



**Council**  
**1 May 2014**

**Education quality assurance review discussion document**

<b>Classification</b>	Public
<b>Purpose</b>	For decision
<b>Issue</b>	Approval for publication of a discussion document to inform our quality assurance policy development.
<b>Recommendations:</b>	<ol style="list-style-type: none"><li>1. To note the on-going enhancements to our quality assurance processes.</li><li>2. To agree the recommendations of the Education and Registration Standards Committee (ERSC) to publish the discussion document for consultation with stakeholders.</li></ol>
<b>Financial and resourcing implications</b>	Consultation costs are incorporated into our 2014-15 budget. Analysis will be undertaken in house.
<b>Equality and diversity implications</b>	None
<b>Communications implications</b>	The discussion document will be sent to our key stakeholders for consideration.
<b>Annexes</b>	<p>Annex A – Draft discussion document</p> <p>Annex B – Preliminary Quality Assurance review outcomes 2011</p> <p>Annex C – Extract from the minutes of the Education and Registration Standards Committee (ERSC)</p>
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## Background

1. Our Business Plan 2013-14, states that we will 'ensure that initial education and training is of high-quality and is fit for purpose in an evolving healthcare and higher education environment.' As part of this it states that we will undertake a major review of our quality assurance process to ensure that it remains fit for purpose in terms of quality, effectiveness and cost/resource efficiency and that it embodies the aims of 'right-touch regulation.'
2. The GOsC has already undertaken a preliminary review of our quality assurance procedures in 2011-12, which resulted in a number of minor modifications to the existing process. As a result of this preliminary review, some suggestions were made by Education Committee for work to be taken forward as part of the major review. These are presented at Annex B and have been taken into account as part of this document.
3. At the Education Committee meeting on 27 November 2012, the Committee considered draft consultation themes for the quality assurance major review. It concluded that these were 'overly complex' and that 'clearer explanations were required'. It also agreed to commence a round of pre-consultation information gathering from key stakeholders and suggested that this should be on the basis of open rather than preconceived questioning.

### *Context*

4. On 29 January 2014, the Council considered our response to the Francis Report and other related reports which contains an important context to the development of our thinking around quality assurance. These include:
  - a. Listening to patients – our methods should ensure that patient care and patient feedback is reflected centrally in our quality assurance framework.
  - b. Openness and candour – our methods should explore and ensure a culture of candour and honesty in osteopathic education and patient care
  - c. Information sharing – how we ensure intelligent collection, sharing and use of data to identify and address systemic concerns and challenges related to healthcare provision, which in turn can be related to educational delivery of healthcare.
5. These themes are about proactive regulation – understanding and intervening within the regulatory environment before problems occur – but we must ensure that our processes are proportionate.

### *Legislative change*

6. It is important to make clear at the outset that our quality assurance review is being undertaken at a time when health regulatory legislation is changing.

7. A major review of health regulation legislation has been undertaken by the Law Commission of England and Wales, the Scottish Law Commission and the Northern Ireland Law Commission which will change our legislation in due course.
8. In April 2014 the Law Commissions published their draft proposals for a single Act of Parliament dealing with the regulation of all the existing health and social care professionals, *Regulation of Health Care Professionals, Regulation of Social Care Professionals in England*. We will know formally whether Parliament will consider this Bill in 2014-15 following the Queen's speech which is due in June 2014.
9. The proposals for regulators' powers and duties in relation to quality assurance are intended to be flexible; they propose that regulators should be given greater autonomy to determine their own approach to the approval of pre-registration and post-registration education and training. This would enable the regulators to undertake the task of quality assurance in such a way that reflects the circumstances each faces, including the potentially significant costs and burdens imposed by quality assurance systems. For example, the regulators could opt for a process-driven approach to regulation which relies heavily on approving the content of courses/programmes and inspection, or an outcomes-based approach. The regulators could also choose to regulate individual education programmes and/or education institutions and/or the environment in which education is delivered.
10. The regulator would be able to set out how it would approve courses and programmes, and how it would quality assure these in its own rules. The proposals would also give regulators the ability to draft rules around fees charged for quality assurance. The regulators must however have clear standards for educational delivery and the criteria that they use to base the judgements on whether educational provision is recognised.
11. This flexible framework for quality assurance could open up the possibility of a radically different and fit for purpose approach to quality assurance in due course.
12. This gives the GOsC the opportunity, in conjunction with its stakeholders to take a more fundamental look at its quality assurance processes to ensure that they continue to be fit for purpose.

### *Purpose*

13. The European Association for Quality Assurance in Higher Education (ENQA), states in its standards and guidelines for Quality Assurance (QA) in Europe that 'all external quality assurance processes should be designed specifically to ensure their fitness to achieve the aims and objectives set for them'. It is important for GOsC to periodically consider this question and review its own procedures to ensure that QA continues to be fit for purpose as the political, social and regulatory backdrop changes.

### *Process*

14. In order to undertake this review, it is important to consult stakeholders both internally and externally in order to benchmark our current quality assurance processes against the wider sectors of healthcare education and higher education in general.
14. This paper sets out:
  - a. Who we have engaged with to inform our quality assurance review
  - b. Steps we are taking now to enhance our existing quality assurance processes
  - c. Issues for consideration in the form of a discussion document (Annex A).

### **Discussion**

#### *Who we have engaged with to inform our quality assurance review*

15. Since November 2012, GOsC staff have attended several external meetings related to developments in the Higher Education sector led by the Higher Education Funding Council for England (HEFCE) and the Quality Assurance Agency for Higher Education (QAA)<sup>1</sup> to ensure that thinking about the wider quality assurance environment informs our own quality assurance proposals. In relation to the wider environment, HEFCE and the QAA plan to develop and extend the quality assurance regime for public universities funded by the Government and this will include the ways in which the professional and regulatory bodies feature and contribute. The new system is risk-based and will take place over a period of six years. Professional and regulatory bodies will be asked to share information on their own quality assurance reviews and mechanisms (and potentially vice versa) to ensure that future quality assurance is effective and efficient. The changes in the wider environment are likely to influence our own approach.
16. The GOsC has also embarked on a round of information gathering with some of our key stakeholders in this area, namely other healthcare regulators and the osteopathic educational institutions (OEIs). We have consulted with the following:
  17. Healthcare regulators:
    - a. General Medical Council
    - b. General Optical Council
    - c. General Pharmaceutical Council

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<sup>1</sup> The QAA, in this context, acting within their wider remit to review and report on the performance of providers of higher education with regard to standards of awards and the quality of provision

- d. Nursing and Midwifery Council.
18. Osteopathic Educational Institutions:
- a. British School of Osteopathy
  - b. College of Osteopaths
  - c. European School of Osteopathy
  - d. Leeds Metropolitan University
  - e. Oxford Brookes University
  - f. Surrey Institute of Osteopathic Medicine
  - g. British College of Osteopathic Medicine
  - h. London College of Osteopathic Medicine
  - i. London School of Osteopathy
  - j. Swansea University.
19. The Professional Standards Manager has attended the annual training events for GOsC review visitors conducted by the Quality Assurance Agency for Higher Education, which has afforded the opportunity to hear feedback directly from those conducting the review as well as consideration of the QAA Evaluation report containing feedback from other stakeholders.
20. A wealth of reports and sources have also informed the distillation of issues for consideration in the osteopathic educational environment including:
- a. *Report of the Mid-Staffordshire NHS Trust Public Inquiry*, Francis R, 2013.
  - b. *A promise to learn – a commitment to act* – (the Berwick review into Patient Safety), Berwick, D. 2013.
  - c. Keogh Mortality Review, Keogh, B. 2013.
  - d. *Regulation of Health Care Professionals, Regulation of Social Care Professionals* – Law Commission, Scottish Law Commission, Northern Ireland Law Commission, April 2014
  - e. *Developing an evidence base for effective quality assurance of education and training*, Colin Wright Associates, May 2012 – an in depth review of quality assurance across 43 organisations including all of the UK healthcare regulators.
  - f. *Standards and Guidelines for Quality Assurance in the European Higher Education Arena*, European Association for Quality Assurance in Higher

*Education* (ENQA), 2009 – the ENQA are responsible for promoting European co-operation in the field of Quality Assurance as part of the Bologna Declaration 1999 which seeks to establish a European Higher Education Area. Their standards are referenced by the Council for Healthcare Regulatory Excellence (CHRE) in identifying characteristics of good practice in the QA of undergraduate education.

