faculty member's role in the school; however, one of the *School C* students pointed out that that information had already been provided in the student handbook, observing that "it does depend on people and if they actually read the handbook."

The students of *School B* debated if the issue of transparency was one of the accessibility or the availability of the information. Some students felt that the information required by the students was available but not easily found, while others felt that not enough information was available. The particular student most concerned about the transparency of the QA processes argued that while the students were made aware of a GOsC visit and the general results, no details were specified. Yet other students stressed that "I don't want to be bombarded with information . . . I think it's important that we have the option to get it if we want to, but I'm not fussed basically" and "unless there's an option to input, then why do I want to know . . . ? I can't do anything to change it." Eventually one student confessed her apathy towards QA, stating:

I don't care enough to spend an evening reading through it, unless it directly impacts on me . . . I think there are people who do care a lot, and that's what they're there to do, and I don't think it matters, jumping in when they don't even understand the issues that are at stake and it doesn't help anyone.

After this statement was made, the *School B* students agreed that student awareness of QA is a "case of accessibility . . . , not being forced to be involved, but maybe having a better opportunity to be involved."

The students of each programme initially believed they knew nothing about QA, however, after further consideration the students were able to identify several QA methods. Furthermore, the students debated how aware they should be of QA. This debate was most strongly discussed by the students of *School B* who acknowledged a general apathy towards QA, but concluded that there needed to be accessibility of information so that students could be involved if they wished to.

Challenges to the student perspective of QA

Through the analysis of the students' perspectives of QA, it was found that the issues revealed by the students could place each programme along a continuum. At one end lies *School A* where the students were largely sceptical and negative towards the QA used, being influenced by hearsay and gossip. At the other end is *School B* where the students recited what they had been told by the school about QA and remained mostly neutral towards it. In the middle lies *School C* where students' comments appeared to be negatively influenced by what they had been told, in particular by what the tutors and lecturers had told them.

School A

The students of *School A* felt that the QA methods utilised by the school are not based upon evidence, commenting "it's just kind of like blind feeling out, seeing what works." One student observed that "the changes they make seem to be random; to me at least." This negativity ran throughout the focus group and led to scepticism when a student commented positively on a change that *School A* had made. To enable the students to have more of a voice, *School A* introduced monthly lunch-time meetings for the students and the president of the school to relate concerns and to discuss progress. While a student admitted that the school tries "to update us", they continued by stating, "It usually boils down to the answer's no". Another student picked up this point commenting, "It sounds like they're going through the process to say that they went through the process, but nothing's really changed. That's what I'm hearing."

This vein of student negativity was clouded by the students discussing issues which they had heard of through hearsay or gossip. For example the 2nd year student and a 3rd year student complained about the issue of lecture halls being too small for the 1st year class, stating that it is "terrible." However, the 1st year students had to clarify the situation: "I think we're down enough now that everyone can sit in the lecture hall... It's not an issue." The students believed that each was stating their own view point without being influenced by others as they were all commenting on the same issues, despite being from different year groups.

Certain students contradicted themselves in their statements. The clearest example was evidenced by a student at the beginning of the focus group saying, "I assume students are being honest on their evaluations, otherwise they're just wasting their time." Later on in the focus group, that same student said, "But I can't tell you how many times I've gone down there and I've just gone 'I don't give a damn because my input doesn't matter on those things anymore'". The contradiction in the students' statements demonstrated potential challenges when using the students' perspective in research.

When questioned on their negative approach, the students explained their reasoning: “The expectations you have when you go to medical school are so high. Everybody who goes obviously studies and works hard, so they're probably critical people to begin with, so every time they see something, they probably jump all over it We're all type A.” The students appeared to be heartfelt in their criticism, yet the questionable base of their opinions and the occasional contradictions of statements must remain considerations in the analysis of the student focus group.

School C

In the middle of the continuum, the students participating in the focus group at the *School C* partially portrayed the negativity displayed by the *School A* students. However, the negativity of the *School C* students seemed to have been influenced by negative comments made by the teaching staff of the *School C*. For example, the students’ perspective of the GOsC is that of a disciplinary council, a thing to “fear”. One student explained:

The people who teach at *School C* aren’t used to it themselves and so they sort of see it as this big new monster thing I think we are given a very negative view point of it We don't actually know yet what it does.

Similarly the student perspective of the recent change from a Bachelor of Osteopathy (BOst) to a Master of Osteopathy (MOst) was portrayed through the students’ belief that the tutors see the MOst as “a burden, something else that they don't really want to deal with” instead of stating their own perceptions of the degree change.

The students were not only influenced by the tutors, but also by their peers. The students explained that the previous year there “seemed to be so much agro amongst students, there was almost like a military coup”, admitting that it was “all based on a false rumour.” Like the *School A* focus group, the *School C* focus group showed that students can be easily influenced by negative comments around them. The students even acknowledged that “we’re students; we always complain.”

School B

Finally, at the other end of the continuum, the *School B* students’ perspective of QA appeared to be largely based upon what the school had told them, while the students remained neutral on their own opinions. This was most evident in the first year student’s comments about the degree change from a BOst to an MOst. In explaining what the MOst entails, the first year student clarified “at least that’s what they told us anyway”. Likewise, after describing a difference in the *School B*’s MOst programme to another osteopathic programme, the student concluded “for some reason that makes this special, I don’t know why; they just say so.”

However, it was not only the first year student who recognised external influences upon the student perspective. Students cited several occasions where talks to the students were “geared” to a particular agenda. For example, the fourth year students felt that a talk about the GOsC seemed to be “geared towards convincing us our money’s worth spending on them”. Another example was the students’ perception of the “push” for the degree change. One student stated, “With the MOst track . . . it seems to be geared towards that, to the research basis; that’s the whole push behind it.”

The students of *School B* were more neutral in their opinions of what the school told them about QA. Nevertheless, they voiced complaints and admitted that there is a “culture of complaining” amongst students.

Student identifiers of quality

At each school, students were able to identify concerns or complaints. They were also asked to identify what made their education quality. Like the students’ perspectives of QA, this question produced a variety of answers. The students at *School A* for the most part focused upon academic excellence as their identifier of quality, stating, “Our Board Scores are good,” and that “compared nationally they were high.” One *School A* student also identified quality as feeling “comfortable on all my rotations . . . I’ve felt prepared.” Similarly, a student from *School C* stated, “If I was to say this school was quality [it would be a] matter of how confident I feel when I get out of here.” Other *School C* students identified the variety of osteopathic modalities taught as the quality factor of *School C*: “I think we’re certainly given enough opportunities to learn enough different things to be amazing osteopaths.” By contrast, the students of *School B* had a list of factors that they believed made their education quality:

High level of contact hours . . . , relatively good facilities . . . ,generally have tutors who turn up on time and who finish the lectures at the appropriate time . . . , good handouts . . . , easily accessible . . . , good access to registry services . . . , the general way that everything works is good . . . , assessments generally run smoothly and run on time . . . , there's generally good communication, we generally do get given the syllabus for the course and we understand what the learning outcomes are of each assessment.

Therefore, a student’s perception of a quality education can range from the education experience, to the grade at completion and eventually to the experience after graduation.

The analysis of the student perspective of QA presented many challenges. Inconsistencies of statements and external influences contributed to a more negative student perspective at *Schools A* and *C*. The students at *School B* remained largely neutral, but were again influenced by external

perspectives. Nevertheless, the variety of student perspectives provided an interesting comparison of the three schools, so that the student perspectives were able to be conceptualised along a continuum from negativity to neutrality. The students' identifiers of quality also varied from the student experience to graduation and beyond.

Student involvement in QA

Students generally are only able to observe the effects of QA; however, there are some QA methods that directly involve the students. These methods are the student representatives, including the meetings that those student representatives attend, and the surveys or questionnaires that the students complete to review particular aspects of their course.

Student representatives

From each programme, the students identified the student representative system as part of the school's QA methods. Also, for each focus group there was one or two student representatives participating which assisted to reveal the contrast of QA awareness between student representatives and ordinary students. A *School C* student stated, "You don't really know what you're doing unless you're a class rep [sic]". The *School B* student representative likewise acknowledged that "there's a barrier of accessibility to the average student." Nevertheless, there were instances where the student representatives present at the focus groups were unsure of various quality assurance issues in which they had been involved. A likely explanation of this is that, despite their greater exposure to quality assurance, the demands of being a student exceed the demands of being a student representative.

Across the schools, the students felt that the student representative system was not working to its potential. The students at *School A* felt that the student representatives were unfairly blamed for problems between the students and the administration. One student mentioned, "They get blamed a lot, the class reps [sic] The first thing they did when we complained about things, without listening to our grievances they said . . . 'you guys need to elect your representatives better.'" At *School C*, the students recounted an occasion where a student representative used the position to present her own views rather than those of her class, leading the class to no longer use her as a student representative. The *School B* students also acknowledged that the quality of the student representative system relies upon the quality of the student representative chosen. The *School C* students laughingly admitted that the student representatives are not so much volunteers as those who are nominated by their classmates, indicating that the student representatives did not have much enthusiasm for their role.

The students at *School C* and *School B* described a variety of experiences of the student representative system as a means of relaying information from the students to the school and vice

versa. Some students felt that from the students to the school, the system works well; others felt that the system works best when information is relayed back to the students. Again, it depended upon the quality of the student representatives, but also upon each individual student's experience with the student representative system. Both *School A* and *School C* students complained of class time being interrupted by student grievances. A *School C* student explained, "A couple of our lessons have been wasted . . . [They became] more a debate about school politics and we've lost out on some fundamentals . . . because we don't use the student reps [sic]." The student representative present at the *School B* focus group admitted that "sometimes it's not as recognised as it should be." The QA method of student representatives is therefore dependant not only on the quality of the student representative, but also on the class recognising and utilising that method of communication.

Another function of the student representatives is to represent the students at various committee meetings, including board meetings as well as staff-student meetings. The effectiveness of the student representatives at these meetings is again dependant on the quality of the student representative. One *School C* student representative admitted that there are other "[various meetings] which I have to go to as well, but I don't really do that, but that's alright" showing the potential lack of interest of student representatives in attending meetings. One committee meeting that appeared to be most important to the students of *School B* and *School C* was the Staff-Student Liaison Committee (SSLC). The SSLC is intended to be the main avenue of communication between the students and the school. The *School C* students observed that the 2nd year student representatives "always come to the meeting with lists of things that people have been complaining about. They're both busy." One difficulty with the SSLC was identified by the *School B* student representative: "problems don't always turn up when the meetings are . . . so you don't always get the feedback of problems for when you need them . . . and that can lead to dissatisfaction if issues aren't addressed outside the meeting". Thus, the SSLC had the limitation of relying upon scheduled meetings as a method for students to voice concerns to the school which potentially resulted in students' frustration. However, the *School B* student representative felt that "in general . . . problems . . . do get filtered to the meetings and you do get a response as well."

The *School B* and *School C* students commented mainly on the student representatives' role at committee meetings and generally referred to these meetings as a positive way to have communication between the school and the students. The students from *School A* on the other hand, focused more on the disagreement between the students and the administration at these meetings for students. When questioned if they found the student meetings useful, a *School A* student replied "Sometimes, but most times, whatever the grievances were, it was always a no."

The student perspective of staff and student meetings can be either positive that an open line of communication exists, or negative that the students do not achieve the changes they wish.

Student evaluations

Student evaluations are another way that all students may participate in QA. A *School C* student viewed questionnaires as having “the opportunity to contribute.” Nevertheless, evaluations and questionnaires can lead to controversy and students are not always keen to participate. To summarise the feeling of students towards questionnaires, one *School C* student stated, “Everyone likes the idea of them; they just don’t want to do them.”

A major theme of student evaluations that emerged from the focus group with the students at *School A* was that of the lack of honesty in the evaluations. The students explained that they feared there would be negative consequences if they gave a bad evaluation. The students cited an incident where students’ bad evaluations of certain professors led to those students being questioned on their evaluations. The students felt that if the professors were to read the evaluations, the evaluations should have remained anonymous. Although the students portrayed the questioning of the students as “not a pretty sight”, caution must be applied when analysing the student opinions that are based upon hearsay (none of the students present stated that they themselves had been questioned in regards to their evaluations). One student did admit that in the student evaluations “some of the comments could have been worded differently” leading to the question of how constructively worded is the students’ criticism in an evaluation? A *School C* student commented similarly that he “didn’t realise [the] first two comments . . . [are] typed up and given to the lecturer.” He commented further: “I think everyone was a lot more careful after, knowing that, to be quite so brutally honest.” Thus, student may moderate their responses in evaluations because they fear repercussions for themselves, or causing offence through their responses.

Another reason the *School A* students gave for lack of honesty was a feeling that the evaluations did not produce any changes and therefore the students approached completing the evaluations apathetically. According to the students, the evaluations are given at the end of exams and one student admitted that “we just want to get out of here . . . , so you’re not thinking You’re so brain-fried you just want to get out of here.” Therefore, in order to encourage student honesty on evaluations, the timing of when the evaluation is given is an important factor. The students felt that they would prefer evaluations to be given near the beginning of the semester to “let us see if they’re going to change it.” As mentioned in the section analysing the challenges to the student perspective of QA, one *School A* student initially criticised other students for not being honest in their evaluations, while later admitting that he does not care how he fills out the evaluations as he felt “my input doesn’t matter on those things anymore.” The feeling of a lack of change

influenced how the students filled in the evaluations. One *School A* student felt that “nothing’s changed, so there’s not a lot of incentive We’ll just bubble in [a type of evaluation] whatever . . . because it doesn’t matter.” The students from *School A* had the perception that their evaluations did not lead to any change and therefore were less inclined to be honest in their evaluations. The students from *School B* and *School C* also commented that they would feel more inclined to fill in evaluations if they knew they would receive feedback from their evaluations. A *School C* student stated that they “struggle to see the point of [evaluations]” due to the lack of feedback.

The main complaint *School B* students had towards evaluations was the number of surveys they had to complete. A student cited a case where students were “delighted” to discover a particular computer that replicated the students’ evaluation results so that the students did not enter their own results. One *School B* student questioned the necessity of so many evaluations, observing that “you don’t necessarily fatten the pig by weighing it all the time.” The *School B* students did, however, acknowledge that due to the students complaining at the high number of evaluations, *School B* had “cut down since” how many evaluations were given, proving that comments on student evaluations are considered in QA.

Student involvement in QA can be a controversial issue and presents several challenges. The student representative system requires dedication on the part of the elected student representative, which may suffer due to the demands of student life. Furthermore, for the student representative system to function effectively, the student body needs to support and use their student representatives, and the student representatives likewise have to relay information back to the student body. Staff and student meetings can be an effective QA method; however, the length of time between meetings may lead to frustration amongst the students. There also arose the question of the value of staff and student meetings. The students of *School A* appeared to only value those meetings where the school agreed with the students’ requests; whereas, the students of *Schools B* and *C* valued their SSLC as a means of communication between the school and the students. Student evaluations also present challenges in their implementation. The students all agreed the idea was good, but did not enjoy completing the evaluations. The timing of the evaluations, the lack of feedback received, and the number of evaluations were all factors which discouraged the students from taking part.

Feedback

The issue of feedback from the school to the students developed as a theme in all three focus groups. For the students at *School A*, feedback from the school represented to them that the school cares about their opinion. The *School A* students believed that they receive “zero feedback”, especially after the evaluations that they complete for professors or clinical rotations. One student

stated that “it would be better if they did [give feedback] because then we wouldn’t have the resentment and feeling as if we were just being blown off as if they didn’t care”. Another student felt an evaluation she had participated in did not help the students as “we didn’t get any feedback from it, so we don’t know if it helped.”

The *School A* students praised one instructor who would email the students with her response to their grievances. The students stated “we may not have like what she said . . . but at least she responded and we had feedback from her.” This desire of the students to receive feedback led to *School A* conducting a monthly lunch-time meeting for the president of the school and the students to “ask [the students] if we have any grievances . . . [or] any questions.” The reason for these monthly meetings was explained by a second year student:

Most of the time . . . people would complain during [the] lecture . . . , and then we started having lunch with the president of the school . . . and everybody complained about the same thing saying they felt like they couldn’t control anything that’s going on in the school, and that’s when they stepped up on that.

The *School A* students admitted that the school had implemented this new process of giving feedback to the students; however, the students maintained a negative view point towards the feedback system. The students felt that although “they try to update us...it usually boils down to the answer’s usually ‘no’.” Therefore, despite the students having stated that they would feel happier about QA if they received feedback, it is evident that the students felt more positive if the feedback they received agreed with and implemented the changes the students wished to see.

A similar feeling was identified in the *School C* focus group. Although the students acknowledged that the school does provide them with feedback, the students felt that the feedback was only given at times when problems occurred. During a period of increased student complaint “there was a lot of feedback. They think we need feedback when we’ve demanded it.” One student felt sceptical about the feedback given, explaining that he felt like “it’s more a formality; it doesn’t really get much said.” As with the students from *School A*, the *School C* students “want to see the school improved”. During the *School C* focus group, the students described their school as a friendly place. Nevertheless, the students felt that the general happiness of the students could be improved by the school giving more feedback, including when the school decides not to change certain matters. One student positively commented that “one lecturer who got feedback . . . actually changed things, but it didn’t come back to us, he just did it, which is good” thereby showing that the feedback most important to the students is not always verbal, but visible as well. Interestingly, one student observed that the students “wouldn’t care” if they did have the ability to participate in a feedback forum, and felt that the students’ demand for feedback was hypocritical.

In the *School B* focus group, the issue of feedback was not as emphasised as in the *School A* focus group. The students did find it “a bit naughty” that feedback from surveys were not published; however, the students contradicted themselves by stating that upon query they had been told that the results from student surveys and questionnaires were in the library. The discussion eventually came to the conclusion that although students would like to have easy accessibility to feedback from surveys, the students also do not wish to be “bombarded with information”. The *School B* students suggested that “broad themes” from the surveys should be accessible to the students if desired. It is possible that the information desired by the students is already accessible, as they admitted they were told the survey results are available in the library, but the students in general are unaware of its existence. It is also likely that the demands of being a student exceed the students’ interest in reading the feedback of student surveys.

The issue of feedback from student surveys, questionnaires and evaluations is complicated due to the contradiction between the students’ avowed interest in receiving feedback, and the apathy demonstrated towards the feedback methods available. Most *School B* students agreed they felt little interest in receiving feedback that did not relate to them, and only one student at *School C* acknowledged the hypocrisy of the students’ demand for feedback. The students of *School A* portrayed a positive attitude only to the feedback which agreed with their concerns and requests. The importance of visual feedback was felt to be just as important as verbal feedback by the students of *Schools A* and *C*.

Faculty

As in the interviews conducted, the theme of the QA of the faculty emerged from the focus groups with the students. As the students have the most contact with the teaching staff of a higher education institute, the faculty can often be the most criticised aspect of the institute by the students. One main criticism is the lack of teacher training for the teaching staff, which is not unique to osteopathic programmes. What is unique to osteopathic programmes however, is the mixture of osteopathic and allopathic teaching staff. Both the students from *School A* and *School B* felt that the allopathic lecturers did not have enough knowledge of osteopathy. A *School B* student explained that non-osteopathic lecturers are “very subject based [They] don’t really know anything about [osteopathy]”. The perceived lack of osteopathic knowledge by the allopathic teaching staff made the *School A* students query the application of Osteopathic Philosophy and Principles being applied throughout the curriculum.

The students from *School C* felt concerned not only about the teacher training of the teaching staff, but also the desire of the lecturers and tutors to teach. One student observed that “a lot of teaching is how much you want to do it, not just how you do it You can really tell if they’re enjoying it”. Another student added, “No amount of educational training is going to help certain

people.” A similar feeling was expressed by the *School A* students who felt that some instructors gave the impression that teaching was just a way to achieve their Continuing Medical Education (CME) credit. The *School A* students implied that they felt some instructors were half-hearted in their roles as teachers.

All students did acknowledge that there were both good and bad lecturers. A *School C* student commented that “sometimes a good teaching style will come across, it depends on the pressure they’re under, I think, as well” acknowledging that some subjects sometimes lend themselves to better teaching. The *School* students also noticed a mixture of lecturers who were “open and very forward for change”, while other lecturers would in “now way . . . consider to change their way”. The *School A* students also felt that their professors were resistant to change stating that “[the school] said ‘That’s the way [a professor] has always done it and we can’t change him’”, although the students did cite some other cases of professors improving teaching style.

Peer review was another faculty QA method that was discussed by the *School A* and *School C* students. The *School A* students commented that although they had seen other lecturers attending classes, they were unsure if peer reviews were being conducted or not. Nevertheless, the students felt that peer reviews “would be helpful to have other lecturers come in and sit down”, but that the “instructors shouldn’t know that they’re being evaluated”. The students of *School A* also felt that peer reviews should be conducted by all teaching faculty members and not only the senior faculty reviewing the junior faculty.

The *School C* students had observed peer reviews of the faculty being conducted; however, they had also observed the lecturer’s alteration of teaching style while the peer review was being conducted. Consequentially, like the *School A* students, the *School C* students suggested that peer reviews be conducted with the lecturer unaware of the review taking place, even jokingly suggesting cameras in the class rooms. The alteration of lecturer behaviour during peer review led the students to question the validity of the peer review method, stating, “Does it actually make any difference? It’s debatable.” The students of *School C* felt that the friendly atmosphere between the lecturers was unlikely to lead to objective feedback, therefore the students felt that “if you could actually extend peer review and get other people from other schools as well, and doing something actually with the feedback that you’d get, then that’d be much better.”

A concern that the *School B* students had for the QA method of student feedback to tutors was that tutors could take the student complaints personally. One student observed, “We get the impression . . . nobody from above goes look, we need to address this with you.” The students felt that the feedback from the students could be used in a more constructive manner by pointing out both the strong and weak points of the tutor’s teaching style, to avoid tutors ignoring the feedback altogether.

From the student perspective, the quality assurance of the faculty focused on faculty development. The students felt that the faculty would benefit from teaching training, and the students of *Schools A* and *B* observed the need to educate non-osteopathic faculty members about osteopathic principles. A lecturer's desire to teaching was also raised as an issue by *School A* and *School C* students. Peer reviews and student evaluations were the main QA methods identified by the students. The students of *Schools A* and *C* questioned the effectiveness of peer reviews when the faculty members could change their teaching style during the review. The students of *School B* queried if the faculty were receiving enough guidance with the student feedback to ensure that the tutors would not take the criticisms personally. All students were generally critical of the QA methods for faculty, but some students acknowledged the variety of teaching ability and appreciated the efforts of those faculty members who strove to improve their teaching.

The student experience vs. the end-goal

In the three focus groups, there arose two comparative issues concerning the focus of QA. The students identified the short-term quality assurance of the student experience of their osteopathic education. The quality assurance of the end-goal represented the more long-term focus of QA. The contrast between the short and long-term aspects of QA was evidenced in the student perspective of QA.

The student experience described by the students of *School A* was dominated by feelings of dissatisfaction with the administration of the school and their perceived "powerless" over the fate of their education. However, there appeared to be a difference in the *School A* students' experience between that of working with the administration and the students' academic experience. One student stated, "I know we've been saying a lot of negative things, but . . . I have felt comfortable on all my rotations . . . , I've felt prepared I've always got good evaluations about my skills and knowledge" indicating that the quality of the student experience does not necessarily equate to the quality of the academic experience.

The academic aspect of the student experience relates also to the end-goal described by the students. The *School A* students placed importance upon their academic results, especially in comparison to other osteopathic programmes in America, as one of the identifications of the quality of their education. The students also identified successful Board Score results as being *School A's* desired end-goal. Yet, the students felt that good Board Score results was not the school's end-goal to "make great doctors", but rather to produce "cookie-cut physicians" and improve the quality image of the school. One student felt that his success as a physician depended upon himself. Therefore, despite the positive comments of being prepared during the student experience, and receiving good results in the student's definition of the end-goal, the students possessed a cynical perception of *School A's* motives for encourage a successful end-goal.

Unlike the *School A* students, the *School C* students felt the end-goal objective was less clearly defined, and consequentially the students felt this impacted upon the student experience. The students felt their education was them having to “repeat stuff like a parrot to go through certain hoops in the courses”, and described low student happiness due to the perceived “lack of focus” of the school towards a clearly defined end-goal. This complaint of the students however, conflicts with the students’ enjoyment of the *School C*’s encouragement of an “eclectic” mix of osteopathy taught. One student stated positively, “We’re told repeatedly to take whatever we want and to discard whatever we want when we come out to be the osteopath that we want to be”. Therefore, while the students would like to have a clearer focus towards a specified end-goal, they also appreciate the encouragement of a varied approach to osteopathy. A student concluded that “how confident I feel when I get out of here” would be the definition of the quality of the educational experience at *School C* and thus also a successful end-goal.

