



**Council**  
**17 July 2018**

**Quality Assurance: removal of expiry dates and publication of conditions**

<b>Classification</b>	Public
<b>Purpose</b>	For decision
<b>Issue</b>	The principle of removing expiry dates for 'recognised qualifications' and mechanisms for implementation and an update on the quality assurance review.
<b>Recommendations</b>	<ol style="list-style-type: none"><li>1. To agree the principle of removal of expiry dates and the approach of publication of 'conditions'.</li><li>2. To agree the approach to further development of the implementation process.</li><li>3. To note the update on the quality assurance review.</li></ol>
<b>Financial and resourcing implications</b>	Consultation costs are incorporated into our 2018-19 budget. Analysis has been undertaken in house.
<b>Equality and diversity implications</b>	None
<b>Communications implications</b>	The review is being informed by ongoing stakeholder engagement and communications.
<b>Annex</b>	Draft analysis of the General Osteopathic Council consultation on changes to the quality assurance of osteopathic education
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## Background

1. Our Business Plan 2018-19 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:
  - a. Complete analysis and publish new Quality Assurance Guidance and begin implementation of process. (by July 2018).
  - b. Publish risk based approach to publication of information following consultation (by July 2018).
  - c. Further develop and publish proposals for risk based quality and effective approach to quality assurance (by November 2018).
2. Section 11(3) of the Osteopaths Act 1993 provides that 'The General Council shall consult the Education Committee on matters relating to education, training, examinations or tests of competence.' The Policy Advisory Committee (the Committee) performs the functions of the Education Committee and has been overseeing the review.
3. In October 2017, the Committee considered an early draft of a consultation on our quality assurance proposals, prepared on the basis of analysis of the views of Education Visitors, osteopathic educational institutions, the work of other health regulators and the views of the Committee. It contained:
  - A policy paper, which for the first time, set out the whole of our quality assurance process recording what we do
  - A consultation paper proposing:
    - the removal of expiry dates
    - publication of conditions
    - formal process for managing concerns about osteopathic education
    - ways of enhancing quality and sharing good practice
4. In January 2018, Council considered a revised consultation document which incorporated feedback from the Committee and included additional questions about a 'call for evidence' in relation to risk based quality assurance, more specific proposals about removal of RQ expiry dates and questions about the frequency of visits.
5. At its meeting, Council also considered further how far the quality assurance system provided assurance that each individual graduate met the Osteopathic Practice Standards and explored whether there was further room for consistency in this area. It rehearsed some of the mechanisms for being further involved in assessment (either directly or through involvement in the external examiner system) and also some of the arguments for and against such approaches – including the provisions of the Osteopaths Act 1993. Council also recognised that

there was a considerable context of change in the external higher education sector at the present time and agreed that responses to the 'call for evidence' on these matters from the consultation could be considered further in due course.

6. Council agreed to the consultation which included some wider questions about the nature of the quality assurance process assuring standards.
7. This consultation was published from Thursday 8 March 2018 to Thursday 3 May 2018. The consultation deadline was extended to 17 May 2018 to allow further time for responses following some engagement events. The final version of the consultation documents are available at: <https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/consultation-on-changes-to-the-quality-assurance-of-osteopathic/>.
8. The results of the consultation were considered by the Committee at its meeting on 12 June 2018. The updated analysis considered by the Committee and the GOsC response is attached at the Annex.
9. The Committee:
  - a. agreed to the removal of expiry dates and the approach to publication of 'conditions'.
  - b. agreed the approach to further development of the implementation process.
  - c. agreed to further consider and investigate the approach to risk based quality assurance.
10. Discussion at the Committee included the following:
  - Clarification of the process for implementing the removal of the RQ expiry dates.
  - RQ Expiry dates – clarification that the principle of removal of expiry dates would not apply in some circumstances, for example institutions awarding new qualifications.
  - RQ Expiry dates – clarification of the process for removing an RQ should this be necessary.
  - Further options in terms of risk including: a comparative risk based approach (although recognising that developing effective metrics in such a diverse environment with small numbers was a challenge) and exploring mechanisms from other sectors about innovative quality assurance.
  - Incorporating whistleblowing into the concerns procedure.

