

Education Committee**14 December 2010****Public session****Quality Assurance – Consultation on GOsC/QAA Review Method Handbook**

<u>Classification</u>	Public
<u>Purpose</u>	For Decision
<u>Issues</u>	As part of the current review of Quality Assurance (QA) procedures, the GOsC is working with the Quality Assurance Agency for Higher Education (QAA) to ensure that the current Review Handbook reflects current processes and fulfils the requirements of the GOsC in terms of assuring standards are met within osteopathic education. The Education Committee are asked to approve the draft for consultation.
<u>Financial & Resourcing Implications</u>	There are potential cost implications for undertaking consultation on the GOsC/QAA Review Method Handbook if we choose to use methods other than website or email-based consultation.
<u>Equality & Diversity Implications</u>	None arising from this paper.
<u>Communications Implications</u>	Consultation will be required with our stakeholders and in particular, the osteopathic educational institutions (OEIs) prior to changes being agreed to the review method.
<u>Annexes</u>	Annex A – GOsC Quality Assurance policy Annex B - Draft GOsC/QAA Review method handbook for OEIs Annex C – Draft GOsC/QAA Review method handbook for Recognised Qualification (RQ) Visitors Annex D – A Protocol for dealing with unsolicited information

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Summary

1. This paper seeks approval for a consultation draft of the GOsC/QAA QA Review Method Handbook.

Background

2. The Education Committee agreed the GOsC policy on Quality Assurance (QA) at its meeting in March 2010 and this is attached at Annex A. In order to meet the aims of this policy, the GOsC is undertaking a number of workstreams as part of its preliminary QA review. One of these is the revision of the GOsC/QAA Review Method Handbook.

Discussion

3. The current version of the GOsC/QAA Review Method Handbook was drafted in 2005. Since this time a number of changes have taken place to the method and these are identified below:
 - a. Removal of the annual monitoring review visit for all OEIs as agreed by the Education Committee in 17 July 2007.
 - b. Development of a process to review RQ conditions including development of formal action plans to follow up the fulfillment RQ of conditions and a role for visitors in checking that action plans are appropriate – agreed by Education Committee in its meetings of 17 September 2009 and 13 March 2010.
 - c. Development of indicators of good practice and areas for improvement by the QAA.
 - d. Incorporation/formalisation of unscheduled monitoring reviews – Information in response to conditions or from other sources has resulted in targeted reviews including a response to student complaints and changes in university validation. These have previously been requested on an ad-hoc basis as and when required by the GOsC.
 - e. Publication of final versions of QAA reports and RQs on the GOsC website agreed by Education Committee in 19 February 2008.
4. The QAA has incorporated these changes into the review method. In order to reduce the length of the literature and make it clearer and more accessible to the different audiences, the QAA has developed two separate documents: a handbook for OEIs and a handbook for visitors. Having one primary audience per handbook, rather than two or more allows for much greater clarity and targeting.
5. The Education Committee originally considered an early draft of these documents at its meeting of 16 September 2010 and its initial comments are outlined in the minutes presented at Item 2.
6. The QAA considered the feedback and made amendments to the original draft accordingly. Revised drafts of the documents were then presented to the osteopathic

educational institutions at a meeting on 18 November 2010. This feedback has now been incorporated into further revised drafts presented at Annexes B (Draft RQ Handbook for OEIs) and C (Draft RQ Handbook for Visitors).

7. There are a number of other documents which the QAA intends to draft and make available through its website in order to support the review process. These are as follows:
 - a. A published record of notable changes to the Review Method Handbook
 - b. Indicative meeting agendas for the review
 - c. Guidance to OEIs on developing an action plan to address any conditions imposed on the recognition of a qualification
 - d. A guide to the QAA report structure
 - e. A Self-Evaluation checklist for Review Coordinators
 - f. A Self-Evaluation analysis template for Review Visitors
 - g. A protocol for dealing with unsolicited information. This has already been drafted and is attached at Annex D for consideration

We propose that the drafting of the remainder of the documents outlined in paragraph 7a. to g. is undertaken once the Review Method Handbook is agreed. These are mainly process documents which will reflect the policies outlined in the QAA Handbook. The development of all documents will be undertaken alongside the OEIs and other stakeholders to ensure fitness for purpose.

Specification for visitors

8. It was agreed at the meeting in June 2010 that the further work should be undertaken to revise the job description, team and visitor specifications. The Committee is asked to consider the competencies proposed within the GOsC/QAA Review Method Handbook.
9. As currently drafted, the competencies would allow a larger range of individuals to be recruited than at present, including senior management team members at the existing OEIs who are at present excluded. Suggested competencies such as the requirement for at least five years experience in the Higher Education field might restrict the recruitment of a large proportion of students who GOsC may wish to include on future visiting teams.

Consultation process

10. The GOsC will consult all stakeholders in relation to changes to the GOsC/QAA Review Method Handbook and Specification for Review Visitors. This will include
 - a. Osteopathic Educational Institutions
 - b. Post-graduate Educational Institutions
 - c. Osteopathy students
 - d. British Osteopathic Association
 - e. Other healthcare regulators
 - f. Department of Health / Council for Healthcare Regulatory Excellence
 - g. Patients
 - h. Public

Training of Visitors

11. On 15 June 2010, the Education Committee agreed that training would be required for the newly appointed visitor pool and this has been budgeted for in the revised QAA contract. The Committee should note that this training will be scheduled after the GOsC/QAA Review Method Handbook has been finalised.
12. From 2012/13, the timetable for training should take account of the publication of the new GOsC Standard of Proficiency/Code of Practice which form the basis for QAA review when the new GOsC Standard of Proficiency/ Code of Practice are planned to come into force.
13. A revised timetable for training will shortly be considered in conjunction with the timescales for these other projects as part of the GOsC Business Planning process.

Revision of annual report

14. The revision of the Annual Report is linked to the QA review, and this is explored further in Item 6b.

Recommendation

15. The Education Committee is invited to:
 - a. Agree the consultation drafts of the two GOsC/QAA Review Method Handbooks for publication.