School B students also discussed the impact of the student experience upon the end-goal. Students described:

A lack of consistency . . . [within the] same subject [Teachers] don’t even have an end-goal that’s the same, so the likelihood of us meeting that end-goal is hopeless because we don’t know what we need to learn and they don’t seem to know what they’re trying to teach.

This sentiment echoes what was described by the *School C* students that the students relied upon the lecturers to provide the direction for an end-goal. In addition, the *School B* students felt:

This, our four year course, is just us jumping through the hoops until we get to the end, and we graduate and then we can go out and be the osteopaths and ‘live the dream’, and start experimenting as an osteopath yourself going into whatever you’re interested in.

It is interesting that students from both *School C* and *School B* felt that there existed a lack of a clearly defined end-goal. Students of both British programmes also described their definition of an end-goal to be the type of osteopath they wanted to be once they were in practice. The subjectivity of the British students’ end-goal relates to their perceived lack of a clearly defined end-goal in their education.

In part, the students’ frustration over a clearly defined end-goal can be seen in the students’ observation of a difference between the student experience and how they view practicing osteopaths. A *School C* student described how they felt when told by clinic tutors that what they were taught in classes was not always used when in practice: “They’re two completely different

entities: the school and what we learn in our classes, and then in the clinic and what we're expected to know in the clinic and how we're expected to treat in clinic also." The student stated "you get really mixed up." Both *School B* and *School C* students felt frustrated over the difficulty in transferring osteopathic knowledge to the students: "The information we learn is really intrinsic to the tutor, in the way that osteopathy is intrinsic to it" (*School B* student), and "So many of the tutors are experienced and that is what for us students makes it so frustrating is that we don't have the experience yet in order to learn from it" (*School C* student). This perceived difference between the education of osteopathy and the practice of osteopathy highlights the conflict felt by the British students between the student experience and the desired end-goal.

For the students of *School A*, the student experience was divided into two parts: the administrative, and the academic experience. The *School A* students' academic experience flowed to their definition of the end-goal, which was identified as good Board Scores in relation to other COMs. The students of *Schools B* and *C* described a conflict between the formality of their educational experience as students, and the openness of an end-goal definition. The British students expressed a desire for a more clearly defined end-goal, yet, they also enjoyed the encouragement to develop their own style of osteopathy upon graduation. The contrast between the student experience and the practice of osteopathy after graduation caused some frustration amongst the students of *Schools B* and *C*.

QA in action

As in the interviews, the theme of QA in action emerged in the focus groups with the students. The *School A* students made contradicting statements about the impact of QA on the school's development. On one hand they felt that "things here won't ever change" and that "it is how it is", while on the other hand the students stated that "they experiment a lot . . . from year to year, so it changes constantly." These conflicting statements are further testament to the caution necessarily applied when analysing the student perspective of QA. One possible reason for these contradicting statements is that the students often do not witness the changes in the year that affects them: "[Student feedback] is going to affect the class after you. It doesn't affect your class." Nevertheless, the more senior *School A* students were able to identify various cases where classes had changed for the better. One particular class they claimed to be "substantially better . . . than what we had". Furthermore, all the *School A* students agreed that the osteopathic programme has improved since it had started in the mid 1990's, demonstrating that the *School A* students do witness the application of QA, even though their focus is largely on the negative.

Both the *School B* and *School C* students recognised small developments in their programmes due to QA and were able to name various changes to the programmes. One *School B* student stated, "Improvement actually takes place . . . taking teeny tiny patient steps". However, the *School B*

students also described a “state of flux” and that the school had “changed every year”. These constant changes, the students felt, could cause problems because “everything is always a bit chaotic”. This suggests that students desire stability as well as progress in the quality assurance of their education. One student acknowledged that “I wouldn’t say I feel like it’s moving too fast though . . . It’s changing as it is”, revealing that there is a momentum to QA which students felt they had little influence over.

The *School C* students felt that while the theory of the QA employed at the *School C* was good, the application was less effective. The *School C* students suggested that there needs to be “some way to make sure those changes are actually implicated and carried through”. However, the students acknowledged that the staff members responsible for QA had a large work load and were not always available to do everything. The *School B* students also observed the potential discrepancy between theory and practice. The students felt that while the size of the college has grown, “the management/admin kind of people behind everything, that hasn’t grown, and I just think they’re over stretched all the time. So there are a lot of good intentions there, but it doesn’t always happen.” The *School B* and *School C* students therefore, were able to perceive the potential difficulties of QA and how that might impact upon the application of QA in the school.

The students from each programme were able to identify incidences of change because of QA. There were some contradictions made by the students, in particular those of *School A* whom on one hand claimed that their school never changed, and then agreed later that the school had improved over the years. The delayed nature of QA resulted in students not witnessing the changes they had asked for, leading to the students’ perception of the little quality assurance application. The students of *Schools B* and *C* described a contrast between the theory of QA and the application of QA, and were able to provide some possible reasons for the discrepancy.

Administration / leadership

One theme that differed between the two countries was that of the student’s view of the administration or leadership of the osteopathic school. In America, the *School A* students described the administration of the school as a “dictatorship”. The students felt that there existed an “administrative maze” that the school “put them through” in order for them to complete their degree. In discussing the differences the students perceived between their school and other osteopathic programmes in America, the students replied that “if anything, other schools might just be a bit more democratic . . . in how they handle things”. The students felt that the “patriarchal administration” was not a positive aspect of the school’s quality assurance. Nevertheless, the students admitted that when “everybody complained about the same thing saying they felt like they couldn’t control anything that’s going on in the school” the school did “step up” by introducing the lunch time meetings with the president of the school as previously

discussed. The introduction of these new meetings implied a willingness of *School A* to include the students in QA, although, as previously discussed, the students still viewed the outcome of the meetings negatively.

In contrast to the American students' feelings of a dictatorial administration, the British students from both *School B* and *School C* felt that stronger leadership was required to improve the QA of the school. In discussing the "messiness" inherent in the eclectic approach to the curriculum at the *School C*, one student felt that "the only easy way out of it would be to have a very strong principal." Likewise, the *School B* students discussed that "a lot of the problems would be better solved by a kind of top down, more coherent overview or more coherent approach to the whole course, rather than a bottom down, student feedback thing." As a summary to that sentiment, a *School B* student observed that "you don't necessarily fatten the pig by weighing it all the time" indicating that the students like to see directive leadership from the school in matters of quality assurance. One student commented on the perceived medical orientation of the curriculum at *School B*, stating, "Then that's evidence that there's top down, there's some leadership." However, the student continued, "Whether it's going in the right direction, is another thing." This statement reveals that while students may like directive leadership, the students are not always in agreement with the decisions that leadership makes. The students of *School B* extended the issue of leadership to include the leadership of the osteopathic profession. The *School B* students felt that their education as osteopaths is also defined by the direction of the profession.

The contrast between the American and British students' perspectives of administration perhaps reflected the culture of their respective osteopathic programmes, as well as the culture in general of America and Britain. The students of *School A* perceived a dictator-like administration and a lack of control over the quality assurance of their education. The students of *Schools B* and *C*, on the other hand, expressed a desire for directive leadership in their education. The students of *School B* extended the responsibility of leadership to the profession, but admitted that they may not agree with the direction chosen by their educational and professional leaders. Therefore, the students' perspectives of leadership may rely upon their willingness to follow leadership, and their agreement with that leadership's decisions.

Drivers of osteopathic education

Seven distinct but interrelated issues were identified in the three focus groups. The issue of the degree change in Britain led the students of *Schools B* and *C* to question the role of academia in osteopathy. The role of allopathic medicine in osteopathic education was discussed by the students of all three programmes, who also explored other external forces upon their education. The students of *Schools B* and *C* considered the impact of the nebulous definition of osteopathy upon both the education and profession of osteopathy. The students of *School A* identified two

further influences upon the QA of the school: Board Scores and Money. These seven issues create a look into how the students perceive their education in relation to the profession, and may all be classified as drivers of osteopathic education.

BOst to MOst

A major development of osteopathic education in Britain in recent years was the push to change the Bachelor of Osteopathy (BOst) to a Master of Osteopathy (MOst). Students from both *School B* and *School C* were unsure as to whether or not this development improved their osteopathic education. The 1st year *School B* student who participated in the focus group stated, “I think it broadens out the course and increases the standard in levels of research; at least, that’s what they told us anyway”. The 3rd and 4th years of *School B* were still on the BOst track and were unable to decide if the MOst track was an improvement as they felt they did not understand the differences clearly enough. After further discussion, the *School B* 1st year student then asked “so what is a Master of Osteopathy then? Something where you’re really good at technique?” to which a fourth year student replied, “No, it means you’ve done a level seven research project”; however, the 1st year student did not know what a level seven research project entailed. Despite this new development being a major part of the students’ education, the students were unclear as to knowing how it might affect their education and graduation as osteopaths. Some of the *School B* students felt that the drive for the change from a BOst to a MOst was a matter of prestige, and described the MOst change as a “bit of an academic arms race.”

The *School C* students also felt that the development of a MOst programme was “something [*School C*] had to do, otherwise we would always be left behind”. Another *School C* student felt that the MOst was “just another thing [the validating university] has a tick box for.” Like the students of *School B*, the *School C* students were unsure as to the benefits of having a Master degree programme. One student felt that the changes made were that “[the school] chucked in a bit of critical thinking and they’re going to make the research programme harder.” Other students felt that their research would just “go on a shelf and get dusty.” Yet, some students saw potential in a Masters programme: “The research stuff could be really good . . . [as an] opportunity to see if [osteopathy] is black and white.” The students felt that if the new MOst programme was encouraged then the higher level research project could be a positive development for the osteopathic profession.

Academia versus osteopathy

A related issue identified by the students of *School B* and *School C* was the students’ observation of a conflict between academia and osteopathy in the osteopathic programmes. The *School B* students strongly felt that the move towards higher level research was a “move away from . . . the practice of osteopathy towards more of an academic course and to a higher academic level

course.” The students continued by saying, “I can’t quite understand what the benefits of that are in terms of osteopathic practice in a very, very vocational profession.” The students’ uncertainty revealed their concern of an alteration of osteopathic education to favour academia rather than the practice of osteopathy. The *School B* students questioned the purpose of conducting higher level research. One student stated, “You don’t need to be a good researcher to be a good osteopath,” to which another student replied, “No, it’s true, you use different tools, and therefore they should be different qualifications.” Although the *School B* students preferred the more science based classes, describing them as more black and white compared to more “airy fairy” subjects, the students felt concerned that there was “too much academic focus and not enough clinical.” Therefore, the students clearly identified scientific subjects as academic subjects, separating them from the education of osteopathic principles and practice.

Both the *School B* and the *School C* students felt that the increased academic push of higher level research was as a result of demands made by the validating universities. One *School C* student commented, “It seems . . . someone is setting out what they need to teach here without actually knowing about the school or about osteopathy . . . , especially now that we have the Masters programme”. A *School B* student observed, “There’s a constant tug of war between the academic side of . . . what universities want, and what specific osteopathic institutions want.” These statements clearly show the British students’ concern that the academic drive of higher education would lead to a lessening of the education of the principles and practice of osteopathy.

Medicine versus osteopathy

Continuing on from the theme of academia versus osteopathy was the theme of mainstream or allopathic medicine versus osteopathy. This theme was present in all three focus groups. Again, students from both *School B* and *School C* described a conflict between osteopathy and medicine. The *School B* students felt that “we’re integrating ourselves into such a medicalised world”, so therefore “osteopathy has to go down, everything medical has to go down the evidence based route. To do that, you have to equip students with higher level research skills.” Although the *School B* students realised the demands of the medical profession on the osteopathic profession, they could not agree if the “pushing for us to be very medical” was a positive influence for their education and the profession. One *School B* student felt that the medical aspects of the course were “not even osteopathy”. Other students felt that the medicalisation of the course was a “defensive take on osteopathy”, which they could understand due to the nebulous definition of osteopathy. The students concluded however, that *School B* should “not be so defensive, and not so trapped in this pseudo-medical, half in, half out, thing.”

The *School B* students also could not decide whether the push towards a more medically based osteopathic programme was unique to the *School B*, or if the profession as a whole was facing the

same dilemma. One student felt that it depended on the college as “you get quite a lot of classical osteopathic institutions.” The *School C* students, like the *School B* students felt the push for osteopathic education to be more medically based. However, the *School C* students considered their school to be more divided between what may be described as “classical” osteopathy and more evidence based osteopathy:

Now [*School C*] is having to change because medicine is changing to be more evidence based, and what we’re taught, it’s not so much evidence based, as anecdotal . . . and that’s great, I love that it does that, but it needs to find a balance, and that’s where we’re being taught old and new stuff, and half the staff are holding onto the old stuff and half the staff are teaching the new stuff.

The *School C* students enjoyed the more “esoteric” osteopathy taught at their school, they nevertheless also realised that advances in research would require some tutors to alter what they teach. One student felt that the tutors should read more modern research but thought, “They would never do that because this is what they believe in, and this is what they’ve been practicing all these ‘x’ years.” Other students agreed, stating that some tutors are more “progressive” while others are “sort of a bit automatic.” Unlike the *School B* students who felt that their school had already made the decision to become more medical, the *School C* students felt that their school “just needs to decide what it wants It’s trying to be both [mainstream and esoteric] . . . and . . . it’s not really working.”

In contrast to the British schools, the American students at *School A* already are in a medically based programme. Interestingly, throughout the focus group with *School A*, the students appeared to separate osteopathy from the rest of their medical training. In discussing the quality of their education, one student stated “I will be the best physician I can be,” but then continued “now as far as osteopathy’s concerned . . . I’ve never met anyone from any other osteopathic school, so I’ve got no way of comparing myself, so I don’t know about osteopathy.” This separation of physician and osteopath also appeared when the students compared *School A* to another COM: “they have . . . more hands on manipulation, so they were way more skilled in OMT [osteopathic manipulative technique]”. However, other students argued that the students from this other COM knew “nothing about pharmacy; they don’t know anything about pathology”, and that those students “are not going to be physicians.” The *School A* students thus describe a clear distinction between physician and osteopath. One student felt that perhaps they do not notice the osteopathic philosophy present in the curriculum because “that’s all we’ve kind of come with”; but another student questioned the osteopathic content, saying, “We have a lot of allopathic doctors come and teach us systems, and I know for a fact that they don’t know anything about osteopathy.” The *School A* students concluded that the amount of osteopathy learnt “is up to the individual. Some

people are really into it, and some people aren't really into it. It depends on how much effort you put into it in terms of clinical rotations.” Although the *School A* students acknowledged a difference between their education and that of an allopathic medical school, the students also acknowledged a difference between their education as a physician and their education as an osteopath.

The dilemma of the medicalisation of osteopathic education was most strongly felt by the British students. The students of *Schools B* and *C* understood the rationale for including allopathic medical content in the curriculum, especially evidence based practice. However, the British students were divided over the potential benefits of a more medically focused osteopathic profession. The American students did not face this dilemma due to the perceived separation of physician and osteopath. The students of *School A* in general appeared to view themselves as physicians first, and osteopaths second. The issue of medicine versus osteopathy is clearly a distinguishing factor between American and British osteopathic education.

External forces on the education of osteopathy

Alongside the academic and medical forces that influence osteopathic education, the students from all three schools discussed other external elements that impact upon the quality of the education provided. A *School B* student observed, “A lot of the changes are externally forced It's kind of unavoidable.” The students from the two British schools both discussed the influence of the validating universities upon the osteopathic programme. The *School B* students felt that “it seems like it's a little bit of a square-peg/round-hole situation in the way they're trying to fit the course to [the university's] needs”. The students of *School B* cited an incident where “they said [the validating university] said we were being over examined . . . , but [the students] actually wanted it.” Likewise, the *School C* students felt that “the [validating university] probably has particular things they want us to do.” A *School C* student thought that “it seems like somehow the quality is set from outside the school, rather than the school itself; like someone is setting out what they need to teach here without actually knowing about the school or about osteopathy.” The students felt that the validating universities do not understand the differences of osteopathic programmes to other higher education institutes.

The *School B* and *School C* students not only recognised the validating universities as having influence, but other professional and national regulating bodies as well, such as the GOsC as the “body that regulates the universities and who can teach osteopathy” (*School B* student). Similarly, a *School B* student stated, “All the degrees in Britain have to reach certain levels It's not so much driven by our requirements, it's driven by the requirements of what a M^Ost degree is.” A *School C* student commented, “In this country there are organisations that set up the level of the standard and you have to meet those standards in order to have quality to make sure everyone

understands OK.” The students of *Schools B* and *C* recognised the responsibility of the osteopathic programmes to adhere to external regulations, both academically and professionally.

The regulating and validating bodies were not the only external forces recognised by the students. More abstract forces were also identified as influencing the quality of osteopathic programmes. A *School C* student believed that “*School C* is in a transition phase Now it’s having to change because medicine is changing to be more evidence based.” Other factors identified by *School C* students included finances, a change in validating universities, changes within osteopathy including more recent researching, a change of principle and increased number of students. The increase in the number of students was also cited by *School A* and *School B* students as having an impact on the quality of education provided by increasing the strain upon resources such as lecture halls, staff, and for the *School A* students, the ability for students to participate in QA.

Unlike the *School B* and *School C* students, the *School A* students’ awareness of external influencing factors on osteopathic education was mostly limited to factors such as class size, rather than larger professional factors. However, one student did discuss potential competition between the allopathic medical licensing exam, USMLE, and the osteopathic medical licensing exam, COMLEX. The student had heard that there would be changes in the format of the licensing exam and that certain members of osteopathic colleges wanted the COMLEX to change first; but if the USMLE changed first, the student had heard that the COMLEX would “definitely” change too. Although this is based upon student hearsay, it shows that the students do perceive a certain amount of rivalry between allopathic and osteopathic medicine in America, and realise the potential influence that may have on osteopathic education.

The students of *Schools B* and *C* gave several examples of external influencing factors upon their osteopathic education. Validating universities were seen to impose requirements which the students felt to be incompatible with osteopathy; however, the students did recognise the need for compliance with the regulation and accreditation authorities. The more abstract influence of increasing class size was identified by students of all three programmes. The students of *School A* appeared to be less aware of professional external factors than the students of *Schools B* and *C*.

The nebulous definition of osteopathy

As a culmination of the above four themes discussed, the *School B* and *School C* students felt that the nebulous definition of osteopathy had the greatest impact on the quality assurance of not only their education but the profession as well. A *School B* student stated, “It goes back to the whole definition of the profession doesn’t it? It kind of filters all the way down.” The discussion of the definition of osteopathy did not arise out of the focus group with the students of *School A*.

The *School B* first year student queried, “But what is it then to be an osteopath? So how can you teach it? Because osteopathy is different between people; you get ten different answers.” These questions reveal the dilemma of teaching osteopathy when there is no specific definition of osteopathy. Another *School B* student felt that it was necessary for the school to have a broad approach to osteopathy, observing that “the profession is so under defined, that to take a real niche on the part of the college would be a risky thing to do.” The *School C* students felt that their school took an even broader approach to osteopathic modalities taught. The students cited an incident where a student transferred from another osteopathic programme who “lasted two terms before going ‘this is nuts’” and returned back to their original programme. The *School C* students realised that such a broad approach was not for all students as it “makes [the teaching] messy”.

The students from *School B* and *School C*, however, differed on the necessity of a definition of osteopathy. The *School B* students preferred the idea of a “more coherent, philosophical framework and a more coherent idea of what we do and why” as they felt then that the profession “would be able to not be so defensive.” The *School B* students felt that without a clear definition “we run the risk from going to be an ‘osteopath’ to being ‘musculoskeletal therapists’ . . . or . . . ‘body workers’.” Conversely, the *School C* students found that the nebulous definition of osteopathy was something that attracted them to the profession. When one *School C* student described the *Standard 2000* as being “flowery rather than something concrete”, another student commented, “I wouldn’t like it if [the *Standard 2000*] said: this is what [osteopathy] is, because the beauty of osteopathy is that it’s so wide ranging you can’t get it down, and that’s kind of what I like about it.”

The variation of the British students’ perspective of the osteopathic definition revealed that the students’ concerns are not only for the quality assurance challenges for their education but also the quality assurance challenges for the profession as a whole. The students of *School A* did not appear to have the same concern for the definition of osteopathy as the students of *School B* and *School C*. As discussed above, the *School A* students identified varying degrees between physician and osteopath. However, the students of *School A* did not associate these variations as bearing any impact upon the quality assurance of the profession.

Board Scores (*School A* only)

For the students at *School A*, one of the factors that they felt played a large part in the QA of their education is their Board Scores. One student explained, “How they do quality assurance here is essentially the Board Scores That’s the whole purpose of the COMLEX Every student . . . has comparative scores . . . so everybody’s quality assurance is guaranteed.” The *School A* students identified the comparison of their Board Scores “self to others” and between “allopathic and osteopathic programmes” as how they knew their education was quality. Therefore, the

students believed that *School A* uses good Board Score results as the main driver of the QA of their education.

Money (*School A* only)

The issue of money emerged as another theme in the *School A* focus group as a driver of osteopathic education. Most of the students claimed that the cost of education at *School A* was one of the main factors of why they chose to study at *School A*. However, the students felt that it is not only them who focused on money. One student recalled that in her initial interview she was told “that our seats are dollars.” The students also believed that money played a part in the quality assurance of affiliated sites, claiming that “it has to be an issue of money, a lot of these decisions have to be financial.” In discussing the faculty, one student felt that the student evaluations of the faculty “should be tied to their . . . pay.” Although finances were briefly mentioned as an influence on the quality assurance at *School C*, the theme of money appeared to play a relatively large part in the *School A* students’ perception of drivers of QA in their education.

***School A* theme: culture of fear and punishment**

A theme that developed throughout the *School A* focus group was the existence of a culture of fear and punishment, both from the students and the school (as perceived by the students). The *School A* students felt that QA issues were often dealt in a “threatening” way. The students claimed to be afraid to be honest in their evaluations as they felt they could be punished. One student stated “if we didn’t have to get dragged down if we wrote something negative about one of our professors, then everyone would be honest I think.” Another student summarised the students’ perspective by saying:

It’s kind of like if you think outside the box, or if you question their authority, then you’re going to be punished and your punishment is that they’re going to pull that degree farther away from you; if you do something good, they’ll push it toward you a little bit, and then pull it away.

Some students contradicted themselves by saying that they complained about certain issues, while at other times they felt afraid to be honest in their evaluations. Nevertheless, the overall message from the students was that they believed that they could be punished by the school for negative evaluations.

On the other hand, the students themselves also developed a theme of punishment for the school, in particular for the faculty. One student felt that if there had been student complaints against a professor “we should be able to call that professor to the [student council] meeting . . . and have him respond.” Another student believed that the school should fire a professor if that professor had received three years of bad student evaluations. The students felt that there was not enough

punishment for professors: “There’s no accountability for what they do. Nobody’s going to be punished. If everybody hates a professor, he’s never going to be punished.” It is interesting that although the students were afraid of threats and punishment from the school for themselves, they felt strongly that faculty members should be punished. Since the students felt that punishment should have a part in the QA of faculty, the question must be asked if the student perception of the punishment of students by the school was an accurate observation, or if their own fears enhanced usual QA methods to become a punishment.

***School C* theme: the cohesion of QA**

Throughout the *School C* focus group, words such as “consistency”, “communication”, “collaboration”, “integrate”, “unify” and “congruent” developed into a theme that may be described as the cohesion of QA. The students often described a lack of collaboration and cohesion between the lecturers as well as between the academic and administrative staff. The perceived inconsistencies in the curriculum lead the students to feel that they did not know which tutor to believe, or how to integrate the information. Likewise, the students felt that there were gaps and crossovers in the information taught by the different tutors. One student felt that it was necessary for the school to have “one person who knows what everyone is teaching and how it all fits together . . . ; it would help unify everything.” Another student commented “We need it just to be more congruent.”

Of note, one student felt that the school not only needed to be more unified within itself, but that the school would benefit from “more communication between schools in England . . . just to meet people and chat.” This perspective potentially leads the cohesion of QA not only on the level of individual schools, but also between programmes and thus potentially within the profession as well. Again, the students demonstrated their consideration of QA outside the immediate realm of their osteopathic programme.

