



General
Osteopathic
Council

Consultation: changes to the quality assurance of osteopathic education

Thursday 8 March 2018 to Thursday 3 May 2018

Consultation on changes to the quality assurance of osteopathic education

Introduction

1. The GOsC undertakes a range of functions in order to exercise its statutory duties, set out in the *Osteopaths Act 1993*, including:
 - Keeping the [Register](#) 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.
2. 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.
3. The GOsC's quality assurance framework involves a number of different components which fit together to provide assurance about 'recognised qualifications' (RQ) being awarded only to students who meet the *Osteopathic Practice Standards*. This overarching framework is outlined in the Quality Assurance Policies and Procedures document included as Appendix 1 to this document.

4. This consultation document sets out proposals for a number of policy changes in relation to the quality assurance of osteopathic education, as well as a call for evidence about other aspects of quality assurance as follows:
 - 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 consultation also explores ways in which good practice can be identified, shared and sustained to enhance the quality of pre-registration education.
 - The GOsC is also exploring how it may introduce a more risk-based approach to its quality assurance process. This is to reflect sector wide developments in regulation, particularly in higher education, and an expectation that regulation is proportionate and more targeted and focussed on areas that are in need of support.
5. 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

6. This document is aimed at consultation with osteopathic education institutions, education visitors, students, staff and other interested parties, in order to explore the impact of the proposals and to inform decision making in relation to removal of RQ expiry dates, publication of information about conditions and requirements, and the agreement of the Management of Concerns Policy.
7. This document also seeks wider views about sustaining good practice in education, risk in higher education and innovative mechanisms for quality assurance in osteopathic higher education, which will inform more detailed policy proposals in the future.

GOsC review

8. 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.
9. The GOsC ensures that osteopathic RQs deliver graduates who meet the GOsC *Osteopathic Practice Standards*. Those that do are recognised and awarded Recognised Qualification (RQ) status. Decisions concerning the granting, maintenance and renewal of RQ status are made following reviews of osteopathic courses and course providers. These reviews are currently conducted by the QAA under contract from the GOsC. The review method is known as GOsC Review.

10. 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: www.qaa.ac.uk

The Quality Assurance Review

11. 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 mechanisms should contribute to the enhancement of quality in pre-registration providers and should also ensure that standards are met.
 - b. The quality assurance mechanisms should build on the providers' own internal quality assurance mechanisms.
 - c. The quality assurance mechanisms should be proportionate.
 - d. The quality assurance mechanisms should be transparent.
12. The GOsC recognises that institutional quality assurance systems have matured and that the approach should move to improving partnership working and dialogue, self-assessment and self-reflection, and a more proportionate yet robust approach to quality assurance.
13. The GOsC also recognises that there is significant change in the external higher education environment in England following the establishment of the Office for Students. The GOsC is keen to work with the external environment as it stabilises to ensure that all organisations work together to achieve mutual objectives.
14. The outcome of this 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 and requirements, exploring a closer relationship between the annual report process and the five-yearly visit.
 - d. Explore ways of promoting quality enhancement and supporting changes in education and healthcare through identifying, sustaining and sharing good practice as part of a quality assurance approach.
 - e. 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.
 - f. Begin to explore a more innovative and risk-based approach to quality assurance.

The proposed changes to the GOsC review in detail

Removal of expiry dates for RQs

15. 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.
16. 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). This presents challenges when trying to consider factors that may inform the review process and may impact on 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 times to schedule visits. The length of time it takes to renew or remove an RQ could potentially put patient safety at risk and lead to uncertainty for students about whether the RQ will still be in place on their graduation.
17. 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. This approach has also been agreed by the Department of Health and Social Care.
18. 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 then manages and publishes conditions, and 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.

19. 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 for institutions which are demonstrating that they are meeting the *Osteopathic Practice Standards*. For these institutions, 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 useful times to both the institutions and to the GOsC.
20. However, there may be appropriate situations where RQ expiry dates are maintained for new or existing institutions. These might include:
- A new institution awarding a 'recognised qualification' may still be subject to a three year expiry date.
 - An institution which is subject to additional quality assurance measures because standards may not be being met.
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

- The GOsC accredits RQs 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 for institutions meeting our *Osteopathic Practice Standards*.
- We are proposing that for new institutions, or existing institutions where there are additional quality assurance measures in place because standards may not be being met, expiry dates are retained.