- g. *A Risk-based approach to Quality Assurance*, Higher Education Funding Council for England, 2012.
- h. *Outcomes of QAA Consultation on Higher Education Review*, Quality Assurance Agency for Higher Education (QAA), June 2013.
- i. *Higher Education Review – a handbook for providers*, Quality Assurance Agency for Higher Education (QAA), June 2013.
- j. Care Quality Commission – system regulator in England.
- k. *Principles for Better Regulation of Higher Education in the United Kingdom* (November 2011), Higher Education Better Regulation Group.
- l. Architects Registration Board – statutory regulator of architects in the UK.
- m. *Handbook for the Inspection of Further Education and skills, Office for Standards in Education, Children's Services and Skills* (Ofsted), September 2012 – schools and further education inspectorate in England.
- n. Healthcare Inspectorate Wales – system regulator in Wales.
- o. Healthcare Improvement Scotland – system regulator in Scotland.
- p. Health and Care Professions Council.

*Enhancement of our existing quality assurance processes.*

- 21. As a result of engagement with our stakeholders, we will be taking immediate action in order to enhance the clarity of our existing processes. This will include:
  - a. More detailed guidance for patients, students and staff and a standard form for providing feedback about educational courses or for making complaints/feedback which explains more clearly our role and how we manage feedback and complaints received in between reviews and also ensures that this information is fed through to the reviews process.
  - b. More detailed guidance and a standard form for OEIs to report changes to general conditions, an analysis of the potential impact (if any) on the ability to deliver education meeting the *Osteopathic Practice Standards* and information about how these risks are being managed and mitigated.

*The discussion document*

22. The feedback from our information gathering was analysed and distilled into key areas to form the basis of a wider consultation with our stakeholders. These areas were grouped into sections in a proposed draft discussion document which was considered by the ERSC on 27 February 2014. The ERSC recommended that subject to some minor changes and an updated version of the discussion document is presented at Annex A. The ERSC discussion is provided at Annex C for reference. For ease of reference, the changes that have been made since the ERSC are highlighted in brown.
23. The recommendation of the ERSC was for Council to agree the publication of this document for wider consultation with our stakeholders. The proposed timescale for consultation is as follows:
- |                          |   |
|--------------------------|---|
| a. 1 May 2014            | PRESENT TO COUNCIL                              |
| b. May 2014              | AMENDMENTS FOLLOWING COUNCIL                    |
| c. Mid-May to Mid-June   | DESIGN AND PUBLICATION OF DISCUSSION DOCUMENT   |
| d. July – September 2014 | CONSULTATION                                    |
| e. Sept – December 2014  | CONSULTATION ANALYSIS AND PRODUCTION OF REPORTS |
| f. February 2015         | PRESENT TO ERSC                                 |

*Format of Consultation*

The format of the consultation should be the standard three month online consultation and sharing of information with our normal stakeholder groups. As part of the consultation we will seek to ensure that the key stakeholders – osteopathic educational institutions, students, education staff and patients – have sufficient opportunity to respond, including through the use of focus groups as resources allow.

**Recommendations:**

1. To note the ongoing enhancements to our quality assurance processes.
2. To agree the Education and Registration Standards Committee (ERSC) recommendation to publish the discussion document for consultation with stakeholders.



General  
Osteopathic  
Council

## **Draft Quality Assurance Discussion Document**

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### Introduction

#### What is the General Osteopathic Council?

1. The General Osteopathic Council (GOsC) regulates the practice of osteopathy in the United Kingdom. By law osteopaths must be registered with the GOsC in order to practise in the UK.
  - The GOsC keeps the Register of all those permitted to practise osteopathy in the UK.
  - The GOsC works with the public and osteopathic profession to promote patient safety by registering qualified professionals and sets, maintains and develops standards of osteopathic practice and conduct.
  - The GOsC helps patients with any concerns or complaints about an osteopath and have the power to remove from the Register any osteopaths who are unfit to practise.
  - The GOsC also assures the quality of osteopathic education and ensures that osteopaths undertake continuing professional development.
2. Like all health professional regulators, the GOsC exercises its functions to ensure public and patient safety and well-being.

#### What are its functions with regard to quality assurance of osteopathy courses in the UK?

3. The GOsC currently has specific functions to 'recognise qualifications' enabling graduates to apply for registration with the GOsC. The GOsC has worked with the Quality Assurance Agency for Higher Education to develop a process by which courses offering osteopathy qualifications are quality assured. Details of this process can be found at [www.qaa.ac.uk/InstitutionReports/types-of-review/Pages/GOsC-review.aspx](http://www.qaa.ac.uk/InstitutionReports/types-of-review/Pages/GOsC-review.aspx). The process involves a review every 3 to 5 years, the outcome of which will be that the course is recognised (or not) for the next period and this may or may not be subject to certain conditions applied to the recognition (these will be time specific).
4. This periodical review is supported by a process of annual reporting by all institutions which asks them to update on any outstanding conditions they may have, inform the GOsC of any changes that may have occurred since last review (or last annual report) and to provide details of key data such as student and patient complaints, student fitness to practise data and student numbers. A copy of the current annual report template is available at: [www.qaa.ac.uk/InstitutionReports/types-of-review/Documents/RQ%20 form.docx](http://www.qaa.ac.uk/InstitutionReports/types-of-review/Documents/RQ%20form.docx)
5. However, in due course, the legislative framework will change – enabling the GOsC to quality assure using different methods and different approaches to recognition.
6. This discussion document illustrates areas where we are seeking further feedback about the relevant arguments to enable us to formulate an effective,

efficient and fit for purpose quality assurance framework for osteopathic education.

### **What is quality assurance and why is any form of monitoring necessary?**

7. One of the most important ways of ensuring that osteopaths maintain and enhance their standards is through ensuring proper standards for entry to the register. For UK qualified osteopaths, proper standards are ensured by quality assuring osteopathy training courses which lead to registration. This ensures that all graduating students have met the standards. As part of the quality assurance process, the regulator works with osteopathy educational institutions delivering courses, to keep the delivery of education under review, to identify development areas and to enhance provision.
8. As osteopathy courses provide healthcare for patients as part of the delivery of their education, it is also critical to ensure that quality assurance activities ensure safe and quality care for patients who attend the student training clinics. These clinics are not subject to the scrutiny of the systems regulators (the Care Quality Commission, Health Inspectorate Wales or Healthcare Improvement Scotland).
9. The GOsC is not the only institution that plays a role within the quality assurance of osteopathy education. To varying degrees, nine out of ten of the training institutions offering osteopathy courses are validated directly or at arms length by a university that assures the academic rigour of the course and the other requirements of a public university in order to award a degree qualification. An institution offering degree courses will be subject to scrutiny through the processes of the validating university on an annual and periodic basis. For example, following our face to face discussions it was clear that the majority of institutions were required to submit to course validation reviews on a five yearly basis and produce annual reports to the university in between, based on feedback from staff and students, and reporting on any actions, risks and mitigations.
10. As with all healthcare regulators, the GOsC seeks to quality assure in the most efficient manner, seeking to reduce burden by drawing on existing quality assurance structures and information where possible. It would seek to apply the principles of the Higher Education Better Regulation Group whilst still ensuring it's primary function of ensuring patient safety is fulfilled.

### **Instructions for completing this consultation**

11. The GOsC is keen to hear your views in a number of areas related to Quality Assurance. Each section will provide a brief summary of current thinking, what happens at the GOsC now and offer some suggestions about what might be in place in the future. The GOsC would ask you to read the introductory paragraph for each section and answer the question related to that section.

### Purpose of GOsC quality assurance review

*What is the purpose?*

12. Guidance produced by the European Association for Quality Assurance in Europe (ENQA) on the development of external quality assurance processes states that: 'The aims and objectives of quality assurance processes should be determined before the processes themselves are developed, by all those responsible (including higher education institutions) and should be published with a description of the procedures to be used.'
13. All students must meet the *Osteopathic Practice Standards* (supported by supplementary guidance) before being awarded a 'recognised qualification.' The *Osteopathic Practice Standards* include standards in relation to communication and patient partnership, knowledge, skills and performance, safety and quality in practice and professionalism and are available at: [www.osteopathy.org.uk/uploads/osteopathic\\_practice\\_standards\\_public.pdf](http://www.osteopathy.org.uk/uploads/osteopathic_practice_standards_public.pdf)
14. Further guidance is also available to supplement the Osteopathic Practice Standards:
  - The Quality Assurance Benchmark Statement for Osteopathy (2007) available at: [www.qaa.ac.uk/Publications/InformationAndGuidance/Documents/Osteopathy07.pdf](http://www.qaa.ac.uk/Publications/InformationAndGuidance/Documents/Osteopathy07.pdf)
15. The quality assurance review process should be proportionate and transparent, and should ensure that:
  - graduating students meet all the standards outlined in the *Osteopathic Practice Standards* and are fit to practise.
  - safe and competent patient care is delivered in a safe clinical environment.

