



Policy Advisory Committee
10 October 2017
Quality assurance review

Classification	Public
Purpose	For decision
Issue	Progress update on the quality assurance review.
Recommendation:	To consider proposals for consultation on quality assurance consultation. To agree the next steps for the consultation outlined in paragraph 28.
Financial and resourcing implications	Consultation costs are incorporated into our 2017-18 budget. Analysis will be undertaken in house and in conjunction with the QAA.
Equality and diversity implications	None
Communications implications	The review is being informed by ongoing stakeholder engagement and communications.
Annex	Draft Consultation on changes to the quality assurance of osteopathic education, October 2017 incorporating: Appendix 1 – Draft General Osteopathic Council Quality Assurance Policies and Processes Paper Appendix 2 – Procedure for dealing with concerns about osteopathic education
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Background

1. Our Business Plan 2017-18 states that we will ensure that osteopathic education is of high quality and continues to evolve to reflect changes in education and healthcare. As part of this, we have committed to:
 - Analyse the potential impact of publication of conditions and requirements and removal of RQ dates to support more risk based approach to QA (by May 2017)
 - Publish specific proposals for the QA review (in conjunction with the QA partner) (by September 2017)
 - Complete analysis and publish new Quality Assurance Guidance and begin implementation of process (by March 2018).

2. In March 2017, the Committee agreed the scope and next steps for the Quality Assurance Review. These included the following:
 - The Committee noted the original propositions informing the review in the previous Business Plan namely:
 - The GOsC quality assurance mechanism should contribute to the enhancement of quality in pre-registration providers and should also ensure that standards are met.
 - The quality assurance mechanism should build on the providers own internal quality assurance mechanisms.
 - The quality assurance mechanism should be proportionate.
 - The quality assurance mechanisms should be transparent.

 - It was recognised that as institutional QA systems matured, the GOsC role – which was based more on quality management or even quality control – might move more towards a lighter touch quality assurance.

 - The Committee noted that through a series of reviews from 2012 onwards, the GOsC and the OEIs have worked to improve partnership and dialogue, self assessment and self reflection, and a right touch approach. This focus on quality improvement and continual enhancement of our policies and procedures resulted in a range of changes to our quality assurance including a much greater focus on delivery of the *Osteopathic Practice Standards (OPS)* and the identification and management and monitoring of issues impacting on the standards, rather than on the necessity to report change for the sake of it or to seek the Committees approval for changes to, for example curricula or assessment. An example of the impact of this is that whereas previously, OEIs would report changes to management structure, curricula and assessment and would require 'agreement' of the Committee to proceed with the change. Now OEIs would report the changes, their assessment of risk to the delivery of the OPS and the underlying evidence, their mitigating factors and their next steps. In this way, we have required the OEIs to show how their own quality management systems are ensuring the delivery of the OPS, rather than seeking to necessarily make that judgement in Committee. This gives the Committee a much greater

indication of both what is actually happening in the OEIs and the capacity of the institution to manage it. This same approach has also been applied to the revised Annual Report which focusses much more clearly now on the rationale for requesting information again requiring a focus on the outcome of the reporting (delivery of the OPS) rather than the process of reporting a change without an explicit reporting requirement in relation to impact.

- Enhanced and focussed Visitor Training embedding the delivery of the OPS and moving away from more subjective judgements.
 - Additional support is now given to new osteopathic educational institutions working much more collaboratively to support the development of standards rather than the more adversarial process that was previously in place.
 - The course closure process has been improved focussing much more explicitly on the impact of changes to delivery of students meeting the OPS.
 - Communication and dialogue with the OEIs is also an important component of the quality assurance and quality management processes. Committee papers and follow ups are shared with the OEIs in advance of the meetings and so important principles of transparency and integrity are now in place.
 - The Committee has also noted the changing context. At the time the quality assurance review began, we developed some wide ranging potential proposals which would require legislative change. However, at the current time, that legislative change looks less likely to take place. Further, change in the higher education environment is considerable. For example, the Office for Students has just been established and the precise nature of that body and the quality assessment undertaken, probably by a different body are still being developed.
 - The Committee considered information from the other regulators, the institutions, feedback from the Education Visitors and noted that there was considerable support for the current method if more flexibility could be built in.
3. It was within this new context that the Committee considered the scope of the current QA review.

Scope of the Current QA Review

23. The Committee agreed to:

- a. Retain our current quality assurance method, comprising: Visits, annual reporting and data and information which could impact on the delivery of the OPS.

- b. Continue to introduce flexibility and proportionality into that method to include: review of removal of expiry dates from RQs (allowing more flexibility in terms of scheduling Visit dates) but also requiring more transparency in terms of publishing conditions or requirements and perhaps also areas of good practice and the methods of sustaining these, exploring a closer relationship between the annual reporting process and the five yearly visit (also exploring the length of time of visits to deliver outcomes specified in RQ visits).
- c. Consider integrating discrete aspects of the process into the Quality Assurance method, for example, by streamlining the concerns and unsolicited information policies in a more integrated way as part of our quality assurance method.
- d. Explore ways of identifying, sustaining and sharing good practice in a more effective way, for example, through Thematic Review.

Next steps

24. The Committee agreed the next steps as follows:

- Analyse potential impact of the Thematic Review on Boundaries and feed this into the Quality Assurance Review – May 2017.
- Analyse potential impact of publication of conditions and requirements and removal of RQ expiry dates to support more risk based approach to quality assurance – May 2017.
- Update QA Handbook to include updated quality assurance method taking into account proposals re removal of expiry date of RQs, place of thematic review, inclusion of policies around management of concerns and unsolicited information, inclusion of adaptations to better integrate the analysis of information from Annual Reports, other sources and the RQ Visits – September 2017.
- Consult on updated guidelines – December 2017.
- Complete analysis and publish new Quality Assurance Guidance and begin implementation of the process (alongside the roll out of the new *Osteopathic Practice Standards* is planned for publication at the same time).