11. This paper asks Council to agree in principle to the removal of expiry dates for RQs and asks Council to agree that the Committee should proceed to implementation mechanisms ahead of a final decision in 2019. The paper also outlines the evidence base derived from our consultation and engagement to support this process. The paper also provides an update on other aspects of the quality assurance review.

## Discussion

### *Removing expiry dates and publishing conditions*

12. The consultation analysis and GOsC response at the Annex (see paragraphs 17 to 22 on pages 4 to 6) show that there is majority support for the proposal taking into account both the written responses and also the responses within the focus group meetings.

13. Reasons for removing expiry dates include:

- The restricted window for visits due to the lengthy governance process and the impact of the restricted visit window on:
  - alignment with 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 placing an unhelpful burden on the provider
  - the subsequent impact on the quality of the information available for the review and therefore the Committee
  - missed opportunities for more appropriate times to schedule visits.
- The length of time it takes to renew 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.
- Imposing expiry dates in this way is unusual in the health regulation sector. We are not aware of other health regulators who use expiry dates in this way.

14. However, there were minority views against the removal of expiry dates. Reasons given by these respondents included:

- The need to rely on external organisations – the Department of Health and the Privy Council in order to remove an RQ whereas this was not required with an RQ which expires.
- The need to avoid appeals in the event that an institution decides to challenge the findings in a visit report. (In fact there is no appeals process against a decision to withdraw a 'recognised qualification' but such a decision would likely be subject to judicial review as it is now).

- The possibility of using a longer expiry date (for example 8 years) while retaining the five yearly visits with additional flexibility.

15. The Committee felt that the principle of removing expiry dates for existing institutions was sound and that this should be agreed. However, the Committee considered that expiry dates should be retained of new institutions and those subject to specific measures.

#### *Publication of conditions*

16. The consultation analysis and GOsC response at the Annex (see paragraphs 24 to 25 on pages 7 to 8) show that there support for the publication of conditions, relevant to the delivery of the Osteopathic Practice Standards on the basis of the responses to the written consultation and the feedback from the focus groups. Such an approach supports transparency, consistency and fairness ensuring that all relevant quality information appears in the public domain.

17. There is broad support for the publication of conditions, requirements/ recommendations from the consultation responses. However, the following points were clear:

- The GOsC definition of condition, requirement, recommendation should be clear and publication should be linked to currency and with a clear action plan.
- There are some matters which are not appropriate for publication and these are set out in our consultation document as follows:
  - *Information involving the identification of individuals*
  - *Information at an early stage, the nature of which has not been verified;*
  - *Confidential or commercially/personally sensitive information.'*
- Fairness and parity and collaboration between institutions are important considerations and thus implementation of the publication of conditions should be the same for all institutions.

18. However, it is clear that some further work needs to be undertaken in relation to the definition of the condition. It is proposed that we work with stakeholders to refine and agree a definition that incorporates the whole of the quality assurance process and not just related to the visit process.

#### *Update on the quality assurance review*

19. The Committee also considered the responses to the consultation in relation to the following issues:

- *Concerns:* the draft procedure for dealing with concerns about osteopathic education was supported with some minor changes to strengthen it suggested. These changes will be incorporated into a revised policy and published as part of the updated Handbook.

- *Good practice:* the mechanisms for supporting good practice that we undertake already were supported, but there was a particular focus on the relational aspects of supporting good practice which could benefit from further development.
- *Risk based approach:* finally, in relation to a risk based approach and alternative ways of undertaking quality assurance, there was a call to continue to ask these questions, but little consensus about how to enhance the approach that we are currently undertaking. This aspect of the consultation may require some further qualitative work and possibly research to further develop thinking.