Summary

The eleven themes that emerged from the student focus groups revealed several comparable elements between the three osteopathic programmes. The students demonstrated a greater awareness of QA and QA methods than they initially anticipated. Furthermore, the students were able to debate how aware they should be in QA and the challenges that accompany their involvement in QA. The issue of feedback to the students was a common complaint amongst the students, as was the QA of the faculty. Allopathic medicine and other external influence factors were also discussed by the students.

Distinctions amongst the students of the three osteopathic programmes were also made evident. The students of *School A* were perhaps the most critical of the students, and the least able to

consider QA challenges from the school's perspective. The students of *School A* were also less inclined to acknowledge limitations to their perspective when compared to the students of *School B* and *School C*. The students of the two British programmes had more in common with each other than with the American students, due to the similarities in the programmes' design and the common regulating authorities. Nevertheless, differences were also established between *Schools B* and *C*. The students of *School C* were more critical than those of *School B*, and were more inclined to consider *School C's* relationship to other osteopathic programmes in Britain. The students of *School C* were also more in favour of an open definition of osteopathy than the *School B* students who believed the profession needs to indentify a clear definition in order to protect itself.

The students' perspectives of QA methods, and the themes that emerged, revealed the individual ethos and cultural aspects of the osteopathic programmes which might not otherwise be identified in QA documentation. Furthermore, the students demonstrated the differences between Britain and America in the practice of osteopathy, suggesting that the student perspective is a useful tool for gathering hidden QA issues facing the profession as a whole.

Analysis Part 2

The second section of the analysis will consider the comparability between the themes developed from the interview and the focus group of each participant osteopathic programme.

Part 2a: *School A* comparative analysis – interview and focus group

End-goal versus student experience

The theme of the QA of an end-goal versus the QA of the student experience revealed that at *School A* the student experience was less of a focus than the end-goal. The explanation of the student experience in the interview appeared to be objective and analytical of the QA measures taken place to improve the student experience rather than a description of the student experience. Some of the QA methods were aimed at analysing the student experience, such as the full time psychologist and the president monthly lunch meetings with different students to assess how the students felt about their education. Other methods focused more on aligning the student experience to student success. One example of the alignment methods was the structuring of different learning pathways based upon the “recognition that not all students learn in the same way”. The Key Informant continued by explaining that *School A* questioned, “Can we offer the right pathway to the right student to maximize the services for them?” Similarly, the first year curriculum was restructured as an “alignment process” based upon “the principle of how students can be more successful”.

From the students’ perspective, the students described part of their experience as “dealing with the administration”. One student felt that the “administrative maze . . . that they put you through . . . , they have you jumping through hoops . . . holding your degree out there, kind of like a carrot in front of a horse, like, ‘if you do this then you’re one step closer.’” The students agreed amongst themselves that they were looking forward to completing their education and no longer working with the school. One QA method discussed by the *School A* Key Informant that was also discussed by the students was the monthly president lunch meetings. The second year student present at the focus group explained that because “everybody complained about the same thing, saying they felt like they couldn’t control anything that’s going on in the school”, the school developed monthly lunch meetings between different students and the president to improve communication between the students and the school. While the students largely complained about their student experience, one fourth year student acknowledged, “I know we’ve been saying a lot of negative things, but . . . I have felt comfortable on all my rotations . . . , I’ve felt prepared I’ve always got good evaluations about my skills and knowledge.” This statement shows that the student experience is not only about how they feel about

their education, but also about how that experience prepares them for the challenges throughout their education.

This additional aspect of the student experience eventually leads to the end-goal. The students all commented that “academically, we do very, very well,” and that “when I got my results and compared them nationally, they were high.” These results which the students discussed were their Board Score results. For both the students and the Key Informant, the Board Score results were revealed to be the main emphasis for the end-goal. In the interview, the Key Informant stated that:

The issue for us is that we don’t want to teach to the Board Exams, that is not the outcome we’re interested in, but because the exam is supposed to represent a comprehensive outcome of the school, we think it is an adequate proxy.

As part of the accreditation by the Commission on Osteopathic College Accreditation (COCA), it is a COM’s responsibility if a student fails their Board Exam; the Key Informant explained, “We’re constantly reviewing the results of students in their performance in the [Board] exams . . . [in order to] make continual improvements in the courses.” Although the mission statement for *School A* is to “produce primary care physicians” for the rural communities of the state, this focus upon Board Scores forces the school to adjust the QA of their mission statement to be more aligned with the requirements set by the Board Exams.

Likewise, the students perceived that “all [the school’s] emphasis is on the Board Scores”, and described their good Board Scores as an identifier of the quality of the school. However, one student held a more negative perspective of the school’s motives for encouraging the Board Scores “not because they want you to do well; it’s because they can say ‘well we have our 100% pass rates now, we can attract more people’.” The student believed that the motive for the school to emphasis Board Scores was to increase their income through attracting more students, and described this motive as their “end point” rather than focusing on “let’s make great doctors”. This sentiment was echoed by some other students who felt as though the school was “trying to make us like a factory”, to produce “cookie cut out physicians.” It is worth questioning therefore, if this method of focusing upon the Board Scores leads to a reductive approach to the student experience and the end-goal.

It is important to note that a large proportion of the emphasis upon the Board Scores is due to requirements set out by the AOA through COCA. As part of the COCA accreditation of COMs, *School A* is required to make the students aware of “all the expectations over the four years, as well as the Board requirements” (*School A* Key Informant). COCA intends that the students’ awareness of expectations “should serve as a motivating factor in improving student performance” (Commission on Osteopathic College Accreditation, 2007); however, the *School A* Key Informant felt that this was not necessarily the case as “students are sometimes frightened by that stuff.” Thus, what impact does the

focus on the end-goal have upon the student experience and how may that alter the students' ability to achieve *School A's* mission to produce primary care physicians for the rural areas of the state?

Another aspect of the end-goal that was addressed by the Key Informant in the interview was the seven Core Competencies set by the AOA which *School A* used as an integral part of the curriculum and QA. These Core Competencies were also referred to by the Key Informant as "outcome competencies", indicating the role they play in the school's end-goal. The Key Informant claimed that the curriculum was aligned around meeting these seven Core Competencies such as Osteopathic Philosophy and Osteopathic Manipulative Treatment (OMT). In addition, these Competencies were used as part of the admission process to *School A*, where the potential students were assessed on "how well prepared they will be able to demonstrate the outcome competencies". The Key Informant explained further, "For example, we have questions that look specifically at compassion and their capacity for compassion, their willingness to work with others which is Systems Based Practice." This demonstrates the school's consideration of the end-goal from the beginning of the students' career. Interestingly, while the students did not discuss the Core Competencies, the students did observe, "In a way, [*School A*] sets itself up to take people . . . that will go out of their way to do better . . . , I think they pick the right people." Thus, from before the students' enrolment at *School A* they were aware of the end-goal aimed for by the school.

Faculty

As part of *School A's* general QA, the Key Informant described a "Faculty Adequacy Plan" which informed the school of the number of faculty required for the number of students at *School A*; it was claimed by the Key Informant that the school consistently beat this number "by about two to one." From the students' perspective, they felt that this ratio was, "in terms of numbers, maybe [true]; in terms of the numbers of bodies that are actually here available to students on a daily basis, it's not true." The students believed that the school had "a lot of adjunct people that they consider faculty", giving the example of the OMT lecturers who would be considered faculty, but that were "only there for that certain period . . . , but if the students decide that they have a question, there's not enough faculty to help them." By contrast, the Key Informant stated that the faculty must have available hours when the students are at the school, and these hours were published for the students. It appears, therefore, that while the school made known to the students the hours in which the faculty members were available, the students may not have utilised these open hours to their full advantage and thus felt that either the number of hours was insufficient or that the faculty did not adhere to the school's regulations.

A further example of the contrast between the school's prescribed conduct of the faculty, and the students' perception thereof was that it was felt by the Key Informant that the faculty of the school were "teachers first, researchers second; so they're not researchers who, in order to make their living,

takes up teaching.” The students on the other hand, questioned some of the faculty’s desire to teach, feeling that some faculty members “just want that CME [Continuing Medical Education] credit at the end of the month, and that’s all you [as students] are to them.” The question that needs to be asked is whether or not the students’ doubting of the faculty’s desire to teach is part of the critical nature of students or if there is some truth to the students’ perspective.

The contrast between the Key Informant’s perspective and the students’ perspective of the QA of the faculty continued into faculty development. The Key Informant described several ways through which the faculty of *School A* were encouraged in their development as teachers. First of all, the faculty were educated on the Core Competencies so that they might teach their courses through the lens of those Competencies. Some students questioned some of the faculty’s knowledge of the first Core Competency, that is, Osteopathic Philosophy and OMT; one student felt that “we have a lot of allopathic doctors come and teach us Systems, and I know for a fact that they don’t know anything about osteopathy.” Secondly, the school utilises a “generic system of faculty development” to inform all faculty of new information or issues. Thirdly, all faculty members underwent annually a “360 degree comprehensive evaluation”. This evaluation was comprised of reviews by students, staff, deans and peers on 11 key attributes that were felt to be “necessary to be a faculty member.” These 11 key attributes were brainstormed by the faculty and the school as to what were the most important factors for faculty. Lastly, the faculty participated in the Faculty Council as well as other *ad hoc* meetings where the faculty were able to exchange ideas and discuss issues.

Although the Key Informant was able to discuss these QA methods for faculty development, the students felt that there was little change in the faculty. One student claimed, “They said ‘That’s the way [a professor] has always done it, we can’t change it.’” Other students felt that because some of the subject fields were understaffed “even if they get complaints there’s nothing they can really do about it.” Although the students were able to cite times when they were required to “evaluate a certain professor”, they believed that the evaluations were to “supposedly determined if they were to have a raise or something.” From the students’ perspective, the QA methods for faculty development were not necessarily utilised for improvement of the faculty, but rather for deciding whether or not a faculty member kept his job, or received a pay rise.

One area of faculty development in which the students were in less disagreement with the school was the peer review of the faculty. The students had observed other professors sitting in on other professor’s lectures, but the students were unable to tell if those added professors were there for peer review or not. Nonetheless, the students felt that it “would be helpful to have other lecturers come in and sit down”, but that “the instructors shouldn’t know that they’re being evaluated”. The Key Informant felt that the peer review method could be improved as it was believed that the faculty were

“much too kind to one another, and it’s possible that faculty aren’t getting the full benefit of their peer . . . evaluations.”

The student perspective of the QA of the faculty is difficult to assess due to the subjective nature of the students, especially in regards to the faculty with whom they have the most contact. It is likely because of this factor that there was so wide a variance between the Key Informant’s and the students’ perspectives. However, this does not discount the students’ perspective all together, but rather adds a wider view of the theme of the QA of the faculty.

Students

As discussed above, challenges often arise when comparing and contrasting students’ perspectives of QA to that of the school’s. Nevertheless, the students of *School A* did participate in QA and the issues of their awareness of QA, their involvement in QA, and the feedback they received from QA will be explored under the theme of Students.

Student awareness

Through the *School A* interview, it was revealed that the Key Informant held a realistic perspective of the students’ awareness of QA. Although the students were provided with several resources to be aware of QA (such as a handbook, the student affairs and deans offices, and the website), the Key Informant believed that “many questions [of the students’] could be answered through those resources if used appropriately”. The Key Informant realised that the “demands of being a student probably supersede the reading of a policy manual.” Likewise, it was felt by the Key Informant that when a review of the school was being conducted, not all the students would be aware. Yet, because of the “fairly high sense of purpose around these self studies”, the Key Informant imagined that “the student would answer: ‘I know something’s going on, I don’t know exactly what, but everyone seems to be gathering information for some reason.’ That might be their sense of it.”

The Key Informant’s perception of the students’ awareness of QA compares to the students’ perspective as discussed in the focus group. The students initially described having “no idea” about the QA methods used at *School A*, yet at other times the students would make emphatic statements such as, “Oh no, we know there’s no evaluation. It’s not happening” when questioned about *School A*’s visits to affiliated sites. It appeared that when the students felt strongly about a certain issue, they were more inclined to make definite statements about the QA methods used; whereas, when the students were less involved in an issue, they were more open to admit that they did not know exactly what took place. An example of this was the students’ awareness of faculty peer reviews. Upon being questioned if the students thought if their professors were reviewed, the students’ answers ranged from, “I’m sure they do some way,” and “I don’t know how” to, “No, they don’t do peer reviews”. Eventually the students came to the conclusion that they had noticed other instructors coming into

lectures, “but [the students] don’t really know what they’re doing”. One student commented about faculty peer review, “Maybe that’s the reason they’re there, maybe it’s not; we don’t know why They just say they’re there checking out, seeing what [the professor] is doing, if he’s doing it well.” This is comparable to the Key Informant’s belief that the students may be aware of something being carried out, but be unaware of the reasons why.

Although the students expressed disinterest in knowing whether or not a professor was being peer reviewed, stating, “Well it really doesn’t make any difference if we know or not,” one issue the students had complained about was a feeling that “they couldn’t control anything that’s going on in the school”. The students had also identified “transparency” as being an issue they would like to be improved; however, it was not discussed in the focus group where the students would like more transparency. There was therefore a potential conflict in the students’ perspectives of how aware they should be of QA. The Key Informant believed that it was “absolutely” useful for students to have some awareness of QA methods such as the self-study, stating that “[the students] should hold us accountable to continue this review cycle for quality.” Thus, for the students of *School A*, it appeared that their level of awareness of QA was to an extent dependent on how much they involved themselves in QA.

Student involvement

The Key Informant listed four ways *School A* utilised the student voice in QA. Firstly, each year AACOM conducts a survey of the first and fourth year students to “give a spectrum across the curriculum”. Secondly, *School A* conducts its own “comprehensive course evaluation” at the end of each course. In the focus group, the students did not discuss the AACOM survey, but they did identify the course evaluations. The students described an unwillingness to participate in these end of course evaluations as “[the school] do it during finals and we just want to get out of here . . . , so you’re not thinking You’re so brain-fried, you just want to get out of here.” The students felt that the timing of these evaluations led to their apathy towards the evaluations, and believed that the evaluations would be better conducted early on in the semester.

The third method employed by *School A* to use the student voice is student representation on the Curriculum Committee. In the focus group, the students did not mention the student representation on the Curriculum Committee; however, they did discuss their student representatives on the Student Council. As it was not explored with the Key Informant whether or not the students on the Curriculum Committee represented the student body on other committees, it is not known if these were the same student representatives. From the student perspective, it was felt that the student representatives on the Student Council received blame from the school for the students’ complaints, while the students themselves felt that their elected representatives were doing their best. Instead of the responsibility

being on the student representative, some students felt that more responsibility should fall on those faculty members against whom the students had complaints.

Finally, the fourth method discussed by the Key Informant was the monthly lunches held by the President of *School A* for varying groups of students. This forum was used by the school to improve the feedback from the students to the management. It was revealed in the focus group that the third and fourth year students were unaware of the monthly lunch meetings as they were often away on their rotations. Nevertheless, the second year student present observed that these meetings had been created because “everybody complained about the same thing, saying they felt like they couldn’t control anything that’s going on in the school, and that’s when they stepped up on that.” The second year student felt that the monthly lunch meetings were sometimes useful but stated that “most times, whatever the grievances were, it was always a no.” The Key Informant acknowledged that there was a limitation to student feedback as “[the students] are looking from their limited single experience” and therefore what the students may perceive as “grievances”, the school may find that it is not appropriate for the school to act upon those grievances.

As part of the interview, it was asked of the Key Informant if it was believed that the students felt free to give their honest opinions on their evaluations. While the Key Informant replied “I do, I do,” it was acknowledged that “it’s difficult because in many situations, students are afraid to talk up against the people who potentially are going to grade them and have some say over their futures.” The Key Informant continued by stating “I think that what works is that instead of just saying it is safe to do so, we demonstrate that their words leads to action and that encourages them to further give us information.” It was believed by the Key Informant that the school had “gone out of our way” to demonstrate to the students that their feedback was valued.

The student perspective revealed a different sentiment towards student honesty in evaluations. Several students expressed their apathy towards what they wrote on the evaluations because they believed their input did not matter. The students felt that nothing had changed, and thus felt “there’s not a lot of incentive” for them to put effort into their evaluations. As discussed above in relation to the end of course evaluations, the students thought that they would feel more inclined to participate in the evaluations if the evaluations were conducted earlier in the semester. The students reasoned that the school would then be able to implement changes that would be effective for their class rather than for the class below. The Key Informant acknowledged that it was often frustrating for the students not to be able to see the changes occur in their year, but believed that the students would be able to see changes in the years below which would encourage the students to participate in the evaluations. One senior student commented that the evaluations “never affect the pain that you’re in at the time”. Later in the focus group, as a more junior student described improvements to a course which the senior students had complained about, the students acknowledge that they felt encouraged by knowing that

changes had been made. Thus, while the Key Informant believed that the students would see changes occur as a result of their evaluations, it may be that the students would only notice those changes if discussed between the year groups.

The Key Informant identified the students' fear of possible repercussions as a factor which may have impacted on student honesty in evaluations; however, the Key Informant believed that *School A* had clearly demonstrated that the students' feedback "leads to changes". However, in the focus group the students admitted to not feeling free to be honest in their evaluations. A first year student explained that he was afraid "not so much about the grade, but . . . [the teachers] were actually reading the comments They weren't supposed to see the names affiliate with the comments, but they were." A third year student followed on by stating the some students had been called in as a result and "they got questioned about their comments, about the professor, and it wasn't a pretty scene." The first year student acknowledged that "some comments probably could've been worded differently", but still felt that as a consequence he could not be honest in his evaluations. Other students expressed similar sentiments, stating "I have to play nice with these people; they have my degree in their hands", and that, "If we didn't have to get dragged down if we wrote something negative about one of our professors, then everyone would be honest I think." It is clear therefore that despite the school endeavouring to encourage the students to be honest in their evaluations, the students did feel fearful of potential consequences if they were honest in their evaluations.

It is worth noting that, as the first year student acknowledged, sometimes the students' did not give their feedback constructively, which may have influenced how the school reacted to the students' evaluations. The students' fear of punishment and their reciprocal attitude of punishment towards the school is explored further in the analysis of the focus groups under the *School A* theme of "culture of fear and punishment".

Feedback

In discussing the issue of feedback from the school to the students, the students of *School A* claimed, "We get zero feedback." Instead, the students believed that the following classes received the feedback from the evaluations conducted upon the completion of each course. The students stated that they would like to have feedback "because then we wouldn't have the resentment and feeling as if we were just being blown off as if they didn't care." However, the students did cite one instructor who would email the students in response to student complaint. One student commented, "We may not have liked what she said, but most of the time it was positive, but she at least responded and we had feedback from her." As a result of the positive feedback, the students described feeling more positive about this instructor's lectures.

Interestingly, the students admitted that the Key Informant of *School A* would come to the classes monthly to update the students on certain issues as well as to ask if the students had any questions or

grievances, however, the students were less positive about this form of feedback. It became clear that the students did not perceive the feedback from the Key Informant as encouraging because “it usually boils down to the answer’s usually no.” In the interview it was explained by the Key Informant that responding in the negative to student complaints “happens, quite frankly, more often than changes. The reasons are they’re looking from their limited single experience, whereas we look across it from many years.” Therefore, while the Key Informant stated that “no item is left unanswered”, the students felt that they did not receive feedback because the students valued affirmative feedback more than negative feedback.

The theme of the students and QA provides an interesting insight into the relationship between the students and the school. The Key Informant was aware of the limitations of student awareness of QA, which corresponded to the students’ statements which demonstrated a limited awareness of QA methods. The students, however, expressed their perceptions more confidently when they were more involved in an issue. The Key Informant discussed four ways *School A* uses the student voice. The students conveyed some scepticism about the effectiveness of the monthly president lunch meetings. Furthermore, the perspectives expressed about student honesty of evaluations revealed that the students disagreed with the Key Informant’s belief that the school demonstrated that the students are listened to. This discrepancy was also evidenced in the issue of feedback to the students. The focus group revealed that the students were more positive about QA methods when QA agreed with their perspective, which the Key Informant acknowledged did not frequently occur. Therefore, the students’ limited awareness led to the contrast between the Key Informant and student perspectives of QA.

QA in action

In the interview, the Key Informant believed that *School A* made significant efforts to dedicate and commit resources to “gather data, collating it effectively and ensuring it’s available to others” to better apply institutional assessment. The Key Informant also described the school’s QA strategic plan as “the glue that holds it all together” and found that to show the school’s “progress on specific objectives and goals” relative to the strategic plan is an effective method of demonstrating to the faculty members and students of *School A* that their concerns and issues had “been heard and acted upon.” The Key Informant felt that there existed “a very strong concordance” between the QA documents of *School A* and the practice of QA in the school. The Key Informant stated, “By and large, the way we say [it is], is the way it is because of the way we designed the process.” When any changes were proposed to the school, the school first of all asked the question, “To which [AOA] standard does this speak?” It became apparent in the analysis of the interview that the QA methods used at *School A* were largely focused around goal setting, planning and assuring compliance with the AOA standards.

From the student perspective, the students felt that the school experimented “from year to year, so it changes constantly.” The students cited several changes such as schedule changes for the osteopathic classes, and changes in the way particular courses were conducted. However, the students later complained throughout the focus group that “things here won’t ever change” and that “it is how it is”. Therefore, on one hand the students perceived the school utilising QA to experiment with changes, while on the other hand the students also believed that the school did not make changes as a result of QA. At the end of the focus group, the students admitted that the school had “come a long way” since it had first started; thus it may be that the students’ perspective of the QA in action at *School A* was limited due to the students’ main concern for their current class year, as opposed to being able to witness the changes develop over a period of time.

The Key Informant was able to discuss the application of QA throughout *School A*, and positively described the developments that had been made. Conversely, the students held the belief that the school did not make changes, despite citing several areas of development. The contradiction between the Key Informant and student perspectives is due to the disparity in their respective level of involvement in QA. The students tended to consider the application of QA as it applied to them, rather than across the whole the lifetime of the school. Furthermore, the Key Informant’s emphasis on maintaining the structure and compliance of QA likely led to developments that did not coincide with the students’ perceptions of QA, creating the impression that the school does not change.

Drivers of osteopathic education

The students of *School A* identified four issues which may be classified under the theme of drivers of osteopathic education. One of these issues, the Board Scores, is explored in the *School A* theme title ‘end-goal versus student experience’. The issues of medicine versus osteopathy and money became evident in the interview conducted with *School A*’s Key Informant. The Key Informant’s and students’ perspective on these two themes are compared in this section.

Medicine versus osteopathy

In both the interview and the focus group with *School A*, there developed the theme of medicine versus osteopathy. As part of the COCA accreditation, *School A* must ensure the education of distinctive osteopathic healthcare. To fulfil this requirement, the Key Informant explained that *School A* provided 200 hours of osteopathic courses in the first and second years, and in the third and fourth years, the students were exposed to osteopathy through various rotations. According to the Key Informant these aspects of osteopathic education were “focused on instilling the osteopathic philosophy and the methods of OMT.” From the students’ perspective, however, one student wished “we had more skills with our hands. I just don’t think an hour and a half a week is enough.” Other students felt that the amount of emphasis placed on osteopathy was “up to the individual”. The students continued by stating, “Some people are really into [OMT], and some people aren’t really into

it. It depends on how much effort you put into it in terms of clinical rotations.” The students appeared to separate their skills as an osteopath from their skills as a physician. In comparing *School A* to another COM, one student observed, “They have . . . more hands on manipulation so they were way more skilled in OMT . . . it wasn’t even a comparison,” to which others students replied, “But they know nothing about pharmacy, they don’t know anything about pathology,” and “they’re not going to be physicians.” Nevertheless, a third year student felt that compared to a different COM, their osteopathic skills were about equal, but felt their skills as physicians compared to allopathic medical colleges were “way behind the ball.”

Another approach discussed by the Key Informant of how *School A* ensured the education of osteopathic healthcare was to realign their “entire curriculum around the [Core] Competencies.” The Key Informant continued, “The first of the seven competencies defined by the AOA is Osteopathic Philosophy and OMT. So, on our Curriculum Committee, we review everything we teach, even if it’s microbiology, through the lens of that competency.” In the focus group one student questioned the application of this QA method because it was perceived that “we have a lot of allopathic doctors come and teach us systems and I know for a fact that they don’t know anything about osteopathy.” On the other hand, another student believed that the osteopathic influence in the curriculum was imperceptible by the student. This student explained, “It’s just that’s all we’ve kind of come with, maybe it’s just subtle and we don’t even notice it If we go to an MD [Medical Doctor] school we might notice the differences.”

