

## **Risk Based Quality Assurance Framework**

### **Risk Mitigation**

<b>Action</b>	<b>Details/Description</b>
Catchups	<ul style="list-style-type: none"><li>• Informal and formal meetings</li><li>• Annual report review/discussion</li><li>• Updates on quality documents and procedures</li><li>• Update/review of risks/concerns previously highlighted</li><li>• Discussion of any potential conditions or requirements going forward</li></ul>
RQ Visits	<ul style="list-style-type: none"><li>• Specification of visit developed: Based on previous visit outcomes, annual report, any other relevant info that may impact standards (shared with providers)</li><li>• Visit specification to be confirmed by PEC at least 24 weeks prior to visit</li><li>• MM contact provider to request three preferred visit dates: range of dates provided by MM to ensure sufficient time for review process</li><li>• The provider identifies point of contact for the review process</li><li>• Team for visit identified by MM: recommendation then made to GOsC</li><li>• Once visitors are approved MM will write to the provider confirming visiting team: Provider confirms no conflict of interest (section 12 of the Osteopaths Act 1993)</li><li>• Observe teaching and training</li><li>• Mapping tool to be completed by the provider</li><li>• Mapping tool reviewed by visitor prior to visit: meeting requested with provider if any further info or clarity required</li><li>• Visitors meet to discuss review of mapping tool: feedback provided to MM. Provider then has two weeks to respond</li><li>• 9 months before expiry date of RQ</li><li>• Clinical inspections</li><li>• No RQ date: A visit will take place between years four and six of the visit cycle, in view of the course framework: Moving away from cycle visits towards quality activity (may include limited observations)</li></ul>

Action	Details/Description
Annual report	<p>Nine themes of SET are reported on:</p> <ul style="list-style-type: none"> <li>• Programme design, delivery and assessment</li> <li>• Programme governance, leadership and management</li> <li>• Learning culture</li> <li>• Quality evaluation, review and assurance</li> <li>• Resources</li> <li>• Students</li> <li>• Clinical experience</li> <li>• Staff support and development</li> <li>• Patients</li> </ul>
Support self-sustaining quality management and governance	<ul style="list-style-type: none"> <li>• Validating quality management plan: Details of process and metrics used to measure quality</li> <li>• Quality control: measuring output (standards – outcomes for graduates &amp; institutions to meet)</li> <li>• Continuous improvement: reflecting on current controls/plans in place and assessing its efficiency and effectiveness</li> <li>• Request to see learning path with evidence of development and progression: Is this being upheld despite changes</li> <li>• Evidence of clinical governance integration</li> <li>• Admission standards review (inclusive EDI, also statement outlining process for reasonable adjustments) – any changes rationale as to why?</li> <li>• Clear strategy for monitoring quality of teaching personnel as a resource and for developing their skills: How is this being managed in the midst of change</li> <li>• Risk management process review: standards embedded in risk management process, review/monitor strength and effectiveness of response implemented</li> </ul>

Action	Details/Description
Identify and sustain good practice and innovation	<ul style="list-style-type: none"> <li>• Process of sharing good practice</li> <li>• Catchups: enables free flow of information into QA process and provides support to institutions</li> <li>• Establish metrics for comparison between institutions</li> <li>• Encourage institutions to highlight what they believe their quality metrics are</li> <li>• Management of changes within institutions</li> </ul>
Identification and management of concerns at an early age	<ul style="list-style-type: none"> <li>• Evaluating culture of institution: Tapping into student voice</li> <li>• Promote an environment whereby students and staff can raise concerns and feedback openly</li> <li>• Ensuring there is a no blame culture</li> <li>• Considerations for non-osteopaths supervising osteopaths (also clinical)</li> <li>• Considerations for osteopaths training in non-osteopathic clinics: Ensuring clinic being used has all facilities required – if not how is this to be managed?</li> <li>• OEI to perform their own risk assessment</li> <li>• Observe teaching and training: Osteopath training/being supervised by another profession</li> </ul>
Facilitate effective and constructive feedback	<ul style="list-style-type: none"> <li>• Ensuring there is an open feedback culture</li> <li>• Promote an environment whereby students and staff can raise concerns and feedback openly</li> <li>• Is the preferred communication method from stakeholders being used: How well coordinated is this method: staff roles and responsibilities agreed</li> <li>• Ensuring there is a no blame culture</li> <li>• Appropriate resources and channels to deal with sensitive feedback issues</li> </ul>
Identify areas for development or any specific conditions to be imposed on course providers	<ul style="list-style-type: none"> <li>• Review of annual report</li> <li>• Have areas for development already been identified? If so, review progress</li> <li>• Use of action plans to set out requirements and monitor progress</li> <li>• Specific conditions to be considered where necessary</li> </ul>
Promote equality and diversity	<ul style="list-style-type: none"> <li>• Anonymous questionnaires to students (collaborate with OEIs)</li> <li>• Ensure policies and procedures are designed to benefit all staff and students</li> <li>• Guidance published around equality, diversity, health and disability</li> </ul>