20. In addition to exploring these matters, the Committee is also undertaking the following activity:

- Exploration of the role of external examiners in osteopathic educational institutions.
- Thematic review about patient and public involvement.
- Seminar session planned for October to explore quality assurance matters in depth and to agree way forward.
- Work to strengthen the current visit process updating the Handbook including:
  - Reference points: Updating the reference points to include the Osteopathic Practice Standards (2018), Guidance for Osteopathic Pre-registration Education (2015) and the Student fitness to practise guidance (2016) explicitly
  - Updated Quality Assurance policy making explicit all the elements of the quality assurance process to better integrate visits and other quality assurance activities.
  - Role of Patient feedback: Emphasising further the role of patient feedback in the visit process
  - Policy about the management of sensitive and confidential information: Making this explicit including the expectation that lines of enquiry should be explicit
  - Policy about compliance with the GDPR: Making this explicit and ensuring that no personal information is uploaded to Share point, or that if it is, the processing of it is compliant with GDPR.
  - Further guidance about the completion of a reflective and informative self-evaluation document.
  - Draft Code of Conduct: A draft code of conduct for Visitors and Providers is outlined.
  - Clarity around the complaints processes
  - Other process matters

21. In light of the findings from the consultation, the next steps are as follows:

Date	Activity
June 2018	Committee agrees, in principle, to removal of expiry dates and publication of conditions with further work to be undertaken on implementation including: <ul style="list-style-type: none"> <li>• Process for development of the definition of conditions as part of the further development of the Quality Assurance Handbook</li> <li>• Defining a process of removal of RQ expiry dates.</li> </ul>
June 2018	The executive will update the analysis and response following Committee discussion about the GOsC response.
July 2018	Council agrees in principle: <ul style="list-style-type: none"> <li>• To agree the principle of removal of expiry dates and the approach of publication of 'conditions'.</li> <li>• To agree the approach to further development of the implementation process.</li> <li>• To note the update on the quality assurance review.</li> </ul>
June to September 2018	Engagement on further development of the Handbooks which will include: <ul style="list-style-type: none"> <li>• Clarity about when expiry dates will be recommended and when they won't.</li> <li>• Clarity about the definition of conditions and the requirements for publication and updating of action plans</li> </ul>
October 2018	Committee agrees Handbooks, and process of publication of Action Plans and plans for implementation of removal of RQs. Committee undertake further discussion about how to develop innovative approach to quality assurance, taking into account feedback from external sector. Committees consider possible next steps including commissioning specific research in this area. Committee considers draft quality assurance tender process
November 2018 to February 2019	Preparation of revised RQ orders for relevant qualifications and institutions
March 2019	Committee agrees updated RQs with removal of expiry dates and make recommendations to Council
May 2019	Council agrees updated RQs with removal of expiry dates and seek approval of the Privy Council.

### Recommendations:

1. To agree the principle of removal of expiry dates and the approach of publication of 'conditions'.
2. To agree the approach to further development of the implementation process.
3. To note the update on the quality assurance review.

## **Analysis of the General Osteopathic Council 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 agreed by the Council on 31 January 2018 set 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 were:
    - 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 aimed to explore ways in which good practice can be identified, shared and sustained to enhance the quality of pre-registration education.
  - Finally, the GOsC aimed to explore 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. The consultation included the consultation document including a draft quality assurance policy and a draft procedure to deal with concerns about osteopathic education and a response form,
  6. The purpose of the consultation was to seek feedback from a range of interested stakeholders in order to inform next steps.