**General
Osteopathic
Council**

GOsC Quality Assurance Policy

Statutory responsibilities of the GOsC

1. The GOsC has a statutory duty to set and monitor the standards for pre-registration osteopathic education. The GOsC also has a duty of 'promoting high standards of education and training in osteopathy.'
2. Our standards of educational delivery are set out in the publication 'Quality Assurance Agency for Higher Education (QAA) Osteopathy Subject Benchmark Statement', while the standards expected of graduating students are set out in the GOsC standard of proficiency and Code of Practice.
3. The GOsC may visit osteopathic educational institutions (OEIs) to ensure that pre-registration training meets the standards we set.
4. The GOsC may also impose conditions on the course to ensure standards continue to be met.
5. The GOsC holds a list of qualifications offered by the OEI and has the power to add and remove courses from the list.

Aims of the GOsC Quality Assurance process

6. The GOsC quality assurance processes aim to:
 - a. Put patient safety and public protection at the heart of all activities
 - b. Ensure that graduates of osteopathic educational institutions meet the standards outlined in the GOsC's Standard of Proficiency and Code of Practice.
 - c. Make sure graduates meet the outcomes of the Quality Assurance Agency for Higher Education (QAA) Osteopathy Subject Benchmark Statement
 - d. Identify good practice and innovation to improve the student and patient experience.
 - e. Identify concerns at an early stage and help to resolve them effectively without compromising patient safety or having a detrimental effect on student education.
 - f. Identify areas for development or any specific conditions to be imposed upon the osteopathic educational institutions to ensure standards continue to be met.
 - g. Promote equality and diversity in osteopathic education.

General Osteopathic Council review of osteopathic courses and course providers

Handbook for course providers

Section one: Introduction

Under the *Osteopaths Act 1993* the General Osteopathic Council (GOsC) is the statutory regulatory body for osteopaths and osteopathic education providers. The GOsC advises the Privy Council on which courses of osteopathic education merit Recognised Qualification (RQ) status. The Privy Council grants RQ status to courses where the governance and management of the course provider and the standards and quality of the course meet the requirements laid down by the GOsC. In particular, students must meet the practice requirements of GOsC's *Standard of Proficiency* and *Code of Practice*. The GOsC policy in relation to Quality Assurance is outlined in Annex A.

The General Osteopathic Council makes a decision to 'recognise' qualifications. This decision needs to be approved by the Privy Council before taking effect. These decisions are informed by Review Visits and other mechanisms for the review of evidence. Review Visits are conducted by the Quality Assurance Agency for Higher Education (QAA), on behalf of the GOsC. The review method is known as GOsC review. The purpose of this handbook is to describe how GOsC review operates. It has been designed with the specific aim of making the review process as clear as possible.

Throughout this handbook, 'we' refers to the QAA, and 'you' refers to the osteopathic education provider or staff working on a course seeking RQ status or on a course that already has RQ status.

Brief overview of the review process

GOsC review has three different forms:

- recognition review, for new courses seeking RQ status
- renewal review, for courses seeking to renew RQ status
- monitoring review, where GOsC needs assurance about a particular course or provider, perhaps in relation to the fulfilment of conditions from a previous recognition or renewal review, or because of some important development in the course or provider

In some circumstances, such as where an application for the recognition of a new course coincides with the expiry of a different course's RQ status, GOsC may ask us to undertake a combined review. Combined reviews may combine any of the three different types outlined above.

All forms of GOsC review share the same purpose, which is to enable GOsC to make recommendations on approval to the Privy Council and to assure itself more generally that providers of osteopathic education are both preparing students who are fit to practice osteopathy in accordance with GOsC's *Standard of Proficiency* and *Code of Practice* and capable of evaluating and enhancing their programmes of study. In this context, GOsC review addresses the following eight areas:

- course aims and outcomes (including students' fitness to practice)
- curricula

- assessment
- achievement
- teaching and learning
- student progression
- learning resources
- governance and management

Monitoring reviews are likely to address a subset of these areas, depending on GOsC's requirements.

There are six key reference documents that help our review teams to determine how osteopathic courses and their providers are performing in the eight areas set out above. These documents are:

- *GOsC's Standard of Proficiency*, published by GOsC
- *GOsC's Code of Practice*
- *QAA's Code of practice for the assurance of academic quality and standards in higher education*
- programme specifications
- the frameworks for higher education qualifications
- the subject benchmark statement for Osteopathy

The last four documents are known collectively as the Academic Infrastructure. You can find them on our website <http://www.qaa.ac.uk/academicinfrastructure/default.asp>

When we carry out a GOsC review visit, we are represented by Visitors. There are normally three Visitors, who are accompanied by a review coordinator whose role is to manage the review and support the visitors and the provider. The review coordinator is your main point of contact with us throughout the review. You can find more information about the visitors in Annex D.

At the visit, the visitors will ask questions of your teaching staff, students and senior managers. At the end of the visit, the visitors will make a judgement about whether, and to what extent, the course reflects or continues to reflect the expectations established by the key reference documents described above. The judgement will be expressed as one of the following:

- approval without conditions
- approval with conditions
- approval denied

The visitors' judgement will be sent to GOsC, which retains discretion over whether it accepts the visitors' findings.

For the purposes of this handbook, we have separated the review process into three stages. These are:

- pre-visit, which gives details of what needs to happen before a visit takes place
- the visit, which outlines what you should expect at a visit
- post-visit, which describes what happens after the visit has finished

Annex B to 6a

To ensure the process runs smoothly there are specific tasks that must be carried out. Broadly speaking, you are responsible for:

- nominating someone to be your main point of contact with the review coordinator throughout the review
- giving us documentation before and during the visit, including the Self-Evaluation
- discussing the arrangements for the visit with us, including the agenda and the meetings
- letting teaching staff, students and other stakeholders know that they can raise issues directly with the visitors through the protocol for 'unsolicited information'
- ensuring the visitors have an appropriate place to work during the visit
- ensuring the appropriate staff and students are available to meet the visitors
- providing comments on the draft review report
- developing an action plan to address any conditions arising from the review
- giving feedback on the review process

We are responsible for:

- keeping you informed about our role, timelines and deadlines in relation to the review visit
- nominating the visitors
- arranging travel and accommodation for the visitors
- discussing the arrangements for the visit with you
- producing the visitors' report
- ensuring that the report is submitted to GOsC on time

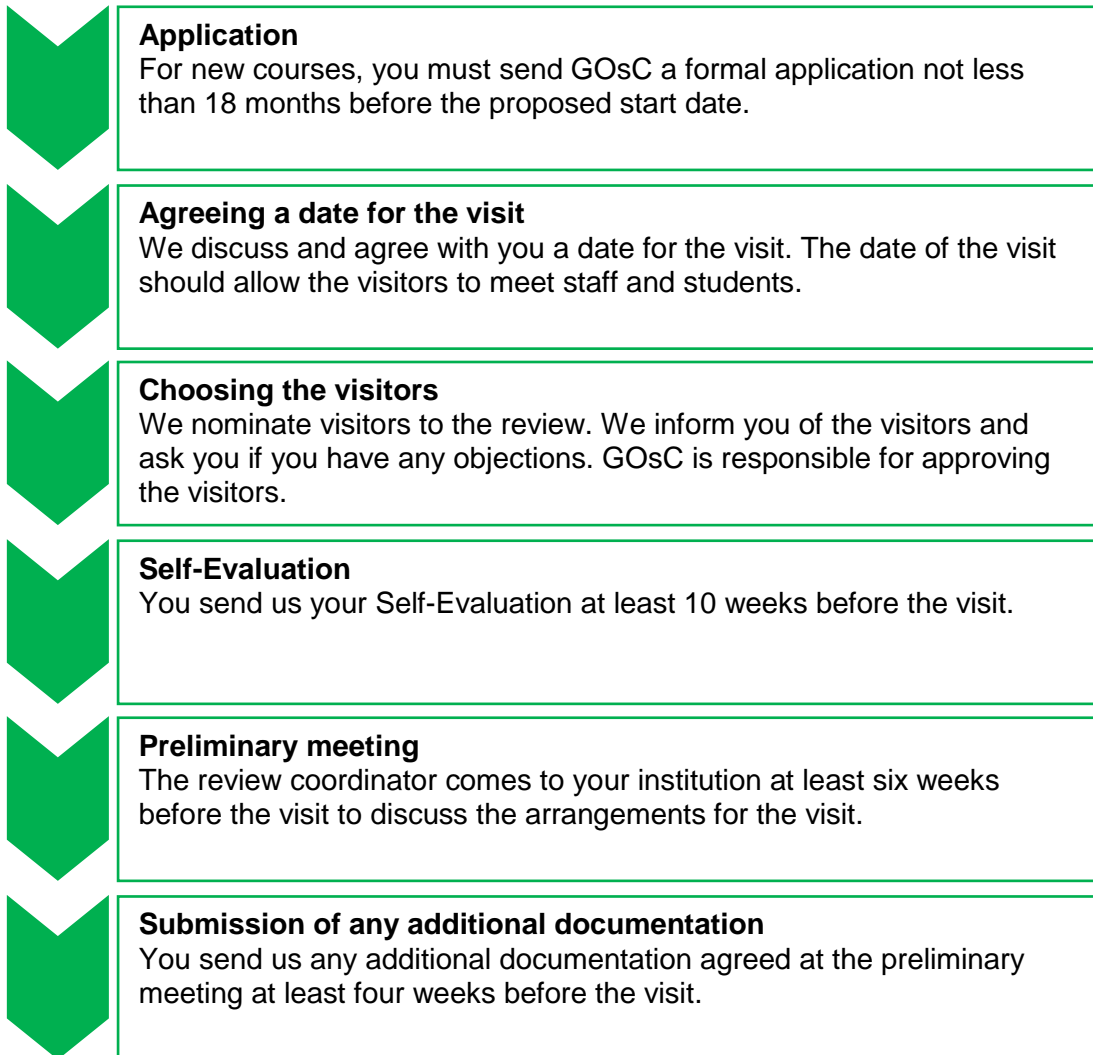
GOsC is responsible for:

- maintaining a schedule of reviews, which tells us which courses need reviewing and when
- telling us when monitoring reviews are required
- approving the visitors
- sending you the draft report after the visit and receiving your comments on it
- sending you the final report
- informing you of GOsC's and Privy Council's final decision on the review