Action	Details/Description
	<ul style="list-style-type: none"> <li>• Promote an environment whereby students and staff can raise concerns and feedback openly</li> <li>• Promote an environment where things can be challenged</li> <li>• Workshops</li> </ul>
<p>Risk triggers – Events considered as risks requiring identification, management and mandatory ongoing reporting</p>	<p>Mandatory reporting on:</p> <ul style="list-style-type: none"> <li>• Substantial changes in finance</li> <li>• Substantial changes in management</li> <li>• Changes to the title of the qualification</li> <li>• Changes to franchise/ validation agreement</li> <li>• Changes to the length of the course and the mode of its delivery</li> </ul> <p>Economic downturn/Hardship of living:</p> <ul style="list-style-type: none"> <li>• Increase in patient and practitioner/clinic cancellations and no shows</li> <li>• Increase in practitioner complaints</li> <li>• Decrease in clinical resources</li> <li>• Substantial increase in hybrid activity</li> <li>• Reduction in practitioner fees</li> <li>• Substantial changes in strategic positioning (downsizing of clinic)</li> <li>• Regular closure of clinic</li> <li>• University strikes</li> <li>• Seasonal changes: Increased energy consumption in winter periods</li> <li>• Decrease in student attendance</li> <li>• Rise in inflation</li> </ul>
<p>Workshops</p>	<p>Themes include:</p> <ul style="list-style-type: none"> <li>• Boundaries, communication/consent</li> <li>• Consent in the classroom</li> <li>• EDI/Reasonable adjustments</li> <li>• Public/Patient involvement</li> </ul>

Action	Details/Description
	<ul style="list-style-type: none"> <li>• Student voice</li> </ul>
Stakeholder engagement	<ul style="list-style-type: none"> <li>• Staff, Student and patient involvement in change: is this required? If so is evidence of this required</li> <li>• Anonymous questionnaires in order to hear the student voice</li> <li>• Catchups</li> <li>• Creating objectives with stakeholders</li> <li>• Sharing of good practice</li> <li>• Promotion of feedback methods</li> </ul>

## **Risk Management**

<b>Standards for Education &amp; Training</b>	<b>Examples of issues</b>	<b>Issues for consideration in assessing risk response</b>
<b>Changes in programme governance, leadership and management</b>	<ul style="list-style-type: none"> <li>• Changes to validation agreements</li> <li>• Changes to franchise agreements</li> <li>• Substantial changes in management</li> <li>• Substantial changes in finance</li> </ul>	<ul style="list-style-type: none"> <li>• Written report addressing issue highlighted</li> <li>• Risk analysis/mitigation plan</li> <li>• Implementation plan</li> <li>• OEI's reflections on impact of issue on OPS and SET delivery</li> <li>• Action plan/timetable – provision of schedule for activities (appropriate to risk identified)</li> <li>• Business plan</li> <li>• Authenticated financial records</li> <li>• Issues in relation to governance and management of the institution, and the traction between these</li> <li>• Student and patient safeguarding: How has the impact on these stakeholders been considered and managed</li> <li>• Communication plan for impacted stakeholders (students, patients, staff)</li> <li>• Have business segments been analysed (clinic and theoretical teaching impact)</li> </ul>
<b>Programme design and delivery</b>	<ul style="list-style-type: none"> <li>• Changes to the title of the qualification</li> <li>• Changes in assessment delivery</li> <li>• Changes to course length</li> <li>• Changes to mode of delivery</li> <li>• Changes in assessment</li> <li>• Change to qualification level</li> </ul>	<ul style="list-style-type: none"> <li>• Rationale for proposed change: 1. Impact on OPS 2. Overall learning outcomes changed? If so how?</li> <li>• Changes in length, level or credits: Evidence of how graduate outcomes are continuously met</li> <li>• Level of stakeholder engagement (student, staff and external examiner) in these changes and evidence of this to be provided</li> <li>• Implementation plan</li> <li>• Quality control tests: A sample of the output against a specification needs to be provided</li> </ul>