### Questions:

- **Is this the right purpose?**
- **What else should be added, adapted or removed?**

*Principles underpinning development of a Quality Assurance system*

16. The principles that the GOsC would seek to adopt in developing its Quality Assurance system would be those outlined by the Higher Education Better Regulation Group, which are as follows:
  - a. Regulation should encourage and support efficiency and effectiveness in institutional management and governance.
  - b. Regulation should have a clear purpose that is justified in a transparent manner.

- c. Regulation depends on reliable, transparent data that is collected and made available to stakeholders efficiently and in a timely manner.
- d. Regulation assessing quality and standards should be co-ordinated, transparent and proportionate.
- e. Regulation should ensure that the interests of students and taxpayers are safeguarded and promoted as higher education operates in a more competitive environment.
- f. Alternatives to regulation should be considered where appropriate.

### Questions:

- **Are there any other principles that the GOsC should adopt in developing its Quality Assurance system?**

#### *Patient safety and quality of care*

17. Like other health professional courses, the osteopathy course involves the direct interaction between students and patients in both academic and clinical situations. However, unlike other major healthcare courses, such as medicine, nursing and dentistry there is no external, independent scrutiny of clinical provision by employers such as the NHS or by systems regulators such as the Care Quality Commission (CQC), Health Inspectorate Wales or Healthcare Improvement Scotland.
18. The QAA Subject Benchmark Statement for Osteopathy, 2007, suggests that each student should complete a minimum of 1000 clinic hours over the duration of the course and see at least 50 new patients. This experience is delivered in dedicated student training clinics staffed and managed by qualified osteopaths attached to each osteopathic educational institution.
19. The Francis report into Mid-Staffordshire Hospital and the Berwick Patient Safety Review puts a greater onus on professional regulators to ensure safe patient care in undergraduate education. Where clinical education is delivered within the NHS structure, both Francis and Berwick stress the importance of streamlining the existing regulatory function and increasing the role of the CQC to act as the main regulator of basic standards to ensure patient safety. However, this gap is not currently managed by any other organisation in osteopathic education.
20. As such the GOsC review is the sole review that will have a direct concern with standards and quality of patient care within the student clinic due to its remit for patient safety. The validating university will also have an interest but generally, this scrutiny is not the same as that provided by the NHS or the systems regulators.
21. Our current quality assurance process does not contain a separate focus on clinical provision, rather it looks at the clinic as part of the general teaching and learning requirements.

22. It is suggested that additional focus is required on the clinical provision due to the patient safety implications that poor management of this could have.
23. The CQC outlines 16 essential standards<sup>2</sup> for care which are very much drawn from the important themes of care and dignity arising from the Francis Report and they provide a good basis for considering the aspects that we may need to explore further within our quality assurance framework. The ones relevant to osteopathy have been highlighted below (for example removing standards in relation to the administration of medicines):
- Outcome 1: Respecting and involving people who use services. People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run.
  - Outcome 2: Consent to care and treatment. Before people are given any examination, care, treatment or support, they should be asked if they agree to it.
  - Outcome 4: Care and welfare of people who use services. People should get safe and appropriate care that meets their needs and supports their rights.
  - Outcome 6: Cooperating with other providers. People should get safe and coordinated care when they move between different services.
  - Outcome 7: Safeguarding people who use services from abuse. People should be protected from abuse and staff should respect their human rights.
  - Outcome 8: Cleanliness and infection control. People should be cared for in a clean environment and protected from the risk of infection.
  - Outcome 10: Safety and suitability of premises. People should be cared for in safe and accessible surroundings that support their health and welfare.
  - Outcome 11: Safety, availability and suitability of equipment. People should be safe from harm from unsafe or unsuitable equipment.
  - Outcome 12: Requirements relating to workers. People should be cared for by staff who are properly qualified and able to do their job.
  - Outcome 13: Staffing. There should be enough members of staff to keep people safe and meet their health and welfare needs.
  - Outcome 14: Supporting workers. Staff should be properly trained and supervised, and have the chance to develop and improve their skills.
  - Outcome 16: Assessing and monitoring the quality of service provision. The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care.
  - Outcome 17: Complaints. People should have their complaints listened to and acted on properly.
  - Outcome 21: Records People's personal records, including medical records, should be accurate and kept safe and confidential.
24. Many of these areas are covered in the *Osteopathic Practice Standards*, but some, such as staffing requirements are not. Therefore additional 'environmental standards' would need to be developed to support the quality assurance

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<sup>2</sup> The 'essential standards' are expected to be replaced with similar but modified 'fundamental standards' in the course of 2014.

framework in this area to support the purpose of 'safe and competent patient care is delivered in a safe clinical environment' set out above.

25. A further element of these types of reviews conducted by systems regulators such as Healthcare Improvement Scotland, is that they are conducted on both an 'announced' and 'unannounced' basis. This is to offer some confidence that the health services being reviewed have not simply prepared everything for the benefit of the reviewers. Healthcare Improvement Scotland provides clear guidelines about the differences between these types of reviews to ensure transparency.
26. It would, however, be very important that such an approach was managed proportionately. It should not feel as though such an approach would be an additional burden to what we are undertaking currently. Costs also need to be manageable. Such an approach could be managed, proportionately and appropriately through the analysis of patient feedback centrally with the results available to the Osteopathic Educational Institutions, or through the shared use of data in other governance mechanisms. This is discussed in more detail later on.

### Questions:

- **Should the GOsC play more of a role in scrutinising the quality of care provided in clinical education?**
- **What outcomes should be expected?**
- **Should there be an element of any the review which is 'unannounced'?**

*Proportionality: The role of others in the quality assurance (QA) process*

27. In discussions with the osteopathic educational institutions it was clear that they operate their own internal quality management mechanisms to ensure that they meet standards, although the nature, intensity and robustness of these varied greatly. There was also a question about whether internal mechanisms focussed on the professional, clinical and academic aspects with equal rigour.
28. In general, osteopathy courses are validated or reviewed by more than one organisation, generally the validating university and the GOsC for degree courses. Some institutions, such as public universities or those offering subjects other than osteopathy may be subject to additional reviews, for example by other healthcare systems regulators, such as the Care Quality Commission (CQC). The role of the CQC for example is to '...make sure hospitals, care homes, dental and GP surgeries, and all other care services in England provide people with safe, effective, compassionate and high-quality care...' and '...encourage them to make improvements.'
29. The ENQA in its standards for QA in Europe states that 'external quality assurance procedures should take account of the effectiveness of the internal

quality assurance processes [guidelines on consistent internal quality assurance processes are described in part 1 of its standards]. All reviews focus on the institutions internal quality assurance mechanisms to ensure that they are meeting the standards required for educational delivery, but each review will have a different focus and a different set of standards or criteria against which to review.