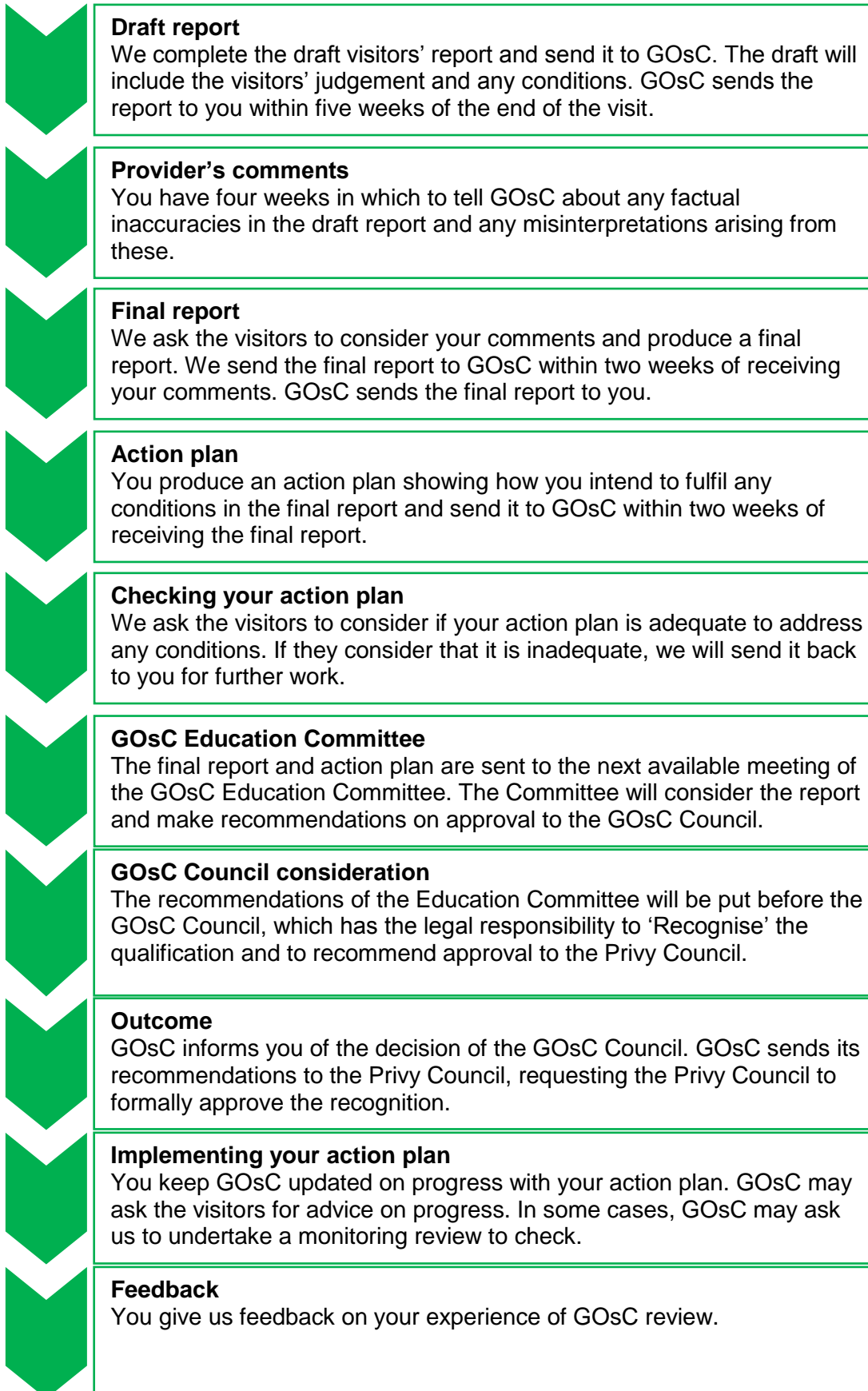
Section two: Flow charts of the review process

The following flow charts summarise the pre-visit stage and the post-visit stage. They identify which parts of the process are our responsibility and which are yours. You should read them in conjunction with the more detailed guidance in Section three.

Pre-visit



Post-visit



Note that the fourth, fifth and ninth stages of this process – 'Action plan', 'Checking your action plan' and 'Implementing your action plan' – only apply to reviews resulting in a judgement of 'approval with conditions'.

Section three: The process in detail

This section gives more detail about the steps in the flow charts.

Pre-visit



Application

For new courses, you must send GOsC a formal application not less than 18 months before the proposed start date.

For new courses, you should send GOsC a formal application using the standard form supplied by GOsC. The completed application must reach GOsC at least 18 months before the proposed start date, to allow both the review to take place and GOsC to progress the review outcomes through the Privy Council. However, GOsC cannot guarantee that applications made at 18 months before the proposed start date will result in a decision by the Privy Council within that period.

For recognition and renewal reviews, we will contact you at least 24 weeks before the proposed date of the visit (see 'Agreeing a date for the visit' below). Renewal review visits should take place at least x months before the current RQ is due to expire.

For monitoring reviews, GOsC will contact you before we do to discuss the reason and objectives for the review.

There are no fees for GOsC review. We will take responsibility for all of the visitors' costs and related expenses including travel and accommodation. The visitors will not accept invitations to social functions with you during the review.

In some circumstances, such as where an application for a new course coincides with the expiry of another course's RQ status at the same provider, GOsC may ask us to undertake a combined review, in order to minimise costs and disruption. Combined reviews may combine any of the three different types of review.



Agreeing a date for the visit

We discuss and agree with you a date for the visit. The date of the visit should allow the visitors to meet staff and students.

GOsC review usually involves a two-and-a-half-day visit to the provider and we normally hold visits at the site or sites where the course is delivered, to allow the visitors to meet staff and students and observe teaching. Monitoring reviews are likely to be shorter than two-and-a-half days; combined reviews may be longer.

For recognition and renewal reviews, we will normally contact you at least 24 weeks before the proposed date of the visit to discuss exactly when the visit should take place. We will ask you to suggest three possible dates for the visit within a period of two or three weeks. We will then choose one of these, based on the availability of visitors and the review coordinator, and confirm it with you. We will also ask you to confirm who will be your main point of contact with the review coordinator. This

person is known as the 'institutional contact'. From this point on all our correspondence will be addressed to your institutional contact.

For monitoring reviews a shorter notice period than 24 weeks may be appropriate, depending on the review's scope and objectives. In all cases a minimum notice period of 10 weeks will be given, which may be waived by agreement with you. GOsC will discuss the notice period for a monitoring review with you when they inform of the reason for it (see 'Application' above).

Once we have confirmed a date for the visit, we will send you an introduction pack (normally by email), which will include:

- a copy of this handbook
- a copy of the key reference documents mentioned in Section one
- weblinks to other review support documentation
- a review schedule, showing all the key dates in the review process including the deadline for you to submit your Self-Evaluation
- the names of the visitors (see 'Choosing the visitors' below)

Soon after we have sent the introduction pack, the review coordinator will contact your institutional contact to introduce themselves and confirm the date for the preliminary meeting. From then on, the review coordinator is your main point contact with us and all communication between you and the visitors must be through the review coordinator.

As soon as the date for the visit is confirmed, you should let your teaching staff and students know that they can raise issues directly with the visitors through the 'unsolicited information' procedure. Annex B contains further details about the procedure and a weblink for anyone considering using it.



Choosing the visitors

We nominate visitors to the review. We inform you of the visitors and ask you if you have any objections. GOsC is responsible for approving the visitors.

There are normally three visitors. In a combined review it may be necessary to add an extra visitor; a monitoring review may have only two visitors.

We nominate visitors to the review, following a check to make sure that they do not have any conflicts of interest with you or your courses. We will inform you of the visitors and ask you if you have any objections. If you have an objection which we consider to be legitimate, we will appoint another visitor or visitors. This may affect the timing of the visit. Annex D describes the grounds on which you may object to a visitor.