<b>Standards for Education &amp; Training</b>	<b>Examples of issues</b>	<b>Issues for consideration in assessing risk response</b>
		<ul style="list-style-type: none"> <li>• How is the course structure reviewed and maintained to ensure high level delivery and is it accessible/ Process for development and review of curriculum</li> <li>• How is this changed monitored, evaluated and reviewed</li> <li>• Has additional staff training/upskilling been considered and introduced. If not rationale as to why</li> <li>• Marking/feedback method to students</li> <li>• Evidence of cross referencing the GOPRE and FTP standards</li> <li>• Review balance of academic and practice-oriented programme design:</li> <li>• Interim reports - Mandatory reporting on changes occurring during the running of a cohort</li> <li>• How a change has been/is to be communicated to staff, teachers and students</li> <li>• Request to see learning path with evidence of development and progression</li> <li>• Course content request/review</li> <li>• Learning outcomes being related to overall aims of course</li> <li>• Method of upskilling/training teachers to change</li> <li>• Ongoing dialogue between GOsC and education providers: combination of formal and informal meetings where high risk has been determined</li> <li>• An explicit teaching and learning strategy that underpins the student journey</li> <li>• What is the ongoing review process for these policies and processes to ensure standards are maintained</li> <li>• Task management schedule/checklist</li> </ul>

Standards for Education & Training	Examples of issues	Issues for consideration in assessing risk response
<p><b>Resources</b></p>	<ul style="list-style-type: none"> <li>• Changes in IT, library, and other learning resource provision</li> <li>• Changing in teaching resources</li> <li>• Clinical Changes</li> <li>• Change in programmes being delivered</li> </ul>	<ul style="list-style-type: none"> <li>• Rationale for proposed change: 1. Impact on OPS 2. Overall learning outcomes changed? If so, how?</li> <li>• Changes in length, level or credits: Evidence of how graduate outcomes are continuously met</li> <li>• Methods of ensuring OPS and SET standards are continuously met</li> <li>• Level of stakeholder engagement (student, staff and external examiner) in these changes and evidence of this to be provided</li> <li>• Implementation plan</li> <li>• How is this changed monitored, evaluated and reviewed</li> <li>• Has additional staff training/upskilling been considered and introduced. If not rationale as to why</li> <li>• Interim - Written report addressing risks highlighted and potential impacts. How was this managed or going to be managed?</li> <li>• Clear strategy for monitoring quality of teaching personnel as a resource and for developing their skills</li> <li>• Clinic management plan</li> <li>• Method of communication to students, staff and patients</li> <li>• Teaching resources and performance: How has this been reviewed. What are the feedback methods</li> <li>• Course content</li> <li>• Evidence of clinical governance integration</li> <li>• Evidence of clinical provision: The evidence of clinical provision may vary, but can include clinic tutor to student ratio, diversity of</li> </ul>



<b>Standards for Education &amp; Training</b>	<b>Examples of issues</b>	<b>Issues for consideration in assessing risk response</b>
		<p>clinical practice opportunities, large enough clinic size in terms of number of patients and breadth of patient demographics</p> <ul style="list-style-type: none"> <li>• An explicit teaching and learning strategy that underpins the student journey</li> <li>• Methods to monitor the quality and consistency of teaching</li> <li>• How are gaps in performance measured and the support available</li> <li>• Range of formal and informal mechanisms for students and teaching personnel to feedback on modules and individual experiences, supported by reviewal and implementation processes to handle received feedback</li> <li>• Mental health and wellbeing policies and procedures</li> <li>• Health and Disability guidance, policies and procedures</li> </ul>
<b>Students</b>	<ul style="list-style-type: none"> <li>• 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)</li> <li>• Changes in student entry requirements</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence for supporting students with learning challenges and underperforming – early identification methods</li> <li>• Induction/Admission standards review (inclusive EDI,also statement outlining process for reasonable adjustments) – any changes rationale as to why?</li> <li>• Methods to monitor the quality and consistency of teaching</li> <li>• Review of teaching</li> <li>• Evidence of development and progression</li> <li>• Evidence of students' fitness to practice</li> <li>• Review of feedback mechanisms: individual experiences (with institution and teachers)</li> </ul>