30. It is important for the GOsC to be clear on the purpose of its own review, the standards and criteria which apply and how these relate to the other types of review taking place. As an example, the purpose and objectives of the validating university will differ from the regulator, although certain areas of review will be pertinent to each, i.e. course curricula, learning outcomes and assessment.
31. In line with the Professional Standard Authority's approach to 'Right Touch Regulation' and Higher Education Better Regulation Group, the GOsC should look to ensure a proportionate scheme, while still achieving the required purpose of the review mechanism. Following the 2010-11 preliminary Quality Assurance review conducted by the GOsC, the GOsC Education Committee agreed that it wished to explore further the relationship between GOsC review and other reviews taking place by other organisations, particularly the validating universities. It also wished to consider how information is shared between these organisations. Where possible the GOsC should look to reduce burden and duplication in the field of quality assurance, whilst maintaining its remit to ensure patient safety.
32. There is a potential opportunity to reduce some of the duplication in reviews where similar areas are being investigated. This could be achieved by:
  - a. Sharing documentation (we currently receive a copy of external examiners reports from validating university on a yearly basis and have access to the validation report at the time of the initial or renewal review)
  - b. Joint reviews – with the validating university, other healthcare regulators or others
  - c. Observing part or all of other organisations reviews, i.e. members of GOsC review team attending validation events
  - d. Timing of reviews – linking GOsC review more closely to other reviews.
33. This could also reduce potential conflict between different reviews, especially in relation to module content and assessment.
34. When these ideas were discussed, the feedback was mixed. Some identified a problem with the burden of continual review, while others indicated that having the reviews jointly or more closely linked would mean that the review process is completed in one hit and will provide more consistent information for the reviews concerned and less of an ongoing burden. Others identified that having the reviews separated may offer the opportunity for the feedback from one

review to be incorporated and taken into account by another review. Some caution was offered here by others who identified the potential for diminishing returns and assurance if issues from one review are focussed on by the other review in a continuing cycle, at the expense of other areas.

35. Others highlighted the possibility of conflict between different types of reviews. One example provided was a situation where a course had been validated by a university and several months later following the GOsC review the visitors had suggested changes to the module structure and assessment load resulting in the need to have a restructured course revalidated by the university again. Another example provided suggested that the importance and weighting of the regulators review outweighed that of the institution and that better information sharing between the two could avoid potential conflict. It was suggested that having a member of the GOsC review team in an observational capacity at the University validation may reduce conflict, whereas another suggested that it should be a member of the university validation panel that should observe the GOsC review.
36. Part of the challenge relates to the variety of mechanisms in place at each of the ten osteopathic educational institutions suggesting that a one size fits all model may not be appropriate. Although, of course, the challenge of a flexible model is potentially demonstrating consistency.
37. It is for the GOsC to define what it would expect from an internal quality assurance system in a similar way to that outlined by the ENQA. If there was more consistency between the QA systems employed by the osteopathic educational institutions, then this could lead to greater confidence in the quality of educational provision. Perhaps common shared live data sets could support such an approach. The ENQA states that the key areas of a good internal quality assurance system include:
  - a. Documented policy and procedures for quality assurance
  - b. Approval, monitoring and periodic review of programmes and awards
  - c. Assessment of students
  - d. Quality assurance of teaching staff
  - e. Learning resources and student support
  - f. Information systems – institutions should ensure that they collect, analyse and use relevant information for the effective management of their programmes of study and other activities
  - g. Public information – institutions should regularly publish up to date, impartial and objective information, both quantitative and qualitative, about the programme and awards they are offering. This is explored further under collection of staff, student and patient feedback later in this document.



38. The GOsC would need to be assured that this internal quality assurance was taking place independently or in conjunction with a validating university, so that duplication of review burden could be avoided. This could then free up GOsC review to consider more fundamental aspects of subject specific professional review which are explored further in the section on *Themed review versus general review*.

### Questions

- **How could GOsC draw on the internal quality assurance systems of the osteopathic educational institutions?**
- **How could GOsC work with others to reduce duplication/burden and make the process more efficient?**

#### *The balance of academic versus professional quality assurance*

39. Feedback about the current GOsC review method suggested that it focusses in great detail on academic aspects drilling down to aspects which were not scrutinised as part of the standard QAA review process of public higher education institutions. However, it was felt that there was less of a focus on the professional and clinical aspects of teaching. Feedback also noted that there was not enough of a focus on observation of clinical learning and teaching.
40. In contrast, feedback from other stakeholders in the quality assurance review process suggested that the role of the visit team in the observation of teaching and learning in classrooms did not seem to add anything to the overall process and also almost demanded feedback on an individual even though this is not the purpose of the quality assurance process. It was also noted that other QAA processes exclude this kind of observation and reviews focus more on the quality management systems in place to assure the quality of the teaching in general and staff development.
41. A method which redressed the balance between observation and data gathering from both the academic and the clinical side of the education and its delivery seems appropriate – but the question is how we might be able to incorporate this effectively into the overall method.

### Question

- **What methods might be effective in exploring and ensuring appropriate standards in clinical teaching (in the osteopathy clinic) as part of our quality assurance process?**

### *Themed review versus general review*

42. The Colin Wright and Associates report on quality assurance from 2012<sup>3</sup>, describes thematic review as a subject specific approach which explores a particular curriculum or outcome area in detail across all providers but does not lead to a judgment. It tends to promote and share good practice whilst identifying deficiencies in provision as a whole. The Report said:
- ‘Themed inspections have been ‘invaluable’ – often unearthing much that would not have been apparent from the annual monitoring reports, providing a more rigorous and focused assessment. Themed inspections have been well-received by the Universities (perhaps as it does not feel like singling out particular HEIs, but is a more helpful and constructive process of looking at practices across the board and recognising good practice as well as identifying any areas of concern). Themed inspections fit well with the need to ensure consistency across all provision especially where there is a public protection role’ (General Social Care Council) see page 42 of the Report.
43. Currently it appears that this type of approach would be complementary to one that is looking at the adherence of standards across the board. However, a radical approach which looked solely at enhancement could be envisaged if this was showing a demonstrable improvement of standards.
44. Informal feedback from one healthcare regulator suggests that if you sample a single subject in more detail you may lose opportunity for an institution to demonstrate areas of strength and good practice and they may feel penalised as a result.
45. The General Pharmaceutical Council (GPhC) seems to have taken the thematic approach one step further by explicitly focusing on particular outcomes as part of their QA approach. This has meant that ‘the accreditation process for pharmacy programmes was radically redesigned on a Miller’s triangle model [based on knowledge, competence and performance i.e. knows, knows how, shows how, does]. As well as standard meetings about staffing, resources, etc., schools are required to demonstrate the pathway by which outcomes will be achieved. The core of the visit comprises several meetings where the above is explored. Visit teams will select around 15 (of around 100) outcomes per visit and the training provider will describe how the programme it has designed delivers those outcomes. So, rather than taking a general overview, the team undertakes selective in-depth verification of standards on a risk basis.’
46. This is an outcomes focused approach which has had interesting consequences as follows ‘The regulator anticipated a greater reaction to the changes from providers than was actually initially the case. However, it has since become

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<sup>3</sup> Developing an evidence base for effective quality assurance of education and training, Colin Wright Associates, May 2012 – an in depth review of quality assurance across 43 organisations including all of the UK healthcare regulators.

apparent that some providers may not have expected the rigor with which the new standards would be applied and have been surprised when challenged on the degree of integration of outcomes into the curricula. This has led to a higher than usual number of deferred accreditation decisions or decisions to accredit for a limited period of time (to enable a proper curriculum redesign to take place) ... Providers reportedly find the process draining but rewarding. They accept that the clear evidence based approach is appropriate.'

47. On the one hand, this might be an appropriate and helpful way to explore the curriculum mapping to the *Osteopathic Practice Standards* in a meaningful way. But this may well entail a considerable amount of resources if the GPhC experience is replicated. On the other hand, integration of the relevant standards is a core role of quality assurance.
48. There is the potential to focus on key areas that are of interest to the GOsC, based on current context and climate, which would offer a more in-depth view of the provision and answer the more detailed questions that a wide ranging more general review would not be able to achieve. The Care Quality Commission also uses this approach in its processes for assuring key aspects of provision.
49. Alternatively, as already referenced in the previous section on *The balance of academic versus professional quality assurance* and the following section on *Frequency*, there is the possibility to use the initial self-appraisal to focus on a subject specific area for that institution. The GOsC also collects annual reports from the institutions which have in the past also been used to collect data on a specific 'theme' – these could be used separately or as part of a review to focus on a particular theme in the future.
50. A third option could be a combination of both, with a general check and a key theme to investigate each year, or specific to an institution. Again, with the latter, consideration of whether this discriminates should be taken into account.

### Questions

- **How appropriate is themed review to the current environment of osteopathic education?**
- **What factors influence your response?**

### *Frequency*

51. The GOsC currently undertakes an initial appraisal of an osteopathic educational institution at the beginning of the review process – this is the appraisal of a 'Self-Evaluation Document (SED)' submitted by the institution, together with other documentary evidence supporting the provision and correspondence and papers considered by the GOsC Education and Registration Standards Committee and Council. This informs the context and background to a 2½ day visit as part of the review and directs the visiting team to the areas that they wish to focus

on during the visit. It is not however used to modify the intensity of the review, i.e. the length of, or even the necessity to make a formal visit to the institution.