GOsC is ultimately responsible for approving the visitors.



Self-Evaluation

You send us your Self-Evaluation at least 10 weeks before the visit.

The Self-Evaluation is the keystone of GOsC review. The visitors will refer to your Self-Evaluation throughout the review for information about you and your courses and for evidence that you evaluate and improve your effectiveness in providing osteopathic education.

Annex B gives detailed guidance on the format, contents and length of your Self-Evaluation. Broadly speaking, it should contain a standard description of the provider and course under review and an account of how the provider and course reflect the expectations established by the key reference documents mentioned in Section one, under the following headings:

- course aims and outcomes (including student fitness to practice)
- curricula
- assessment
- achievement
- teaching and learning
- student progression
- learning resources
- governance and management

These headings match the headings in the review report.

The Self-Evaluation for a monitoring review may focus on a subset of the areas outlined above depending on its objectives. We will discuss this with you before we agree a date for the visit.

You should develop your Self-Evaluation as far as possible by reference to existing documentation, rather than by producing new material for the review. Thus, the Self-Evaluation can be seen as series of signposts, helping the visitors to navigate through your existing documentation for the evidence they need. If you have any questions about developing your Self-Evaluation, contact your review coordinator.

You should send five hard copies and one electronic copy of your Self-Evaluation to us at least 10 weeks before the visit. For the hard copies, it is helpful to the visitors if you append hard copies of the key supporting evidence; the remainder of the supporting evidence can be supplied electronically on a datastick or similar or through weblinks. All of the evidence you refer to in your Self Evaluation should be available to the visitors in hard copy at the visit.

The review coordinator will check your Self-Evaluation to make sure it covers all of the areas specified in Annex B (or, in the case of a monitoring review, to ensure it covers all the areas we have agreed). The review coordinator uses a standard checklist to do this, which you can find on our website.

If the review coordinator finds that your Self-Evaluation covers each area adequately, we will send it to the visitors and ask them to begin working. If the coordinator finds that it is not adequate, we will tell you why and ask you to revise it. You must resubmit your revised Self-Evaluation within two weeks of our request. If at this stage we consider that the Self-Evaluation remains unsuitable, we may ask GOsC to postpone the review.



Preliminary meeting

The review coordinator comes to your institution at least six weeks before the visit to discuss the arrangements for the visit.

The visitors will read your Self-Evaluation and send their comments to the review coordinator. The coordinator will then come to your institution for the preliminary meeting.

The preliminary meeting is an opportunity for you to meet your review coordinator in person and discuss the arrangements for the review and visit. The things you will discuss at the preliminary meeting include:

- the staff and students whom the visitors wish to meet at the visit
- any additional documentation the visitors wish to see at the visit, including the sample of student work
- arrangements for the visitors' observation of teaching and learning

The review coordinator will probably not give you the names of people whom the visitors wish to meet; it is more likely they will give you a list of criteria. It is your responsibility to ensure that the attendees fulfil these criteria.



Submission of any additional documentation

You send us any additional documentation agreed at the preliminary meeting at least four weeks before the visit.

At the preliminary meeting the review coordinator may ask you to provide some additional documentation. If so, you should send us this documentation at least four weeks before the visit. The coordinator will explain how you should send this documentation; if it exists in electronic format you will be able to send it directly to the electronic system that the visitors use to communicate with one another.

Requests for additional documentation will be confined to material which the visitors need to complete the review effectively. The review coordinator will be able to tell you why the visitors are asking for a particular piece of additional information.

The visit

The visit gives visitors the opportunity to test their understanding and interpretation of the Self-Evaluation by reference to other sources of evidence including written documentation, meetings with staff and students and the observation of teaching and learning. This is a process we call 'triangulation'. Through triangulation, the visitors are able to develop their understanding of the course and provider, and, ultimately, judge whether or not the course and provider meet the expectations set out in the key reference documents: GOsC's *Standard of Proficiency*, the GOsC's *Code of Practice* and the four components of the Academic Infrastructure.

The timetable for the visit should be discussed at the preliminary meeting. Normally a visit will last two-and-a-half days. During the first two days, the visitors will meet groups of staff and students, observe teaching and learning and spend time in private reading documentation and discussing their findings. The visitors may also wish to meet employers and/or clinical placement providers. On the final half day, the visitors will meet in private to discuss and agree their conclusions.

Monitoring reviews are likely to be shorter than recognition and renewal reviews and may not include all the elements of these reviews (such as the observation of teaching), depending on the objectives of the visit. Combined reviews may be longer than two-and-a-half days. We will confirm the duration of the visit to you when we discuss the visit dates (see 'Agreeing a date for the visit' above).

The visitors will normally spend the entire visit on site and you should consider this when thinking about the date of the visit. In our experience, the ideal accommodation for the visitors comprises two separate rooms: one for quiet working and private meetings; and a separate room for meeting your staff and students. We understand, however, that the provision of two separate rooms is not always possible.

The role of the institutional contact at the visit is primarily to provide an effective liaison between the visitors and the provider's staff and students. More specifically, the institutional contact may:

- assist the provider in understanding any issues the visitors are concerned about
- respond to visitors' requests for additional information
- draw the visitors' attention to matters they may have overlooked

The review coordinator and the institutional contact need to maintain regular communication throughout the visit to ensure the institutional contact is able to fulfil their role effectively. Normally this involves a short meeting with the coordinator and the visitors at the beginning and end of each day of the visit.

The timetable for the visit may change during the visit, with your agreement, depending on its progress.

You will discuss the provision of documentation for the visit with the review coordinator at the preliminary meeting. Normally, you will be required to provide hard copies of all the evidence you refer to in your Self-Evaluation and a sample of student work. Annex A provides further guidance on the provision of documentation for GOsC review.

Visitors are collectively responsible for gathering, verifying and sharing evidence in order that they arrive at a common, unanimous judgement. The visitors will, therefore, operate as a team, and not, for example, hold meetings with staff individually. The exception to this is the observation of teaching and

clinics, where a single visitor will be used to minimise disruption. There is a protocol for the observation of teaching and clinics at Annex B.

Meetings with students are strictly confidential between the visitors and the students; no comments will be attributed to individuals. Staff are not permitted to attend meetings with students.