<b>Standards for Education &amp; Training</b>	<b>Examples of issues</b>	<b>Issues for consideration in assessing risk response</b>
		<ul style="list-style-type: none"> <li>• Interim - Written report addressing risks highlighted and potential impacts. How was this managed or going to be managed?</li> <li>• Ongoing dialogue between GOsC and education providers: combination of formal and informal meetings:</li> <li>• Teaching observation/review required</li> <li>• Review of how the course structure is communicated to students and staff</li> <li>• Evidence of learning outcomes being related to overall aims of the course</li> <li>• Identify processes for student moderations and appeals, and identify its accessibility and responsiveness</li> <li>• Complaints process</li> <li>• Peer support</li> <li>• Range of formal and informal mechanisms for students and teaching personnel to feedback on modules and individual experiences, supported by reviewal and implementation processes to handle received feedback</li> <li>• Mental health and wellbeing policies and procedures</li> <li>• Health and Disability guidance, policies and procedures</li> </ul>
<b>Learning Culture</b>	<ul style="list-style-type: none"> <li>• Increase in complaints</li> <li>• Significant changes to resources</li> <li>• Substantial decrease in cohort numbers</li> </ul>	<ul style="list-style-type: none"> <li>• Complaint management review</li> <li>• Interim - Written report addressing risks highlighted and potential impacts. How was this managed or going to be managed? /Mandatory reporting on live issues: e.g if the clinic was to suddenly close</li> <li>• Rationale for proposed change: 1. Impact on OPS</li> </ul>

<b>Standards for Education &amp; Training</b>	<b>Examples of issues</b>	<b>Issues for consideration in assessing risk response</b>
	<ul style="list-style-type: none"> <li>• Change in programme delivery</li> <li>• Clinic</li> </ul>	<p>2. Overall learning outcomes changed? If so, how?</p> <ul style="list-style-type: none"> <li>• Changes in length, level or credits: Evidence of how graduate outcomes are continuously met</li> <li>• Level of stakeholder engagement (student, staff and external examiner) in these changes and evidence of this to be provided</li> <li>• Review of feedback mechanisms: individual experiences (with institution and teachers)</li> <li>• Mental health and wellbeing policies and procedures</li> <li>• Health and Disability guidance, policies and procedures</li> </ul>
<b>Quality evaluation, review and assurance</b>	<ul style="list-style-type: none"> <li>• Changes in policies and procedures</li> <li>• Change in documentation</li> </ul>	<ul style="list-style-type: none"> <li>• Written report addressing issue highlighted and risk analysis/mitigation.</li> <li>• Staff induction/Admission standards review (inclusive EDI, also statement outlining process for reasonable adjustments) – any changes rationale as to why?</li> <li>• Documentation changes to be highlighted and rationale for change</li> <li>• Level of stakeholder engagement (student, staff and external examiner) in these changes and evidence of this to be provided</li> <li>• How is this changed monitored, evaluated and reviewed</li> </ul>
<b>Clinical experience</b>	<ul style="list-style-type: none"> <li>• Substantial changes in clinical provision</li> <li>• Change in clinical resources</li> <li>• Change in clinical governance</li> <li>• Gaps in clinic running</li> </ul>	<ul style="list-style-type: none"> <li>• Associate run clinic: Details/evidence of this</li> <li>• Appointment management review</li> <li>• Review of confidentiality: If there has been a breach why? How was it managed. Plan to mitigate this going forward</li> <li>• Review of medication and medical record management:</li> <li>• Method of communication to students, staff and patients</li> <li>• Review of contingencies: e.g if the clinic was to close for a period of time</li> </ul>