Discussion

25. This paper provides an update on the progress of the quality assurance review.

26. The Executive and the QAA have been working together to review the feedback on our existing process from the Visitors, the OEIs and the review coordinators, the policy discussions within the PAC and with the OEIs about removal of RQ

expiry dates and also the publication of conditions and other requirements. We have also reflected on how the different components of our quality assurance process fit together contributing as a whole to the integrity of the quality assurance process.

27. We have identified the need for the following documents:

- General Osteopathic Council Quality Assurance Policies and Processes Paper – which describes the ‘why we quality assure and what we do’ which contains all the elements of our quality assurance process (the five yearly visit, the initial recognition of courses, the monitoring of courses, annual reports, information and concerns which could impact on the delivery of the quality assurance process, good practice and our approach to the identification and mechanisms to sustain such good practice, the importance of dialogue to discuss matters and approaches as they arise). Whilst some of this information is in our QAA Handbook, the Handbook focusses more on the five yearly process and contains a lot of detail about the ‘what we do’ but also the instruction book of how to do it. Whereas this is just one element of the quality assurance policy and processes which are not so well documented. The current draft of this document is at Appendix 1 to the Annex.
- Consultation document (see the Annex) which includes consideration of policy issues such as:
 - Removal of RQ expiry date s(whilst still retaining a model of a five yearly visit without requiring it as now)
 - Clearer understanding of what quality assurance matters should be in the public domain by identification of a range of options to enhance transparency and accountability in a fair way
 - Consultation on the management of concerns that may impact on the Osteopathic Practice Standards. We have a draft policy, but this needs to be consulted on before we can finalise this.
 - Quality enhancement – What are the most effective mechanisms to support identification, sharing and sustaining of good practice in quality assurance.
- Finally, we are in the process of updating the current Handbooks to include information not just about how to undertake a five yearly RQ visit, but also how to report concerns, how to complete an annual report so that the same level of detail is in place for all our activities – thus providing more support to osteopathic educational institutions and others involved in the quality assurance process but also more transparency about how we assure quality for our stakeholders. This work is being undertaken alongside the consultation.

25. These documents are presented as early drafts for consideration by the Committee. The Committee has considered early drafts of some aspects, but they are now presented as a package for consideration.
26. It is intended that these documents and our approach will be tested with the OEIs at a workshop on 9 October and we will be able to update the Committee about this at the meeting on 10 October. It is intended that the workshop will focus particularly on options about information in the public domain and will develop further options for this part of the consultation paper.
27. We intend to take these documents forward to consultation, subject to the agreement of Council in late 2017/early 2018 with a view to bringing back the final proposals to the PAC early in 2018.
28. The reason for the swift timetable – particularly with reference to the removal of expiry dates from RQs is because DH legal time is going to be severely curtailed by Brexit from April 2018 onwards. This poses potential problems for seeking Privy Council approval of ‘recognised qualifications’. We are therefore exploring options of removing all expiry dates from RQs possibly in partnership with the General Chiropractic Council who are also pursuing this policy option during 2018.
29. Clearly, such a policy decision is subject to consultation with all stakeholders. However, we note that the pre-consultation engagement to date has been very supportive of our approach, recognising that should standards not be delivered that the route to removal of the RQ remains as now.
30. The PAC is therefore invited to consider and comment on these early draft documents and to agree the timeline for the consultation.

Recommendations:

1. To consider the draft QA consultation documents.
2. To agree the draft timeline for the review outlined in paragraph 28.

Consultation on changes to the quality assurance of osteopathic education, October 2017

Introduction

1. The General Osteopathic Council, The General Osteopathic Council (GOsC) has a statutory duty to 'develop and regulate the profession of osteopathy' (see section 1(2) of the Osteopaths Act 1993.)
2. 'The over-arching objective of the General Council in exercising its functions is the protection of the public.' (see section 1(3A) of the Osteopaths Act 1993.)
3. 'The pursuit by the General Council of its over-arching objective involves the pursuit of the following objectives—
 - (a) to protect, promote and maintain the health, safety and wellbeing of the public;
 - (b) to promote and maintain public confidence in the profession of osteopathy; and
 - (c) to promote and maintain proper professional standards and conduct for members of that profession.' (see section 1(3B) of the Osteopaths Act 1993.)
4. The GOsC undertakes a range of functions in order to exercise its statutory duties as outlined above by:
 - Keeping the [Registers](#) of all those permitted to practise osteopathy in the UK.
 - Setting, maintaining and developing [standards](#) of practice and conduct.
 - Assuring the quality of undergraduate and pre-registration education (Quality Assurance)
 - Assuring that all registrants keep up to date and undertake [continuing professional development](#).
 - We help patients with any [concerns or complaints](#) about registrants and have the power to remove from the Register any registrants who are unfit to practise.
5. The GOsC quality assurance of pre-registration education processes aim to:
 - Put patient safety and public protection at the heart of all activities
 - Ensure that graduates meet the standards outlined in the *Osteopathic Practice Standards* by meeting the reference points outlined in the [Guidance for Osteopathic Pre-registration Education](#) (2015) and the [Subject Benchmark Statement: Osteopathy](#) (2015)
 - Support self-sustaining quality management and governance in ensuring quality
 - Identify and sustain good practice and innovation to improve the student and patient experience