Therefore, although *School A* is a COM, and through various QA methods the osteopathic philosophy and principles are endeavoured to be instilled into the curriculum, it is noteworthy that the students were unsure as to the extent of the osteopathic content in the course. The students’ separation of the concepts “osteopath” and “physician” may reflect how they would incorporate the osteopathic philosophy and principles into their practice as Doctors of Osteopathy (DOs).

Money

The issue of money as part of QA became apparent in both the interview and the focus group of *School A*. It was revealed by the Key Informant that certain aspects of QA, such as the school’s resources and faculty adequacy plan, were reviewed as part of the budget cycle. The students felt that “it has to be an issue of money; a lot of these decisions have to be financial.” Furthermore, the Key Informant discussed that *School A* found that the “miss match” between the earning potential of primary care physicians, compared to a student’s tuition fees, potentially caused a decline in the percentage of graduates entering primary care specialities. As a result, *School A* developed a new pathway to “inspire people” to specialise in primary care. Interestingly, several students explained that the cost of the tuition fees played a significant role in why they chose to study at *School A*.

Nevertheless, the students claimed, “I’ve paid a lot of money,” and equated their feeling of receiving their “money’s worth” for the education with the perception of the quality of the school.

Summary

In comparing and contrasting the perspectives of QA methods developed from the interview and focus group conducted at *School A*, it appeared that the Key Informant and student perspectives contrasted on more issues than they agreed with. The themes in which the perspectives were comparable were the students’ awareness of QA, and the two themes encompassed as drivers of osteopathic education. Also, there was significant comparability between the interview and the focus group on the theme of the school’s focus upon the end-goal. The differences between the Key Informant and student perspectives in the QA of faculty, student involvement in QA, feedback, and QA in action revealed the students’ limited perspective of QA. The students expressed negativity towards those areas of QA which did not coincide with their own understanding of QA. The Key Informant acknowledged the potential discrepancy between the students’ expectations of QA and the possible application of QA, and described several measures to alleviate the students’ frustrations. However, the Key Informant emphasised the importance on the adherence of QA to the documentation and the AOA standards, rather than acceding to the requests of the students.

Part 2b: *School B* comparative analysis – interview and focus group

End-goal versus student experience

In the interview conducted with *School B*, the participant called upon QA documentation to identify the end-goal as well as the process of their osteopathic education provided. The Key Informant described the QA document entitled *Standard 2000*, as depicting the “end product”, stating that the *Standard 2000* “gives us a clear idea of what we’re meant to be aiming for.” In comparison, due to a perceived lack of consistency in the subjects taught, the students of *School B* felt that the teachers did not “have an end-goal that’s the same.” The students continued by saying, “So the likelihood of us meeting that end-goal is hopeless because we don’t know what we need to learn and they don’t seem to know what they’re trying to teach.” It may be considered then, that while the school had QA documentation describing the end-goal, the students themselves did not perceive the end-goal in their educational experience. One factor for this may be that the Key Informant felt that the *Standard 2000* “is of more use to the institution rather than the students”. Furthermore, despite being taught about the *Standard 2000*, the older students seemed unaware of the contents of the *Standard 2000*; one student commented, “It’s just a word really.” Therefore, because the Key Informant had an understanding of the QA documentation, they were more aware of the application of the end-goal in the course. However, the question remains, do the students not perceive an end-goal in their education because

they are unaware of the end-goal described in the *Standard 2000*, or because the end-goal is not clearly exhibited in the students' education?

The other QA document discussed by the Key Informant was the *Benchmark Statement* which "is slightly different [to the *Standard 2000*] because the *Benchmark* describes the curriculum rather more." The Key Informant referred to the *Benchmark Statement* as being "about the process" of osteopathic education. Interestingly, the students also described their osteopathic education as a process. The students felt that "this, our four year course, is just us jumping through the hoops until we get to the end and we graduate; and then we can go out and be osteopaths, and 'live the dream!'." These statements objectify the students' educational experience; but the subjective student experiences were also discussed by both the Key Informant and the students. The tutors and lecturers, course content and assessments, and school facilities were all part of the subjective student experience and were analysed by the school through the students' involvement in QA.

Therefore, at *School B*, there existed a discrepancy between the Key Informant's and the students' perceptions of the definition of the end-goal. The Key Informant was able to call upon the *Standard 2000* to identify the end-goal; whereas the students were either ignorant of the contents of the *Standard 2000*, or the end-goal was not clearly demonstrated by the school. Both the Key Informant and students described the student experience as a process which encompasses several factors such as the course content, facilities and faculty.

Faculty

The theme of faculty in both the interview and the focus group focused upon the evaluation of the teaching staff. The students had a limited perspective of the methods of teacher evaluation and therefore only discussed the student evaluations of the tutors, while the Key Informant commented on all the staff evaluation methods employed at *School B*. One perspective of the students was that the tutors could take the evaluations personally and disregard negative feedback. The students felt that the evaluation feedback "just goes to [the tutors] and they go 'Oh, what a load of rubbish,' and throw it away." The Key Informant likewise felt that the student evaluations of the clinic tutors possibly led to certain tutors ignoring the student feedback. The Key Informant explained that due to the clinic tutors teaching in teams, the student evaluations concentrated on the teams, rather than individual tutors; however, the Key Informant felt that tutors could then choose to ignore a negative evaluation, or conversely take a positive evaluation as applying to them. The Key Informant concluded by stating, "We are looking at how we deal with it." Both the Key Informant and the students therefore perceived potential problems in the personal application of the student evaluations of the teaching staff.

The students felt that the tutors were not given enough guidance from the school when they received the feedback from the student evaluations. One student stated, "It just doesn't seem like somebody

goes ‘well you’re obviously good at this, but the students are finding that. Now, how can we get you to teach your course in a more structured way?’” When queried further the students acknowledged that they did not know how student evaluations of tutors were managed, but that they based their perceptions on the “observable outcomes”. This particular student perspective conflicted with the Key Informant’s claim that staff development as a “quality enhancement measure” was a significant investment of *School B*. There is therefore a discrepancy between the school’s QA methods and the students’ perception of the outcome of those methods. This discrepancy may result from the QA methods being less effectual than aimed for; or because the student perspective of QA may be a subjective view of the outcome.

In the theme of faculty, the Key Informant and student perspectives agreed that problems may arise in the faculty members’ personal interpretation of student feedback. They feared that lecturers and tutor could disregard negative feedback and concentrate only on positive feedback. The students believed that the school did not provide sufficient support in guiding the faculty through the evaluations. This contrasted with the Key Informant’s belief that faculty development was a strong aspect of *School B*’s quality assurance. Therefore, the comparison of the perspectives of faculty QA reveals a potential disparity between the intentions and the implementation of QA.

Students

As evidenced above, conflicts may arise between the students and the school due to the varying perspectives of QA. The theme of students and their awareness and involvement in QA developed extensively in both the interview and the focus group.

Student awareness of QA

In the focus group with the students of *School B*, one student in particular felt that the students should have more awareness of the QA methods used. The student stated, “I don’t know what the process is between . . . discovering a problem . . . and actually actionable stages”, and felt he would like “more transparency of their policies, how decisions are reached.” The student continued by arguing that “for exams you get that, so why not for the quality assurance of the teaching itself . . . because ultimately the students are the ones paying for the education and for the school.” This student’s arguments contrasted sharply with the Key Informant’s perspective of student awareness of QA. The Key Informant stated:

I think they should know that [QA] is something that the institution takes seriously and I think that they should feel that there is a mechanism for dealing with concerns if they raise them. I don't think that they need to be aware of all the processes . . . I don't think that they need to really be concerned about it, unless they want to. I mean, it's not a secret, but I don't see why they would be interested.

The Key Informant felt that the school provided a service and hoped that the students would experience a quality service, but that the students did not need to know the work that went into providing that service.

As the Key Informant realised, however, not all the students agreed that students need more awareness of the policies and procedures of the school. One student's comment echoed those of the Key Informant:

I don't care enough to spend an evening reading through it, unless it directly impacts on me. Maybe . . . it represents my apathy, but . . . I think there are people who do care a lot and that's what they're there to do, and I don't think it matters, jumping in when they don't even understand the issues that are at stake and it doesn't help anyone.

Other students agreed with this sentiment, although one student still maintained that they would like to know the "policies and procedures" and that "if you are curious enough then, and want to change it, you can find out." The differences in the opinions of student awareness of QA were therefore not only between the school and the students, but also amongst the students themselves.

The Key Informant stated that students were kept aware of the decisions, changes and progress. This was confirmed by the students who cited some cases where they were informed of QA efforts made by the school. An example of this was the GOsC visit where the school emailed the students an outline of the results from the visit. Not all students however were made aware of all the school's QA issues. The student representative present at the focus group acknowledged that "general osteopathic students . . . get very little about the whole quality assurance thing," and admitted further that "there are certain types of information that we can't pass on until it's been approved that we can pass it on." The majority of the students agreed with this stance, stating that "unless there's an option to input to it . . . then why do I want to know? It might never happen and I can't do anything to change it." In the interview, the Key Informant stated that even the student representatives were not privy to all the details of QA, but were only representative on the Staff and Student Liaison Committee and the Academic Council to "make sure it's happening" and have an oversight of the process "without actually being bothered by the detail."

It appears that, in general, there was an agreement between the students and the Key Informant on the students' level awareness of QA. Although one student would have liked more information on the policies and procedures of QA, the rest of the students agreed with one student's sentiment that "if I don't know, then I don't have to do anything."

Student involvement in QA

There were two main QA methods described by the students and the Key Informant where students were involved in QA; these were student representatives and student evaluations or questionnaires. As mentioned above, students were represented on two QA committees at either end of the QA hierarchical scale. The Key Informant explained that the school had “resisted” representing students on all QA committees as they felt that they could be “more self critical when the students aren’t there.” Furthermore, it was the Key Informant’s opinion that by the student representatives being on either end of the QA hierarchy, the students could “pick up if they felt that the Quality Assurance Committee wasn’t sort of interacting properly with the Staff and Student Liaison Committee.” This may not always be implemented though as it was revealed in the focus group the participating student representative sometimes did not know or remember the outcome of certain issues discussed at committee meetings.

The Staff and Student Liaison Committee (SSLC) was described by the Key Informant as “an important point about course review.” The Key Informant explained that the SSLC met once a term and it was there that the student representatives could “bring matters up” and that the school did “change things in response to student comment and feedback.” The student representative who participated in the focus group agreed that “in general, if there are problems, that does get filtered to the meetings and you do get a response as well.” However, the student representative identified an issue caused by the SSLC meeting once a term:

The year group give out the problems of the time [of the SSLC meeting]; but the problems don’t always turn up when the meetings are . . . so you don’t always get the feedback of problems for when you need them for the meetings; and that can lead to dissatisfaction if issues aren’t addressed outside the meeting.

Although it was not discussed by the students, it is possible that because of the infrequency of the SSLC meetings, the students tended to bring up issues in an *ad hoc* manner. It was acknowledged in the interview that if the students “don’t think something’s right, they’re not slow at coming forward and making a comment.” It is in the *ad hoc* moments that the school relies on the student representatives to provide a more accurate view of the student body, rather than relying on the complaint of one student.

The role of the student representative is one that the Key Informant felt played an important role in the school’s QA: “They’re not just free to raise issues, it’s a duty for them; and we use them also for consultation.” Nevertheless, the Key Informant admitted that the student representative system was not perfect, and believed that the effectiveness of the student representative system “depends on the quality of the student representative . . . ; some are perhaps more effective than others.” In the focus group, the students were asked if they felt that the student representative system worked as the

interface between the school and the student body, to which the student representative present at the focus group replied, “I think it does work. Sometimes it’s not as recognised as it should be . . . [There is] this barrier of accessibility to the average student I think.” Other students agreed and felt that while information from the student body passed effectively through the student representative, it was more difficult for information from the school to be passed through the student representative to the rest of the student body. One student felt that “the output method should be the same as the input method”, while another student felt that “if it’s an issue with the year, the onus should not be on the student.” There is therefore an agreement between the Key Informant and the students that the student representative system worked well for the most part, but that there certain areas could be improved.

The second main QA method that involved the students was the student evaluations of the courses and the teaching staff. According to the Key Informant, the students complained about the number of evaluations and questionnaires they were required to complete, and the students “wouldn’t do it if we allowed them not to”. This was corroborated by the students who stated, “We all are supposedly to do loads of surveys and they can take quite a long time.” The students commented further saying, “We’re meant to do them by a certain date and we’re threatened by these things that are never going to happen, but you’ve got to do them anyway.” The Key Informant was aware that “as far as students are concerned [evaluations are] a bore to do”. One student cited an incident in which a computer was discovered to duplicate evaluation responses; the students “were so eager and so delighted to have that opportunity” to avoid completing the evaluation, which the student felt was “sad to see”. The students did admit that due to their complaints, the school had reduced the number of evaluations required of them to complete. One student made an interesting comment relating to the involvement of student evaluation feedback as part of QA. The student said, “You don’t necessarily fatten the pig by weighing it all the time.” This sentiment relates to the Key Informant’s perspective of placing limitations on the amount of student involvement in QA.

Feedback

One aspect of student involvement in QA, in which the students and the Key Informant did not agree, was the feedback that the students received after the student evaluations. The Key Informant explained that after an evaluation the school would give “feedback to [the students] and they get a report on how it’s been acted upon . . . , what the outcomes were, and that’s given to the student representatives, put on the intranet and it’s in our library.” The students, on the other hand, claimed that they “never get any feedback” from the evaluations. The student who complained the most about “absolutely no feedback” contradicted themselves by saying, “I have asked . . . the quality assurance people and . . . was told that it’s in the library, the results . . . , nothing for the whole school.” Part of the student’s complaint was that “you never get broad themes”, which may explain the student’s contradiction; the student may have seen the results of the evaluation as sufficient feedback, but would have rather preferred a thematic summary of those results. Therefore, while the students

confirmed the Key Informant's explanation of the school's feedback, it is the format of the feedback that the students' perspective may differ from the Key Informant's.

The Key Informant and the students of *School B*, for the most part, held similar perspectives on the relationship of students with QA. One student expressed a desire for more awareness of QA methods, but the rest of the students acknowledged their apathy towards QA and felt that it was not their role to know the details of QA. The Key Informant also felt that it was not necessary for students to know the extent of QA carried out at the school. Both the Key Informant and the students discussed the same challenges of student involvement in QA. Despite the variable quality of student representatives and the unwillingness of students to complete evaluations, the Key Informant and students felt that these QA methods worked well in general. The issue of feedback was the only point on which the Key Informant and the students disagreed, however, this is likely due to the students' differing perception of what constitutes feedback.

QA in action

Due to the limited nature of the students' awareness of QA methods, the students' perspective of QA in action was restricted to the changes that had impacted directly upon them; whereas the Key Informant was able to explain all aspects of the application of QA methods. One feature of QA in action, however, may be compared between the interview and the focus group. The Key Informant described *School B* as having an "ethos of continuing and continuous review and evaluation," and claimed that "there is always, I think, a looking out for 'could we be doing this any better?' and I think that's a strength of the organisation." This emphasis of "continuing and continuous review" was also described by the students. One student felt that the school was "going through a big period of change", and that "they've changed every year that I've been here." The students however did not find the many changes to necessarily be a positive aspect of the school. They explained that "[so many changes] can have some problems actually, this idea that you're in this institution that's in a state of flux and everything is always a bit chaotic." The students did acknowledge that they did not feel that the school is moving too fast with changes, but rather that the students' contribution to QA became redundant because "[the school is] changing as it is." In contrast, one student observed that "improvements actually take place . . . taking teeny, tiny patient steps", which revealed that that student felt the steps towards improvement "may not be so great".

Another perspective of the students on the action of QA was that the intention of QA was not always implemented. The students believed that the school had grown in numbers over the years, but that the number of administrative staff had not grown in proportion with the school's demands: "So there's a lot of good intentions there, but it doesn't always happen." The Key Informant, however, believed that the QA documentation was written "very much as a description of what we do rather than an aspirational document." The Key Informant felt that the school took QA "seriously" and had a

“commitment to quality” although the Key Informant did admit that sometimes QA was not necessarily perfect, but was about using the best known methods.

The Key Informant believed that there is a strong culture of quality assurance at *School B* which reflected the pride in the school’s standards and their well constructed QA documentation. The students shared the same perspective as the Key Informant; however, the students also noted limitations to the application of QA. The students believed that too many changes created an unstable environment, and felt that the resources of the school were not equal to the school’s intentions. The Key Informant also acknowledge to limitations to QA. It is interesting that, despite their limited perspective, the students were able to identify some of the challenges to the application of QA.

Osteopathic ethos

The osteopathic ethos of *School B* relates to the “continuing and continuous” ethos of the application of QA. As described above, the school is proud of their standards of quality and the Key Informant claimed that “I have never ever, ever, in the 10 years I've been here, heard people say ‘well we've always done it that way so we can't change it.’ That's not the way anybody thinks.” This pride was reflected by the students’ positive summary of the school’s quality. The students also perceived that the change to the MOst degree was partially driven by a feeling of prestige, which relates to the Key Informant’s encouragement of progression.

Drivers of osteopathic education

The students of *School B* discussed six factors which can be classified as drivers of osteopathic education. These factors were explored in the analysis of the focus groups. By contrast, the theme of drivers of osteopathic education was not identified as clearly by the Key Informant. The external forces and potential drivers of osteopathic education were mainly revealed in the interview through the regulating and validating bodies of *School B* as well as the dissemination of good practice between other higher education institutes. For the comparison of the interview and the focus group under the theme of the drivers of osteopathic education, the issue may be summarised as academia versus osteopathy.

Academia versus osteopathy

In the focus group, the students expressed concern over the apparent increase of an academic focus in their education, and claimed that there was “already too much academic and not enough clinical” aspects in the curriculum. The students felt that this academic focus was being driven by *School B*’s validating university. One student believed that “there’s a constant tug of war between the academic side of . . . what the universities want, and what specific osteopathic institutions want.” Other students felt that as an academic college, the validating university did not understand the requirements of an osteopathic programme. The students’ perception of the contrast between the validating university and

the osteopathic programme was confirmed by the Key Informant as they discussed the difference in reporting to the osteopathic regulatory body in comparison to the validating university. The Key Informant stated:

The regulatory body is much more interested in institutional data, and in the osteopathic context. So they're looking very much at the process of producing osteopaths; whereas the validating university, obviously they have an interest in that, but they are much more focused in academic matters and general higher education matters.

However, in contrast to the students, the Key Informant saw the advantage of reporting to both the GOsC as the osteopathic regulatory body and the academic validating university. The Key Informant believed that it was important to establish osteopathy as a “bone fide academic discipline” which according to the Key Informant was one of the GOsC’s aims in approaching the QAA in the UK to creating the osteopathic *Benchmark Statement*. The *Benchmark Statement* is consequentially “much more to do with the academic structure” than the *Standard 2000*, as explained by the Key Informant.

The positive tone of the Key Informant towards the relationship between academia and osteopathy may reveal a belief that this relationship is not only necessary to maintain but also to improve. It is noteworthy that the Key Informant of *School B* and the GOsC appear to be eager to encourage the osteopathic profession to be recognised as an “academic discipline”; while in contrast, the students feared that “there’s a move away from the practical osteopathic, from the practice of osteopathy towards more of an academic course and to a higher academic level.” One student explained “I can’t quite understand what the benefits of that are in terms of osteopathic practice in a very, very vocational profession.” Similarly, the students discussed an apparent push to be “very medical” at *School B*; the students felt it was positive that “there’s top down . . . leadership” but queried that “whether it’s going in the right direction, is another thing.” The question must be asked therefore, is the direction of developments in osteopathic education what the students and new graduates want for the osteopathic profession?

Summary

The comparing and contrasting of the *School B* Key Informant and student perspectives of QA methods revealed the general agreement between the school and the students. The Key Informant and the students both expressed concern over most of the same issues and described the same positive aspects of *School B*. The unity of the perspectives perhaps reflects a unified environment in which there is mutual respect between the school and the students. The major difference of perspective between the Key Informant and the students related to the potential increased academic focus of the programme, which the students believed is at the expense of the practical elements of osteopathy. The

disparity of perspectives in this issue suggests that there are external elements influencing osteopathic education which the students may not agree with or fully understand.

Part 2c: *School C* comparative analysis – interview and focus group

End-goal versus student experience

A strong theme that developed as part of the student experience from both the interview with the *School C* Key Informant and the students was the eclecticism of the osteopathy taught at *School C*. The Key Informant explained that osteopathic and non-osteopathic teaching staff were given a copy of the *Standard 2000* and the osteopathic *Benchmark Statement*, as well as “given some idea about the flavour of the osteopathy which is taught . . . so they know what to expect from the students.” The students felt that the eclectic approach to the osteopathy taught was a strong point of the school. The students also viewed the *Standard 2000*, the QA document which, according to the Key Informant is “couched in terms of capabilities of graduates and practicing osteopaths”, as being something “flowery rather than something concrete; it’s hypothetical”. This was felt by the students to be positive; one student explained, “I wouldn’t like it if the [*Standard 2000*] said ‘this is what it is’, because the beauty of osteopathy is that it’s so wide ranging you can’t get it down, and that’s kind of what I like about it.” However, the students did find that the variety of osteopathy made the teaching of it difficult and concluded that “I think that’s your answer really . . . : the syllabus is great, when you read it at least, it’s great; the practice of it doesn’t work.”

Part of the students’ experience also was that “we’re told repeatedly to take whatever we want and to discard whatever we want when we come out, to be the osteopath that we want to be.” However, the students admitted that a dichotomy existed between the teaching of the different osteopathic modalities and the practicalities of education. It was felt that the variety in the course was “a strong point, but with the school as such, with the exam formality . . . , thinking for yourself is exactly what they don’t allow you.” The students described feeling that they had to “repeat stuff like a parrot to go through certain hoops in the course”. This perception of the student experience contrasts strongly to the description of an eclectic approach towards osteopathy. It was felt by the students that “from the staff there’s not a whole lot of direction” which the students believed impacted upon their level of happiness as students.

Furthermore, the students described a disparity between “what we learn in our classes, and then in the clinic, and what we’re expected to know in the clinic and how we’re expected to treat in the clinic also”. The student experiences before the clinic and in the clinic were described as being “two completely different entities”. It was understood by the students that it was necessary to have “certain bounds” in the clinic. Nevertheless, the students felt frustrated by the encouragement of a wide variety

of osteopathic modalities, but the limited practical application of those modalities in their education, especially in the clinical setting.

These conflicting ideas were not explored in the interview, although the Key Informant did discuss the use of the *Standard 2000* in the school's QA of the end-goal. The Key Informant explained that when *School C* employs external examiners for the students' Final Clinical Competency Exam, "We set the standards of what we want, although we're basing it on the S2K, the *Standard 2000*." The Key Informant believed that QA "is absolutely essential . . . to ensure that we are producing graduates who can hack it when they get out into the real world, that they have this excellence to allow them to survive." The osteopathic *Benchmark Statement*, used as part of curriculum review, helps to provide structure to the quality assurance of producing graduates. However, *School C* is then presented with the challenge of producing a rigorous examination which incorporates the structure of the *Benchmark Statement* with the supposed "flowery" nature of the *Standard 2000*, while maintaining the eclecticism of osteopathy taught. The answer to this dilemma was not explored in the interview; yet, the complexity of the question is perhaps the reason why the students felt there existed a dichotomy between the education of osteopathy and their ideal of osteopathic practice.

Another aspect of the end-goal theme that was identified by the students was the question of who is responsible for the students' success? One student felt that his success was up to him, and felt that he "could be better". Another student stated, "If I was to say this school was quality, it would be a matter of how confident I feel when I get out of here." Later in the focus group, the same student believed that the responsibility of student success was up to the students as well as the institution, but felt "the institution has not taken the responsibility properly." In the interview, it appeared that the Key Informant was aware that the students could feel that the school had not done enough to ensure student success. The Key Informant argued, "If possibly where they've failed exams, they get quite worried about it and feel perhaps not enough is being done for them, but when you actually analyse it, then yes, plenty has been done." It was noted by a student that "everybody blames the other half" which summarises the contrast felt between the students and the Key Informant as to the responsibility of student success.

A final feature of the students' experience was the friendliness of *School C*, which was identified by both the Key Informant and the students. In comparing the perspectives of the end-goal and the student experience, it was revealed that the students felt frustrated at times at the dichotomy of the eclectic osteopathic teaching and the formality of education. This dichotomy caused a conflict for the students between their student experience and their expectations of the end-goal. There also existed differing viewpoints of who is responsibility for student success. Nevertheless, there existed an overall positive feeling of friendliness in the school which contributed to the students' educational experience.