Consultation questions

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

Do you agree that expiry dates should be retained for new institutions or for those institutions which may not be delivering the *Osteopathic Practice Standards*?

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

Publication of conditions or requirements

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 course 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 to curricula or 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 as 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 is prepared. 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 ongoing throughout the RQ period. At the moment, a brief note about whether conditions are ongoing or fulfilled is published on the GOsC website. Conditions appear on the formal approval order for the whole RQ period regardless of whether or not they have been fulfilled. There is no opportunity to remove the conditions from the RQ or indeed to notify about other 'conditions' or other matters being followed up by the Committee through our quality assurance mechanisms, between visits. The separation of 'conditions' from the RQ Visit process provides the opportunity to provide a more up-to-date status on conditions and to improve transparency of the monitoring process, as well as providing more accurate information for the public.
24. Other regular forms of quality assurance monitoring undertaken by the GOsC may also identify 'issues' that may need to be managed and monitored. These 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 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 arising from a Monitoring Report), 'requirements' (if arising from 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. 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 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.

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.
27. We are proposing that all information about quality, whether identified through a Visit or whether through another quality mechanism, should normally be published subject to paragraphs 31 and 32 below.

Information that should not be published.

28. We undertook a workshop with osteopathic educational institutions to explore the types of information that should not be put into the public domain. It was suggested that the following categories of information should be exempt from publication:
- information involving the identification of individuals
 - information at an early stage, the nature of which had not been verified.
 - confidential or commercially sensitive information
29. We, are therefore proposing, that information that meets the criteria in paragraph 28 should not be published.

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 that it 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 the important matters to consider in terms of the implementation?

Do you have any further suggestions?

Procedures for dealing with concerns about osteopathic education

30. 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 considers 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 for dealing with concerns about osteopathic education* is appended to this document (see Appendix 2). This procedure, once finalised, will be incorporated within a new quality assurance guidance document or handbook.
31. 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 implication of failings in 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 procedure to help guide readers.)
32. Some higher education bodies which 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 the concern 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* at Appendix 2 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

33. The Quality Assurance Review was based on 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.
34. Good practice and strengths are routinely identified as part of GOsC review and included in published reports. 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.
35. 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. Recognising and sharing good practice can also help to achieve greater consistency between providers. While a compliance model focusing on standards provides public confidence that graduates meet professional standards, supporting good practice provides a more positive experience, enabling engagement by staff and institutions, as well as demonstrating to the public that an institution meets more than the minimum quality and standard.
36. Good practice identified through five-year reviews and annual reporting could be published alongside conditions to provide a richer picture of the 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?

Risk-based quality assurance

37. The GOsC has moved to a more mature QA system which supports the growth of the internal quality management systems of osteopathic educational institutions, transparency and collaboration. This approach is based on setting and maintaining a productive relationship and dialogue with osteopathic educational institutions to ensure the osteopathic qualifications deliver graduates meeting the *Osteopathic Practice Standards*.
38. The GOsC is conscious that its quality assurance processes need to evolve to reflect changes in education and healthcare, and to respond to developments in regulation. The GOsC is committed to the principles of good regulation whereby its activities are transparent, accountable, proportionate, consistent and targeted only where action is necessary. Risk-based approaches to quality assurance embrace these principles while focussing on the performance monitoring, the identification of risks at an early stage and areas for improvement. It is a system of regulation that higher education has been moving towards over a number of years and one which is set out in the consultation for the new regulatory framework for the Office for Students in England.
39. Risk-based regulation enables resources to be prioritised to focus on areas that are identified as higher risk in terms of perceived impact and probability. It can also provide a more holistic assessment of risk to professional standards by encompassing a broader range of contributory factors, for instance, governance and financial sustainability. A risk-based approach enables regulators to pay particular attention to provision that is at increased risk of not meeting the regulator's standards, and to provide appropriate support and action where it is needed. Providers that are low risk and can demonstrate they can be trusted to manage standards, can in return expect a lighter regulatory touch enabling them to be more self-sustaining in their quality management.
40. A risk-based approach is usually based on a defined set of standards, a risk-assessment framework, a regular assessment of risk, and a structured approach to responding to levels of risk including non-compliance. The assessment of risk is a key element which will require the identification of the most appropriate risks to the delivery of the *Osteopathic Practice Standards*. The GOsC welcomes comments on both the approach to a risk-based system and the particular risk components that should be taken into account.
41. Respondents are invited to share feedback about innovative quality assurance mechanisms moving forward. For example, what should be the nature, frequency and content of Visits in the osteopathic sector and why?