52. The Higher Education Review consultation conducted in 2013, by the Quality Assurance Agency for Higher Education (QAA) asked whether there should be different frequencies for reviews depending on the circumstances, for example, if an institution has previously received good ratings or related to the size of the institution. The results of its consultation showed that 84.6% supported a high, medium and low frequency range of reviews and 86% of respondents thought that the frequency of the review should be linked to the outcome of an initial appraisal.
53. Looking outside of the Higher Education sector at a typical Ofsted inspection for Further Education courses, the length of the inspection (typically three to five days) and the number of inspectors used might vary depending on factors such as:
  - a. the size and type of provider
  - b. how many learners they have
  - c. the size of their funding contract
  - d. the geographical spread and range of the provision.
54. The advantages of a flexible approach to reviews include that reviews may be targeted at important areas and therefore conducted more effectively and efficiently if there is flexibility to determine the frequency of the review depending on the nature of the osteopathic educational institution. This may or may not be based on a self-evaluation document or a number of other factors. If data underpinning decisions was accurate it could also lead to a better and more effective use of resources.
55. The disadvantages of a flexible approach to the frequency of reviews is the reliance on a 'self-evaluation' which may not give an accurate or overall picture of provision or the dependence on the accuracy of the data used to inform the intensity of the review. There could also be potential to miss out on key areas that would impact on quality educational delivery and patient safety. There is also the potential for inconsistency.

### Questions

- **What do you think the frequency of a GOsC review should be?**
- **What factors should determine the frequency of a review?**

### *Recognition cycles and expiry dates*

56. Currently, the GOsC performs an in-depth review and renewal of recognition of all osteopathy course providers every three to five years dependant on experience of the provider and whether there are any concerns with the course. As reported by Colin Wright Associates in its review of quality assurance in 2012, 'this cyclical model for re-approval of provision remains the most frequently reported approach to planning QA' (i.e. a re-approval visit after a maximum of 5 years is most typical).
57. The ENQA support this approach in its standards and guidance for QA in Europe, stating that 'external quality assurance of institutions and/or programmes should be undertaken on a cyclical basis. The length of the cycle and the review procedures to be used should be clearly defined and published in advance.'
58. The periodical approach employed by the GOsC is risk-based dependent on experience of the provider, the newness of a particular qualification and any previous issues or concerns that have been raised about the provision. The GOsC currently provides a guide of 3 to 5 years renewal to Committee when making recommendations for recognition, although this could be more explicitly defined in its process guide.
59. An alternative to the cyclical approach to quality assurance is offered by the Health and Care Professions Council (HCPC), which approves courses indefinitely. Approval would only be removed as a result of a major change which would mean that standards were affected. This change is monitored through annual reporting.
60. Another approach offered outside of the healthcare sector by the Architects Registration Board (the UK regulatory body for architects) involves an annual application from new schools or those wishing to renew their recognition. This is a wholly paper based exercise with evidence provided by the school which is assessed against a number of criteria by a committee of the board.
61. The GOsC currently operates both a periodic review and an annual reporting process, so it would be possible to transfer to a model of continued recognition. This model would offer more stability and clarity to the educational institution, particularly helpful to reassure staff and students, but might remove some of the power of the GOsC to act quickly in cases of concern about provision under the current legislative model.
62. Having expiry dates for recognition means that it is possible to let the recognition expire if there are concerns for patient safety or the quality of the education delivered. If recognition did not expire then the GOsC would have to apply for this to be removed which may take some time in terms of the legal process. However, it is suggested that change is effected with educational institutions through ongoing dialogue which should seek to remedy problems long before it got to the stage of removal of recognition.

63. The disadvantages of using expiry dates is reviews need to be completed within a certain time period to ensure that there are no breaks in recognition of institution simply because of administration. This means that it might not be possible to schedule a review to account of other reviews such as those of the validation university.
64. Currently, reviews have to commence between 12 and 18 months in advance of the expiry date in order to complete all of the necessary stages involved in the process, including the submission of evidence by the institution, consideration of the evidence, approval of review visitors, the review itself, production of paperwork, recognition by GOsC committees and Council and final approval by the Privy Council.
65. This means that the period between when a review was complete and when the recognition is approved can be anything up to 6 months, which creates uncertainty for the institution and students around these times and means that the review reports and recognition orders published by GOsC tend to already be some months old.
66. A continuous form of recognition would provide greater security for students and osteopathic educational institutions, providing the GOsC could be confident that the supporting process ensured patient safety and that there were mechanisms to act if this was not the case. Any risks could be mitigated with live data and an ongoing approach to dialogues and discussion.

### Questions

- **What overriding reasons are there for retaining expiry dates?**
- **If expiry dates are in place, should these be uniform or are there factors which would mean that different expiry dates should apply?**

#### *Course or provider approval*

67. Following on from the previous discussion, there is also the need to consider whether the GOsC continues to recognise individual qualifications/courses or the provider that delivers them.
68. We currently have legal powers to 'recognise qualifications' rather than institutions. However, under the new draft Bill proposed by the Law Commissions, we would have powers to recognise institutions or qualifications or courses.
69. The benefits of recognising qualifications include more control in terms of the delivery of a particular course (for example, if a course was franchised outside of the UK, it could be possible to accredit that course separately.)
70. The disadvantages of recognising qualifications include the fact that each new qualification requires a further review before recognition. It is disproportionate

and costly to undertake a full review when the name of the qualification changes, for example from BSc to BOst or Most or where a new part-time course is added, particularly when a review has recently taken place and where internal quality management systems are effective.

71. The benefits of recognising providers include enabling a much clearer emphasis on the institution's internal quality management procedures which are essential to maintaining standards of education and delivery.
72. The disadvantages of recognising institutions includes if an institution collaborated to deliver a course in a very different way, there would potentially be no power to review this new element.
73. In the Law Commissions' proposals it is envisaged that regulators would be able to set the unit of approval themselves. However, there is also a focus on working with others more closely. We would need to consider further the advantages and disadvantages of particular units of approval considering the roles of others.

### Question

- **Do you think that in future the GOsC should recognise qualifications or providers? What are your reasons?**

#### *Initial Recognition*

74. The GOsC currently undertakes two types of review process. One supports the recognition of the new institutions offering osteopathy courses and the other renews the recognition of existing institutions both existing and new courses. Details of these processes can be found here:  
<http://www.qaa.ac.uk/InstitutionReports/types-of-review/pages/GOsC-review.aspx>
75. The process employed is very similar in terms of the methodology. The GOsC does not currently produce any documentation outlining the expectation of an osteopathic educational institution, or guidance on establishing a course. Recent work on the Guidance for Pre-registration Education (GOPRE) may assist a new institution, as does the QAA Subject Benchmark Statement for Osteopathy, 2007, however these documents are more easily applied to an established course rather than an entirely new course prior to it establishing a clinic.
76. Feedback from the newest osteopathic educational institution to have its course recognised suggests that institutions would benefit from greater support from the GOsC. This would be most helpful during the development stage of a course, especially in terms of guidance on how to implement the paper based proposals, the need for involvement of osteopaths at an early stage and the support to establish clinics.

77. Some may question to what extent a regulator should be involved in the establishment of a commercial enterprise. It could be argued that input from the regulator is vital at an early stage to help shape the course so that it delivers the *Osteopathic Practice Standards* outcomes from the beginning and to support new providers in delivering the requirements of a regulator if they have little prior experience of this.
78. The General Pharmaceutical Council operates an initial provisional recognition process that provides enhanced support for new institutions but also requires reviews of the establishment of the course in every year for the first seven years – a stepped process. Only after this period of time will the course receive full recognition and enter the normal cyclical review period. This provides greater assurance to the Council and ensures that students who enrol on the course are clearer about what is happening as part of the process of recognition.
79. Disadvantages of this approach would be the burden on establishing an osteopathy course, which may not formally be approved for a number of years. This could prove disproportionate in terms of quality assurance and dissuade new courses from being established in the future. However, more support and stages of accreditation could be something that the GOsC explores further and the views of stakeholders would be welcomed.