### **Consultation method**

7. A consultation document and consultation questions were developed by the Quality Assurance Agency and the General Osteopathic Council outline the consultation issues.
8. The consultation was published on the GOsC website on 8 March 2018 to 17 May 2018.
9. Information about the consultation was emailed to our stakeholders including: osteopaths, education visitors, our public and patient reference group, osteopathic regional groups, specialist groups, educational institutions, the Institute of Osteopathy, the National Council of Osteopathic Research, other regulators, and other relevant organisations.
10. The consultation was promoted on our website and through our social media as follows:
  - Published on our website from 8 March 2018 to 17 May 2018
  - Promoted on our Facebook and Linked In pages and through our Twitter feed (4 May 2018, 26 April 2018, 3 April 2018, 9 March 2018)
  - Promoted in our March and April e-bulletins (27 April 2018, 31 March 2018)
  - Promoted in a dedicated email to our stakeholders (24 April 2018, 3 April 2018, 23 March 2018 and 9 March 2018)
11. We also held a number of workshops and focus groups and meetings as follows:

- a. Teleconference with Daisy Blench of the Professional Standards Authority and Dr David Gale of the Quality Assurance Agency in order to outline our consultation and to seek initial feedback.
  - b. GOsC Educator workshop attended by 13 osteopaths working in education in different osteopathic educational institutions and other educational environments which took place on 24 April 2018.
  - c. Workshop with the Osteopathic Educational Institutions, attended by 14 senior staff from eight osteopathic educational institutions as part of the GOsC / OEI meeting which took place on 30 April 2018.
  - d. Online focus group session with QAA / GOsC Education Visitors and QAA staff on 8 May 2018 (attended by four participants)
  - e. Online focus group with QAA / GOsC Education Visitors (including lay and osteopathic members) and QAA staff on 10 May 2018 (attended by six participants)
12. All responses were incorporated into the analysis below. This includes the seven written responses but also the discussion with the 38 individuals who took part in focus groups.

### Consultation results

13. Quality Assurance of osteopathic education is a technical consultation and although only seven written responses were received, we were pleased that we were able to engage with a variety of stakeholders throughout the consultation including:
- Osteopaths
  - Lay people
  - Educational institutions
  - Other regulators
14. Not all respondents answered all questions.
15. There were limited responses to the consultation. Those in favour of and those against particular proposals are outlined for completeness, though the numbers would not be sufficient to indicate a generalisable consensus, and the value is more in the arguments made in each case, regardless of numbers. The focus group responses similarly gave a flavour of informed opinions, and an insight into the views of those working in osteopathic education, though again, the outcomes should be viewed from a qualitative, rather than quantitative perspective.
16. In summary, the consultation responses showed:
- *Removing expiry dates and publishing conditions:* support for our proposals to remove expiry dates and publish conditions in principal but further detail is required about implementation.

- *Concerns:* The Draft procedure for dealing with concerns about osteopathic education was supported with some minor changes to strengthen it suggested.
- *Good practice:* The mechanisms for supporting good practice that we undertake already were supported, but there was a particular focus on the relational aspects of supporting good practice which could benefit from further development.
- *Risk based approach:* Finally, in relation to a risk based approach and alternative ways of undertaking quality assurance, there was a call to continue to ask these questions, but little consensus about how to enhance the approach that we are currently undertaking. This aspect of the consultation may require some further qualitative work and possibly research to further develop thinking.

17. An outline of the responses and the key issues is set out below. This paper also incorporates an initial GOsC response for the Committee to consider.

**Removal of RQ Expiry Dates**

18. The responses related to the move from an annual to a three year cycle were as follows:

<b>Question</b>	<b>Yes</b>	<b>No</b>	<b>Response from focus group</b>
Q3: 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?	4	3	Majority of members in favour of removal of expiry dates. (3 of 23 responses from group were clearly not in favour of this proposal)

19. Examples of the two contrasting viewpoints include:

<b>Question</b>	<b>Yes – Remove RQ expiry dates</b>	<b>No – Retain RQ expiry dates</b>
Q3: 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?	<i>'This seems like a sensible proposal to ensure that the review cycle can more flexibly fit with internal institution quality assurance processes, and that the GOsC's review can ensure it takes into account any relevant information or events which may make a material difference to the outcome of the review for example, a new curriculum being introduced.</i>	<i>'...There is a reason why many terms of accreditation and recognition have expiry periods in many disparate areas of life. It is often more difficult to remove something actively than to let it expire. An expiry date acts also as a shared understood means of</i>