Consultation questions

Do you agree that it would be appropriate for the GOsC to move to a more risk-based approach for its quality assurance of osteopathic education?

What are the risks particular to osteopathic education that the GOsC should take into account when designing a risk-based approach?

What are the particular risks for the recognition of new osteopathic programmes/providers versus to the renewal of existing programmes?

How should the GOsC's approach to quality assurance of undergraduate and pre-registration education and training be adapted for a risk-based approach? How should the components of the GOsC's approach to quality assurance (on-going dialogue, concerns, general conditions/triggers, annual reports and Visits) be adapted? Are there any missing elements?

Do you agree that the period of GOsC/QAA RQ review visits should be varied to take account of the risk-standing of RQ programmes? If so, how (please include thoughts about the nature, frequency and content of Visits or other monitoring mechanisms)

General Osteopathic Council Quality Assurance Policies and Processes Paper

Purpose

1. This paper sets out 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 who meet 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](#)).

The legal framework

2. 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*).
3. '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*).
4. '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*).
5. 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.
6. The GOsC has a wide range of legal powers related to the quality assurance of undergraduate and pre-registration education and, where appropriate, these are outlined in further detail below.

Background

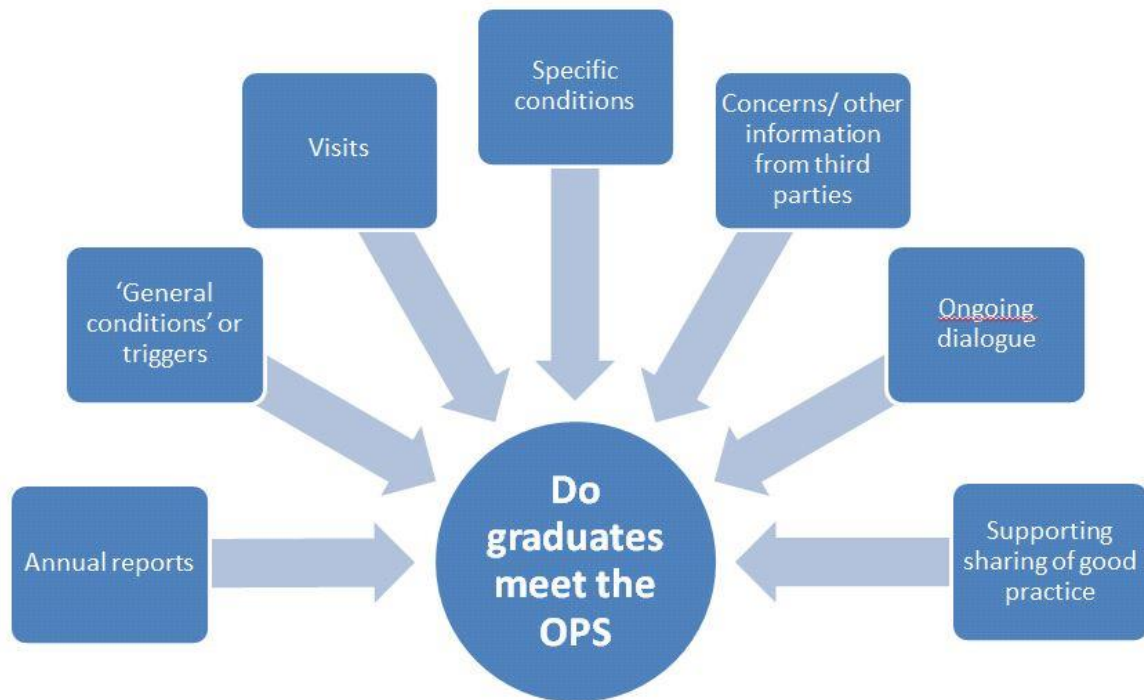
7. UK graduates are entitled to apply for registration with the GOsC to practise in the UK as osteopaths if they have a 'recognised qualification'.
8. The GOsC has a statutory duty to set and monitor the standards for pre-registration osteopathic education and a duty of 'promoting high standards of education 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 in order to ensure standards. (See section 18 of the *Osteopaths Act 1993*).