### Question

- **What support should GOsC give to new providers of osteopathy education?**

*What feedback should be collected between reviews?*

80. In order for the GOsC to be assured that standards are maintained between reviews, it currently collects specific information from osteopathic educational institutions on an annual basis and also encourages feedback and complaints to be raised directly. The GOsC receives feedback from the following sources:
  - a. Information we request – every year, an osteopathic educational institution is expected to submit an annual report to the GOsC, detailing any changes to provision, and updating on any conditions it may have. The report is supplemented by external examiner reports and annual monitoring reports and action plans made to the university. It also requests information on the outcomes of student fitness to practise cases to help identify trends and assist the GOsC in meeting its public protection duties. Changes to the course are considered by the Quality Assurance Agency for Higher Education (QAA) as part of a separate duty under its contract with the GOsC. A review of the annual reports is produced and considered by the GOsC Education and Registration Standards Committee. Recommendations for further action may result as part of this consideration. A copy of the most recent annual report template can be found here: [LINK TO BE INSERTED following transfer to new GOsC website]



- b. Information that we state must be reported on – there is a requirement on osteopathic educational institutions to report on significant changes in the following categories as and when they occur:
- substantial changes in finance
  - substantial changes in management
  - changes to the title 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
  - changes in patient numbers
  - changes in teaching accommodation
  - changes in I.T., library and other learning resource provision.
- c. Unsolicited information - we also invite feedback and complaints which are either dealt with by GOsC in between reviews or by the QAA as part of the recognition review process, detailed in the Unsolicited Information Protocol produced to support the GOsC/QAA recognition review process. These may come from staff, students, patients or the public. A copy of this can be found here:
81. The *Berwick Report on Patient Safety*, 2013, makes a recommendation for Regulatory Bodies to 'streamline requests for information from providers so that they have to provide information only once and in unified formats, the same is true of inspections.'
82. In order to implement an effective feedback process, the following should be considered:
- a. The aim of the feedback process – i.e. the GOsC's statutory duties to promote high standards and recognise qualifications through assuring the delivery of *Osteopathic Practice Standards* and patient safety.
  - b. How feedback can be collected in a structured way – could we use live data sets of information on certain areas that are kept up to date and are therefore more relevant to the regulatory process?
  - c. What information is already available through other organisations – how can we ensure that the Berwick recommendations are implemented to streamline information requests?
  - d. How this information is handled and acted upon when received by the GOsC – what information is it important to action and what actions should be taken in different situations?

### Questions

- **What information should GOsC collect or consider between reviews?**
- **How could this be collected?**
- **What would information would indicate a problem with the educational provision?**
- **What actions should GOsC take between reviews?**

#### *The role of patients in the review process*

83. Patients are the main focus of the work of the GOsC, but how are they involved in educational delivery and how does the GOsC use them in quality assurance review? The GOsC Education Committee agreed in 2011 that this should be considered as part of the Quality Assurance review.
84. Under the current process, we explore the needs of patients through the standard of the clinical provision and the academic learning and by exploring patient feedback from the clinic and through inviting specific patient feedback in our unsolicited information protocol advertised in the patient clinic at the time of the review.
85. Osteopathic educational institutions use patients in their own quality assurance mechanisms, including seeking patient feedback through customer service questionnaires and the use of patient focus groups – although the collection of this data is variable and no data sets are inconsistent across institutions.
86. Some Osteopathic educational institutions also involve the use of patients in teaching (other than encounters in the clinic). For example, some institutions invite patients to talk to students about their experiences and some use feedback as part of the formative assessment of students. None use patients as part of the summative assessment, although one institution plans to develop this in future.
87. The collection of patient views and feedback in the review process is essential for a patient-centred regulator to be delivering its objectives. Consideration should be given to the role of the patient and how they can be used more consistently both as part of the internal quality assurance mechanisms of institutions and the GOsC review. This was reiterated at the 6th Annual Regulation Conference on 27th November 2013, where a presentation on the aftermath of the recent Francis, Berwick and Keogh enquiries by Peter Watkin-Jones, solicitor appointed to the Francis Enquiry, emphasised the need for the views of patients and potential whistleblowers, such as students, staff and other healthcare professionals, to form a more significant part of the considerations of healthcare regulators. Regulators should consider how to measure conglomerate data rather than considering complaints and feedback in isolation, as the latter could more easily be dismissed as 'isolated cases' by the institution in question.

88. One option might be a requirement from the GOsC for the osteopathic educational institutions to collect standardised patient feedback which could act as a resource for the review process.
89. The advantage of this would be that GOsC could be assured that all institutions are regularly collecting feedback from their patients in a consistent way that covers the key areas. It would also ensure that the GOsC is aware of the range of patient feedback and complaints within an institution rather than isolated feedback that is received directly or through the review process, usually limited to those who are more knowledgeable about the regulatory function or have seen a poster in one of the clinics at the time of a review.
90. Such data could also enable the institutions themselves to benchmark themselves against others which in turn could provide useful information to continually enhance standards. This aggregate data would be useful for both the institution which would be able to manage issues at an earlier stage and provide more assurance to the GOsC that it was able to pick up patterns of poor patient care within institutions.
91. Disadvantages of insisting on standardised patient feedback collection might be that this restricts flexibility and innovation in course design and delivery and one size may not fit all for given the wide variety of the institutions that we currently recognise. This could be mitigated by having optional version of patient feedback mechanisms although such an approach may lose some of the benefits identified above.
92. One ambition of the *Keogh Mortality Review*, 2013 is that 'Patients and clinicians will have confidence in the quality assessments made by the Care Quality Commission, not least because they will have been active participants in the inspection'. Involving patients on a review team could give an important perspective on the educational provision in terms of patient expectations. The GOsC review currently has lay representation on the review team, but has not yet involved a true patient representative. This is a possibility in the future.
93. Adapting and increasing the role that patients play in the delivery of education is another way of generating patient feedback.

### Questions

- **How could patient feedback be collected as part of the GOsC review process?**
- **What are the advantages and disadvantages of applying a standardised approach to data collection?**

### *The role of students in the review process*

94. The input of students to the review process is another key area that the GOsC should consider. The GOsC Education Committee agreed in 2011 that this should

be considered as part of the Quality Assurance review. In recent years there have been moves to incorporate students more into the quality assurance process, with organisations such as Quality Assurance Agency for Higher Education (QAA) now employing student visitors as part of their review teams for other quality assurance reviews and having student reference panels to consult. Again, students can act as potential whistle-blowers, shining a light on poor practice and poor patient care within institutions, because they will be in a better position to observe this directly during their studies. However, students may not have the confidence or knowledge to identify and report bad practice, especially if this is from staff members who are in a more powerful position in the student/staff relationship.

95. The GOsC review currently involves the use of student feedback in a number of ways. It explores the student feedback mechanisms employed by each institution, it advertises for student feedback prior to the review as part of the unsolicited information protocol and it has formal meetings with students as part of the visit element of the review. The current GOsC review method has the flexibility to employ student visitors although this is not exercised at present.
96. Student feedback mechanisms within osteopathic educational institutions are more consistent than patient feedback mechanisms, with students usually participating in evaluation of all modules throughout or at end of semester – although it is not clear that data sets are consistent. Student representation is also present in staff meetings and governance board meetings.
97. Some institutions also received feedback from the National Student Survey although this seemed to prove more useful for those courses that were delivered by universities rather than single provision providers who were validated at arms length.
98. The GOsC could draw on the existing student feedback mechanisms, backed up by its own 'whistle-blowing' policy of students being able to report to it directly with optional anonymity. It may however wish to consider whether these mechanisms should be more consistent in institutions. This could be achieved by requiring institutions to provide certain types of data relating to student feedback.
99. The advantages would be consistency, but it would need to bear in mind the wide range of institutions that it recognises and the different needs and abilities that each have. It should also try to avoid duplication of data and draw on existing mechanisms that are already in use. An alternative could be to specify the outcome and leave it to individual institutions on how this is achieved, specifying the minimum requirement, e.g. 'Students must have the ability to provide data in a formal and anonymous way at the end of each year'.
100. The Higher Education Review conducted by the QAA in 2013 asked whether student feedback could be used to inform the initial appraisal of the institution to determine the focus and the intensity of the review and 83.5% of respondents agreed that this should be so. The QAA already accepts separate student 'self-

evaluation' documents to support its current reviews and this is something that could be considered as part of the GOsC review process.