	<p><i>It is also positive that a more flexible system will reduce uncertainty for students who currently may be unsure about whether their qualification will still be recognised upon graduation.</i></p> <p><i>This move fits with the principle outlined in Right touch reform that quality assurance activity by the regulators builds on other quality assurance mechanisms, including those put in place by the institution.'</i></p>	<p><i>renewal and a reminder that continuing accreditation must receive ongoing attention. The reasons given for removing RQ expiry could be accommodated by simply lengthening a period of recognition beyond 5 years for those institutions that are performing well. i.e. a period of 8 years could be given for example. Also, if risk based evaluation is done, an institution performing very well throughout the period of its RQ could have the appropriate regulatory touch applied at its renewal and may not have to have a full visit at that stage.'</i> –</p>
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<b>Question</b>	<b>Yes</b>	<b>No</b>	<b>Other</b>	<b>Response from focus group</b>
Q4: 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?	4	1 – PSA argues that arguments around flexibility are still appropriate for new institutions and existing institutions.	1 (suitable to retain expiry dates for new institutions but not existing institutions)	One comment on one focus group about the need to retain collaboration between the osteopathic institutions and this may be affected if expiry dates are imposed on some but not others.

20. There appears to be a majority response to the removal of RQ expiry dates reflecting the arguments in the consultation document including:

- The restricted window for visits due to the lengthy governance process
- The impact of the restricted visit window on
  - alignment with 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 placing an unhelpful burden on the provider
  - the subsequent impact on the quality of the information available for the review
  - missed 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
- Imposing expiry dates in this way is unusual in the health regulation sector. We are not aware of other health regulators who use expiry dates in this way.

21. However, a small minority of responses felt that the expiry dates should be retained. Arguments from these respondents included:

- The need to rely on external organisations – the Department of Health and the Privy Council in order to remove an RQ whereas this was not required with an RQ which expires.
- The need to avoid appeals in the event that an institution decides to challenge the findings in a visit report. (In fact there is no appeals process against a decision to withdraw a ‘recognised qualification’ but such a decision would likely be subject to judicial review).

Q5: What is the most appropriate way forward to introduce the removal of expiry dates from RQs?	Roll out as each institution comes up for RQ	Introduce all at once
	1	2

22. The consultation responses suggested that expiry dates should be removed all at once rather than undertaken over a rolling cycle primarily to ensure parity between institutions in a competitive environment.

**GOsC Response to removal of expiry dates**

23. The consultation is helpful as it brought out some additional arguments both for and against the removal of expiry dates for consideration by the Committee. Taking all the arguments into account, we suggest that expiry dates should be removed for all institutions, but that the process for monitoring and visits should still be highlighted and emphasised and the process for withdrawal should be articulated more clearly in our policy paper and in the revised Handbook.

### Publication of conditions

24. The responses in relation to publication of conditions are outlined in the tables below.

Question	Yes	No	Responses (including focus group comments)
Q6: 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?	4	3	<p>Focus groups were mostly in favour of publishing conditions, requirements etc provided they were relevant to the OPS. Clarity around the definitions was recommended.</p> <p><i>'Recommendations should not be placed within the public domain.'</i></p> <ul style="list-style-type: none"> <li>• It was a good idea to show information around conditions and provide times and updates. It would be helpful to further clarify the distinction between conditions, recommendations and requirements.</li> <li>• Action plans should also be published alongside conditions. The group also discussed that students were much more clued up these days and would be interested to see this documentation.</li> </ul>
Q7: Do you agree that there should be greater transparency in terms of publishing these conditions?	7	0	<p>Yes provided this is what happens elsewhere.</p> <p>Focus on action plans and the human element of the process rather than a tick box</p>
Q8: Are there any types of conditions/information that it would not be appropriate to put in the public domain?	4	0	<p>- <i>Information involving the identification of individuals;</i>  - <i>Information at an early stage, the nature of which has not been verified;</i>  - <i>Confidential or commercially/personally sensitive information.'</i>  - <i>'Anything which affects the public and their choices should be published.'</i>  - <i>'conditions published are substantial and carefully considered'</i></p>