Aims and purpose of the GOsC quality assurance process

9. 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.
10. The General Osteopathic Council operates a range of policies and processes to ensure that only graduates meeting the *Osteopathic Practice Standards* are awarded an RQ and to meet the wider supporting aims of the quality assurance process. These policies and processes interlink and collectively enable the GOsC to understand how the osteopathic educational institution (OEI) is identifying, managing and monitoring issues impacting on quality. The information obtained enables the GOsC to respond proportionately to ensure that standards are met.
11. The quality assurance policies and processes are outlined in Figures 1 and 2 below. Figure 1 shows that information about issues potentially impacting on standards is obtained through a range of policies and processes. Some may be reported through the OEI's own quality management processes, some may be reported from other sources.

Figure 1 – GOSc Quality Assurance policies and processes to ensure that only graduates meeting the *Osteopathic Practice Standards* are awarded an RQ

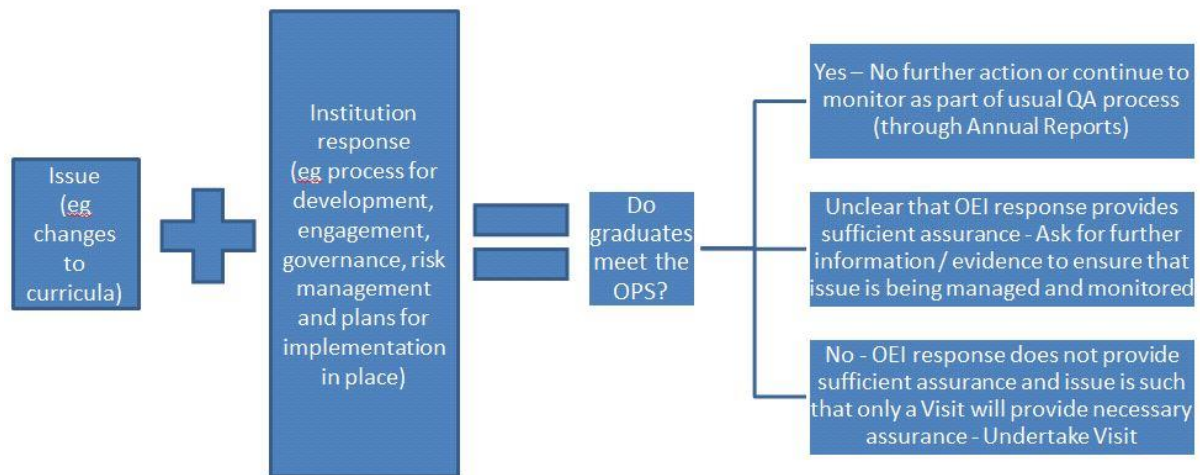
GOSc/QAA QA process



12. The GOSc response to information received from a variety of sources will vary taking into account the original source of information, the response of the institution to this and the potential impact on the delivery of standards.
13. Figure 2 shows that taking into account the original issue, and the response of the OEI, helps the Committee to assess the degree of risk arising to the delivery of standards, and to make a decision about the proportionate action to take to ensure that standards are being met. For example, if the risks arising from the implementation of new curricula are outlined and a detailed plan including risks and mitigating actions is submitted by the institution, there is no need for the Committee to undertake any additional action. On the other hand, if the GOSc had received concerns from students, staff or others about the implementation of the new curricula, the GOSc may seek further information to assure itself that standards are being met. (Please note that these examples are merely illustrative. The Committee response will depend on the particular circumstances of the issue and the response in the context of all the information relating to a particular OEI.)