- Identify concerns at an early stage and help to resolve them effectively without compromising patient safety or having a detrimental effect on student education
 - Facilitate effective, constructive feedback
 - Identify areas for development or any specific conditions to be imposed upon the course providers to ensure standards continue to be met
 - Promote equality and diversity in osteopathic education.
6. The General Osteopathic Council's quality assurance framework involves a number of different components which fit together to provide assurance about 'recognised qualifications' being awarded only to students who meet the Osteopathic Practice Standards. This overarching framework is outlined in the Quality Assurance Policies and Procedures document outlined at Appendix 1 to this document.
 7. This document sets out proposals of the General Osteopathic Council (GOsC) and the Quality Assurance Agency for Higher Education (QAA) for a number of policy changes in relation to the quality assurance of osteopathic education. The proposed changes are the removal of RQ expiry dates, the publication of conditions to enhance transparency and accountability, and the adoption of a formal procedure to deal with concerns about osteopathic education. The document also explores ways in which good practice can be identified, shared and sustained to enhance the quality of pre-registration education.
 8. These changes will be incorporated and published within a new quality assurance operational guidance document or Handbook drawing together the different elements of quality assurance used to monitor the quality and standards of osteopathic education.

Purpose of consultation document

9. This document is aimed for consultation with osteopathic education institutions, and other interested parties, in order to explore the impact of the proposals and to inform a more formal version of the document for public consultation in December 2017. Feedback from this first stage of consultation will help to inform the development of a quality assurance guidance document that takes account of all the elements of the approach taken by the GOsC to monitoring osteopathic education provision.

GOsC review

10. Under the *Osteopaths Act 1993*, the GOsC is the statutory regulatory body for recognising qualifications which entitle graduates from those courses to register with the GOsC and practise osteopathy legally in the UK. The RQ is subject to approval from the Privy Council.

11. The GOsC ensures that osteopathic 'recognised qualifications' deliver graduates meeting the GOsC *Osteopathic Practice Standards* and requirements for standards and quality, as well as governance and management of the course provider. Those that do are recognised and awarded Recognised Qualification (RQ) status. This allows decisions concerning the granting, maintenance and renewal of RQ status are made following reviews of osteopathic courses and course providers. These reviews are conducted by QAA under contract from the GOsC. The review method is known as GOsC review.
12. The current GOsC review method was introduced in 2005. In 2011, a number of important changes in GOsC review were introduced. These were the discontinuation of annual monitoring visits, the publication of GOsC review reports on the GOsC website, a formal process for confirming fulfilment of conditions of GOsC review, a formal process for conducting unscheduled monitoring reviews, and a mechanism to consider 'unsolicited information' as part of the review process. These changes were captured within separate handbooks for course providers and visitors available at: <http://www.qaa.ac.uk/reviews-and-reports/how-we-review-higher-education/general-osteopathic-council-review>

The Quality Assurance Review

13. The GOsC has initiated a series of reviews of GOsC educational quality assurance as part of a major review of the QA process. The principles of the review are:
 - a. The GOsC quality assurance mechanism should contribute to the enhancement of quality in pre-registration providers and should also ensure that standards are met
 - b. The quality assurance mechanism should build on the providers own internal quality assurance mechanisms
 - c. the quality assurance mechanism should be proportionate
 - d. The quality assurance mechanisms should be transparent.
14. The GOsC recognises that institutional quality assurance systems have matured and the approach should move to improve partnership working and dialogue, self-assessment and self-reflection, and a more proportionate approach to quality assurance.
15. The outcome of the review has been to agree to:
 - a. Retain the current quality assurance method comprising visits annual reporting and collection of data and information which could impact on the delivery of the *Osteopathic Practice Standards*.

- b. Propose the removal of expiry dates from RQs, allowing greater flexibility in term of scheduling visit dates
- c. Improve transparency in publishing conditions, exploring a closer relationship between the annual report process and the five-yearly visit
- d. To explore ways of promoting quality enhancement and support changes in education and healthcare through identifying, sustaining and sharing good practice as part of quality assurance approach
- e. To integrate all the quality assurance processes and procedures within one guidance document to provide greater clarity on how different components fit together and provide coherence

The proposed changes to GOsC review in detail

Removal of expiry dates for RQs

16. The current GOsC approach to quality assurance is to recognise qualifications, sometimes subject to conditions, for a period of up to five years (or three years for a new qualification or for a qualification where there are sufficient concerns in terms of the management of risks to merit an earlier renewal visit). The expiry date is listed on the Privy Council approval order which approves the decision of Council on the advice of the statutory Education Committee. An expiry date on the RQ means that a renewal of that 'Recognised Qualification' (RQ) must be approved by the expiry date in order to ensure that students can continue to graduate with an RQ and be eligible to apply for registration with the GOsC.
17. Due to the length of time taken for an RQ approval process to successfully navigate the full governance process, the timing of the review visit is both restricted and takes place a considerable time before the expiry of the RQ status (typically twelve months before the expiry date). It presents challenges when trying to consider factors that may contribute to the review process and assurance in the delivery of the *Osteopathic Practice Standards*. These factors may include alignment to validation events, the opening or closing of particular clinic provision, major changes in the course, and the scheduling of suitable teaching and learning observations within the academic year. Thus, the timing of the review visit may place an unhelpful burden on the provider, may limit the quality of the information available for the review and miss opportunities for more appropriate opportunities to schedule visits. The length of time to renew or remove RQ could be seen to put patient safety at risk and to provide a degree of uncertainty for students about whether the RQ will still be in place on their graduation.
18. While the provision to recognise qualifications for a specified time and to specify conditions is contained within Osteopaths Act 1993, analysis of the legislative framework suggests that it is possible to award RQs for an indefinite period as

well as not necessarily attaching conditions. Existing legislation is in place that would allow the GOsC to go through the process of removing RQ status should standards not be met.