<b>Question</b>	<b>Yes</b>	<b>No</b>	<b>Responses (including focus group comments)</b>
			- 'Agree with specification in document'
Q9: What would be the most appropriate mechanism for publishing conditions and updating their status in order to provide accurate and timely information?	N/A	N/A	<p><i>GOsC website</i></p> <p><i>'We do not have a strong view on what the best mechanism would be for publishing conditions and updating their status. As noted in the consultation document there are a range of approaches across the regulators. It will be important to ensure that it is clear what action is being taken by the regulators to address the issues raised.'</i></p>

Q10: If expiry dates and conditions were removed, what are the important matters to consider in terms of its implementation?	Roll out as each institution comes up for RQ	Introduce all at once
	1	2

25. There is broad support for the publication of conditions, requirements/ recommendations from the consultation responses. However, the following points were clear:
- The GOsC definition of condition, requirement, recommendation should be clear and publication should be linked to currency and with a clear action plan.
  - There are some matters which are not appropriate for publication and these are set out in our consultation document as follows:
    - *Information involving the identification of individuals*
    - *Information at an early stage, the nature of which has not been verified;*
    - *Confidential or commercially/personally sensitive information.'*
  - Fairness and parity and collaboration between institutions are important considerations and thus implementation of the publication of conditions should be the same for all institutions.

### **GOsC Response**

26. We propose that our current definition of conditions should be used as outlined in the current Handbooks and that this should apply to any 'condition' whether identified through the visit process, the annual reporting process, the raising of concerns process or any other quality assurance component namely:

*Approval with conditions*

Approval with conditions means:

- the course will deliver graduates who meet the Osteopathic Practice Standards only if this condition is fulfilled
- 'a small number of significant problems which ... will be resolved effectively and in an appropriate time by the application of conditions
- the provider is capable of resolving significant problems within the appropriate time, [with a strong] governance and management and the provider recognises the problems ... identified'

27. As part of our further consultation on the wording of conditions (through amendments to the Handbook) we will explore and refine this definition but will recognise that it is intended to apply to all quality assurance components – not just visits.

**Draft procedure for dealing with concerns about osteopathic education**

28. The responses to the draft procedure for dealing with concerns about osteopathic education are outlined in the tables below.

<b>Question</b>	<b>Yes</b>	<b>No</b>	<b>Responses</b>
Q12. Is the draft Procedure for dealing with concerns about osteopathic education at Appendix 2 clear and accessible?	6	0	<p><i>'The draft procedure for dealing with concerns appears to be clear and well laid out. It will also be useful to have such a procedure in place to raise the profile of the facility for students, staff, patient or others to raise any concerns that they may have.'</i></p> <p>A point in one of the focus groups suggested clarifying <i>the relationship of whistleblowing.</i></p>
Q13. Do you have any suggestions about how the process might be more fair, effective or comprehensive?	3	3	<p><i>'It may be useful to clarify how the formal concerns process fits in with other mechanisms that the GOsC may have in place for gathering information and feedback from students, staff and other stakeholders about institutions and courses.'</i></p> <p><i>'... it may be helpful to outline a little more clearly the status of information received to make it clearer that this is to contribute to the GOsC's overall work ensuring the safety and quality of osteopathic education. This may help in managing</i></p>