Figure 2 – GOsC risk-based response to the identification, management and monitoring of issues to ensure that only graduates meeting the *Osteopathic Practice Standards* are awarded an RQ

GOsC Risk based response



14. The next sections of the paper provide further detail about the quality assurance policies and processes used to identify issues that may impact on the delivery of standards.

Annual Report Analysis

15. The purpose of Annual Reports is to confirm the maintenance of the *Osteopathic Practice Standards*, 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 (OEIs) are requested to take a self-evaluative approach to reporting in order to demonstrate their management of risk and enhancement of practice.
16. The primary reference point for the content and evaluation of RQ Annual Reports is the *Osteopathic Practice Standards*, along with the QAA's [Quality Code](#). The *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 ensuring the *Osteopathic Practice Standards* are met. Section 18 of the *Osteopaths Act 1993* requires OEIs to provide the Committee with 'any such information as the Committee may reasonably require in connection with the exercise of its functions under this Act'.
17. The Annual Report template is available at: www.osteopathy.org.uk

18. 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) about the previous academic year. Reports include 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
19. 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 from OEIs' existing arrangements rather than ask for bespoke information.
20. 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, it may be followed up directly in a range of ways, as outlined in figure 2. The information provided may also help the GOsC to identify and address issues of general concern or interest to the osteopathic education sector.
21. Information is also requested about good practice and this is shared with other osteopathic educational institutions with the aim of enhancing the provision of osteopathic education. It also informs joint-working between osteopathic educational institutions and the GOsC including good practice seminars. Examples provided are usually attributed to institutions.
22. Annual Report templates are sent out to OEIs in October of each year and are due for submission in December of each year. The reports deal with the academic period completed prior to the submission of the report. Reports are analysed in January and February and considered by the Education Committee in March.

Visits

23. The visit process is outlined in Section 12 of the *Osteopaths Act 1993*, which provides that the Committee appoints Visitors to report to the Committee as follows:
 - '(a) on the nature and quality of the instruction given, or to be given, and the facilities provided or to be provided, at that place or by that institution; and
 - (b) on such other matters (if any) as he was required to report on by the Committee.'
24. The *Osteopaths Act 1993* specifies that Visitors must provide a report and there are statutory requirements for a copy of the report to be sent to the OEIs and for OEIs to have a period of time to comment on the report before it is finalised. Sections 14 and 15 of the *Osteopaths Act 1993* set out the process for making a decision to award a 'Recognised Qualification' by the GOsC Council which is then approved by the Privy Council. The 'recognised qualification' may be (but is not required to be) subject to conditions recommended by the Education Committee and can be time limited or otherwise.

25. Visits usually take place every five years. However, it is open to the GOsC to undertake visits more frequently for new courses or where there are concerns about standards being delivered such that a Visit is required.
26. The purpose of the Visit is to ensure that RQs are only awarded to graduates meeting the *Osteopathic Practice Standards*. It is also about ensuring the wider aims of the quality assurance process outlined above at paragraph 9. The visit process is undertaken by expert, trained Visitors (both osteopathic and lay). The visit is managed by QAA on behalf of the GOsC to GOsC agreed standards and is carried out through triangulation of live information and evidence by speaking with staff and students, considering information from patients and the assessment of documented information to inform findings.
27. The operational aspects of the Visit process are outlined in the GOsC/QAA Handbooks (2012) available at: www.qaa.ac.uk/en/Publications/Documents/GOsC-handbook-providers.pdf and www.qaa.ac.uk/en/Publications/Documents/GOsC-Handbook-visitors.pdf
28. All visits commence with the agreement of a specification by the GOsC 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. The specification allows the Committee to target the Visit to particular areas of risk that have arisen since the last Visit took place. It provides the Committee with an opportunity to ensure that issues continue to be identified, managed and standards maintained.
29. The review explores eight areas through a self-evaluation and supporting evidence prepared by the institution and the QA visit undertaken by trained Visitors as follows:
 - course aims and outcomes (mapped to the *Osteopathic Practice Standards* and including students' fitness to practise)
 - curricula
 - assessment
 - achievement
 - teaching and learning
 - student progression
 - learning resources
 - governance and management.
30. After the visit a report is produced including the Visitor's judgement, with one of the following outcomes:
 - approval without specific conditions
 - approval with specific conditions
 - approval denied.