19. Conditions can be attached to RQs following initial or renewal visits if Visitors identify 'a small number of significant problems which ... will be resolved effectively and in an appropriate time by the application of conditions.' Currently, all conditions must be approved by the Privy Council. In practice, conditions must be evidenced by action plans at an appropriate time during the quality assurance cycle. With the removal of expiry dates from RQs, the award of RQ status would be for indefinite period without the need for conditions to be specified. How the GOsC manages and publishes conditions and indeed other matters affecting quality identified through the other quality assurance mechanisms in the QA Policies and Processes document at Appendix 1 to this document, is discussed below as a separate topic within this consultation.
20. In summary, the proposal is to remove expiry dates on RQs and award RQs for an indefinite period without the need for conditions to be specified as part of the approval process. A regular cycle of external review would be maintained modelled on existing arrangements which would allow greater flexibility in the exact timing of the review. In this way RQ visits could be scheduled at more convenient times to both the institutions and to the GOsC.
21. In terms of implementation, there are a number of possible options for introducing RQs without expiry dates. For example, implementation could follow a rolling cycle of removal when each RQ is renewed. This process would therefore take up to five years. Alternatively, there could be a single application to amend all RQs at once, or a middle ground where institutions could apply once pre-existing conditions have been signed off.

Summary

- GOsC accredits 'Recognised Qualifications' for three to five years.
- The fixed period of RQ accreditation can lead to difficulties and restrictions when reviewing RQ programmes.
- We are proposing that fixed accreditation periods be removed, and replaced with an indefinite award, subject to a regular cycle or quality assurance review.

Consultation questions

Do you agree with the proposal to remove RQ expiry dates and to award RQs for an indefinite period which are not subject to specific conditions?

What is the most appropriate way forward to introduce to the removal of expiry dates from RQs?

Publication of conditions

22. At the moment, there are two types of conditions that can be attached to courses with RQ status. There are specific conditions which can be attached to RQs relating to specific issues in that provision, and general conditions that may arise from major changes to RQ provision and these must be reported to the statutory Education Committee. A major change is any change or any proposed change likely to influence the quality of the course leading to the qualification and its delivery. Examples of general conditions are changes in assessment, substantial changes in finance and substantial changes in clinic provision. Further information about these conditions is attached in the Quality Assurance Policies and Processes document attached at Appendix 1 to this document.
23. Specific conditions are published within review reports and an action plan addressing how conditions are to be addressed by the education provider. Progress implementing the action plan is then monitored by the statutory Education Committee. Depending on the nature of the condition, the condition may be completed within a specific time or may be on-going during the RQ period. At the moment, a brief note about whether conditions are ongoing or are fulfilled is published on the GOsC website. Conditions appear to apply for the whole RQ period regardless of their status as part of the Privy Council approval. The separation of 'conditions' identified through the RQ Visit process from RQ status offers the opportunity to provide a more up to date status on conditions and improve transparency of the monitoring process as well as providing more accurate information for the public.
24. Other regular forms of quality assurance monitoring are undertaken by the GOsC which may also identify 'issues' that may need to be managed and monitored. They may arise from the analysis of annual reports and monitoring reviews which are visits that take place between five-yearly visits where there are specific triggers for doing so or even from concerns reported by stakeholders about osteopathic education. Further detail about these mechanisms is outlined in the QA Policies and Processes document at Appendix 1 to this document. These matters may generate what are currently known as 'monitoring conditions' (if attached to a Monitoring Report), 'requirements' (if attached to an Annual Report) or recommendations. These requirements also contribute to the quality assurance of courses in the same way as conditions from review visits but are not recorded as part of the RQ approval order and are not currently published in the public domain. There is often little substantial difference between these types of requirements and the conditions attached to an RQ.
25. The current structure highlights that there is currently a distinction between information in the public domain and information that is not made public. There are also requirements made of osteopathic education providers through monitoring procedures that take a number of forms but are essentially the same as specific conditions attached to RQs. All this information contributes to the quality picture of the institution and RQ status. It is also unclear how these

different components inform each other and how they contribute to the five-yearly review.

26. Other regulatory bodies have different approaches to updating and making this type of information public. In some cases, amendments are made to the published report to signal the completion of conditions with a note on the process, or through updates and signoff of published action plans from reviews. Another approach is to publish an ongoing action plan that records actions from all the various quality assurance processes and progress on their completion. These can be updated on a regular basis including the removal of completed actions after a suitable time interval.

Summary

- Currently the GOsC only publishes conditions arising from five yearly visits.
- There are a range of other matters which are also followed up from annual reports, monitoring reviews and other quality assurance mechanisms which are not in the published domain.
- There are arguments for and against keeping historical information in the public domain.
- There are arguments for and against keeping particular types of current information in the public domain.

Consultation questions

Do you agree that it would be appropriate to treat all types of conditions, requirements and recommendations as having the same status and using the same term?

Do you agree in principle that there should be greater transparency in terms of publishing these conditions?

Are there any types of conditions/information would not be appropriate to put in the public domain?

What would be the most appropriate mechanism for publishing conditions and updating their status in order to provide accurate and timely information?

If expiry dates and conditions were removed, what are important matters to consider in terms of its implementation?

Do you have any further suggestions?