<b>Standards for Education &amp; Training</b>	<b>Examples of issues</b>	<b>Issues for consideration in assessing risk response</b>
	<ul style="list-style-type: none"> <li>• Osteopath training in another clinic (ie physio clinic)</li> </ul>	<ul style="list-style-type: none"> <li>• Request to see governance structure</li> <li>• Evidence of student fitness to practice</li> <li>• Evidence of clinical governance integration</li> <li>• Review balance of academic and practice course structure</li> <li>• Review of collaborative relationships between classroom teachers and clinic tutors to ensure continuity in content covered</li> <li>• Teaching observation required</li> <li>• Methods to monitor the quality and consistency of teaching</li> <li>• Clinical practice reviews</li> <li>• Evidence of clinical provision: clinic tutor to student ratio, diversity of clinical practice opportunities, large enough clinic size, number of patients and breadth of patient demographics.</li> <li>• Review/request evidence of range of formal and informal mechanisms for students and teaching personnel to feedback on modules and individual experiences, supported by reviewal and implementation processes to handle received feedback</li> <li>• Supporting students with learning challenges and underperforming – early identification methods – student review process</li> <li>• Clear strategy for monitoring quality of teaching personnel as a resource and for developing their skills</li> <li>• Interim - Written report addressing risks highlighted and potential impacts. How was this managed or going to be managed? /Mandatory reporting on live issues: e.g if the clinic was to suddenly close</li> </ul>

<b>Standards for Education &amp; Training</b>	<b>Examples of issues</b>	<b>Issues for consideration in assessing risk response</b>
		<ul style="list-style-type: none"> <li>• Ongoing dialogue between GOsC and education providers combination of formal and informal meetings:</li> </ul>
<b>Staff support and development</b>	<ul style="list-style-type: none"> <li>• changes in teaching accommodation</li> <li>• changes in teaching personnel</li> </ul>	<ul style="list-style-type: none"> <li>• Clear strategy for monitoring quality of teaching personnel as a resource and for developing their skills: evidence of development and progression</li> <li>• Teaching resources</li> <li>• Method of feedback</li> <li>• Staff performance reviews evidence of this</li> <li>• Review of the course structure and how it is maintained to ensure high level of delivery and is accessible</li> <li>• Communication methods to staff</li> <li>• Methods of engagement with GOsC CPD scheme</li> <li>• Collaborative relationships between classroom teachers and clinic tutors to ensure continuity in content covered</li> <li>• Support mechanisms for new and existing lecturers</li> <li>• Staff induction/Admission standards review (inclusive EDI,also statement outlining process for reasonable adjustments) – any changes rationale as to why?</li> <li>• Teaching observation</li> <li>• Range of formal and informal mechanisms for teaching personnel to feedback on modules and individual experiences, supported by review and implementation processes to handle received feedback</li> </ul>

<b>Standards for Education &amp; Training</b>	<b>Examples of issues</b>	<b>Issues for consideration in assessing risk response</b>
		<ul style="list-style-type: none"> <li>• An explicit teaching and learning strategy that underpins the student journey</li> <li>• Methods to monitor the quality and consistency of teaching:</li> <li>• Support for teacher development</li> <li>• Lesson plans reviews</li> <li>• Clear strategy for monitoring quality of teaching personnel as a resource and for developing their skills</li> <li>• Interim - Written report addressing risks highlighted and potential impacts. How was this managed or going to be managed? (Multiple members of staff leaving or joining in a short period)</li> </ul>
<b>Patients</b>	<ul style="list-style-type: none"> <li>• changes in patient numbers passing through the student clinic (an increase or decline of 20 per cent in the number of patients passing through the clinic relative to the previous academic year should be reported)</li> <li>• Rise in number of complaints over a</li> </ul>	<ul style="list-style-type: none"> <li>• Patient safety: Internal procedures to mitigate risk against patients</li> <li>• Complaints process/policy</li> <li>• Interim - Written report addressing risks highlighted and potential impacts. How was this managed or going to be managed? (Multiple members of staff leaving or joining in a short period)</li> <li>• Review of feedback methods from patients to students</li> <li>• Appointment management review</li> <li>• Range of formal and informal mechanisms for students and teaching personnel to feedback on modules and individual experiences, supported by reviewal and implementation processes to handle received feedback</li> </ul>

<b>Standards for Education &amp; Training</b>	<b>Examples of issues</b>	<b>Issues for consideration in assessing risk response</b>
	particular period (eg. 1 month)	<ul style="list-style-type: none"> <li>• Review of confidentiality: If there has been a breach why? How was it managed</li> <li>• Review of medical record management</li> <li>• Contingency against closure of the clinic</li> </ul>

**\*SWEEPER STATEMENT\*** :A serious adverse event might be included as part of the significant changes in the required reporting by OEIs or, alternatively, the insertion of a sweeper statement such as

- It is difficult to be able to capture every scenario that may occur within an institution. As such it is mandatory for all institutions to report 'any event that might cause adverse reputational damage' or 'any event that may impact educational standards and patient safety'.