On the final half day of the visit, the visitors will meet in private to discuss and agree their findings. Further information about how the visitors reach their conclusions is available in a separate *Handbook for visitors*, which you can find on our website.

At the end of the visit, after we have gathered all the information we need, the review coordinator will provide you with informal feedback. The informal feedback must be considered non-binding, as the visitors may amend their conclusions after further deliberation. However, the visitors will not normally set conditions about issues that have not been discussed during the visit.

Post-visit

The time between the end of the visit and GOsC's decision on the review report is about 20 weeks. The exact time depends on the dates of GOsC Education Committee and Council meetings. You can see the dates of these meetings on the GOsC website [link?]



Draft report

We complete the draft visitors' report and send it to GOsC. The draft will include the visitors' judgement and any conditions. GOsC sends the report to you within five weeks of the end of the visit.

We write the reports of recognition and renewal reviews in a standard format, which reflects the headings in your Self-Evaluation. The report will include the visitors' judgement, expressed as one of the following:

- approval without conditions
- approval with conditions
- approval denied

In the case of a judgement of 'approval with conditions', the report will include the conditions the visitors consider should be attached to the recognition of the qualification. The conditions should reflect the principles of good regulation in being targeted at a specific issue, proportionate to the scale of the perceived problem and transparent in specifying what should be done any by when.

The report will also highlight any examples of good practice and areas for development. We define 'good practice' as practice which the visitors regard as making a particularly positive contribution to your provision of osteopathic education. By publishing the review reports, GOsC aims to disseminate examples of good practice across the osteopathic education sector. We define 'areas for development' as areas where the visitors consider improvement is desirable, but which do not warrant conditions.

Monitoring review reports may take a different form depending on the objectives of the review. For example, a monitoring review report may focus entirely on learning resources.

GOsC will send the draft report to you within three weeks of the end of the visit.



Provider's comments

You have four weeks in which to tell GOsC about any factual inaccuracies in the draft report and any misinterpretations arising from these.

After GOsC has sent you the draft report, you have four weeks in which to tell GOsC about any factual inaccuracies in the draft report and any misinterpretation arising from these. You should make your comments to GOsC in writing. Even if you decide not to make any formal comments, you are still entitled to the full four weeks and we will not take any further action until this time has passed. Your comments on the draft report should be confined to the facts as they existed at the time of the review. The report will not be altered according to changes which have taken place after the visit.



Final report

We ask the visitors to consider your comments and produce a final report. We send the final report to GOsC within two weeks of receiving your comments. GOsC sends the final report to you.

If you make any comments on the draft report, we will refer these to the visitors and ask them whether the draft report should be amended. The review coordinator will prepare a formal response to your comments, to explain whether and how the visitors have responded.

Once we have made any changes to the draft report, we will send the final report to GOsC, along with the review coordinator's formal response to your comments, within two weeks of receiving your comments. GOsC will then send the final report and the formal response to you.



Action plan

You produce an action plan showing how you intend to fulfil any conditions in the final report and send it to GOsC within two weeks of receiving the final report.

If the final report contains a judgement of 'approval with conditions', you need to produce an action plan showing how you intend to fulfil those conditions. The action plan should be in a standard format, stating how and by when you propose to fulfil each condition. Normally providers will be able to demonstrate the fulfilment of conditions through the submission of documentary evidence. GOsC will send you a template for the action plan with the final report. The action plan will form part of the final report published by GOsC.



Checking your action plan

We ask the visitors to consider if your action plan is adequate to address any conditions. If they consider that it is inadequate, we will send it back to you for further work.

You should send the completed action plan to us within two weeks of receiving the final report. In some circumstances, for example where a provider's action plan suggests that it will not fulfil a particular condition within an appropriate timescale, we may ask the visitors to consider if the action plan needs revising. In such cases we will send the action plan back to you for further work.



GOsC Education Committee

The final report and action plan are sent to the next available meeting of the GOsC Education Committee. The Committee will consider the report and make recommendations on approval to the GOsC Council.

The final report (including the action plan), your comments on the draft report and the review coordinator's formal response to your comments are sent to the next available meeting of the GOsC Education Committee. Normally the review coordinator attends the meeting to present these documents, though this is not always necessary.

The Education Committee has discretion over whether it accepts the visitors' findings. It may endorse the report as it is presented, add or remove conditions or make a different judgement entirely on the basis of the visitors' findings.

**GOsC Council consideration**

The recommendations of the Education Committee will be put before the GOsC Council, which has the legal responsibility to 'Recognise' the qualification and to recommend approval to the Privy Council.

**Outcome**

GOsC informs you of the decision of the GOsC Council. GOsC sends its recommendations to the Privy Council, requesting the Privy Council to formally approve the recognition.

The RQ is not approved until Privy Council has agreed the RQ Order. This will be sent to the GOsC which in turn issues it to you. The Privy Council may require further amendments to the wording of the GOsC Council recommendations and you will also be notified if this is the case.

**Implementing your action plan**

You keep GOsC updated on progress with your action plan. GOsC may ask the visitors for advice on progress. In some cases, GOsC may ask us to undertake a monitoring review to check.

If the final report contains a judgement of 'approval with conditions', you are responsible for keeping GOsC informed of progress with your action plan. GOsC may ask the visitors for advice on progress, for example if it needs assurance that a new policy or procedure demonstrates fulfilment of a particular condition.

Normally providers will be able to demonstrate the fulfilment of conditions through the submission of documentary evidence. Occasionally, however, GOsC may ask us to undertake a full monitoring review to check on the fulfilment of conditions. The need for such a monitoring review should be established when the report and action plan goes before the Education Committee, although in some cases, for example where a provider fails to meet the deadlines in their action plan, the need may arise later.

**Feedback**

You give us feedback on your experience of GOsC review.

Feedback helps us to evaluate and improve GOsC review. After the GOsC has made its decision on the review, we will invite you to give us feedback on your experience. There is standard format for you to provide feedback, but you can give feedback on any areas you like. We also invite the review coordinator and the visitors to give us feedback on your review.