Procedures for dealing with concerns about osteopathic education

27. Concerns about the delivery of osteopathic education are part of the GOsC's responsibilities for ensuring RQ courses produce graduates who are able to meet the *Osteopathic Practice Standards*. The GOsC is introducing a procedure which formalises how the GOsC consider concerns raised about osteopathic education and provides clearer information and greater transparency about how concerns are dealt with. The procedure explains the types of concern that fall within its scope, the stages involved in the process and the possible outcomes at each stage. The draft procedure is appended to this document (see Appendix B). The procedure once finalised will be incorporated within a new quality assurance guidance document or handbook.
28. The GOsC procedure will consider information about concerns relating to osteopathic education from students, staff, patients or carers, or any other interested party which relate to the delivery of the *Osteopathic Practice Standards*. The GOsC can consider information if it is evidence of serious systemic or procedural concerns, or has a broader impact of failings of the management of academic quality or standards which impact on the delivery of the *Osteopathic Practice Standards* (some concerns about academic standards and quality may be more relevant to other higher education bodies and further details have been included within the draft procedures to help guide readers).
29. Some HE bodies who have concerns procedures publish the outcomes of a concern where it is considered relevant and has been investigated. For instance, a short report may be published containing recommendations and an action plan which is monitored until the issue(s) have been resolved. Where a concern is relevant to the *Osteopathic Practice Standards* and ongoing, it may be in the public interest to publish information to demonstrate that is being effectively managed by both the GOsC and the education provider. It may be appropriate to attach conditions to help manage and monitor the resolution of issues.

Consultation questions

Is the draft procedure for dealing with concerns about osteopathic education clear and accessible?

Do you have any suggestions about how the process might be more fair, effective or comprehensive?

Would it be appropriate to publish information about concerns if findings were upheld and conditions were imposed? If so, what form would this take? For instance, could this include a condition which could then be incorporated in the publication of other conditions attached to the provider?

Please give any other comments?

Quality enhancement

30. The Quality Assurance Review was based on the principles that quality assurance should ensure that standards are met as well as supporting providers to evolve and respond to changes in pre-registration education and healthcare in the continued pursuit of high quality and standards.
31. Good practice and strengths are routinely identified as part of GOsC review and included in published report. Providers are also invited to report enhancements and good practice as part of the annual reporting process and these are shared as part of GOsC's engagement with osteopathic education institutions. Recently, the GOsC has introduced thematic reviews to support good practice and enhancement of practice. The first review on analysis of boundaries education and training was completed in 2017. Thematic reviews support the enhancement of standards by seeking information about a particular area and providing detailed feedback across the sector. The aim is not to focus on minimum standards, but to provide an analysis by an independent expert and to describe what 'good' looks like through a collective report, rather than through individual feedback to each osteopathic educational institution.
32. Research into effective quality assurance has shown that the inclusion of an enhancement-led approach contributes to effective quality assurance. Publication of good practice within action plans helps providers to sustain and enhance their practice, while recognising and sharing good practice can help to achieve greater consistency between providers. While a compliance model focuses on standards provides public confidence that graduates meet professional standards, supporting good practice provides a more positive experience and engagement by staff and institutions, as well as demonstrating to the public that an institution meets more than the minimum quality and standard.
33. Good practice identified through five-year reviews and annual reporting could be published alongside conditions to provide a richer picture of quality of an education provider and could be incorporated as part of an institution's action plan.

Consultation questions

What are the best mechanisms for identifying, sharing and sustaining good practice?

How can quality assurance review help to sustain good practice?

Do you think it would be appropriate to publish good practice alongside conditions?

Appendix 1

General Osteopathic Council Quality Assurance Policies and Processes Paper

Introduction

1. The General Osteopathic Council (GOsC) has a statutory duty to 'develop and regulate the profession of osteopathy' (see section 1(2) of the Osteopaths Act 1993.)
2. 'The over-arching objective of the General Council in exercising its functions is the protection of the public.' (see section 1(3A) of the Osteopaths Act 1993.)
3. 'The pursuit by the General Council of its over-arching objective involves the pursuit of the following objectives—
 - a. to protect, promote and maintain the health, safety and wellbeing of the public;
 - b. to promote and maintain public confidence in the profession of osteopathy; and
 - c. to promote and maintain proper professional standards and conduct for members of that profession.' (see section 1(3B) of the Osteopaths Act 1993.)
4. The GOsC undertakes a range of functions in order to exercise its statutory duties as outlined above by:
 - Keeping the [Registers](#) of all those permitted to practise osteopathy in the UK.
 - Setting, maintaining and developing [standards](#) of practice and conduct.
 - Assuring the quality of undergraduate and pre-registration education (Quality Assurance)
 - Assuring that all registrants keep up to date and undertake [continuing professional development](#).
 - We help patients with any [concerns or complaints](#) about registrants and have the power to remove from the Register any registrants who are unfit to practise.
5. This paper aims to describe the ways in which standards for entry to the register of osteopaths are maintained through the General Osteopathic Council's (GOsC) quality assurance (QA) processes for UK recognised qualifications (RQs). These processes ensure that UK osteopathic RQs are only awarded to graduates meeting the *Osteopathic Practice Standards (OPS)*. (Please note that different processes are in place to ensure that internationally qualified graduates meet the *OPS*. These processes are outlined on our [website](#).)

Background

6. UK graduates are entitled to apply for registration with the GOsC and practise in the UK as osteopaths if they have a 'recognised qualification'.
7. The GOsC has a statutory duty to set and monitor the standards for pre-registration osteopathic education and a duty of 'promoting high standards of education and training in osteopathy.' It has statutory powers to visit institutions (see sections 12 and 14 to 16 of the Osteopaths Act 1993 and also has wide powers to require information from osteopathic educational institutions to ensure standards. (See section 18 of the Osteopaths Act 1993).