### Questions

- **How could student feedback be collected as part of the GOsC review process?**
- **What are the benefits and disadvantages of standardising data sets to support internal as well as external quality assurance systems?**

#### *The role of staff feedback in the review process*

101. From our discussions with the osteopathic educational institutions, it is clear that all institutions currently collect feedback from staff to help review, inform and enhance course provision. The way this is achieved again varies widely between institutions and can be quite informal in smaller institutions.
102. Most institutions will operate an appraisal scheme for staff providing an opportunity to reflect on performance, discuss feedback from students and identify training and development needs. Some institutions have formal processes for collecting staff feedback, with staff representation on academic and management committees. The universities also have 'whistle-blowing' policies which allow staff to raise concerns anonymously. On the other hand, some institutions have an 'open door' policy where staff are invited to provide feedback at any time in an informal way. Some institutions do not have any mechanisms for anonymous feedback from staff.
103. As stated previously, the GOsC encourages feedback from anyone at any time on the quality of educational provision. This can be done anonymously. There is greater awareness of this mechanism around the time of a review, when posters advertising the review and the feedback mechanisms are displayed on staff intranet sites and notice boards.
104. The outcomes of the Francis Review, 2013 and other key reports, identified a need to provide an environment where staff are able to raise concerns and know that they will be acted upon. This is especially important to assure patient safety. In the context of osteopathy education, the fact that all institutions have their own clinics which see and treat real-life patients, there is an even greater need for staff to be able to report on bad practice or concerns for patient safety.
105. The GOsC also needs to be assured of the safety of patients within student training clinics. As osteopathy training clinics are not regulated by the systems regulators, the GOsC review will be the only mechanism, other than the internal mechanisms of the institution which could potentially monitor patient safety within the student training clinics.

106. The GOsC should explore whether a more standardised approach to collection of staff feedback is required as part of its review and in general. Similar to student feedback, this might be achieved by setting outcome statements for data it wishes to review and allowing institutions the flexibility to determine how this is achieved.
107. Staff feedback data could be used as part of the review itself or the annual monitoring that takes place in between.

### Questions

- **How could staff feedback be collected as part of the GOsC review process?**
- **What are the benefits and disadvantages of standardising data sets to support internal as well as external quality assurance systems?**

### *Financial stability*

108. Currently, the GOsC has a legal duty under Section 16(7) of the Osteopaths Act 1993, to ensure that should an institution become unviable, the GOsC will make its best attempts to place students elsewhere. It is not clear that such an obligation would continue in the new draft Bill.
109. Currently, the GOsC reviews the financial stability of institutions as part of the review process. Previously, most osteopathy education was delivered in mono-subject institutions competing against each other for student fees. More recently with the introduction of public universities delivering osteopathy courses, funding streams are more diverse.
110. The mono-subject institutions have also begun to diversify their income streams by offering continuing professional development (CPD) and postgraduate study, validating overseas courses and offering academic conversion courses for non-degree qualifications. For all institutions which are validated directly or indirectly by a university (all but one osteopathic educational institution), the validating university will have a responsibility to ensure financial viability.
111. Therefore the interest of the GOsC in the sustainability of the education is potentially less clear. On the one hand, the financial and competition aspects of the delivery of osteopathy should not be of concern to the regulator whose primary function is to ensure patient safety. However, a lack of financial support or adequate management of finances could in turn impact the delivery of the Osteopathic Practice Standards and act as an alert to other potential problems with the functioning of the institution.

### Question

- **Do you think that the GOsC should retain its monitoring of the financial accounts of an institution? Would removing this responsibility pose a danger to patient safety? Please state reasons.**

### Standards and outcomes

#### *Standards and criteria used for quality assurance*

112. The ENQA states in its 2009 guidance that 'any formal decisions made as a result of an external quality assurance activity should be based on explicit published criteria that are applied consistently'. The Law Commissions in their proposals for the regulation of healthcare professionals published in April 2014, also make explicit the need to have separate educational delivery standards and specific criteria for decision-making in quality assurance processes.
113. The GOsC currently assures the standards of osteopathy education through reference to a number of different sets of standards. The ultimate reference is the outcomes based Osteopathic Practice Standards (OPS), which outlines the standards required of a practising osteopath and in turn that of a graduating student.
114. The OPS do not give guidance and criteria on the delivery of education to achieve outcomes. Therefore it is important that they are supported by other documents offering this guidance. OEIs, visitors etc. can draw upon best practice guides such as the UK Quality Code produced by the QAA, and the QAA Subject Benchmark Statement for osteopathy as reference points for process-based standards for education. The GOsC is also developing a further process-based standards document referred to as the Guidance for Osteopathy Pre-registration Education (GOPRE) which has been developed in conjunction with a range of osteopathy stakeholders in the educational arena. GOPRE will give indications about how OPS could be achieved in an osteopathy educational setting.
115. This is consistent with the findings of Colin Wright Associates review of quality assurance processes in 2012, which stated that: 'Standards or criteria used by regulators to judge performance take account of both process and outcomes, although in the standards that are more recently developed, there is clearly an increased emphasis on outcomes.' Outside of the healthcare sector, the Architects Registration Board has a specific list of 'graduate' outcomes and criteria, which are used to evaluate whether an educational institution retains its recognition. These list high level and more specific criteria for the student to meet.
116. It is important to state the outcomes required for graduating students, but also to support this with reference to a more process-based standards document to support osteopathic educational institutions and quality assurance reviewers,

particularly in the development of osteopathy courses and implementation of good practice.

117. The GOsC is, however, conscious that the process including standards and criteria should be clear and transparent to all involved. The current use of a range of standards and criteria against which the quality assurance process is conducted was not always clear to the osteopathic educational institutions in the discussions that took place in 2013.
118. There was also considerable discussion amongst QAA visitors at the training sessions that took place in 2013 on the use of different standard criteria within the process. The review visitors currently use the OPS as the key reference of which course must deliver the outcomes. How these outcomes are achieved is with reference to the other standard documents, i.e. the Quality Code and the Benchmark Statement, but it was not clear to all about when each standards were used and how these were referenced and integrated within an outcome report.

### Question

- **How could the GOsC better co-ordinate the outcomes that graduates make with the standards for delivery that should be in place to deliver those outcomes?**

### *Outcomes of the review process*

119. Currently the outcomes of the GOsC review process are:

- Recognition
- Recognition with conditions
- Not recognised

120. The conditions relate to those matters considered essential for the course to achieve as part of recognition. There is also a process of applying generic conditions that apply to all institutions. These include conditions such as requiring institutions to submit an annual report, to use real clinical situations for training and assessment as outlined in the benchmark statement and to inform GOsC of major changes to provision. In our current legislative structure, conditions are a legal tool which allows the GOsC to remove recognition should they remain outstanding. They are very much a 'stick' approach to regulation.
121. As well as a 'grading' of the provision, the report of the QAA also offers narrative guidance on strengths, development areas and good practice. This concurs with the quality assurance review produced by Colin Wright Associates in 2012, which found that 'narrative feedback is a key aspect of reporting for all regulators, with variation in the use and types of scoring or grading.'
122. The setting of conditions as a standard practice was initially adopted by the GOsC when it first started to review osteopathy courses due to the need to



ensure that institutions quickly addressed development needs. They were originally set to address any development need that an institution had, but are now used more sparingly to focus on only those things that it is essential to address in order to deliver the *Osteopathic Practice Standards*. As the osteopathic educational sector has matured and taken on responsibility for its own internal quality assurance mechanisms and there is shared problem solving between institutions and the GOsC, this rather blunt approach to regulation seems counterproductive and heavy-handed.

123. It is worthwhile the GOsC exploring the removal of conditions from the process and replacing these instead with areas for development that it would expect to be achieved by the next annual report or review date. Conditions could then be imposed only in extreme circumstances. Alternatively there is an option not to approve a course until the issues identified as conditions have been met.
124. Feedback from our meetings with the osteopathic educational institutions made it clear that they consider that all conditions should be clearly linked to the OPS. Conditions should only be used when there is a fundamental problem with the delivery of the course and something cannot continue without the issue being addressed. All other feedback should form part of body of report as a strength or development area.
125. This was also the conclusion during the training sessions held for all Quality Assurance Agency Visitors for GOsC review, although it was acknowledged that determining the boundary between a condition and an area for development could sometimes be difficult and might also relate to the way that the education is delivered as well as the outcome.
126. It was also suggested that good practice is superfluous in this context and would be better addressed through sharing in an organisation such as the Council for Osteopathic Educational Institutions which represents the osteopathic education sector. Good practice identified at one institution could be seen as standard practice at another and is not referenced against any standards or criteria.
127. In contrast the ENQA states that 'quality-assurance agencies should produce from time to time summary reports describing and analysing the general findings of their reviews, evaluations and assessments etc.' In effect endorsing the sharing of information within the educational sector. This is currently undertaken by the QAA in relation to its management of the review process on behalf of the GOsC. These summary reports are shared with both the GOsC and the OEIs on a yearly basis.
128. Instead of collating good practice, the GOsC could facilitate the sharing of good practice between institutions in order to meet its aim of improving the quality of osteopathy education. We aim to do this now – indeed our last meeting with the osteopathic educational institutions was about facilitating good practice in changing culture – and this was received positively.