We analyse the feedback annually and report back to GOsC. This may include suggestions for improvements to the review method.

If you feel that the review has been badly managed or run, or that it has departed from the process described in this handbook, then you may consider raising a formal complaint with us. Please refer to our website [\[link\]](#) for more information about raising a complaint.

[Presently there is no mechanism to appeal the visitors' judgement. Will this continue to be appropriate? If not, should appeals be routed through a QAA or GOSc procedure?]



GOsC Quality Assurance Policy

Statutory responsibilities of the GOsC

7. The GOsC has a statutory duty to set and monitor the standards for pre-registration osteopathic education. The GOsC also has a duty of 'promoting high standards of education and training in osteopathy.'
8. Our standards of educational delivery are set out in the publication 'Quality Assurance Agency for Higher Education (QAA) Osteopathy Subject Benchmark Statement', while the standards expected of graduating students are set out in the GOsC Standard of Proficiency and Code of Practice.
9. The GOsC may visit osteopathic educational institutions (OEIs) to ensure that pre-registration training meets the standards we set.
10. The GOsC may also impose conditions on the course to ensure standards continue to be met.
11. The GOsC holds a list of qualifications offered by the OEI and has the power to add and remove courses from the list.

Aims of the GOsC Quality Assurance process

12. The GOsC quality assurance processes aim to:
 - h. Put patient safety and public protection at the heart of all activities
 - i. Ensure that graduates of osteopathic educational institutions meet the standards outlined in the GOsC's Standard of Proficiency and Code of Practice.
 - j. Make sure graduates meet the outcomes of the Quality Assurance Agency for Higher Education (QAA) Osteopathy Subject Benchmark Statement
 - k. Identify good practice and innovation to improve the student and patient experience.
 - l. Identify concerns at an early stage and help to resolve them effectively without compromising patient safety or having a detrimental effect on student education.
 - m. Identify areas for development or any specific conditions to be imposed upon the osteopathic educational institutions to ensure standards continue to be met.
 - n. Promote equality and diversity in osteopathic education.

Documents for GOsC review, including the Self-Evaluation and a sample of student work

GOsC visitors depend on written documentation for evidence that osteopathic education providers and courses are meeting the expectations set out in *Standard 2000: Standard of Proficiency*, the GOsC's Code of Practice and the Academic Infrastructure. It is imperative, therefore, that visitors can access all the documentation they need when they need it. This annex gives further details about the documentation you are expected to make available to the visitors, beginning with the Self-Evaluation.

Self-Evaluation

The Self-Evaluation is the keystone of GOsC review. The visitors will refer to your Self-Evaluation throughout the review for information about you and your courses and for evidence that you evaluate and enhance your effectiveness in providing osteopathic education. It is essential that you give the appropriate time and consideration to producing your Self-Evaluation.

The purposes of the Self-Evaluation are broadly threefold:

- to describe the course and provider under review
- to demonstrate how the course and provider meet the expectations of the key reference documents
- to show that the provider is engaged in a continuous process of evaluating and improving its effectiveness in providing osteopathic education

The structure of the Self-Evaluation should reflect these broad purposes, as follows.

Section one: Describing the course and the provider

The Self-Evaluation should begin with a short, precise description of the course and provider under review. This should include a clear statement of the overall aims of the course, which will be reproduced at the beginning of the review report. The visitors will use this statement to assess whether the course achieves its broad aims.

Section one should also include statistical data for the last three student intakes. Given that different providers collect and hold such data in different ways, we do not prescribe how it should be presented. But we do expect the data to address the following areas:

- recruitment and admissions
- entry profile (including qualifications, age, gender and ethnicity)
- rates of progression from one year to the next
- student achievement in summative assessment
- progression of completing students to employment and further study

The data should distinguish between those students in the first-year entry cohort, those joining directly at subsequent stages, withdrawals (including reasons for withdrawal), referrals (showing those subsequently failing and those passing), failures and those achieving the award. Under 'Governance and management' below, the visitors will be interested to know how you use the data you have provided in this section to evaluate, manage, plan and improve your provision.

If you are undergoing a recognition review for a new course and you already provide another course or courses with RQ status, you should provide statistical data for the existing course(s). This will help the visitors to determine if there is anything about your existing provision that may have implications for the new course.

If you are undergoing a recognition review for your first osteopathic course, you should provide statistical data for a cognate course or group of courses and say how you expect the new course to reflect these data.

Finally in this section, if you already provide a course or courses with RQ status, you should explain how you have addressed any conditions or areas for improvement from your last GOsC review.

Section two: meeting the expectations of the key reference documents and demonstrating evaluation and improvement of your provision

Section two of the Self-Evaluation should aim to meet its second and third purposes, which are:

- to demonstrate how the course and provider meet the expectations of the key reference documents
- to show that the provider is engaged in a continuous process of evaluating and improving its effectiveness in providing osteopathic education

It should be organised according to the following headings:

- course aims and outcomes (including student fitness to practice)
- curricula
- assessment
- achievement
- teaching and learning
- student progression
- learning resources
- governance and management

These headings match the headings in the review report.

This section should be developed as far as possible by reference to existing documentation, rather than by producing new material for the review. Thus, section two of the Self-Evaluation can be seen as a series of signposts, helping the visitors to navigate through your existing documentation for the evidence they need.

Course aims and outcomes

Your Self-Evaluation should address the appropriateness of the intended learning outcomes in relation to the overall aims of the provision, *Standard 2000: Standard of Proficiency*, GOsC's Code of Practice and the Framework for Higher Education Qualifications (FHEQ – one of the four components of the Academic Infrastructure). It should discuss the effectiveness of measures taken to ensure that staff and students have a clear understanding of the aims and intended learning outcomes of the courses.

The visitors will consider:

- how well the intended learning outcomes relate to the overall aims of the course and whether they enable the aims to be met
- the extent to which they are aligned with external reference points, including the FHEQ, to provide an appropriate level of challenge to students
- the extent to which they are aligned with *Standard 2000* and fitness for practice in accordance with GOsC's Code of Practice
- how well the intended learning outcomes of a course and its constituent parts are communicated to staff, students and external examiners/verifiers.