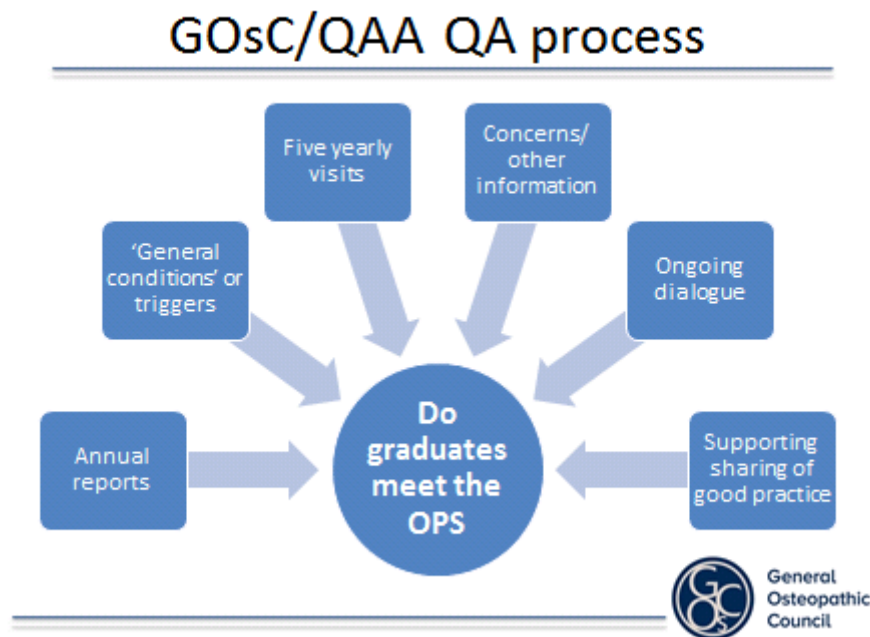
Aims and purpose of the GOsC quality assurance process

8. In order to meet both our overarching and specific statutory duties as outlined above, the GOsC quality assurance processes aim to:
 - put patient safety and public protection at the heart of all activities
 - ensure that graduates meet the standards outlined in the *Osteopathic Practice Standards* by meeting the reference points outlined in the [Guidance for Osteopathic Pre-registration Education](#) (2015) and the [Subject Benchmark Statement: Osteopathy](#) (2015)
 - support self-sustaining quality management and governance in ensuring quality
 - identify and sustain good practice and innovation to improve the student and patient experience
 - identify concerns at an early stage and help to resolve them effectively without compromising patient safety or having a detrimental effect on student education
 - facilitate effective, constructive feedback
 - identify areas for development or any specific conditions to be imposed upon the course providers to ensure standards continue to be met
 - promote equality and diversity in osteopathic education.
9. The General Osteopathic Council operates a range of policies and processes to ensure that only graduates meeting the OPS are awarded an RQ and to meet the wider supporting aims of the quality assurance process.
10. These processes are outlined in Figure 1 below.

Annual Report Analysis

11. The purpose of Annual Reports is to confirm the maintenance of the *Osteopathic Practice Standards* (OPS), patient safety and public protection in pre-registration education and/or to identify and report on the management and monitoring of issues for action. Osteopathic educational institutions (OEs) are requested to take a self-evaluative approach to reporting in order to demonstrate their management of risk and enhancement of practice.

Figure 1 – GOsC Quality Assurance policies and processes to ensure that only graduates meeting the OPS are awarded an RQ



12. The primary reference point for the content and evaluation of RQ Annual Reports is the OPS, along with the QAA's [Quality Code](#), Guidance for Pre-registration Osteopathic Education (2015) and the Subject Benchmark Statement: Osteopathy (2015) are also used to inform the evaluation of effective management and delivery – in themselves essential to deliver the OPS.
13. The RQ Annual Reports provide both self-reported and third party data and information from the OEI (including data about student and patient numbers the analysis of feedback from patients, staff and students, external examiners and the institution's own annual monitoring report and action plan). It includes an update on specific and general conditions from the institution (for example changes in management and governance, student numbers, patient numbers), Information is also requested about the management of complaints and appeals
14. RQ annual reporting is not undertaken in isolation, but is part of the wider picture of quality assurance and enhancement. Wherever possible, the RQ Annual Report process seeks to use relevant evidence (that is, related to the purpose of this reporting outlined at paragraph 1) from OEIs' existing arrangements rather than ask for bespoke information.
15. The information provided is analysed by the QAA and the GOsC. If this analysis raises any questions and/or suggests any concerns about the course and/or the provider, we may follow this up directly. The information provided may also help us to identify and address issues of general concern or interest to the osteopathic education sector.

16. Information is also requested about good practice. Information about good practice is shared with other OEIs with the aim of enhancing the provision of osteopathic education. It also informs joint-working between OEIs and the GOsC including good practice seminars. All examples provided are attributed to institutions.

Five yearly visits

17. The purpose of five yearly visits is to ensure that students meet the OPS and to ensure that providers of osteopathic education deliver graduates meeting the OPS. It is also about ensuring the wider aims of the quality assurance process consistent with the wider quality assurance process. The visit process is undertaken by expert trained Visitors (both osteopathic and lay) and provides the opportunity for onsite evaluation and triangulation of evidence to inform findings. The visit is managed by QAA and is carried out through triangulation of live information by speaking with staff, students, patient information and assessment of documented information.
18. All visits commence with the agreement of a specification from the Education Committee which sets out any particular areas of interest that the Committee would like to follow up in relation to delivery of the *Osteopathic Practice Standards* or associated matters.
19. The review explores eight areas through self evaluation and the QA visit undertaken by trained Visitors as follows:
 - Course aims and outcomes (map to OPS and including student's fitness to practice)
 - Curricula
 - Assessment
 - Achievement
 - Teaching and learning
 - Student progression
 - Learning resources
 - Governance and management.
20. After the visit a report is produced with the visitor's judgement, with one of the following outcomes:
 - Approval without specific conditions
 - Approval with specific conditions
 - Approval denied
21. The report is published on the GOsC website and updates about the fulfilment of conditions are also published on the GOsC website.
22. The visit method is also used for the following:
 - New RQ visits

- Monitoring Visits – which are undertaken when there are particular concerns that require the triangulation of information that can only be undertaken on a visit.

23. The process followed is as for a five yearly visit, but the RQ specification will be adapted to fit the particular circumstances of the Visit.