129. It is suggested that there is a role for sharing both types of feedback but that the identification and sharing of good practice by institutions might be achieved separately to the quality assurance review by a conduit devised by the osteopathy educational sector.

### Questions

- **What should the report outcomes be?**
- **Should legal powers require more than a binary recognition or not?**
- **Are there any advantages to having legal conditions attached to recognitions?**

### *Follow up procedures*

130. The current process might include a situation whereby conditions and actions are required of the institution following recognition. The process for follow-up of conditions currently involves an action plan being drafted by the institution and agreed by the QAA review team and/or the GOsC Education and Registration Standards Committee (ERSC), including an indication of the evidence to be provided by the institution to demonstrate that it has fulfilled the condition.
131. This evidence is then considered by the ERSC and a decision is made on whether it has been fulfilled. Conditions and areas for development are also reported on in the annual reports received each year from the institutions. This helps the GOsC to keep a track on progress made, although as discussed before may lead to duplication of work.
132. The ENQA in its standards for QA in Europe, states that 'quality assurance processes which contain recommendations for action or which require a subsequent action plan, should have a predetermined follow-up procedure which is implemented consistently'. This is currently achieved by the GOsC review process.
133. If conditions are only applied when absolutely required, then these conditions would need a strict follow-up procedure in place along the lines of the current action plan and monitoring. Similarly, if a major concern was identified between reviews, then this would need to be followed up closely in the same manner
134. However, there are currently options for the follow-up of development areas and other areas of minor concern raised through the annual reporting process. In particular, the latter category usually occurs when the annual reports are considered by the GOsC. Actions are generally outlined to address these minor areas and the institution is expected to comply with fulfilment in a similar way to that imposed for conditions attached to reviews.

135. In discussion with some OEIs, this was identified as setting a whole new layer of conditions which were not of concern at the more in depth quality assurance review. When considered in conjunction with the fact that there is currently no assessment framework for these less serious development areas and that they are generally not linked to the *Osteopathic Practice Standards (OPS)*, it is suggested that an option is that they are monitored in subsequent annual reports and only followed up in depth if they reach the point where they affect the delivery of the OPS or the next review is taking place at the institution.

### Question

- **How should areas for development be pursued proportionately by the GOsC in between review periods?**

### Funding

136. Funding the review is an area that has been raised before within the GOsC due to the need to keep under review the best use of osteopaths' fees. Should osteopaths' fees be used to fund the review of commercial education providers? GOsC's role is to ensure patient safety and the approval and quality of education is a vital aspect of this as it generates the next cohort of osteopaths.
137. The powers to charge fees for reviews is included in the new legislative structure proposed by the Law Commissions in April 2014.
138. In recent times, the number of reviews has increased and under the current legislation we have to undertake reviews for each new course or qualification offered at an institution.
139. Additional resource is required to investigate where things go wrong or when there is a lot of change at an institution and those institutions will end up costing the GOsC much more.
140. Additional costs are related to training and appraisal of review visitors and the evaluation of reviews across the sector.
141. Some advantages of charging for reviews are listed as follows:
- a. The GOsC budget would be reduced by about £100,000 per year representing a saving to registrants of about £20 each per year.
  - b. There would be a financial incentive to ensure that the quality of a course was enhanced (fewer inspections).
  - c. Those benefitting from the education – the students and the osteopathic educational institutions would be responsible for paying for the quality of the education.
  - d. Such an approach could support further diversity in the delivery of courses and further integration, for example, within Europe which might be beneficial for patients.

142. Disadvantages of charging are:

- a. At a time when student numbers are reducing and students are being charged higher fees, charging for quality assurance activities would be an additional burden.
- b. A loss of resources to the educational sector could have a negative effect on the quality of osteopathic education and therefore the profession as a whole – perhaps reducing the diversity of osteopathy.
- c. The relationship between the osteopathic educational institution, as a paying consumer, and the regulator would be changed. This could interfere with the relationship.

### Question

- **How should the GOsC review be funded? Please provide your reasons.**

**Issues previously agreed by the Education Committee to be considered as part of QA major review**

Theme	Issue	Origin of issue	Action taken	Status
Patient safety	Actively involves and seeks perspectives of students, patients and other members of the public.	QA Preliminary Review 2010-11	<p>The role of students, patients and members of the public was considered as part of the consultation on the QAA Review Method. The Method requires Visitors to specifically seek input from students and patients.</p> <p>It was agreed by the Education Committee (EdC) at its meeting of 14 June that whilst it did not want to formally expand teams to include specific student or patient visitors, the Visitor specifications are drafted to allowed these types of individuals to participate should the need and skills arise within a Review Team.</p> <p>New processes in place to promote the Review Visit to students and patients to allow them to be aware of ability to feed into this. Part of Review Method Handbook.</p> <p>Complete, but may need to be re-assessed at a future date.</p>	See section on student, patient and staff feedback
Co-ordination	<p>To consider further ways of co-ordinating our reviews with those of other organisations, i.e. the validating universities.</p> <p>Do we have any obligations to ensure other institutions are informed of our activities?</p>	<p>Education Committee – 15 September 2011</p> <p>OEI Feedback has particularly emphasised this point.</p>		See section on Burden of regulation

**Annex B to 11**

Transparent	To consider whether more detailed clarification of academic versus professional QA might be helpful as part of wider QA review.	Education Committee meeting – 15 September 2011		See section on the Burden of regulation
	<p>Do not review programmes unless they have been running. Align the period of recognition to when the programme will run.</p> <p>To consider the point at which GOsC is involved in the recognition of new courses, i.e. early involvement or when course is up and running.</p>	QAA Evaluation 2008/09		See section on the Burden of regulation
Other	To consider the aims of the joint QAA and GOsC process. At this stage is it looking at academic and professional? If so, what are the benefits and costs of this to GOsC Review	<p>Education Committee meeting – 15 September 2011.</p> <p>OEI feedback</p>		See sections on the Purpose of the GOsC QA review and the Burden of GOsC review

### Extract from the minutes of the Education and Registration Standards Committee from 27 February 2014.

#### Item 3: Quality assurance review

1. The Professional Standards Manager introduced the item and advised the Committee that a number of stakeholders had been consulted to find out their thoughts on the current process.
2. The Professional Standards Manager highlighted two main areas that were identified as part of the review, which were, the need to provide more guidance around submitting feedback and complaints and also making it clearer on what institutions need to report around the *Osteopathic Practice Standards* (OPS).
3. The Committee felt that the excellent paper was very clear and that the questions posed in the consultation had been worded in a way that made them easy to respond to. They felt that the document may benefit from further consideration about the following:
  - Further focus and definition about the identification and dissemination of good practice.
  - Exploration of the balance of assurance but also driving standards up.
  - Quality of care in clinical teaching.
  - The distinction between quality assurance (that GOsC do) and quality management/assurance (that OEIs do) in terms of understanding risk considering the extent to which we do rely on OEI mechanisms now and the extent to which we may rely on them in the future.
  - Articulation of the underlying principles in the document at the beginning e.g. intention to reduce duplication but also an open question exploring whether there are any principles that have been missed.
  - Long-term objectives and if this was something that could be made more specific.
4. The Committee also suggested consideration about the method for the consultation perhaps targeting a specialist audience with focus groups as part of the method used.
5. **Noted:** The Committee noted the on-going enhancements to our quality assurance processes.
6. **Agreed:** The Committee agreed to recommend that Council agree to publish the discussion document for consultation with stakeholders.
7. **Action:** Document to be reviewed to consider Committee feedback and checked for spelling and punctuation.