Faculty

Several issues under the theme of faculty are comparable between the *School C* interview and focus group. The faculty of *School C* undergo an appraisal process biannually which is developed from the student feedback alongside any other feedback from the appraisee, and may include the feedback from peer review. The Key Informant explained that the faculty appraisals only occur every two years because of the small proportion of reviewers compared to the number of faculty. The students queried if a certain member of the teaching staff had been reviewed, as the students felt that “if the school knew what he did in his lectures and how little he taught us, why would they pay him?” The faculty appraisal was felt by the Key Informant to be very useful for the teaching staff as “you have some senior lecturers who have been doing the same thing for years and get stuck in a rut, so it’s nice to get a jolt now and then.” However, the students were less convinced that some faculty members would apply the recommendations from the appraisals.

Another method of teacher QA discussed was peer reviews. The peer reviews may be used in the staff appraisal, but according to the Key Informant, “generally speaking, that peer review stops at the level of the reviewer and the reviewee [sic], and it isn’t spread back to management unless there is something very, very detrimental which is being observed.” The students however debated whether the peer reviews resulted in an improvement in teaching; instead the students found that some lecturers altered their teaching style while the peer review was being conducted. Furthermore, the students queried the level of objective feedback received from the peer reviews. Although the students praised the friendly atmosphere of the school, as previously discussed, the students felt that the friendliness between lecturers possibly impacted on the effectiveness of the peer review process. One student discussed their perceptions of the peer reviews and how they could be more effective:

Because the group is small and they all know each other it’s questionable how much objective feedback they get or if you get any change through that feedback at all. But I think if you could actually extend peer review and get people from other schools as well and doing something actually with the feedback that you’d get, then that’d be much better.

Although the student felt that the method of peer review could be improved, the student did recognise the value of the peer review process in regulating what and how the lecturers and tutors teach.

The teaching ability of the teaching staff also developed as part of the faculty theme in both the interview and focus group. At *School C*, approximately 8% of the teaching staff was teacher trained which the Key Informant wished to see improved. The students also expressed concern at the low level of teacher trained faculty, but realised that it is an issue across higher education. The Key Informant discussed plans for improving the number of teaching staff who were teacher trained as

they felt “that will have a very beneficial aspect, effect, on everything”, including the development of “an understanding of the importance of course work, the link between assessment and learning outcomes, the speed with which they get feedback back to the students, the importance of feedback itself, the importance of attendance at exam boards.” On the other hand, although the students felt that teacher training would be beneficial, it was perceived that teaching ability is not necessarily about education, but rather about “how much you want to do it”. It was noticed by the students that “you can really tell if they’re enjoying it.” Some students felt “no amount of educational training is going to help some people”; however, it may be that the benefits of teacher training perceived by the Key Informant may outweigh the possible null effect considered by the students.

A further benefit of teacher training identified by the Key Informant was the belief that teacher training would “bring a greater awareness of the detriment of not changing with your student body and with evidence based changes.” The perceived resistance to change by the faculty was acknowledged by the Key Informant as an aspect of *School C* which was not so positive. The students also noted that “some of the lecturers are open and very forward for change, whereas the others are totally the opposite and there's no way they're even going to consider to change their way.” The Key Informant admitted that the resistance to change impacted on the school’s ability to apply QA effectively, but stated, “We are aware of it, which is half the battle.” Therefore, it appears from both the Key Informant and the students that the QA of the faculty relies upon the faculty’s willingness to take part in the QA methods employed.

The Key Informant positively described the QA methods of staff appraisals and peer reviews, however, the students questioned the objectivity of the peer reviews and the willingness of the faculty to implement the recommended changes in their teaching. Both the Key Informant and the students saw improved teacher training as an important part of QA, although there was some variation in the perceptions of the potential benefits of teacher training. The Key Informant agreed with the students’ perception of a resistance to change amongst the faculty. Therefore, the faculty QA methods are only as effective as the faculty’s willingness to participate.

Students

For the *School C* interview and focus group, the theme of students covers four aspects: student awareness of QA, student involvement with QA, feedback to students and the quality of the students themselves.

Student awareness

The awareness of the students at *School C* of QA and QA methods revealed the limitations of the student perspective of QA. The students believed that QA “all goes on behind closed doors . . . ; we as students don’t get subjected to their methods at all, unless we’re class reps [sic].” Furthermore, it was

commented that “most of the changes are not done in our year, but rather in the year below us”, revealing that the students realised their limitations in understanding QA. Nevertheless, the students were able to identify several QA methods such as student questionnaires, student representatives, the validating university and the professional accreditation agency, and the faculty peer reviews. Therefore, the limitation of the students’ understanding of QA was not what those methods were, but rather how those methods were employed. This issue agrees with the statement made by the Key Informant that when a student fears that not enough has been done for them, “when you actually analyse it, then yes, plenty has been done.” The Key Informant agreed that there were “certain things we can’t say” and thus the students to a degree are kept ignorant of QA methods which may impact their perception of QA.

Often, though, how the students did perceive QA was through the results of QA. The students cited an issue where a change in copy-right policy resulted in delays of the students receiving lecture handouts. A more positive result of QA was witnessed by the students when a lecturer changed their teaching style in response to a student feedback questionnaire. The Key Informant also agreed that student awareness of QA was more limited to the results of QA rather than the policies of QA. In response to the question of “how aware are the students of QA?” the Key Informant replied:

Now that is a moot point Obviously they know that we take their opinions very seriously because we represent them on the committees They're sent minutes of the meetings and they know that we have external examiners and the exam boards. I would think because most of them, they're mature, they will understand the significance of it, and the importance we place on it.

The Key Informant felt that the most students needed to be aware of QA was that QA was in place and that issues, including those raised by the students, were being acted upon for the improvement of the school.

Student involvement

The students of *School C* contributed to QA through the student representative system and student feedback questionnaires. The student representatives were present on all main committees, and alongside the Staff and Student Liaison Committee (SSLC), were intended to be the main avenue of communication between the school and the students. The Key Informant admitted that due to the SSLC meeting only once a term, the students used “whatever they want to” to raise issues, although the school did encourage the students to use their student representatives as “we know that if the year group rep [sic] comes up, then they’re talking for the group.” It was felt by the Key Informant that, in general, the student representative system worked well. The students, on the other hand, gave a mixed response as to the effectiveness of the student representative system. Some students felt that the student representatives were good for passing information from the students to the school, while

others believed the opposite to be true, and that student representatives were more effective in relaying information from the school to the students. It was felt by one student that class time had been lost due to students raising concerns in class rather than using their student representatives. One student described an incident in which a student representative gave a different opinion to that of the class, in the SSLC meeting. The students concluded, therefore, that the student representative system depended on the quality of the student representative involved. The Key Informant acknowledged that it was sometimes a “struggle” to get the students to elect a student representative, but “purely because they really should have somebody representing them” the school encouraged the students to allocate a student representative.

The student feedback questionnaires were also an aspect of student involvement in QA which required encouragement by the school. The Key Informant realised that the students were “very good at doing the verbal, not so much the written”, and so had tried different ways of encouraging students to complete questionnaires. Although the students viewed the questionnaires as an “opportunity to contribute,” the students themselves admitted that they did not enjoy writing questionnaires. As one student commented, “Everyone likes the idea of them; they just don’t want to do them.” After it was revealed that the first two comments of the questionnaire were given direct to the lecturer in question, the students admitted, “Everyone was a lot more careful, after knowing that, to be not quite so brutally honest,” suggesting that students may adjust their feedback to be more constructively critical.

The involvement of students in QA was felt by the Key Informant to be an important part of QA, stating, “I think it’s certainly good that the students have an input into the management of the school.” Nevertheless, the Key Informant acknowledged that it was a debate present at *School C* whether or not the students were allowed too much say in QA: “There are some of the faculty that think perhaps [the students] have too much sway and we’re too accommodating.” The school was said to be “very student based” and it was felt by the Key Informant that because of the small size of the school, *School C* was “possibly a little too much [student based] when you compare it to other universities.” Despite the debate of how involved the students were in QA, the Key Informant believed that “we’ve probably got it right I think we can’t do anything other than we’re doing.” The Key Informant recognised that students might think that the school was not student based, but confirmed that the school had to “follow the guidelines of the [validating] university and published guidelines of within the school . . . , because without that you’d just have chaos.” The Key Informant did acknowledge that because the students were allowed “quite a lot of say”, it could “cause problems occasionally; that perhaps [students] feel they should have more say sometimes, and there are occasions where that possibility isn’t the time for them to say.” This reveals that despite claiming to have the balance right with student involvement in QA, that balance was sometimes necessarily more in favour of the school. The Key Informant was aware of the negative nature of students, stating that “if you ask them to complain about something they always find something to complain about”. This was confirmed by

the students who admitted, “We’re students; we always complain!” Therefore, the Key Informant found that it was best to make the students’ involvement in QA positively focused.

Feedback

During the interview, the Key Informant explained that “We always fall over backwards to explain board decisions.” As a result, the Key Informant felt that “generally speaking, [the students] are satisfied with what we have to tell them; and certainly at the SSLC we give them very open explanations as to why the school is doing things in certain ways.” From the students’ perspective, the students described one reason why they were reluctant to complete questionnaires, claiming that “since we don’t get feedback from them, we struggle to see the point of them.” This shows that students relied upon feedback to feel valued as part of QA. The students perceived that the school mainly provided feedback when the students demanded it, which gave the students the impression that the school was “panicking”. One student felt that “when the principal comes, it's more of a formality; it doesn't really get much said. It's just because they think students like it if you want to explain something, but we're not certain.” However, the students acknowledged that effective feedback was “a two way thing.” A student observed that if the school provided regular meetings where the students would be able to hear feedback “there would be only a few people or not very many [at the meeting]; so I think the whole thing of ‘I want to get feedback’ is a bit hypocritical, because they wouldn’t care if they got it.” It is interesting to note that the students themselves are aware of potential hypocrisy in their perspectives of QA methods.

What was more important to the students than receiving feedback was to see the changes occur. To the students, visual feedback conveyed to them more that their concerns had been addressed than verbal feedback. A student commented positively that “One lecturer . . . got feedback [from the students] and actually changed things; but it didn't come back to us, he just did it, which is good.” However the students’ preference to witness changes as feedback was restricted by the fact that the students’ awareness of QA was limited, as discussed earlier. Therefore, from the school’s perspective, verbal feedback was perhaps the most effective form of feedback for the students.

Quality of students

Interestingly, the students of *School C* felt that the quality of the students themselves was a quality assurance issue. In discussing a situation where a large proportion of students failed a particular exam, the students questioned whether it was a result of reduced quality of the school or the students. It appeared that the students believed that in this situation, the responsibility fell to the students involved. One student observed the change of the quality of students over the years:

I think there’s been a change in the student body over the last five years since the school’s become better funded It used to be quite small year groups, and they tended to be more mature students who funded their studies . . . so they really cared about it.

The student felt that now, those who came to study osteopathy had perhaps preferred medicine or physiotherapy, but had not been accepted to those courses. The student continued:

I'm not saying that they don't like osteopathy; it's just perhaps they don't have the drive which previous years had I think in general . . . more people are less into it as a vocation, and more like a job, and are not putting the effort into it.

Although other students felt that the quality of students varied from year to year, it was agreed that due to the growth of the profession, there was going to be a greater spread of the quality of students and graduates.

From the school's perspective, the Key Informant described that the school took "anybody and everybody who has got the right qualifications and fits all the requirements" as part of their student enrolment. It was acknowledged in the interview that as a small institute, *School C* needed a "certain number of students to retain . . . viability." The "right qualifications" and "requirements" were not clarified by the Key Informant, nor was it discussed if the Key Informant felt that these standards were effective; however as part of the report process for the GOsC, *School C* was required to include reasons why, as far as they were aware, students "didn't fulfil the [entrance] application or why they were rejected." Also, as part of the report, statistics quoting the number of students that fail and why they fail were analysed. Therefore, it is through the method of reporting to the GOsC that *School C* reviews the quality of the students at the school.

The Key Informant and the students both acknowledged the limitation of students' awareness of the details of QA, which the Key Informant felt was appropriate. The involvement of the students in the QA methods of student representatives and feedback questions required encouragement by the school. The students admitted their reluctance to participate in QA, and identified several issues of the student representative system. However, despite the students' apathy towards QA, the Key Informant felt the *School C* was very student based, which caused some conflict amongst the staff. The small size of the school was felt to contribute to the openness of student involvement in QA. The students agreed with the Key Informant that the school provided feedback, but the students demonstrated a preference to see visual feedback, rather than to receive verbal feedback. The students admitted that the demand for more feedback was hypocritical, as they realised that they would not appreciate it if they did receive it. The quality of the students was also explored as an issue of quality assurance. The students felt that the growth of the profession allowed the admittance of less dedicated students into osteopathy.

QA in action

The main issue related to the theme of QA in action was that the Key Informant described *School C* as "a very self reflecting institute" which had "always been praised for being honest". The Key Informant believed that the school competed with itself, and was "very assiduous" in what it did in

terms of quality assurance. Nevertheless, the Key Informant did acknowledge that QA did not always work as planned, the student representative system being an example. Instead, the Key Informant felt that the QA documents were adhered to 90% of the time, with the school engaged in a “constant battle to make sure that you don’t slip back.” Of particular note, the concerns for the implementation of QA were expressed by both the Key Informant and the students. The Key Informant felt the need for more effort to be placed upon staff development which was mirrored by the students’ concerns that some of the teaching staff had not been reviewed and had been left too much alone. Furthermore, the Key Informant described a need for there to be “more implementation of good practice”, although “in theory it’s implemented but very often in practice, it fails”. By comparison, the students discussed the need for “some way to make sure those changes are actually implemented and carried through”. The students found that the QA methods of the school are “good in theory”, but implied that the execution of those may not be as effective.

The clear comparison between the Key Informant and the students on the theme of QA in action is noteworthy, most especially because of the known limitation of student awareness of QA. This like-mindedness of the students with the Key Informant may be an indication that, although the students were generally unaware of the details of QA, they were sensitive of the results of QA which may be felt throughout the school.

Osteopathic ethos

In the interview, the Key Informant described in detail the ethos of *School C*. This ethos was described as being eclectic, with a wide breadth of osteopathy taught; the tolerance and the friendliness of the school were also included as the positive aspects of the school’s ethos. However, the Key Informant identified two aspects of the school’s ethos “which are not good”; firstly that the faculty tend to be isolationist and not “very collaborative with the other schools”, and secondly that there was a resistance to change. The Key Informant concluded that the school was aware of the less positive attributes, which was felt to be “half the battle.”

Interestingly, the students in the focus group described the same ethos. The students’ felt proud of the eclecticism of the school and praised the friendliness of the atmosphere. Yet, the students also noticed the isolationist attitude of the faculty, saying, “There are a lot of teachers here who talk rubbish about the other schools and I think that’s very unproductive.” As has been previously discussed, the students felt that the peer review of faculty could be improved by greater collaboration with other schools. Another student expressed the desire to have more communication between the schools, although this was acknowledged to be more of the profession’s responsibility than that of *School C*. Furthermore, the students also identified the resistance to change in some of the lecturers, where “half the staff are holding onto the old stuff, and half the staff are teaching the new stuff.”

It is significant that the ethos of *School C*, including both the positive and negative attributes, is strong enough that it is exactly identifiable by both the Key Informant and the students. The comparability of the Key Informant and student perspectives suggests that a school's ethos influences all aspects of the institute, and may help to contribute a feeling of unity between the staff and the students.

Drivers of osteopathic education

In comparing the interview and focus group conducted at *School C*, three drivers of osteopathic education were discovered. These included the degree change from a Bachelor to a Master programme, the conflict between academia and osteopathy, and the conflict between medicine and osteopathy. The students had identified three more drivers of osteopathic education which are discussed in the analysis of the focus groups.

BOst – MOst

According to the Key Informant, the reason for *School C's* change from a BOst degree to an MOst degree was that the *Benchmark Statement* had a “very continuing argument throughout . . . [with] an indication that the view of those who wrote the Benchmark Statement [was that] there is a considerable amount of level M material already in the Bachelor programme.” From the students' perspective, the change to the MOst degree was driven by the validating university and *School C's* awareness that other osteopathic programmes had already, or would develop a Master programme. The Key Informant saw the MOst change as being part of following the recommended guidance from the profession's QA documentation, however, the students felt that the lecturers did not portray the new degree level positively. The students perceived that the higher level research project could be made to be more effective by better subject material and better support from the faculty.

Academia versus osteopathy

During the focus group, it was revealed that the students of *School C* felt that “someone is setting out what they need to teach here without actually knowing about the school or about osteopathy because we have this certain degree and now especially that we have the Masters programme [sic].” The students perceived the validating university as an academic college influencing an osteopathic college. This sentiment explores the perception that there is a separation between osteopathy and academia in osteopathic education. This view was supported by the Key Informant by referring to the validating university as the main external force responsible for the quality of the school, while the GOsC was mainly responsible for “professional recognition.” It was the Key Informant's opinion that the validating university played an important role by appointing external examiners who had brought to light some “not very good practices”, which the school was then able to rectify. The students also noted the improvements made because of the influence of the external examiners, however, the students continued to view the validating university sceptically.

Medicine versus osteopathy

One of the students' concerns was the dilemma facing *School C* as to how it could reconcile its eclectic ethos with the developments within medicine. One student observed, "Now [*School C*] is having to change because medicine is changing to be more evidence based, and what we're taught, it's not so much evidence based as anecdotal." The students even joked that the lecturers' modern research came from the "1950's", and believed the some of the teachers would not be able to teach what they were currently teaching if they read modern research. However, due to the acknowledged resistance to change, the demands from the medical world for more evidence based practice could prove a challenge for *School C*. The Key Informant was aware of the conflict, and felt that teacher training "would bring a greater awareness of the detriment of not changing with your student body and with evidence based changes", and thus help remedy against the faculty's resistance to change.

Both the students and the Key Informant were aware of external drivers which have, and are continuing to influence osteopathic education. The degree change was felt by all to be a necessary development in order for *School C* to maintain its standards as an osteopathic programme. The influence of academia was also addressed; however, the Key Informant identified academia's positive contribution to the programme, whereas the students were more sceptical of academic influences upon osteopathy. The drive towards evidenced based practice was seen as inevitable by the Key Informant and the students, although it was acknowledged that *School C's* resistance to change could lead to challenges in the encouragement of evidence based practice.

Summary

The comparison and contrasting of the interview and focus group of *School C* revealed many striking similarities in the perspectives of QA discussed by the QA staff member and the students. Allowing for the students' limited awareness of QA, the students of *School C* were clearly sensitive to most of the QA issues faced by the school. The conflict between the teaching of an eclectic approach to osteopathy and the necessary structures of education proved a challenge to the students' experience and expectations of the end-goal. Both the Key Informant and the students discussed the reliance of effective faculty quality assurance upon the willingness of the faculty to participate, although the Key Informant was more positive about the faculty QA methods than the students. The students agreed with the Key Informant that they had a limited awareness of the details of QA, and were generally apathetic in the participation in formal student QA methods. The students also acknowledged that the school provided feedback, and admitted that any demand for more feedback would be hypocritical due to the students' disinterestedness in participating in QA. The quality of the students was discussed by both the students and the Key Informant as a quality assurance issue; although, the students felt that the issue was more representative of the profession rather than the school. The disparity between the theory and the implementation of QA was recognised by the Key Informant and the students,

along with the positive and negative aspects of *School C's* ethos. The Key Informant and the students also agreed upon the issue of the drivers of osteopathic education, although the students were more cautious than the Key Informant about the influence of academia upon osteopathy. The Key Informant and student perspectives of QA methods at *School C* largely reflected a unified concern for the quality assurance of the school.

Analysis Part 3

Part 3 of the analysis will firstly explore the comparative analysis of *Schools B* and *C*; then finally the international comparative analysis will be explored. This section is intended to be a summary of the general themes identified in the intra- and international comparisons, and an investigation of the comparability of the perspectives of QA gathered.

Part 3a: Intranational comparative analysis – UK – *Schools B* and *C*

End-goal versus student experience

The definition of the end-goal was identified by both Key Informants of *Schools B* and *C* to be summarised in the QA document *Standard 2000*. The Key Informant of *School B* believed that the *Standard 2000* was of more use to the institution rather than the students. This belief may explain the students' lack of awareness of the contents of the *Standard 2000*, and thus their perception of a need for more clarity for the desired end-goal. The *School C* students, likewise, felt that the end-goal was not clearly defined; however, the students of *School C* identified this as a result of the “flowery” nature of the *Standard 2000*, rather than a lack of understanding of it. It was the *School C* students' opinion that the undefined nature of the end-goal was a positive aspect of osteopathy, although it was acknowledged that this caused difficulties in the current educational structure. The students of *School C* were likely more aware of the *Standard 2000* than the students of *School B* because the Key Informant ensured the students of *School C* were provided with a copy upon their entrance to the clinic, and were made aware that the contents of the *Standard 2000* formed the basis of their assessments.

The student experience was described by the students of *School B* and *School C* as “jumping through hoops” (*School B* student) or going “through certain hoops” (*School C* student). The students felt that their student experience was a process whereby, upon graduation, the students could then “live the dream” (*School B* student) and “be the osteopath we want to be” (*School C* student). The *School B* Key Informant referred to the osteopathic *Benchmark Statement* as describing the “process” of osteopathic education by reflecting current practice, which may account for the *School B* students perception that their student experience is a process. The *School C* Key Informant felt that the osteopathic *Benchmark Statement* was “very beneficial in curriculum review.” One factor that appeared to influence the students' experience at *School C* was the Key Informant's belief of the importance of producing graduates “who can hack it when they get out into the real world”. This belief perhaps related to the *School C* students' perception of going “through certain hoops” in their education, which revealed a dichotomy between the eclectic approach of *School C* towards

osteopathic education, and the educational requirements which enabled *School C* to ensure that the graduates had “this excellence to allow them to survive.”

The students of both British schools felt that the end-goal of their education was not clearly defined, and that their true experience of the end-goal would be beyond graduation. Furthermore, the students described their education as a process, which the *School C* students felt restricted the eclectic ethos at their school. This similarity of the students’ perspectives is in spite of the Key Informants possessing different beliefs about the use of the *Standard 2000* and the osteopathic *Benchmark Statement* in quality assurance.

Faculty

Due to the close working relationship of the teaching staff with the students, some of the strongest criticism in the British focus groups was directed towards the teaching staff. The *School B* students felt that their school did not support the lecturers sufficiently following the student evaluations, while the *School C* students believed that the friendly atmosphere of the school hindered objective feedback during peer reviews. In comparison, both the Key Informants of the British schools believed that the QA methods utilised for the improvement of the faculty were useful. The *School B* Key Informant believed that the “quality enhancement measures” for the faculty were an especial focus of the school; and the *School C* Key Informant viewed the faculty appraisals as an important method to encourage senior lecturers that may have “got stuck in a rut”.

Although the Key Informants and the students of *Schools B* and *C* held different perspectives to the Key Informants of some of the faculty QA methods, there were some issues in which they were in agreement. For example, the Key Informant and the students of *School B* both believed that the personal feelings of teaching staff may influence how they receive the student feedback, either in a negative or positive way. Likewise, it was generally agreed by the Key Informant and students of *School C* that some lecturers would benefit from teacher training, and that the resistance to change amongst certain members of the teaching staff presented a challenge to the school’s ability to effectively carry out QA.

In both *School B* and *School C*, there existed issues surrounding the quality assurance of faculty which demonstrated a difference in perspectives between the students and the Key Informant. However, overall, the students identified similar concerns about the faculty’s willingness to participate in QA methods. It is interesting that despite the students’ propensity to be more critical of the faculty, there was general agreement with the Key Informants about the types of issues concerned with faculty QA. It suggests the different vantage points of the students and Key Informants do not influence their ability to identify faculty QA issues.

Students

Three main themes emerged in the interviews and focus groups of *Schools B* and *C*: student awareness of QA, student involvement of QA, and feedback to students from the school. The students of *School C* also discussed a fourth theme, the quality of students; this was not identified in the interview or focus group of *School B* and therefore is not discussed here.

Student awareness

The students of both participating British schools perceived that as ordinary osteopathic students, they were unaware of the QA methods of their school. It was felt that only the student representatives were “subjected to their [QA] methods” as expressed by a student of *School C*. The students of *School B* debated amongst themselves how much awareness a student should have of QA methods, with the majority concluding that “unless there’s an option to input into it . . . then why do I want to know?” It was agreed however, amongst the *School B* students, that the information for QA should be easily accessible if desired but that they did not wish to be forced to be involved in QA methods. The *School B* Key Informant held the same perspective and believed that while students were kept aware of decisions, changes and progress, it was not necessary for students to be aware of all the processes of QA.