General Conditions and triggers:

24. A set of general conditions are currently attached to RQs. In due course, it is expected that OEIs will continue to report against these matters as part of their published reporting process if expiry dates for RQs (and therefore RQ conditions) are removed. Significant changes may impact on delivery of the OPS. Therefore, OEIs are expected to monitor and report on these changes, and assess the risk to delivery of the OPS and report on mitigating actions being undertaken. (Further guidance is provided in the RQ Change Notification Form).

25. Examples of change may include, but are not limited to:

- Substantial changes in finance
- Substantial changes in management
- Changes to the title of the qualification
- Changes to the level of the qualification
- Changes to franchise agreements
- Changes to validation agreements
- Changes to the length of the course and the mode of its delivery
- Substantial changes in clinical provision
- Changes in teaching personnel
- Changes in assessment
- Changes in student entry requirements
- Changes in student numbers (an increase or decline of 20 per cent or more in the number of students admitted to the course relative to the previous academic year should be reported).

Concerns or other information

26. The concerns procedure enables the GOsC to consider information from students, staff, patients or carers or any other interested party which relate to the delivery of the *Osteopathic Practice Standards* which may arise at any time – either during a Visit or at any other time.

27. The concerns procedure allows any person to provide us with information which may be relevant to our statutory duty to ensure that only those graduates who meet the *Osteopathic Practice Standards* are awarded an RQ.

28. The GOsC can consider information if it is evidence of serious systematic or procedural concerns or has a broader impact of failings of the management of academic quality or standards which impact on the delivery of the *Osteopathic Practice Standards*. It is not, however, a mechanism through which we can resolve individual concerns between an individual and an institution.

29. Further information about our concerns procedure is available in the Concerns procedure document.

Supporting sharing of good practice

30. An important aspect of quality assurance is promoting a culture of continual enhancement. The GOsC is committed to promoting and sharing discussion in this area in partnership with the OEIs, for example:

- Annual reports explicitly ask for examples of good practice and share these.
- The thematic reviews identify and share good practice.
- Regular seminars exploring particular matters involving expert speakers have taken place on subjects such as boundaries, sharing examples of good practice within or outside the osteopathic sector, or working together on projects such as boundaries and professionalism which are relevant to the education sector and to practice. Shared through annual reports, annual seminar on good practice.
- However, we are also keen to support the sustaining of good practice and we are consulting further on how we might do this.

On-going dialogue

31. Through a series of reviews from 2012 onwards, the GOsC have worked with OEIs to improve partnership and dialogue, self assessment and self reflection, and a right touch approach.

32. It is important for the GOsC QA approach to maintain ongoing relationships with regular discussion including 1 to 1 and in sector meetings focusing on supporting institutional quality management through facilitating:

- Identifying, managing and monitoring of issues - recognising implementation takes place over time
- Identifying, sustaining and maintaining good practice
- Proportionate, helpful, respectful
- But also avoiding regulatory capture – ensuring independence.

33. Good relationships with osteopathic educational institutions involves issues being shared early and helpful discussions to support effective management and monitoring of issues. It means that the quality assurance process is focussed on the same goal and is not adversarial or assessment driven.

Conclusion

34. This paper has set out the variety of mechanisms used by the GOsC to ensure that RQs deliver the *Osteopathic Practice Standards* and also deliver the aims of the quality assurance process.

35. A separate GOsC/QAA Handbook contains more detail about how each of these processes is undertaken.

Appendix 2

Procedure for dealing with concerns about osteopathic education

Summary

1. This document sets out how the General Osteopathic Council deals with concerns reported to it about osteopathic education.

Introduction

2. This guidance is for institutions, students, staff, patients, osteopaths and others who have a concern about education being delivered in an osteopathic educational institution awarding qualifications in the United Kingdom recognised by the General Osteopathic Council and approved by the Privy Council.

Purpose

3. The purpose of the General Osteopathic Council in relation to quality assurance of undergraduate and pre-registration education is to ensure that 'Recognised Qualifications' deliver graduates meeting the *Osteopathic Practice Standards*.
4. This policy outlines how we manage concerns about osteopathic education.

About the General Osteopathic Council

5. The General Osteopathic Council is established under the Osteopaths Act 1993. Our statutory powers in relation to education are set out in sections 11 to 16 of the Osteopaths Act 1993. We have powers to recognise pre-registration qualifications, subject to the approval of the Privy Council, if the qualification is evidence of meeting our *Osteopathic Practice Standards* (referred to the standard of proficiency in our legislation). We only have powers to withdraw this recognition if there is evidence that the qualification no longer meets the *Osteopathic Practice Standards*.
6. Decisions concerning the granting, maintenance and renewal of RQ status are made by the General Osteopathic Council and approved by the Privy Council following reviews of osteopathic courses and course providers.

What we will consider

7. The GOsC will consider information from students, staff, patients or carers or any other interested party which relate to the delivery of the *Osteopathic Practice Standards*. We can consider information if it is evidence of serious systemic or procedural concerns or has a broader impact of failings of the management of academic quality or standards which impact on the delivery of the *Osteopathic Practice Standards*.

What we will not consider

8. We do not resolve individual complaints against providers. We cannot provide redress or compensation to any individual submitting a complaint to us.
9. Examples of matters which we may not be able to investigate include:
 - Problems that the institution has already resolved
 - Isolated mistakes or incidents of bad practice
 - Individual examination results
 - Matters of academic judgement
 - Grievances against staff
 - Matters considered by a court or tribunal
 - We will not normally look at complaints where the main issues complained about took place more than three years before the complaint is received by us.