<b>Question</b>	<b>Yes</b>	<b>No</b>	<b>Responses</b>
			<i>expectations of those raising a concern about what will happen with the information they provide.'</i>
Q14. Would it be appropriate to publish information about concerns if findings were upheld and conditions were imposed?	7	0	This information should normally be published except: ' <i>Information should not be published if it includes the kind of information previously outlined as being unsuitable for publication - information which would identify individuals, unverified information or confidential/commercially sensitive' information.</i> '

29. On the whole the responses show support for the Draft procedure for dealing with concerns about osteopathic education. Some minor suggestions for improvement will be considered in the final draft including:

- Clarity around whistleblowing
- Clarity around how information contributes to the overall process (it is not a complaints resolution process for individuals)
- Clarity around where information may not be published.

**GOsC Response**

30. The Draft procedure for dealing with concerns about osteopathic education will be adapted to take account of these points and published as part of an updated Handbook.

**Sustaining good practice**

31. The responses to the questions about good practice are outlined in the tables below:

<b>Question</b>	<b>Responses</b>
Q16: What are the best mechanisms for identifying, sharing and sustaining good practice?	As outlined in the consultation paper – thematic review, sharing good practice arising from annual reports, annual seminars on areas of interest to educational institutions, e.g. assessment.  The educator workshop group very much appreciated a space to meet with their fellow educators from other institutions. They felt there was a role for an overarching organisation to create this space to develop educational

Question	Responses
	<p>communities.</p> <p>There were mixed views about whether this should be published alongside performance data or shared in different ways.</p>
<p>Q17: How can quality assurance review help to sustain good practice?</p>	<p>Mixed views about how to support organisational learning – some arguing that identifying individual good practice increases competition and decreases collaboration whereas some of the other mechanisms support collaboration.</p>

Question	Yes	No	Responses
<p>Q18. Do you think it would be appropriate to publish good practice alongside conditions?</p>	<p>5</p>	<p>3</p>	<p><i>'just as assessment guides learning identifying that good practice will be recognised publicly should guide development of good practice'</i></p> <p><i>'It's more about engagement than publishing which requires trust, mutual dialogue, safe environment, sharing but not interrogating'</i></p>

32. The questions on good practice identified some additional ways of sharing good practice. In particular, a focus on collaboration, mutual trust and increased spaces and networks. Some caution was expressed about the impact of public 'judgements' about provision. The Professional Standards Authority supported our thematic reviews. But equally, review visits were felt to be good sources of identification of good practice.

33. In addition to these responses, one focus group member submitted papers about the distinction between quality enhancement and quality improvement, emphasising the importance of a strategic focus on quality enhancement rather than a series of activities identifying 'what we do'.

**GOSc Response**

34. We suggest that our current mixed approach of recognising and celebrating good practice in contexts as part of the RQ review report is important – the dialogue created in these visits was identified as important to visitors and to osteopathic educational institutions. Otherwise the RQ reports just focus on matters that go wrong. However, as now, we think that the way to achieve the outcome of collaboration, sharing, learning and sustaining good practice relies

on a mixture of methods including thematic reviews which are supported by the osteopathic educational institution community. We will also work more closely with the Council of Osteopathic Educational Institutions to work to create collaborative communities with educational faculty across institutions to continue to support them.

**Risk based quality assurance**

35. The responses to the wider call for evidence about risk based quality assurance are outlined in the tables below.

Question	Responses
<p>Q20: What are the risks particular to osteopathic education that the GOsC should take into account when designing a risk-based approach?</p>	<p><i>'Poor standards of clinical education and patient experience.'</i></p> <p><i>' - Very idiosyncratic in-house clinical education; Part-time faculty; The diverse nature of the providers in the main operating pre-registration programmes validated by different universities. There will be significant variation between providers from an organisational context.'</i></p> <p><i>'OEs not reporting substantial changes'</i></p> <p><i>'Risks as outlined in specific and general conditions (from Focus Group)</i></p> <p><i>Adjunctive therapies taught at pre-registration education</i></p> <p><i>'cautious here as it will have a profound effect on education - risk should be explored and inform but not lead QA'</i></p>
<p>Q21. What are the particular risks for the recognition of new osteopathic programmes/providers versus to the renewal of existing programmes?</p>	<p><i>New programmes:</i></p> <ul style="list-style-type: none"> <li><i>• Establishment of a faculty;</i></li> <li><i>• Establishment of a clinic;</i></li> <li><i>• The level of expertise the Provider has access to;</i></li> <li><i>• The ability to recruit students and patients (achieving the critical mass);</i></li> <li><i>• Pump-priming ability before viability is</i></li> </ul>