Similarly, the Key Informant of *School C* felt that the students were aware of QA through the knowledge of the importance that the school placed on QA, and by other factors such as student representation on the committees, external examiners and exam boards. However, unlike the *School B* Key Informant, the *School C* Key Informant did not discuss the issue of how aware students should be of QA. This contrast between the two schools was also carried through by the students of *School C* who, unlike the students of *School B*, did not discuss whether they wanted to be made more aware of the school’s QA methods or not.

Although it may be a coincidence that the issue of student awareness of QA was dwelt upon in both the *School B* interview and focus group, and not by the *School C* participants, the comparability between the students and Key Informant of each school may indicate that certain issues for the school are likely to be also be issues for the students. It needs to be asked therefore, does an issue, such as student awareness of QA, arise from the students, or does the school’s perspective initiate the debate?

Student involvement

All participants of the British interviews and focus groups related the reluctance of students to be involved in QA. Both Key Informants felt that the students were “not backwards at coming forwards” (*School B* Key Informant), and that the students were “very good at doing the verbal, not so much the written” (*School C* Key Informant). Evaluations and questionnaires were areas which the school had to encourage student involvement. The *School C* students stated that they liked “the idea” of

evaluations, but did not enjoy completing them, while the *School B* students complained about the quantity of evaluations they were required to complete. The student representative system was felt by all, to be an effective QA system in general. Both Key Informants commented that the quality of the student representative system was reliant on the quality of the student representative. The students of *School B* noted that there were difficulties in relaying information from the school to the student body. In comparison, it was felt by some *School C* students that the student representative system worked well for relaying information from the school to the students, while others believed the opposite to be true. It was admitted by the students of both schools that they had the proclivity to complain about the school. The Key Informants were both aware of this tendency and stated that it was a consideration in the QA methods where students were involved. In these points there was a consensus between the students and the Key Informants of both *School B* and *School C*.

Both Key Informants discussed the importance of student involvement in QA; however, there existed a difference in perspective of the degree of student involvement in QA. The *School B* Key Informant revealed that students were represented on only two committees at either end of the QA hierarchical scale, stating that they felt they could be more “self critical” when students were not present. It was the *School B* Key Informant’s belief that although student comments would be listened to, it was “very difficult for students to have a real input.” By contrast, *School C* represented students on all the main committees and was acknowledged to be very student based. The *School C* Key Informant felt that this was due to the school’s small size, and believed that the right balance had been achieved. Nevertheless, some members of the *School C* staff felt that the students were allowed “too much sway”. The *School C* Key Informant admitted that there were cases where student involvement in QA was not necessary and that it was important to adhere to the policies and regulations of the school, without which “you’d just have chaos.”

Thus, while *Schools B* and *C* showed common issues in the theme of student involvement in QA, it was also revealed that the two schools represented two different concepts of the extent of student involvement in QA. Where *School B* limited student involvement in QA, *School C* was potentially too “student based”, and explored the advantages and disadvantages of the students’ involvement in the school’s QA methods.

Feedback

The Key Informants of both schools felt that they provided sufficient feedback to the students. The students themselves all initially stated that they did not receive feedback from the school. However, in the course of the focus groups, it was revealed that the students did receive feedback. This contradiction was clearly demonstrated by a *School B* student who complained that there was “nothing for the whole school”, but admitted that there was published feedback filed in the library, which, according to the *School B* Key Informant, was the correct place. A *School C* student observed

that students would not necessarily appreciate the feedback if it was provided for them, for example, in the form of lunch time meetings. Furthermore, the *School C* students expressed greater satisfaction in witnessing visual feedback, that is, visible changes, in comparison to verbal feedback. It appeared therefore, to be a common theme between the two British schools that the school felt sufficient feedback for students was provided, but that the students held the belief that they did not receive enough feedback, possibly even when feedback was provided.

In the analysis of the theme of students and QA, the Key Informants and students of each school agreed upon the issue of student awareness of QA, although this was discussed more by the *School B* participants than those of *School C*. All participants agreed that students in general were unenthusiastic about participating in QA, and explained that the effectiveness of the student QA methods relied upon the quality of the students themselves. A disparity existed between the Key Informants' perspectives of how involved students should be in QA. The *School C* Key Informant admitted that their school was likely more student based than other osteopathic programmes. The issue of feedback was also comparable between the each Key Informant, and the students. The Key Informants believed that sufficient feedback was provided, while the students felt that the format of the feedback was insufficient. The general unison between the Key Informant and student perspectives on the theme of students and QA, suggests that these issues may be extendable to other osteopathic programmes in Britain.

QA in action

The main issue that emerged from the theme of QA in action was that, although the QA methods may be good, the application of those methods may be less effective. The students from *School B* observed that "there's a lot of good intentions there, but it doesn't always happen". Likewise, the *School C* students expressed a similar sentiment that "the theory is good" but felt that there was a need for "some way to make sure those changes are actually implemented and carried through." The difference between the students of the two British schools was that while the *School B* students felt that the disproportion between the number of students and administration staff was the reason for the disparity between the intentions and implementation of QA, the *School C* students believed that the faculty members were not regulated sufficiently to ensure that changes were applied.

The Key Informant of *School C* felt that the QA documentation of the school was adhered to 90% of the time, explaining that "in theory [QA] is implemented but very often in practice it fails". This statement echoes the *School C* students' perspective of the application of QA. By contrast, the *School B* Key Informant stated that the QA documentation was written "very much as a description of what we do rather than an aspirational document." The *School B* Key Informant, however, admitted that QA was not always ideal, but that it was about using the best known methods. This perspective relates

to the *School B* students' perception that the school has a lot of "good intentions" but that it is not always possible to apply those changes.

The Key Informants and students of *Schools B* and *C* agreed that there was sometimes a disparity between the theory and the practice of QA methods. Between the two schools, however, there was a subtle difference between the reasons given for the gap between intention and implementation. The *School B* participants suggested that a lack of resources or limitations of the specific QA methods challenged the action of QA; whereas, the *School C* participants cited the unwillingness of staff members as the reason for the failure of some QA methods. It is interesting that the students were able to identify the same challenges to the application of QA as their respective Key Informants. Therefore, despite limitations to the student perspective, the students may be more sensitive to the broader QA issues than previously thought.

Osteopathic ethos

The osteopathic ethos of a programme could potentially be an abstract concept that is difficult to define. Nevertheless, both the *School B* and *School C* participants were able to describe the ethos of their school. It is perhaps the issue which best identifies the culture of an osteopathic programme, and influences all the other issues identified through perspectives of QA methods.

Throughout the interview and focus group, the *School B* Key Informant and students revealed an ethos of progress. The Key Informant described a "continuing and continuous" application of QA to the school. The students felt that the school was "in a state of flux" due to the many changes, and that a desire for "prestige" may have been a motivating factor for the change from a Bachelor to a Master level degree. Furthermore, both the students and the Key Informant were generally positive about the direction of the school.

The Key Informant and students of *School C* also presented a united perspective of the osteopathic ethos, though one that differed from *School B*. The Key Informant described the ethos of *School C* to be eclectic in the breadth of osteopathy taught, a concept which was repeated throughout the focus group by the students. Likewise, the friendliness of the school was another factor of the school's ethos described by the Key Informant and the students. The Key Informant however did identify two aspects of the school's ethos which were less positive, that is, a resistance to change and a tendency to be isolationist from other osteopathic programmes. These two factors were also identified by the students of *School C* as features of the osteopathic ethos which they would like to see changed.

Although the osteopathic ethos of the two British schools was different, it is significant that the Key Informants and students of each school came to the same conclusion of the description of their school's ethos. Elements of each ethos described may be seen in the analysis of many of the themes identified by the research. Therefore, the identification of the osteopathic ethos may assist in

developing a greater understanding of the unique cultures and hidden drivers behind each osteopathic programme.

Drivers of osteopathic education

The theme of the drivers of osteopathic education was largely developed from the focus groups with the students of *School B* and *School C*. While some aspects of these themes were present in the interviews, it was the students who discussed the degree level change, and the influences of academia and medicine on osteopathic education.

BOst-MOst

The degree change from a Bachelor to a Master programme, which has occurred in many osteopathic programmes in the UK, developed as a theme in both schools, largely from the students' perspective. The students of *School B* felt that the school had been motivated by "prestige" to make the change, and described an "academic arms race" between the osteopathic programmes in the UK. The students of *School C* believed that their school had been pressured by the validating university and competition with other osteopathic programmes to create the Master level degree. The students from both British schools could not decide if the move to a higher level degree was positive or not. The students of *School C* felt that the higher level research could potentially be useful to the profession, but felt that the current application of the research was unlikely to be of use due to the lack of encouragement of significant topics. It was the students' belief that their research would "go on a shelf and get dusty" (*School C* student).

From the Key Informants' perspective, the MOst change was less emotively discussed compared to the students. The *School C* Key Informant revealed that the "continuing discussion" throughout the osteopathic *Benchmark Statement* of the benefits of higher level research was an influencing factor for *School C's* decision to change to a Masters degree. By contrast, the MOst change was not discussed by the *School B* Key Informant, perhaps reflecting *School B's* progressive ethos and the attitude of "could we be doing this any better?" The *School B* Key Informant did state that there was a "pride in our standards", which echoes the *School B* students' perception of "prestige" being a potential motivating factor for developing the Masters degree.

From the interviews and focus groups, it became evident that once one osteopathic programme in the UK progressed to a higher level degree, the other osteopathic programmes were more likely to follow, in order to maintain their competitiveness. It was the students, however, who were more cautious about the degree level change, and were more likely to question if osteopathic education is headed in the right direction.

Academia versus osteopathy

As part of the MOst degree change, the students of *School B* and *School C* expressed concern over the apparent increase of academic content in their osteopathic programmes. Students from both schools perceived that the validating university enforced certain requirements on their osteopathic programmes. The students felt the validating universities were academically focused, which conflicted from the practical nature of osteopathic education. The students of *School B* discussed their confusion over how higher level research improved their abilities as osteopaths as “you don’t need to be a good researcher to be a good osteopath.” The *School C* students felt that “someone is setting out what they need to teach here without actually knowing about the school or about osteopathy.”

Interestingly, the Key Informants nevertheless saw the benefits of an external academic influence and both referred to the validating universities as an important aspect of the school’s QA. Therefore, it was again the students who were concerned over the direction of osteopathic education and feared that clinical osteopathy was increasingly influenced by academia.

Medicine versus osteopathy

A further concern of the students of *Schools B* and *C* was the increasing medical element in their osteopathic education. Students of *School B* felt that there was a push to be more medical; although the students were undecided whether this was an issue for their school alone, or for the profession as a whole. Students from both *School B* and *School C* saw that “everything medical has to go down the evidence based route” (*School B* student) and thus the osteopathic programmes had to develop likewise. The *School B* students believed that that nebulous definition of osteopathy contributed to the medicalisation of the osteopathic profession. The *School C* students similarly perceived difficulties for *School C* to maintain the eclectic and anecdotal evidence approach to osteopathic education, when there were greater demands for all medical education to be evidence based.

The *School B* Key Informant did not discuss the more medical approach of osteopathy at *School B*, which perhaps suggests that they did not perceive the medical content to be an issue. The Key Informant of *School C* saw that teacher training would be of benefit by educating the teaching staff of the advantages of “changing with your student body and evidence based changes”. The perceived necessity of this education of the faculty reflects the dilemma faced at *School C* of a conflict between historically based education, and progressive education. It is clear that the *School C* Key Informant believed that it was the students’ desire to change, whereas the students of *School C* enjoyed the eclectic approach to osteopathy despite being aware of the conflict between historically based osteopathy and progressive osteopathy.

It is noteworthy that issues driving osteopathic education were discussed primarily by the students rather than the Key Informants. The students were affected by these driving factors, yet were unsure if they agreed with the direction of osteopathic education and the profession. This theme therefore

potentially indicates that it is the schools who, when influenced by external factors, drive the direction of osteopathic education, and consequentially the profession. The students, on the other hand, are less influential on the development of osteopathic education.

Summary

The perspectives of QA methods by the Key Informants and students of *Schools B* and *C* in Britain were largely comparable. While perspectives varied on certain issues, the similarity of the Key Informant and student perspectives of each school allowed the issues to be compared, revealing the culture of QA methods in each school. In general, *School B* appeared to be more progressive and less student based than *School C*. By comparison, *School C* experienced some resistance to change, which challenged the action of QA. However, *Schools B* and *C* were in agreement in the limitations of the student perspective, the inclination of the students to complain, the “process” nature of the student experience, and the students’ focus on the drivers of osteopathic education. Therefore, the ability to draw comparisons and develop a picture of the osteopathic programmes in relation to each other, suggests that the method proposed by this research is of value in developing a greater understanding of the issues facing osteopathic education in the UK.

Part 3b: International comparative analysis – UK and US

In this section, the perspectives of QA methods of the two British osteopathic programmes, *Schools B* and *C*, are compared with those of the American osteopathic college, *School A*. The comparability between those perspectives is also explored.

End-goal versus student experience

A significant difference between the two British osteopathic programmes and the American osteopathic college was revealed by the comparison of the perspectives of the end-goal. From the Key Informants’ perspective, the definition of the end-goal varied widely. The two British Key Informants referred to the *Standard 2000* QA document as the definer of the desired capabilities of osteopathic graduates. Although the importance of the *Standard 2000* in QA was discussed, there was less emphasis placed in the two British interviews upon this definer of the end-goal. By comparison, the Key Informant of *School A* often referred to factors that formed their definition of the end-goal. The avowed end-goal defined by the *School A* Key Informant was to produce primary care physicians for the rural areas of the state; the acknowledged end-goal was the Board Scores which were compared with other Colleges of Osteopathic Medicine (COMs) in America. The other factor of the end-goal identified by the *School A* Key Informant was the Core Competencies which are similar to the British *Standard 2000* in terms of defining graduates’ capabilities. However, there appeared to be less focus by the Key Informants of *Schools B* and *C* on the *Standard 2000* when compared to the *School A* Key Informant’s discussion of the Core Competencies. The Core Competencies were applied throughout

the student experience, including the interviews for acceptance at *School A*, so that from the beginning of the student experience, the students were exposed to the aimed-for end-goal.

For the students of *School A*, the end-goal was clearly identified as the Board Scores. This is in contrast to the students of *Schools B* and *C* who had no clear concept of the end-goal except the *Standard 2000*. The *School B* students were not fully aware of the contents of the *Standard 2000*, and the *School C* students defined it as being “flowery” and “hypothetical”. It is clear therefore that between the participating osteopathic schools there existed a trans-Atlantic difference in the emphasis placed on the end-goal in osteopathic education.

Like the British students of *Schools B* and *C*, the American students of *School A* also used the term “jumping through hoops” to describe their student experiences. However, the meaning behind this term varied between the British student perspective and the American student perspective. The students of *Schools B* and *C* described their student experience as a “process”, revealing their perspective that their osteopathic education was different to how they would practice as osteopaths upon graduation. The *School A* students on the other hand utilised the term “jumping through hoops” to convey their feeling that the administration of the school created a “maze” through which the students must go in order to receive their degree. The meaning implied by the students of *School A* was less about their educational experience than their experience as students at *School A*. Furthermore, the students of *School A* felt that the school was “trying to make us like a factory” to produce “cookie cut out physicians”, indicating a more rigid structure to the students’ educational experience. This perspective is opposite to that of the *School C* students who claimed to be “repeatedly told to take whatever we want and to discard of whatever we want when we come out to be the osteopath that we want to be.” The students of *School B* expressed a perspective that lay between that of the students of *Schools A* and *C*. The *School B* students felt that their course “is just us jumping through the hoops”, however, the students believed that upon graduation they could then “‘live the dream’ and start experimenting as an osteopath yourself, going into whatever you’re interested in.”

Although it is difficult to clarify, the impression garnered from the three interviews is that the student experience and the consequential end-goal were more structured at *School A* than at *School B*, which was in turn more structured than *School C*. It is an interesting question to explore the appropriate balance in the structuring of the student experience at an osteopathic programme and how that then relates to the desired end-goal.

Faculty

Common to all participating schools on the theme of faculty was the students’ heightened criticism towards the teaching staff. It is speculated that due to the close working relationship of the students

and teaching staff, it is more likely for the students to be critical of the faculty. Therefore, in comparing the Key Informant perspective of the QA methods for faculty with the student perspective, conflicts were found for each school. The three Key Informants all viewed the QA of faculty to be an important element for staff development. Each described various QA methods based around the evaluation of faculty by peers and students, as well as the cascade of good practice throughout the faculty. The students of all schools identified their student evaluations as part of faculty QA, and only the students of *School B* did not address peer reviews as a QA method.

With each school, similarities were found in certain issues between the perspectives of the Key Informant and the students. For example, the students and Key Informant of *School B* discussed the potential problem of personal feelings influencing the teaching staff's reaction to student evaluations; some faculty at *School C* were felt by both the students and the Key Informant to be reluctant to change, in particular in relation to evidence based changes; and the students and Key Informant of *School A* both believed that peer reviews could be more effective. It was through the focus group with the students of *School A* that the main difference in the theme of faculty between *School A* and *Schools B* and *C* became apparent. As discussed, all the students were more negative towards the faculty than the other themes identified; however, the students of *School A* were more critical and sceptical of *School A's* QA methods for faculty, than the students of *Schools B* and *C*. The *School A* students criticisms created a more marked contrast to Key Informant's perspective of the QA methods for faculty. The students of *School A* did not believe themselves to be overly critical, but explained that they had "paid a lot of money" and were "Type A" personalities, and thus held high expectations for their education.

For the most part, the theme of faculty was comparable between the three schools. The most significant contrast came between the Key Informant and students of each school, in particular at *School A*. It is not known if the more critical attitude of the students of *School A* is unique to them, or if it is a contrast between Britain and America. The high level of fees paid by students of COMs, compared to those in Britain, may suggest that American students are more likely to be critical of a COM's faculty. The recent increase in student fees in England, may lead to students of English osteopathic programmes developing a similar more critical and demanding attitude. However, further research of the students at COMs across America will be necessary before the implications of this theme are fully understood.

Students

Three main issues under the theme of students were addressed by the all participating Key Informants and students. These issues explored students' awareness and involvement in QA, and the feedback that the students receive from QA methods.

Student awareness

As with the students of *Schools B* and *C*, the students of *School A* initially stated that they had “no idea” of the QA methods used by the school. However, as the focus group continued, the *School A* students occasionally stated emphatically that they knew whether or not a particular QA method was implemented. The British students were also able to identify certain QA methods during the focus group discussions, but largely referred to the QA methods in terms such as “appears that way” or “feels like”. By contrast, the American students were more likely to state their perspectives as fact, especially when they felt more passionate about a certain issue. Where the students of *School A* were less interested in the QA methods, their perspective was more aligned to that of the Key Informant’s who believed that the students would have a sense of QA taking place, but not be aware of the details.

The two British schools were comparable in the theme of student awareness through the commonality of perspectives between the respective Key Informants and students; however, the same comparison cannot be made with the students and Key Informant of *School A*. It was more difficult to develop a harmony between the perspectives of the *School A* Key Informant and students as the Key Informant tended to discuss the QA methods objectively, yet the students were more subjective in their perceptions of the QA methods. The comparability of the theme of student awareness between the British and American osteopathic programmes was more marked between the Key Informants who all noted that it was not necessary for students to be fully aware of the QA methods employed by the school. The student perspectives were less comparable, as were the Key Informant versus student perspectives.

Student involvement

The degree of student involvement in QA is a continuing debate in higher education and is represented by the differing degrees of student involvement in the two British Schools. The Key Informant of *School A* did not discuss the degree of student involvement in QA, but noted that there were limitations to students’ feedback as students were “looking from their single limited experience”; an issue which was agreed upon by the Key Informants of *Schools B* and *C*. From the student perspective, all students discussed their dislike for evaluations, and felt that the evaluations could be conducted more effectively. The students of *School B* wanted less evaluations; the students of *School C* liked the “idea” of them but did not want to participate; and the students of *School A* felt that the evaluations would be better conducted earlier in the year so that changes could be implemented through the year.

One area of the theme of student involvement differed between the American osteopath college and the British osteopathic programmes. The two British schools, while having specific methods for student involvement in QA, also allowed student involvement in a more casual and *ad hoc* manner. It appeared through the *School A* interview with the Key Informant that *School A* held a more structured

and regulated approach of student involvement in QA. This structure became evident in the focus group with the students of *School A*. The students felt that they were restricted to the feedback that they could give, expressing the belief that there could be consequences if they gave a bad evaluation. The students of *School B* felt that lecturers could take student feedback too personally, and *School C* students were more careful how they wrote their evaluations due to the lecturers directly receiving the evaluations. Nevertheless, the students of the two British schools did not discuss a fear of repercussions from their involvement in QA, an issue that was discussed at length by the students of *School A*. This difference in perspectives of student involvement in QA between the British osteopathic programmes and the American osteopathic college may be due to the varying sizes of the schools, as *School A* was larger than *Schools B* and *C*; or this difference could indicate cultural variations between Britain and America, which were present in the QA methods of the osteopathic programmes.

Feedback

The issue of feedback to the students from the school is comparable across all three schools involved. All Key Informants believed that sufficient feedback was provided for the students, while all the students felt that they did not receive adequate feedback. One *School C* student's observation that students would likely not appreciate feedback if they did receive it appeared to reflect the *School A* students' perspective towards feedback. Although the *School A* students appreciated the feedback from a certain lecturer who often replied positively, the students were less encouraged by the president monthly lunch meetings as "the answer's usually no." It may be speculated, therefore, that the students of *School A* only appreciated feedback when it corroborated their concerns. From the three Key Informants' perspective, it was often necessary to reply in the negative to the students' concerns as the students held a limited perspective of QA compared to the school. The theme of Feedback was the most comparable issue in the theme of students between the three osteopathic schools.

In general the theme of students was comparable between the three schools; each school identified limitations to the students' awareness of QA, as well as challenges to the involvement of students in QA. The issue of feedback was also common to all three schools in which the Key Informants felt sufficient feedback had been given, while the students disagreed. The contrast in this theme came through the decreased comparability of the Key Informant and student perspectives at *School A* compared to those of *Schools B* and *C*. The contrasting perspectives between the Key Informant and students of *School A* may be due to the more structured and regulated format of QA at *School A*, and the more subjective and critical perspectives of the students.

QA in action

Referring to the application of QA at the school, the Key Informant of *School A* believed that “by and large, the way we say [it is], is the way it is, because of the way we designed the process.” This correlates to the Key Informants of *Schools B* and *C* who felt that the QA documentation mostly represented the application of the QA methods. However, it was acknowledged by the British Key Informants that the application of QA is not always perfect. The American Key Informant also implied this by stating “Here and there . . . things happen. Certain people . . . go about things their own way.” The perspectives of QA in action are thus comparable between the participant Key Informants of Britain and America.

The perspectives of the students of *Schools B* and *C* on the issue of the application of QA were comparable to those of their respective Key Informants; however, the perspectives of QA in action expressed by the students of *School A* were less comparable to the Key Informant of *School A*. The Key Informant of *School A* felt that there existed “a very strong concordance” between the QA documentation and the application of QA at the school. It was also explained by the Key Informant that *School A* was careful to adhere to the AOA standards by administrating the QA methods through those standards. The *School A* students, on the other hand, revealed contradicting perspectives of QA in action by first stating that “things here won’t ever change”, then by perceiving that the school experimented with QA, “so it changes constantly.” Unlike the students of *Schools B* and *C*, the students of *School A* did not perceive the possible reasons for the difficulties of the application of QA; rather, the students of *School A* chose to focus mainly on the negative aspects of the theme of QA in action.

Therefore, although the Key Informants’ perspectives of the application of QA may be compared, there is a distinction in the comparability of the Key Informant versus student perspectives between the participant schools of Britain and America.

Drivers of osteopathic education

Through the focus groups, the students identified seven issues under the theme of drivers of osteopathic education; however, only the issue of medicine versus osteopathy is comparable between the Key Informants and students of the three schools.

Medicine versus osteopathy

The issue of medicine versus osteopathy is a poignant question in the theme of drivers of osteopathic education. In America, graduates of osteopathic medical colleges are titled as osteopathic physicians, whereas for the most part, British graduates of osteopathic programmes are referred to simply as osteopaths. This distinction in nomenclature became apparent in the comparison between the British and America perspectives of medicine versus osteopathy, especially in the student perspectives.