The Public Interest Disclosure Act 1998

10. Concerns about academic standards and quality are not regarded as qualifying disclosures under the Public Interest Disclosure Act 1998. Those submitting concerns to us are therefore unlikely to be offered legal protection under the Act. However, there may be other circumstances in which statutory protection may be afforded.
11. It is our policy that the names of people raising concerns should normally be disclosed to institutions.
12. If a person raising concerns has concerns about their identify being disclosed, they should discuss those concerns with the Fiona Browne, Head of Professional Standards, General Osteopathic Council at standards@osteopathy.org.uk to explore alternative options that may be available.

Procedure for considering concerns

Stage 1: Screening

13. The screening process helps us to consider whether information provided constitutes a concern requiring investigation under this policy. Is this a concern that should be investigated?
14. Information submitted will be considered by the General Osteopathic Council Professional Standards Team.
15. If the concern relates to immediate, ongoing patient safety issues, a recommendation will be made to the Chief Executive to take immediate steps to protect patients. This may include:
 - a. Informing the osteopathic educational institution and ensuring that immediate action is taken.

- b. Informing the relevant Department of Health.
 - c. Informing the Police or Social Services.
 - d. Actions taken will normally be reported both to the osteopathic educational institution and the complainant.
16. If the concern does not relate to an immediate patient safety issue, the complaint will be considered further by the Professional Standards Team. The person raising concerns may be asked for further information.
17. The Professional Standards Team will consider the information provided and will seek further information if required.
18. When the team has the information required, the team will determine the following:
- a. Has the complaint been made to the Institution? If not, the person raising concerns will be asked to raise the complaint with the institution to provide the opportunity for a local resolution. If the complaint has been through a local resolution process, the team will consider the information provided.
 - b. Does the complaint relate to delivery of the *Osteopathic Practice Standards* or wider issues affecting delivery of the *Osteopathic Practice Standards*?
19. A recommendation is made to the Chief Executive about whether or not the complaint should be screened in. The Chief Executive will make a decision on the appropriate outcome. The advice of the statutory Education Committee may be sought if appropriate.
20. A screening decision should be made within four weeks of receipt of all the information required for making a decision at stage 1.

Outcomes of stage 1:

Outcome	Action
Concern proceeds for further investigation	Person raising concerns is requested to provide consent to share the concern with the provider. Concern is shared with the provider for a response
Concern is not relevant to the delivery of the <i>Osteopathic Practice Standards</i>	Person raising concerns is advised of decision. Person raising concerns is provided with advice about the GOsC Complaints process. Person raising concerns is provided with advice about other avenues of redress. For example, the Quality Assurance Agency, the Office for the Independent Higher Education Adjudicator or to seek legal advice. Further information about other routes for pursuing concerns is provided at the Annex.

Stage 2: Investigation

21. The applicant is asked for consent to share the complaint with the institution. Anonymous complaints will not be taken forward.
22. The complaint is shared with the institution for a response. The response of the institution should include:
 - The nature of the complaint,
 - The way that the institution investigated and managed the complaint and how the outcome has been monitored,
 - The impact on the delivery of the *Osteopathic Practice Standards* at the time of the complaint and now.
 - Any wider learning for the institution or the sector as a whole.
23. The Professional Standards team will liaise with the osteopathic educational institution until sufficient information is obtained to allow the case to proceed to stage 3: decision.

Outcomes of stage 2

Outcome	Action
Sufficient information is provided to enable a decision to be made at Stage 3.	<p>Person raising concerns is advised of decision that case is ready to proceed to decision.</p> <p>Osteopathic Educational Institution is advised of decision that case is ready to proceed to decision.</p>

Stage 3: Decision

24. The information and the response is considered by the Professional Standards team and a recommendation made to the Chief Executive on outcome.

Outcomes of Stage 3

Outcome	Activity
Concern is not relevant to the delivery of the Osteopathic Practice Standards	<p>Person raising concerns is advised of decision.</p> <p>Person raising concerns is provided with advice about the GOsC Complaints process.</p> <p>Person raising concerns is provided with advice about other avenues of redress. For example, the Quality Assurance Agency, the Office for the Independent Higher Education Adjudicator or legal advice. Further information about other routes for pursuing concerns is provided at the Annex.</p>

<p>Concern is relevant to the <i>Osteopathic Practice Standards</i> – in the past but this has now been resolved.</p>	<p>Person raising concerns is advised of decision. Osteopathic Education Institution is advised of the decision. Information is reported to the statutory Education Committee and issue is managed as part of the Committee’s quality assurance process.</p>
<p>Concern is relevant to the <i>Osteopathic Practice Standards</i> – ongoing.</p>	<p>Person raising concerns is advised of decision. Osteopathic Educational Institution is advised of the decision. Information is reported to the statutory Education Committee along with an action plan from the institution to resolve and monitor the issues and continues to be monitored as part of the Committee’s quality assurance process.</p>

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Appendix 2 – Annex

Alternative routes for redress

Quality Assurance Agency

The Quality Assurance Agency has a concerns process which relates to quality and standards rather than individual complaints.

Further information about this can be found at: <http://www.qaa.ac.uk/concerns> .

The Office of the Independent Adjudicator (OIA)

The OIA is an independent body set up to review student complaints in England and Wales. Further information about the OIA and the complaints that they can manage are available at: <https://www.oiahe.org.uk/making-a-complaint-to-the-oia/can-the-oia-look-at-my-complaint-complaints-wizard.aspx>

Legal advice

In the event that the above options do not provide the redress required, persons raising concerns can contact a solicitor. The Solicitors Regulatory Authority regulates solicitors in England and Wales. Information about finding a solicitor is available at: <http://www.sra.org.uk/consumers/using-solicitor/find-solicitor.page>

GOsC Corporate Complaints procedure

Complaints about decisions made under this policy can be made through our Corporate Complaints procedure which is available at: <http://www.osteopathy.org.uk/news-and-resources/document-library/our-work/making-a-complaint-about-the-gosc/>.