	<p><i>achieved;</i></p> <ul style="list-style-type: none"> <li>• <i>Institutional naivety'</i></li> </ul> <p><i>'Competition and financial uncertainty'.</i></p>
<p>Q22: 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?</p>	<p><i>'there may be scope to tailor the GOsC's approach based on the past performance of specific institutions'</i></p> <p><i>'visits are too contrived, which leaves the institutions with the space to falsely amend what the QAA etc see.'</i></p> <p><i>'There is the need for a range of KPIs (e.g. for attrition; progression stats etc).'</i></p> <p>how to characterise the maturity of the response of the institution to matters arising (From the GOsC / OEI workshop and also visitor focus groups)</p>

<b>Question</b>	<b>Yes</b>	<b>No</b>	<b>Responses</b>
<p>Q23: 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?)</p>	5	0	<p><i>'Yes. I think drop in session would be much more successful, because just as it with speed cameras, people slow down to be good citizens for 30 seconds and then speed up again.'</i> (NB: This respondent advocated OFSTED style visits with 48 to 72 hours notice. This was not mentioned by any other respondent.</p> <p><i>'The current nature and content is fine. The Visitors must be adequately prepared and able to carry the process through. Additionally, the Review Coordinator must be able adequately to judge the sufficiency of data for the Review to proceed (in collaboration with the Visiting Team). Frequency: Max period between Visits should be 5 yrs. Sooner where risks are identified.'</i> (Most respondents felt that visits were important and there was a risk of complacency should the cycle be extended much more then five years)</p> <p><i>just as assessment guides learning identifying that good practice will be</i></p>

Question	Yes	No	Responses
			<p><i>recognised publicly should guide development of good practice'</i></p> <p><i>'It's more about engagement than publishing which requires trust, mutual dialogue, safe environment, sharing but not interrogating'</i></p>

- 36. The responses identify different perspectives about risk. Some regarded risk as an issue plus an institution response suggesting that there was no perfect set of metrics that would identify a particular form of risk.
- 37. Other responses felt that assuming non-compliance was the appropriate response and that the way to get to what is 'really happening' in an institution, one must employ surprise tactics.
- 38. Other responses emphasised that the most rewarding and constructive visits were those where both Visitor and Institution engaged in constructive dialogue and a mutual learning experience underpinned by trust.
- 39. Other responses also felt that the current review process did incorporate risk.
- 40. There were calls to identify metrics, but no responses as to what these metrics might look like.
- 41. Some responses felt that risk could be identified across the board at the beginning of the cycle. Thus a finite set of resources could be allocated dependent on the risk profile allocated in the previous cycle. So, for example, if an institution had no major changes or risks arising in their provision, they might require less scrutiny in terms of visits or annual report analysis. On the other hand, an institution which identified lots of change, or insufficient institutional response to issues identified, that this institution may require more resources. However, others felt that this approach was critiqued by complacency and that visit should still take place every five years.

**GOsC Response**

- 42. What is clear from the consultation is that there are no clear answers about what an innovative approach or a risk based approach to quality assurance in osteopathic education looks like.
- 43. It is suggested that we develop further discussions drawing on the information gathered with the Committee to inform further information gathering from our stakeholders. It may be that we consider commissioning some bespoke research in this area before developing specific proposals.