The students of *Schools B* and *C* felt concern over the potential medicalisation of their osteopathic programmes. The British students observed the need for increasing evidence based practice to be applied to osteopathic education; however, they feared that in doing so some of the principles of osteopathy may be lost. The students of *School B* expressed the under-defined nature of the profession as a potential cause of the increasing medical influence. The students of *School C* perceived that their school's main dilemma lay in the conflict between an historic and eclectic approach to osteopathy and the more progressive evidence based practice path.

By contrast, the students of *School A* appeared to view osteopathy as an addition to their medical education, rather than viewing medicine as an element of osteopathic education. The *School A* students believed that the amount of emphasis placed upon the osteopathic principles was "up to the individual", and that "some people are really into [OMT], and some people aren't." The students of *School A* even referred to students of another COM by stating that although those students were "more skilled in OMT", they were "not going to be physicians". It is clear that between the students of the participant schools of Britain and America, there existed a divergence of perspectives of medicine in osteopathic education.

This distinction of perspectives of medicine versus osteopathy continued in the perspectives expressed by the Key Informants. Of the two British schools, only the Key Informant of *School C* directly referred to elements of evidence based practice in the osteopathic programme, which was as a result of the *School C* Key Informant's awareness of the school's tendency to resist change. The Key Informant of *School B* did not discuss the comparison between medicine and osteopathy, perhaps indicating that the Key Informant was comfortable with the balance of the medical material perceived by the students in the osteopathic programme, and thus did not see it as an issue to be discussed. Although the *School C* Key Informant did discuss the introduction of new staff members to the particular "flavour" of osteopathy taught at *School C*, it did not appear that the incorporation of osteopathic principles and practice into the osteopathic programme was issue for the Key Informants of *Schools B* and *C* to consider. On the other hand, the Key Informant of *School A* explained various methods by which the school ensured the instillation of osteopathic principles and practice at the osteopathic college.

This contrast in the discussion of osteopathic principles and practice hints at the differences in the education of osteopaths and osteopathic physicians. It is indicated by these perspectives that for *School A*, osteopathic education was more medically based with osteopathic principles and practice included in the programme; whereas in the osteopathic education provided at *Schools B* and *C*, it was the medical elements which were added to the osteopathic programme.

Themes unique to *School A* or *Schools B* and *C*

Although many common themes were identified in the interviews and focus groups of the three osteopathic programmes involved, some themes were unique to either the American school, *School A*, or the British schools, *Schools B* and *C*. These unique themes were largely identified by the students of the respective schools.

Under the theme of drivers of osteopathic education, the British students identified the issues of the degree change from a BOST to an MOST, academia versus osteopathy, and the nebulous definition of osteopathy. The American students further identified the issues of board scores and money under the theme of drivers of osteopathic education. The theme of a culture of fear and punishment was unique to the students of *School A*, while only the students of *School C* presented a theme of the cohesion of QA. In the individual comparative analyses of the Key Informants and the students, the members of the British schools revealed the osteopathic ethos as a theme, a theme which was only partially explored by the *School A* Key Informant through the theme of quality assurance ethos.

It is unsurprising that there are themes unique to both the British and American schools, as there are known differences between the two countries not only in osteopathic education but also culturally. These unique themes provide an interesting insight into the individual challenges faced by osteopathic programmes in Britain and America and may prove useful in further research exploring the similarities and differences between osteopathic education in Britain and America.

Summary

The comparative analysis of the Key Informants and students from the two British osteopathic programmes and the one American osteopathic college revealed several distinctions in the perspectives on QA methods. The end-goal of *School A* was made up by three factors – the Core Competencies, the Board Scores, and the mission statement, which appeared to be important influences on the QA methods used. The British schools used the *Standard 2000* to identify the end-goal, however, it was not discussed extensively by the Key Informants, nor did the students feel the end-goal was clearly defined. The differences in the perspectives of end-goal represented the differences in the action of QA. The QA methods at *School A* appeared to be more structured and regulated than those at *Schools B* and *C*. It is not suggest that the British osteopathic programmes did not have well developed QA methods in place, but rather that they appeared more open to variations in QA in response to altering circumstances. The issue of medicine versus osteopathy revealed a difference in the education of osteopaths and osteopathic physicians. For the two British schools, the issue of how osteopathic principles and practice were incorporated into the programme was not discussed; although the students expressed some concern over an apparent increase in medical content in the curricula. On the other hand, the Key Informant of *School A* discussed QA measures employed to ensure the instilling of osteopathic principles and practice into the students' education. The students

of *School A* appeared to separate their education as physicians from their education as osteopaths. This theme suggests at the difference between the two 'streams' of osteopathy, and how they differ in education.

The most notable contrast between the *School A* and *Schools B* and *C* came through the perspectives of the *School A* students and the comparison with their Key Informant. The more critical and sceptical attitude of the American students towards QA contrasted strongly with the objective perspectives provided by the Key Informant. The students of *School A* explained their critical attitudes to be because of the large expense of their education and their Type A personalities which drove them to be osteopathic physicians. The British students, on the other hand, acknowledged the nature of students to be critical, and often recognised hypocrisies in their perspectives of QA. Alongside the issue of money and the theme of a culture of fear and punishment, it is possible to form an understanding of some of the drivers of the more negative attitude of the students of *School A*. It is not known, however, if these themes are unique to *School A*, or if they pertinent to other COMs in America. Therefore, further research of COMs needs to be conducted in order to identify the extent to which these themes may be extended to a larger comparison of osteopathic programmes.

The commonality of the themes identified by this research enabled the development of an understanding of the similarities and differences between osteopathic programmes. Although the two British schools were, for the most part, similar, there were identifiable issues which distinguished one from another. The main distinguishable issues were the conflict between historical and progressive approaches to osteopathy at *School C* and the student based nature of *School C*, compared to the more progressive and less student based culture at *School B*. Furthermore, despite the different perspectives of the themes identified, this research revealed that comparisons may be drawn between British and American osteopathic programmes to develop an understanding of the issues facing the osteopathic profession.

Discussion

Introduction

In this section, the research question exploring the validity of utilising the perspectives of a Key Informant and students to analyse the QA methods of an osteopathic education programme will be answered by the analysis of the themes identified by this research in relation to the literature. The value of this method to osteopathic students, osteopathic education programmes and the osteopathic profession will then be discussed. The limitations of this study will be examined, followed by suggestions for further research.

Quality assurance in action

As discussed in the Literature Review, changes in the external demands on higher education such as accreditation and globalisation, lead to perspectives of QA likewise changing (Cheng, 2003; McKay & Kember, 1999; Mizikaci, 2006). However, it is argued that no QA model fully encompasses the complete picture of quality in higher education (Law, 2010a). The continual development of QA methods in the respective osteopathic programmes was reflected by the perspectives of both the Key Informants and the students. The potential discord between the intention and implementation of QA highlighted that the efficacy of the application of QA methods was a concern for all participants. Within each interview and focus group, external and internal factors that influenced QA were identified.

Students and quality assurance

The central role of students in QA is an issue reflected by this research. Each osteopathic programme presented advantages and disadvantages to student involvement. The three Key Informants believed that students played an important part in ensuring quality assurance; however, it was acknowledged that there were limitations to the students' perspectives. Students are considered to be stakeholders in a higher education institute, although the student perspective of educational quality has been demonstrated to be limited and potentially flawed (Crumbley, Henry, & Kratchman, 2001). In the focus groups, the students likewise were aware of their lack of understanding of QA. The students of *Schools B* and *C* admitted that there is a student culture of complaining. During the *School A* focus group, the students made some contradictory statements; this may be seen to call into question the reliability of the information gathered in the focus groups. Despite the challenges, there is a growing emphasis in the literature upon student involvement in QA (Law, 2010b; Reid, 2010), especially from the Bologna Process in Europe (Alaniska, et al., 2006).

It is argued that students provide a unique perspective of the educational experience (Joseph, Yakhou, & Stone, 2005), which adds to QA by creating a more complete picture of the higher education

institute (Reid, 2010). Furthermore, it is proposed by the European Association for Quality Assurance in Higher Education (ENQA) that students are no longer simply stakeholders in their higher education, but that they should also be considered as experts in higher education (Alaniska, et al., 2006).

The perspectives of QA gathered through this research, however, do not completely confirm the increased role of students in QA. Despite varying degrees of involvement in QA by the students from the three different osteopathic programmes, the Key Informants agreed that there were certain areas of the QA process in which it was inappropriate for students to participate. The majority of the students likewise agreed. It was felt by the students that the demands of being a student outweighed the obligation for extensive student involvement in QA. One student from *School C* observed that even if students were given an opportunity to participate more in QA, they would be unlikely to do so. The difficulty of encouraging student involvement is recognised in the ENQA report of a workshop assessing student involvement in external QA (Alaniska, et al., 2006), suggesting that the application of student involvement in QA is not as simple as the ideal would suggest.

It must be acknowledged that some students in this study wished to have more involvement in QA. One such student was the first year participant from *School B*. In the discussion of the *School B* focus group, the first year student disagreed with the more senior students who felt that increased participation in QA conflicted with the demands of being an osteopathic student. Rowley (1995) argues that it is likely that the difference in student opinions is due to student perspectives towards education altering throughout their educational experience. The students of *School A* also felt they needed more control over the quality assurance of their education. As previously mentioned, the students of *School A* made some conflicting statements, and were in general more negative in their perceptions of QA; this may suggest some unreliability in their perspective of QA at *School A*. However, as the *School A* focus group was the first conducted by the researcher, it was less effectively conducted compared to the subsequent focus groups. As a result of the students' propensity to complain, the inexperience of the researcher may have allowed the students' perspectives to be more critical rather than constructive.

Therefore, when utilising a focus group as a method to gather student perspectives of educational quality and QA, it is important to maintain an awareness of factors that may influence the students' perceptions. Such factors include the year level of the students, grades awarded to the students, and the quantity of teaching (Rowley, 1995; Crumbley, Henry, & Kratchman, 2001; Barnett, 1992; Law, 2010a). At least one of these factors was present in each of the focus groups conducted. Nevertheless, the comparability of the students' perspectives of QA to those of their Key Informants supports the claim that, though limited, the student perspective of QA and QA methods does provide a more complete picture of an osteopathic programme.

The theme of the students identified by this research also explored the impact of QA upon the students and their student experience. Although some QA methods were able to take immediate effect, it was noted by all participants that the students felt frustrated their participation in QA often only benefited the years below. Furthermore, the students placed importance on results as feedback, which would encourage the students to continue their participation in QA. The time lag between the participation and implementation of QA meant that students often did not see the results of QA unless the school gave specific feedback, or the students themselves discussed the issue with the years below them. This then begs the question: which students does QA benefit?

Any QA method provides a snapshot of the current situation at any given time (Becket & Brookes, 2006); however, the time delay due to the necessary assessment and implementation of QA often results in changes being made sometime after the initial issue is raised. Becket & Brookes (2006) suggest a longitudinal study of 'QA snapshots' in order to gather a more comprehensive picture of a higher education institute's quality performance. Although this may be an effective method for the institute, it has little perceived benefit to the students at the time; this is most relevant for the students in their final year of education. Therefore, in order to encourage student participation in QA, two options present themselves.

Firstly, it may be explored where quality assurance might be pre-emptive rather than reactionary, as suggested by the students of *School C*. However, this may lead to difficulties in justifying changes and may lead to unnecessary alterations to the osteopathic programme. The second option to encourage student involvement without short-term gain is to provide the students with a broader perspective of the benefits their role has in quality assurance. For example, the osteopathic graduate students' participation in QA, in theory, should improve the osteopathic education for the years below them. Those students who then graduate later, and are employed by the initial graduates, are therefore more equipped to contribute to the osteopathic profession. It is evident through this research that the British students already viewed the quality of their education in light of their perception of the osteopathic profession as a whole. By equipping the students with a sense of power over the education and practice of osteopathy through their participation in QA, students may realise the value of their role in QA as having short and long-term benefits.

The relationship between students and QA identified in this research reveals some of the controversies related to student perceptions of educational quality. Nevertheless, this research also reinforces the importance of student involvement in QA. The benefit of student participation in QA is not simply for their own educational experience, but more significantly for the osteopathic programme, the following students, and consequentially for the osteopathic profession as a whole.

Faculty and quality assurance

The faculty of a higher education institute, as stakeholders, also hold an important role in the QA process. This research did not explore the perspectives of faculty members in general on QA, yet through the perspectives of the students and the Key Informants, some insight to the QA methods related to faculty may be achieved. Faculty peer review was one QA method that was highlighted by most of the participants to be of importance for faculty development. It was perceived that faculty peer review encouraged the dissemination of good practice throughout the faculty. However, like other QA methods discussed, it was felt that faculty peer review had its limitations. The students of *School C* wondered if the friendliness of the school was counter-intuitive to objective feedback being given, while the students of *School A* wanted to be assured that faculty peer review was considered as important for the senior faculty as it was for the junior faculty. All students expressed concern that although faculty peer reviews might be a useful QA method, the faculty may not address the issues highlighted. This sentiment extended to other faculty QA methods such as student evaluations of the faculty. The question therefore remains, to what extent does the effectiveness of QA rely upon the co-operation of the faculty.

In a paper reviewing 30 years experience in the quality assurance debate, Doherty (2008) explores some possible reasons for the reluctance of faculty to engage in QA. Doherty suggests that there tends to be a culture amongst academics which dislikes the concept of “compliance”. For academics, compliance limits “academic freedom and innovation” (Doherty, 2008, p. 263). This may be especially pertinent to osteopathic lecturers as osteopathy itself can be subjective and open to interpretation due to the nebulous definition of osteopathy. The diversity of osteopathic approaches to education was most evident at *School C* where students perceived a conflict of content taught by osteopathic lecturers. The main point of conflict appeared to occur between lecturers who taught osteopathy based upon experience and anecdotal evidence, and those who taught osteopathy based upon evidence based practice. It was acknowledged by the *School C* Key Informant that some of the lecturers held to a more historical approach to osteopathy, and their resistance to change influenced the school’s effectiveness in implementing quality assurance. Thus, it is possible that a conflict in the approach towards osteopathic education can impare the quality assurance of an osteopathic programme. This phenomenon of a conflict was only noted by *School C*, which is likely a reflection of the eclectic range of osteopathy claimed to be taught at *School C*.

The students of *School B* identified the personal feelings of lecturers as an influence upon the effectiveness of QA, especially student evaluations. This may result from the natural dislike of evaluation (Bingham & Ottewill, 2001), a fear of being dictated to by the students (Crumbly, Henry, & Kratchman, 2001), or again, the academics’ desire for autonomy (Doherty, 2008). Student evaluations can be forceful in their criticism, which may discourage the faculty members to whom it is directed.

Therefore, it is important for a higher education institute to ensure that faculty are not only encouraged to be open to quality assurance, but that support is also available to the faculty in order to guide the implementation of quality assurance in the faculty's professional development.

Another conflict of interest between QA and the teaching staff of osteopathic programmes is the divide between the professor and the professional. It is not uncommon for new teachers in higher education to have a little educational experience, although qualified in their profession (Gardiner, 2000; Persellin & Goodrick, 2010). The students of *Schools A* and *C* believed that some faculty members taught as a means to an end rather than for the enjoyment of teaching. In particular, the *School A* students felt that some faculty members only used their position for gaining Continuing Medical Education credit. It is suggested by the students' perceptions that faculty may be less inclined to participate in the QA process because of their lack of experience or interest in education. The Key Informant of *School C* observed that teacher training would educate the faculty of the detriment of not changing with the student body and evidence based practice. Thus, the importance of training osteopathic lecturers and tutors is becoming more apparent, and is being addressed through various QA methods (Wallace, 2008). While it is interesting to note that a lack of teacher training may impact upon the effectiveness of QA, it is not however within the scope of this research to explore the depths of faculty QA. Rather, this theme may be of use in further research exploring the quality assurance of osteopathic faculty.

Regulating authorities – the role of academia

A major theme that emerged from the QA perspectives of the Key Informants and students is the influence of regulating authorities upon osteopathic education. As discussed in the Literature Review, there are various external stakeholders who regulate the QA of osteopathic programmes in the US and the UK. The Key Informants of each school described the role of regulating authorities and accreditation agencies in their osteopathic programmes' QA; this is discussed in Analysis Part 1a. The British students from *Schools B* and *C* explored more extensively than other participants, the influence of external stakeholders upon osteopathic education.

The academic influence upon osteopathy developed as a major concern for the British students. They questioned the benefit of external academic regulation of osteopathic education and the profession. The Key Informant of *School B* acknowledged the push to establish osteopathy as a recognised academic profession through the collaboration of the GOsC with the QAA. Academic recognition is seen to be essential for the growth and development of the osteopathic profession (Vogel, 2008). As part of the academic recognition, there is a drive for a greater focus upon research as part of the curricula. There is a fear, however, that by encouraging academia, some of the osteopathic traditions will be lost. Steven Vogel, as the editor of the *International Journal of Osteopathic Medicine (iJOM)*, suggests that the "roots of osteopathy" can be nourished through the progress of osteopathy by

research (Vogel, 2008, p. 41). The students of *Schools B* and *C* were less sure of the increase of research in osteopathic education. On one hand, the students saw the benefits of encouraging evidenced based practice within osteopathy in order to establish osteopathy as a recognisable medical profession. On the other hand, the students, in particular those of *School C*, enjoyed the variability within osteopathy. One *School B* student was pleased that a clear direction for the osteopathic profession is being established; they were less certain though, if the profession is progressing in the right direction. It is important to note that the British Key Informants only saw benefits of encouraging a research culture in osteopathic education.

Therefore, for the purposes of this research, it is significant that the debate within the osteopathic profession of how the profession should progress is also a debate amongst osteopathic students within the UK. There is a clear tension between the desire to hold on to traditional osteopathic values, and the realisation of the need to establish more evidence practice within osteopathy. From the students' perspective, it was felt that the drive for academia is directed by external regulators in the form of validating universities; but by examining the literature it appears that the osteopathic profession is driving itself forward to become established academically (Licciardone, 2008; Lucas & Moran, 2007).

There remains, however, the question of why this theme of academia is more of an issue for the UK schools than the US school involved in this research. One possible reason is the relative length of time osteopathic regulation has been established in the two countries. Compared to osteopathy in the US, osteopathic regulation in the UK is relatively recent, and thus the role of external regulation in the quality assurance of osteopathic education is still being explored. Furthermore, the differences between osteopaths and osteopathic physicians also relate to differences in approaches towards osteopathic education.

The role of allopathic medicine

The difference between the education of osteopaths and osteopathic physicians is perhaps most evident in the relationship between osteopathic principles and practice and allopathic medicine. Through comparing and contrasting QA perspectives at UK and US osteopathic programmes, there developed a strong contrast in the perspectives of allopathic content in the curriculum. The students of the two British schools appeared to resent the apparent increase of allopathic medicine content in their osteopathic programmes. On the other hand, the American students, in general, discussed the osteopathic content of the curriculum as an adjunct to their training as physicians rather than the core of their education. It became clear in the focus group that some *School A* students did not see osteopathic principles and practice as important for the quality of their education as osteopathic physicians.

The debate of osteopathic distinctive from allopathic medicine has long been discussed by American osteopathic physicians (Bates, Mazer, Ledbetter, & Norander, 2009; Patterson, 2006; Meyer & Price, 1993). In the *Journal of the American Osteopathic Association (JAOA)* it is common to read letters to the editor discussing issues surrounding the osteopathic identity, indicating that the role of osteopathic medicine in American healthcare is still unclear. In the July 2010 editorial of the *JAOA*, Felix J. Rogers, DO, suggests that the osteopathic identity is an important issue for students attending COMs (Rogers, 2010). Although the scope of this research is not to explore the extent of the differences between osteopaths and osteopathic physicians, it is significant that the American osteopathic college is distinguishable from the two British osteopathic programmes through the issue of a distinctive osteopathic identity from allopathic medicine. Furthermore, the variety of perspectives given by the *School A* students of the usefulness of osteopathic principles and practice reflects some of the debate within the American osteopathic profession (Allee, Pollak, & Malnar, 2005). Therefore, by exploring osteopathic student perspectives of QA and QA methods, issues pertinent to the wider profession may be raised, indicating a need for further enquiry.

End-goal versus student experience

A further contrast between the two British osteopathic programmes and the American osteopathic college is shown through the end-goal focus compared to the student experience. The relationship of the end-goal with the student experience is well documented in the literature. The end-goal is represented by the supply-side perspective of quality in higher education (Gatfield, Barker, & Graham, 1999). These higher levels of quality assurance as described by Law (2010b) tend to focus on the quantitative aspects of quality. Conversely, the demand-side approach to quality incorporates the student experience as a consumer driven demand for quality (Gatfield, Barker, & Graham, 1999) and can be considered as part of the transformative dimension of quality identified by Harvey and Green (as cited in Lagrosen, Seyyed-Hashemi, & Leitner, 2004). As an aspect of the lower levels of quality assurance (Law, 2010b), the QA methods relevant to the student experience are more subjective and include the quality of teaching and the students' satisfaction with their education.

There is a continuing debate in higher education as to the relationship between the assessment of quality defined as quantity, and quality defined as transformative (Law, 2010a). While it is argued that these two aspects of quality are inter-related (Ghosh & Rodgers, 1999), this research has found that there is a continuum on which the balance between the end-goal and the student experience is placed. The perspectives of the Key Informants and students of *Schools B* and *C* exhibited the multi-level system of QA described by Law (2010b) through the incorporation of the higher and lower levels of QA.

School A also demonstrated a multi-level approach to quality assurance. However, it is evident from the perspectives of the Key Informant and students of *School A*, that the end-goal was the main focus

of the QA methods employed at *School A*. The end-goal focus was evidenced through the use of the Core Competencies, the Board Scores and the school's mission statement. Several external factors may influence *School A's* focus upon the end-goal. As part of a COMs accreditation, the AOA stipulates that a "COM should, at a minimum, consider the Seven Core Competencies required of all AOA-accredited postdoctoral training programs [sic]" (Commission on Osteopathic College Accreditation, 2007). Thus, *School A* incorporates these seven Core Competencies student admission throughout the education process, commencing at the student admissions. Perhaps more significant is the impact of the Board Scores upon *School A's* quality assurance. Not only does a COM hold the responsibility for their students to pass the Board Exams, but also, the Board Scores are published thereby allowing *School A* to compare their Board Scores with other COMs. This sense of competition between COMs leads *School A* to place greater importance on the Board Scores as the end-goal to assess the quality of the school. Since standard Board Examinations do not exist in the UK for osteopaths, there is less direct competition between osteopathic programmes, leading to a more balanced approach to the end-goal relative to the student experience.

To better understand the comparison between the three schools examined, a conceptual continuum may be considered, within which the two British schools are relatively evenly located between the objectivist, relativist and developmental concepts of quality identified by Barnett (1992) discussed in the Literature Review. Since the Key Informant of *School C* acknowledged their system of QA to be "very student based", *School C* may be perceived to hold a tendency towards the developmental concept of quality. On the other hand, *School A* in America appeared to favour a more objectivist approach to quality as the end-goal played a larger role in the Key Informant's and students' perceptions of quality and QA methods. Thus by correlating the Key Informants' and students' perspectives of QA methods to the literature, a concept of how these three schools relate to one another begins to form.

The relation of the end-goal versus student experience theme to current literature suggests that the method proposed by this research is a valid method to understand the broader concepts of quality assurance. However, more significantly for the osteopathic profession, this theme indicates that by this method of comparing osteopathic programmes, an understanding may be developed of how the differences between Britain and America in the accreditation of osteopathic programmes influences osteopathic education.

Finance and administration

This research reveals several issues discrete from the osteopathic profession which further contrast the two British osteopathic programmes and the American osteopathic college of this study. Financial considerations in QA methods developed as a theme for the students and Key Informant of *School A*, while money was a non-issue for the British participants. The reason for this distinction may lie in the

organisation of the osteopathic programmes. All three osteopathic programmes are not-for-profit organisations. Both *Schools B* and *C* are limited companies, and are registered as charities with the UK Charity Commission, to whom a report is presented each year. *School A* is a privately owned corporation. In America, 24 of the 30 COMs are privately owned (American Association of Colleges of Osteopathic Medicine, 2010). On the surface it appears that there should be no difference in the financial considerations of quality assurance between the two countries. However, the relationship between money and quality assurance did distinguish the British and American QA perspectives. The scope of this research is too limited to explore why, but it does raise some important questions. How does the relationship between finances and quality assurance impact upon the quality of the osteopathic education? Is this distinction applicable to other osteopathic programmes in Britain and America? And how may this apparent distinction between British and American osteopathic programmes influence further comparative research of osteopathy between the two countries and beyond?