31. The report is published on the GOsC website and updates about the fulfilment of conditions are also published on the GOsC website.
32. 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.
33. 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.
34. The outcome of the Visit is a report which informs the Committee's recommendations to Council about whether to award, renew or withdraw an RQ.

General conditions and triggers:

35. A set of general conditions are currently attached to RQs which are published on the GOsC website at: www.osteopathy.org.uk. 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 *Osteopathic Practice Standards*. Therefore, OEIs are expected to monitor and report on these changes, and assess the risk to delivery of the *Osteopathic Practice Standards* and report on mitigating actions being undertaken. (Further guidance is provided in the RQ Change Notification Form which is available at www.osteopathy.org.uk).
36. 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).

37. The GOsC Committee considers the reported change, the way in which the information came to the attention of GOsC, the OEI response, the current context of the OEI, and any impact on the *Osteopathic Practice Standards*, in order to make a decision about how to respond, as outlined in Figure 2.

Concerns or other information

38. The *Procedure for dealing with concerns about osteopathic education* (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 either during a Visit or at any other time.
39. The concerns procedure is a method for any person (patient, student, staff or other) to provide GOsC 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.
40. The GOsC can consider information if it is evidence of serious systematic or procedural concerns or has a broader implication 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 for resolution of individual concerns between an individual and an institution.
41. The purpose of the concerns procedure is to ensure patient safety and the delivery of the *Osteopathic Practice Standards*. The procedure outlines how processes are considered and managed, and how decisions are made and brought to the attention of the Committee.
42. Further information about our concerns procedure is available in the *Procedure for dealing with concerns about osteopathic education* available at Appendix 2.
43. If the concern is relevant to the *Osteopathic Practice Standards*, it is reported to the statutory Education Committee and the issue is managed as part of the Committee's quality assurance process. An appropriate response in accordance with Figure 2 is agreed.

Supporting sharing of good practice

44. 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:
- sharing examples of good practice within or external to the osteopathic sector
 - annual reports explicitly ask for examples of good practice and share these
 - thematic reviews identify and share good practice (for example a thematic review on boundaries).

- 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 (examples are shared through annual reports and annual seminars 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

45. Through a series of reviews from 2012 onwards, the GOsC has worked with osteopathic educational institutions to improve partnership and dialogue, self-assessment and self-reflection, and a right-touch approach. This is because matters of transparency and collaboration are essential components of quality assurance.
46. It is important for the GOsC QA approach to maintain ongoing relationships through regular discussion, including 1 to 1 and in-sector meetings focusing on supporting institutional quality management through:
 - identifying, managing and monitoring of issues - recognising implementation takes place over time
 - identifying, sustaining and maintaining good practice
 - being proportionate, helpful, respectful
 - but also avoiding regulatory capture – ensuring independence.
47. Good relationships with osteopathic educational institutions involve 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 high quality education delivering desired outcomes and is not adversarial or assessment driven.
48. It is usually the case that ongoing and transparent dialogue between an institution and the GOsC will not require any additional intervention, but each case will depend on the particular context for an appropriate and proportionate response.

Conclusion

49. 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. A separate GOsC/QAA Handbook contains more detail about how each of these processes is undertaken.
50. Both documents will be updated following the GOsC Quality Assurance consultation taking place during spring 2018.

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 as 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 relates 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 implication 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 identity 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 legal advice. Further information about other routes is provided at the end of this document.

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 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.	Person raising concerns is advised of decision that case is ready to proceed to decision. Osteopathic educational institution is advised of decision that case is ready to proceed to decision.

Stage 3: Decision

24. The information and the response are 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 <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 legal advice. Further information about other routes for pursuing concerns is provided at the Annex.

<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 educational 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 the issues continue to be monitored as part of the Committee’s quality assurance process.</p>

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: www.qaa.ac.uk .

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 they can manage are available at: www.oiahe.org.uk

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: www.sra.org.uk

GOsC Corporate Complaints Procedure

Complaints about decisions made under this policy can be made through our Corporate Complaints Procedure which is available at: www.osteopathy.org.uk.