A similar issue arose from the students of *School A*, who identified a “dictatorial” administration, compared to the students of *Schools B* and *C*, who called for stronger leadership. Again, the question remains, is the organisational structure of the osteopathic programme the influencing factor of the students’ perspectives, thereby creating the different perspectives between the UK and the US? In research that compares countries, it is important to consider cultural paradigms which may influence the research outcomes. Despite globalisation, QA methods are not always transferable (Alaniska, et al., 2006) and thus the perspectives of QA methods will also vary. However, this research appears to show that, through the student perspectives of QA, hidden institutional cultural differences may be identified. The term ‘hidden’ is used because these issues were discussed by the students, but not the Key Informants. Thus, by qualitatively exploring the perspectives of QA from various stakeholders of an osteopathic programme, it is possible to develop a more detailed picture of that programme which may not be visible through a quantitative analysis.

Answering the research question

The aim of this research is to explore the validity of comparing and contrasting perspectives of QA methods within an osteopathic programme for establishing an understanding of intranational and international themes existing with osteopathic programmes. By utilising a Key Informant, the details of the QA methods used are established, as well as representing the institute’s perspective of QA. The students’ perspective is of use to describe their experience of the results from the QA methods, and to provide a balance to the perspective provided by the Key Informant. Unexpectedly, it is through the student perspective that themes relative to the osteopathic profession are explored. Despite their limited understanding of QA, the students appear to be keenly aware of issues faced by osteopathic education and the osteopathic profession as whole. It is likely, that the students hold a fresher, and

perhaps more ideal, view of the profession, as they are introduced, but not yet fully members of the osteopathic profession. In a profession that has prided itself on challenging the *status quo* (Rogers, 2010), osteopathic students provide a unique perspective of the future of osteopathy. The direction and identity of osteopathy is challenged by the students which potentially foreshadows a continuing debate amongst osteopathic practitioners as to what it means to be an osteopath.

However, despite the students' integral role, this method of comparing osteopathic programmes is of most use to the profession. By taking a snapshot of the next generation of osteopaths, the osteopathic profession may gather greater insight into how it could, and should, develop. The student perspective, furthermore, assists the osteopathic programmes of how the issues presented by the current students might be addressed for future students. Unfortunately, it is the students who participate in this method of research that benefit the least. Arguably, after graduating into the profession, the current participating students will benefit in general from a more healthy profession, and the entrance into the profession of better educated graduates behind them. Like many QA methods, the effects of this research, however, are long-term rather than short-term.

The breadth of the themes developed by this research indicates that this research method is best used as an initial step for more detailed exploration of the comparisons between osteopathic programmes. Each theme identified by the Key Informants and students holds implications for students, osteopathic programmes and the profession. Furthermore, the themes reflect either QA issues faced by other higher education institutes, or issues that are already being discussed by the osteopathic profession, validating the perspectives gathered. By identifying these themes, more specific research may be conducted to investigate how each theme impacts upon osteopathic programmes, and the osteopathic profession in each country, and globally. Many of the issues discussed in this chapter are raised in letters to osteopathic journals or at osteopathic conferences, but little formal research has been carried out to date. It is hoped that this research has provided insight into some of the issues faced by osteopathic students, programmes and the profession. Each osteopathic programme is unique, and differences do exist between the UK and US in the osteopathic profession; nevertheless, these issues identified by this research raise questions for further exploration into how the education of osteopathy might be compared, and how that might benefit the development of the osteopathic profession worldwide.

Limitations of this research

The main limitation of this research was the restrictiveness of the research question. It became apparent through the analysis of the interviews and focus groups that the breadth of data gathered was beyond the scope of the research question. Although the research is intended as a pilot study to lay the foundation for further research, the narrowness of the research question threatened to reduce the results of the research to a 'yes' or a 'no'. Therefore, this research discusses the themes identified by

the interviews and focus groups beyond the research question to lay a more stable foundation for the further research intended by this pilot study.

The breadth of the data gathered through the interviews and focus groups also presented itself as a potential limitation to this research, by encumbering the research with too much information. However, rather than becoming a limitation, the breadth of the themes identified, further emphasised the need for more detailed research to be conducted.

Another limitation of this research was the lack of experience of the researcher in conducting semi-structured interviews and focus groups. The researcher's inexperience led to a lack of structure in the focus groups, most notably *School A*, in which the students tended to stray from the topic, potentially distracted from the research aim. The researcher addressed these deficiencies in data gathering by maintaining notes throughout the data analysis of areas where the focus groups went off topic. Furthermore, the researcher identified areas which would have benefited from clarification, for example, confusion over terminology used in the interview with the *School C* Key Informant, and conflicting statements made by the students of *School A*. Nevertheless, these limitations in the interviews and focus groups allowed the exploration some issues, such as the nebulous definition of osteopathy that did not relate directly to the research question, but opened questions for further research.

Additional themes and further research

Although outside the scope of this research, the nebulous definition of osteopathy developed as an important theme for the students of the focus groups conducted. The students of *Schools B* and *C* questioned how the definition of osteopathy influenced their education and the profession. The students of *School A* appeared to define osteopathy in terms of OMT, and separate their osteopathic education from their education as physicians. In particular for the students of *School B*, the question of "what is an osteopath?" underlined the majority of their perceptions of QA, and as such, it is important to consider some part of this theme. In November 2010, the World Health Organisation (WHO) released the document *Benchmarks for Training in Osteopathy* (Engel, 2010). After a delay of three years, the final WHO osteopathic benchmark has significant changes from the original draft. Most importantly for this research, the new WHO osteopathic benchmark ignores the osteopathic physician model of osteopathy. This research has reconfirmed that distinctions do lie between the education of osteopaths and osteopathic physicians, especially in the understanding of 'what is an osteopath?'. According to Engel (2010), the original osteopathic benchmark draft purported a "single worldwide profession with two 'demographics'" (p. 1), a notion which is supported by the findings of this research. Therefore, there evidently remain further challenges for the osteopathic profession in identifying a clear definition of osteopathy and how that may influence the future of osteopathic education.

As discussed in answer to the research question, each of the themes identified by this research warrant further investigation. Of particular significance to the osteopathic profession are the themes relevant to the development of the profession. These themes include accreditation, academia, allopathic medicine, evidence based practice and the traditional values of osteopathy. Each of these themes reflects a challenge currently facing the osteopathic profession, and will determine how osteopathy progresses in the future. Interestingly, the three osteopathic programmes which participated in this research appear to represent a continuum of the osteopathic profession. *School A*, as an institute for the education of osteopathic physicians, was more medically based than the other two schools involved. *School C* sat at the other end of the continuum striving to find a balance between anecdotal and historical osteopathy, and the growing demand for evidence based practice. *School B* can be considered to sit in the middle of the continuum, where osteopathy is still taught as a manual therapy, but, according to the students, there is an increase of medical content in the curriculum. The comparison between these three schools is not intended to praise or condemn one method of education above the other, but rather to provide a better understanding of the variety of osteopathic education. Osteopathic programmes may thence work collectively to encourage the dissemination of good practice and enhance the osteopathic profession as a whole, without necessarily narrowing the scope of osteopathy taught. However, comparisons could lead to an increase in competition amongst osteopathic programmes, therefore further research is needed to explore and understand the ‘multiculturalism’ of osteopathy.

Summary

This research provides interesting insight into the possibilities of further comparative research of osteopathic programmes around the world. The issue of quality assurance, as a medium through which to compare perspectives, has been confirmed as a pertinent topic for osteopathic education. Through the identification of both comparable and unique themes at the three osteopathic programmes, a deeper understanding is developed of the similarities and differences that may be found in osteopathic education. Furthermore, the identification of comparable themes reveals some of the challenges facing osteopathic education and the profession. For the students and faculty, their role in QA methods has long-term implications for the development of osteopathy. The students especially, provide a unique insight into their educational experience, their expectations upon graduation, and their understanding of osteopathy and the external forces that influence it. The conflict between osteopathy, academia and allopathic medicine is presented as an important issue for the identification of the profession. Who and what osteopathy is, is perhaps the most significant question that has arisen out of this research. However, this research has shown that it is not a question easily answered. Therefore, the importance of comparative research of osteopathic programmes presents itself as a valuable method to continue to explore the global osteopathic community.

Concluding thoughts

The three objectives of this research have been achieved. The identification of perspectives on QA methods was realised through the interviews and focus groups. More significantly, the identification of the themes developed from those perspectives enabled the comparison of two osteopathic programmes in the UK and one osteopathic college in the USA. Through the relevance of the themes identified by this research to the literature, the value of the proposed comparative research method is revealed.

Each theme discussed in this research has implications for osteopathic education and the wider osteopathic community. The evolution of QA methods impacts upon the quality assurance of all aspects of education. The challenge for the faculty to develop with the demands of quality assurance influences the osteopathic education students receive. In turn, the students' involvement in QA has long-term implications for not only osteopathic programmes, but the profession as well.

The external forces that impact upon the education of osteopathy are perceived to have a variety of implications. Although many themes of this research were comparable between the three schools, the contrast of the perspectives of academia, allopathic medicine and the end-goal provides deeper insight into firstly, how osteopathic programmes may be compared, and secondly, what issues the osteopathic profession might face now and in the future.

The overriding question of the definition of osteopathy is perhaps the most significant facing the osteopathic profession. The future development of the profession is reliant upon an answer that ensures the response of the profession to external demands for regulation and accreditation, while maintaining the identification of osteopathy. However, the variety of perspectives identified by this research suggests that the answer to this question will not be easily arrived at. The challenge of future research is to further establish the understanding of the variety within osteopathy, in order for the profession to move forward as a whole.

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Appendix A – Poster for students

STUDENTS REQUIRED FOR RESEARCH INTO GLOBAL OSTEOPATHY

Research is being conducted into the student perspectives of quality assurance methods used in osteopathic schools to begin the process of comparing osteopathic schools.

You are invited to take part in a research project that is investigating teachers and students in osteopathic programmes, conducted by Hayley Michelson (BAppSci (Human Biology)) currently completing the Masters of Osteopathy at Unitec New Zealand.

This study investigates whether teacher and student perspectives of quality assurance methods in their osteopathic programmes are comparable within the programme and between different osteopathic programmes. It aims to begin the development of a framework within which the osteopathic programmes around the world may be compared and contrasted.

To be able to compare the different osteopathic programmes in different countries may encourage the development of the osteopathic programmes by seeing how the programmes in different countries work so that each osteopathic school is able to apply the best practice to their own programmes. It may also mean that the transportation of osteopathic qualifications may become easier, especially as the world becomes a more global community. By recognizing the various osteopathic cultures that have developed around the world may further promote osteopathic research and the profession in general. This study is the start in this exploration.

Interested students from all years are invited to attend a focus group held by the researcher (time to be confirmed).

Please contact Hayley Michelson at [personal email address] for further information.

Appendix B – Key Informant information sheet



Perspectives on Quality Assurance Methods – A Comparison of Osteopathic Programmes in Two Countries: A Pilot Study

Information Sheet

(Key Informant)

About this research

You are invited to take part in a research project that is investigating teachers and students in osteopathic programmes, conducted by Hayley Michelson (BAppSci (Human Biology)) currently completing the Masters of Osteopathy at Unitec New Zealand.

This study investigates whether teacher and student perspectives of quality assurance methods in their osteopathic programmes are comparable within the programme and between different osteopathic programmes. It aims to begin the development of a framework within which the osteopathic programmes around the world may be compared.

If you choose to participate you'll need to undertake the following:

1. Meet with the researcher to receive information and sign the consent form.
2. Attend 1 interview.

Each interview involves:

1. A one on one interview lasting approximately 30-45 minutes
2. A series of explanations and questions regarding the teacher perspective of quality assurance methods.
3. An audio recording of the interview proceedings will be taken. No names or personal information will be recorded thus ensuring anonymity of the participant.

The Researcher

The primary researcher is *Hayley Michelson*

This project is being supervised by *Clive Standen and Dr Karen Dobric (EdD, NZARRC)*.

You have the right to not participate, or withdraw from this research project at any time until the beginning of data analysis. This can be done by phoning us or by telling us when we contact you that you do not want to participate.

Getting help

Please contact either Clive Standen or myself if you should have any questions about this project.

Information and concerns

If you want further information about the project or if, at any time you are concerned or confused about the research project you can call or email Hayley Michelson at the above address.

If you have concerns about the way in which the research is being conducted you can contact the following:

UREC (The Ethics Approval Committee of Unitec Institute of Technology New Zealand)

+ 64 9 815-4321 ext 7248 or by email ethics@unitec.ac.nz

Confidentiality

Confidentiality and your anonymity will be protected in the following ways:

Anonymity – participants will not be identified in any way connected to this research. Their names will be collected, however they will only be known to the researcher. All details will be stored either in a locked filing cabinet or password protected files; only the researcher will have access.

Data Storage – Data will be securely stored both electronically and on paper as described above. Names of participants will be separated from this data to maintain anonymity. All data will be destroyed after a period of five years in an appropriate manner, in accordance with Unitec New Zealand policy.

A copy of the final report will be available at the Unitec New Zealand library. All participants are welcome to view this. Summaries and recommendations may be published in research journals.

Finally, we would like to thank you for your valuable contribution to this research.

UREC REGISTRATION NUMBER: (2007.785)

This study has been approved by the Unitec Research Ethics Committee from 28 March 2007 to 31 December 2009. If you have any complaints or reservations about the ethical conduct of this research, you may contact the Committee through the UREC Secretary (Tel: + 64 9 815-4321 ext 7248 or by email ethics@unitec.ac.nz). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

Appendix C – Student information sheet



Perspectives on Quality Assurance Methods – A Comparison of Osteopathic Programmes in Two Countries: A Pilot Study

Information Sheet (Student)

About this research

You are invited to take part in a research project that is investigating teachers and students in osteopathic programmes, conducted by Hayley Michelson (BAppSci (Human Biology)) currently completing the Masters of Osteopathy at Unitec New Zealand.

This study investigates whether teacher and student perspectives of quality assurance methods in their osteopathic programmes are comparable within the programme and between different osteopathic programmes. It aims to begin the development of a framework within which the osteopathic programmes around the world may be compared and contrasted.

If you choose to participate you'll need to undertake the following:

1. Meet with the researcher to receive information and sign the consent form.
2. Attend 1 focus group.

Each focus group involves:

1. 8-12 students
2. A series of explanations and questions regarding the student perspective of quality assurance methods.
3. An audio recording of the focus group proceedings will be taken. No names or personal information will be recorded thus ensuring anonymity of the participants.

The Researcher

The primary researcher is *Hayley Michelson*

This project is being supervised by *Clive Standen and Dr Karen Dobric (EdD, NZARRC)*.

You have the right to not participate, or withdraw from this research project at any time until the beginning of data analysis. This can be done by phoning us or by telling us when we contact you that you do not want to participate.

Getting help

Please contact either Clive Standen or myself if you should have any questions about this project.

Information and concerns

If you want further information about the project or if, at any time you are concerned or confused about the research project you can call or email Hayley Michelson at the above address.

If you have concerns about the way in which the research is being conducted you can contact the following:

UREC (The Ethics Approval Committee of Unitec Institute of Technology New Zealand)
+ 64 9 815-4321 ext 7248 or by email ethics@unitec.ac.nz

Confidentiality

Confidentiality and your anonymity will be protected in the following ways:

Anonymity – participants will not be identified in any way connected to this research. Their names will be collected, however they will only be known to the researcher. All details will be stored either in a locked filing cabinet or password protected files; only the researcher will have access.

Data Storage – Data will be securely stored both electronically and on paper as described above. Names of participants will be separated from this data to maintain anonymity. All data will be destroyed after a period of five years in an appropriate manner, in accordance with Unitec New Zealand policy.

A copy of the final report will be available at the Unitec New Zealand library. All participants are welcome to view this. Summaries and recommendations may be published in research journals.

Finally, we would like to thank you for your valuable contribution to this research.

UREC REGISTRATION NUMBER: (2007.785)

This study has been approved by the Unitec Research Ethics Committee from 28 March 2007 to 31 December 2009. If you have any complaints or reservations about the ethical conduct of this research, you may contact the Committee through the UREC Secretary (Tel: + 64 9 815-4321 ext 7248 or by email ethics@unitec.ac.nz). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

Appendix D – Consent form



Perspectives on Quality Assurance Methods – A Comparison of Osteopathic Programmes in Two Countries: A Pilot Study

Consent Form

This research project investigates teacher and student perspectives of the quality assurance methods in osteopathic programmes and the comparability of those perspectives. The research is being undertaken by Hayley Michelson from Unitec New Zealand, and will be supervised by Clive Standen and Dr Karen Dobric.

Name of Participant:.....

I have seen the Information Sheet dated.....for people taking part in the study, titled Comparing student and teacher perspectives on quality assurance methods in osteopathic programmes in two countries: a pilot study. I have had the opportunity to read the contents of the information sheet and to discuss the project with the researcher and I am satisfied with the explanations I have been given. I understand that taking part in this project is voluntary (my choice) and that I may withdraw up until the point at which data analysis is started (approximately 10 days after the data collection session) and this will in no way affect my access to the services provided by Unitec New Zealand or any other support service.

I understand that I can withdraw from the study up until the point at which data analysis is started, if for any reason I want to do this.

I understand that my participation in this project is confidential and that no material that could identify me will be used in any reports on this project.

I have had enough time to consider whether I want to take part.

I know whom to contact if I have any questions or concerns about the project.

Hayley Michelson

(ph. +64 9 473 5043 / h.michelson@gmail.com)

Signature..... Participant(date)

Project explained by.....

Signature..... (date)

The participant should retain a copy of this consent form.

UREC REGISTRATION NUMBER: (2007.785.)

This study has been approved by the Unitec Research Ethics Committee from 25 June 2007 to 31 December 2009. If you have any complaints or reservations about the ethical conduct of this research, you may contact the Committee through the UREC Secretary (Tel: + 64 9 815-4321 ext 7248 or by email ethics@unitec.ac.nz). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

Appendix E – Outline of interview schedule

Each interview was individually based upon the QA documentation provided by Key Informants. The outline of the interview schedules is provided here.

Accreditation/regulation agencies

- What role does the external accreditation/regulation play in the QA processes at your school?

QA documentation

- Describe the QA documentation for your school.
- How is the QA documentation used?
- What are the implications of the QA documentation?

Boards and committees

- Describe the boards and committees.
- How are these structured?
- Are they effective?

Faculty

- How is the teaching staff evaluated?
- Do you think these are effective forms of evaluation of the teaching staff?

Role of students

- What roles do the students play quality assurance?
- Do you think there is effective communication with the students?
- How is feedback to students given?
- Considering students are stakeholders in their education, how aware of quality assurance matters do you think they should be?

Quality assurance developments

- How do you feel your school compares to the other school, in regards to quality assurance and the methods used?
- How do you develop your QA methods?
- What are the external influences on your QA methods?
- Is there a correlation between the QA documentation and the reality of quality assurance?

Appendix F – Focus group schedule

- 1) What do you understand of the term quality assurance?

Then give a definition of quality assurance in education.

E.g. Quality assurance is about making sure that whatever service is being provided is of adequate quality, i.e. it meets standards of some sort. For example, the mission statement for the QAA in the UK says: “To safeguard the public interest in sound standards of higher education qualifications and to inform and encourage continuous improvement in the management of the quality of higher education.”

- 2) How therefore do you think your school goes about this process?

E.g. from the student perspectives:

Student evaluations of courses and teaching

SSLC type organisation

Student on committee board

- 3) If no idea what they do...

Do you feel you are getting a quality education? ... Quality defined as:

1. Quality as exceptional (e.g. high standards);
2. Quality as consistency (e.g. zero defects);
3. Quality as fitness for purpose (fitting customer specifications);
4. Quality as value for money (as efficiency and effectiveness); and
5. Quality as transformative (an ongoing process that includes empowerment and enhancement of customer satisfaction).

Have there been any changes/reforms to the course that you know of?

How do you know if your education is quality?

- 4) Who do you think controls the quality of your education as osteopaths? I.e. who regulates it?

Then explain what goes on in that particular school/country

- 5) Do you think it is working?
- 6) As much as you understand of what goes on in other countries, how do you think your course compares?
- 7) How much power do you feel over the fate of your education
- 8) Do you get feedback? Do you want to? What are effective mechanisms to give feedback?
- 9) Do you feel like you have a good chance to become a good osteopath?
- 10) What works well? What could be improved?

Appendix G – Example of thematic analysis: Focus groups

Theme	<i>School A</i>	<i>School B</i>	<i>School C</i>
Student Awareness of QA	<p>P1. [immediate reaction to 1st qu.] "we have no idea."</p> <p>P9. [Students unaware of SGA persona and whether or not he turned up to meetings]</p> <p>P18. [Do you think teachers get reviewed?] "I'm sure they do some way." "I don't know how they get reviewed." "No, they don't do peer reviews."</p> <p>P19. [re peer review] "Some instructors do come in...but we don't really know what they're doing."</p> <p>P19. [re peer review] "Maybe that's the reason they're there, maybe it's not; we don't know why... They just say they're there checking out, seeing what he's doing, if he's doing it well."</p> <p>P19. "They definitely regulate at least what they can do."</p>	<p>Pp1&2. Students identify the following QA methods: questionnaires and feedback, external examiners, external institutions/validation e.g., GOsC and Bedfordshire, and internal committees.</p> <p>P1. "As a general osteopathic [student], then you get very little about the whole quality assurance thing [compared to student reps]"</p> <p>P4. S2K "just a word really."</p> <p>P10. "I don't know what the process is between...discovering a problem...and actually actionable stages."</p> <p>P10. "You don't even know what the procedure is to follow it up, or who's responsible for looking at what or what standards are met."</p> <p>P13. Even year reps aren't totally sure/aware.</p> <p>P16. Students have perceptions/impressions/feelings: "feels like..." "that's what comes across; I have no idea what happens." "That would make sense based on the observable outcomes."</p>	<p>P2. Students identify the following QA methods: student reps, questionnaires, Greenwich & GOsC, and faculty peer review.</p> <p>P2. "I'd actually be really interested in how or who controls or investigates the quality of the school. I've asked myself sometimes!"</p> <p>P2. "I think it all goes on behind doors. I think we as students don't get subjected to their methods at all, unless we're class reps."</p> <p>P2. [Re questionnaires] so we do have the opportunity to contribute.</p> <p>P19. "I think we can't comment on the changes because most of the changes are not done in our year, but rather in the year below us."</p> <p>P20. [Re GOsC role in QA] "not that we're aware of, but I don't know much behind the scenes influence they have or not."</p> <p>P3. Student rep: "There's different types of meetings aren't there?... I'm told...!" -even student reps aren't aware.</p> <p>P5. Students are aware of QA through the results that impact on them: e.g., case of handouts being copy-right checked.</p> <p>P8. Students don't utilise QA material given them. "So it does depend on people and if they actually read the handbook"</p>
1. How aware of QA and its methods should students be?	<p>P19. "Well it really doesn't make any difference if we know or not [about lecturers being peer reviewed]</p> <p>P30. "I'd be very curious to know how we compare with other schools in America and Britain."</p> <p>P32. [what would students like to see improved?] "transparency"</p> <p>P10. "Everybody complained about the same thing, saying they felt like they couldn't control anything that's going on in the school and that's when they stepped up on that."</p>	<p>P10. "You don't even know what the procedure is to follow it up, or who's responsible for looking at what or what standards are met."</p> <p>P13. Would like "more transparency of their policies, how decisions are reached... For exams you get that, so why not for the quality assurance of the teaching itself...because ultimately the students are the ones paying for the education and for the school"</p> <p>P14. "I don't want to be bombarded with information... I think it's important that we have the option to get it if we want to, but I'm not fussed basically."</p> <p>P14. Students discuss whether it is an information issue or an accessibility issue.</p> <p>P17. student rep: "there's certain types of information that we can't pass on until it's been approved"</p>	<p>P8. Students want to know who does what, but info is already provided them if only they use it.</p> <p>P18. "We're students, we always complain."</p> <p>P19. "I know this is stuff I should know but I don't... I can see that there are things that should be covered and are not" -how much does a student know of what he should be taught before he's taught it?</p> <p>P5. "it goes both ways. I think the student body won't really get involved... If you ask for questions or ideas, you never get any response and you have to chase people, so I think it goes both ways."</p> <p>P25. "I think the whole thing of 'I want feedback' is a bit hypocritical, because they wouldn't care if they got it."</p>