The evidence you submit about aims and outcomes may include the definitive course document or programme specification, module or unit descriptors and student handbooks.

Curricula

Your Self-Evaluation should review the effectiveness of curriculum design and content in enabling the intended learning outcomes to be achieved.

The visitors will consider:

- how you plan the curriculum design and content and how decisions about contributing modules and their sequencing are made
- whether the design and content of the curricula encourage achievement of the intended learning outcomes in terms of knowledge and understanding, cognitive skills, subject-specific skills (including practical/professional skills), transferable skills, progression to employment and/or further study, and personal development
- the extent to which curricular content and design are informed by recent developments in techniques of teaching and learning, current research, scholarship or consultancy and by any changes in relevant occupational or professional requirements
- how you ensure that the design and organisation of the curriculum provide appropriate academic and intellectual progression and are effective in promoting student learning and achievement of the intended learning outcomes
- to what extent your arrangements for designing, monitoring and reviewing the curriculum reflect the precepts in section 7 of QAA's *Code of practice* on programme design, approval, monitoring and review

Sources of evidence about curricula may include curricular documents, review reports, reports from professional bodies, placement reports, course and student handbooks and module descriptors.

Assessment

Your Self-Evaluation should address the effectiveness of student assessment in measuring the achievement of the intended learning outcomes of courses.

The visitors will consider:

- the extent to which the overall assessment strategy has an adequate formative function in developing student abilities, assists them in the development of their intellectual and professional skills and enables them to demonstrate achievement of the intended learning outcomes in all learning settings

- the assessment methods selected and their appropriateness to the intended learning outcomes, and to the type and level of work
- the criteria used to enable internal and external examiners/verifiers to distinguish between different categories of achievement, and the way in which criteria are communicated to students
- the security, integrity and consistency of the assessment procedures, the setting, marking and moderation of work in all learning settings, and the return of student work with feedback
- how employers and other professionals contribute to the development of assessment strategies, where appropriate
- to what extent your arrangements for assessment reflect the precepts in sections 4 and 6 of QAA's *Code of practice* on External examining and Assessment of students respectively

The sample of student work, which the review coordinator will discuss with you at the preliminary meeting, is particularly important in enabling the visitors to take a view about the effectiveness of your arrangements for student assessment. Other sources of evidence which could be appended to your Self-Evaluation may include annual review reports, external examiners'/verifiers' reports and statistical data.

Achievement

Your Self-Evaluation should review evidence of the extent to which students achieve the learning outcomes set.

The visitors will consider:

- the evidence that students' assessed work demonstrates their achievements of the intended learning outcomes
- the evidence that standards achieved by learners meet the minimum expectations for the award as measured against the FHEQ, *Standard 2000*, GOsC's Code of Practice and the subject benchmark statement for Osteopathy
- whether students are prepared effectively for their subsequent professional roles
- the levels of achievement indicated by the statistical data, whether there are any significant variations between modules and the successful progression to employment
- how you promote student retention and achievement

Again the sample of student work will be important to the visitors. Other sources of evidence may include external examiners'/verifiers' reports, any placement or clinical practice supervisors' reports, assessment board minutes, and statistical data on achievement and career destinations.

Teaching and learning

The Self-Evaluation should review the effectiveness of teaching and learning, in relation to course aims, the intended learning outcomes and curriculum content.

The visitors will consider:

- the range and appropriateness of teaching methods employed in relation to curriculum content and course aims
- how staff draw upon their research, scholarship, consultancy or professional activity to inform their teaching

- the ways in which participation by students is encouraged and how learning is facilitated
- how the materials provided support learning and how students' independent learning is encouraged
- student workloads
- how quality of teaching is maintained and enhanced through staff development, peer review of teaching, integration of part-time and visiting staff, effective team teaching and the induction and mentoring of new staff

Sources of evidence may include student evaluation of their learning experience, internal review documents, staff development documents, course and student handbooks and discussions with staff and students. The visit will normally include direct observation of both clinical and non-clinical teaching.

Student progression

Your Self-Evaluation should evaluate the effectiveness of strategies for recruitment, admission and academic support and guidance to facilitate students' progression and completion of the course.

The visitors will consider:

- the effectiveness of arrangements for recruitment, admission and induction, and whether these are generally understood by staff and students
- the overall strategy for academic support and its relationship to the student profile and the overall aims of the course
- how learning is facilitated by academic guidance, feedback and supervisory arrangements
- the arrangements for academic tutorial support, their clarity and their communication to staff and students, and how staff are enabled to provide the necessary support to students
- the quality of written guidance
- the extent to which arrangements are in place and effective in facilitating student progression towards successful completion of their courses
- to what extent your provision reflects the precepts in the sections of QAA's *Code of practice* on students with disabilities (section 3), career education, information and guidance (section 8), placement learning (section 9) and recruitment and admissions (section 10)
- to what extent procedures for establishing student fitness to practice exist

Sources of evidence you might consider appending to your Self-Evaluation include statistical data on application, admission, progression and completion, policy statements on admission and learning support, course and student handbooks, and student evaluation of admission, induction and tutorial support.

Learning resources

Your Self-Evaluation should review the adequacy of human and physical learning resources and the effectiveness of their utilisation. In particular, it should demonstrate a strategic approach to linking resources to intended learning outcomes at course level.

The visitors will consider:

- staffing levels and the suitability of staff qualifications and experience, including teaching and non-teaching staff
- professional and scholarly activity to keep abreast of emerging, relevant subject knowledge and technologies
- research activity
- staff development opportunities, including induction and mentoring for new staff, and whether opportunities are taken
- library facilities including relevant and current book stock
- journals and electronic media
- access times and arrangements, and induction and user support provision
- computing hardware, both general and subject-specific software availability, and currency
- accessibility, including times of opening and opportunities for remote access, and induction and user-support provision
- specialist accommodation, equipment and consumables
- adequacy, accessibility, induction, user-support and maintenance
- suitability of staff and teaching accommodation in relation to the teaching and learning strategy and the provision of support for students

Sources of evidence may include internal review documents and minutes of meetings, equipment lists, library stocks, staff curricula vitae, external examiners'/verifiers' reports and staff development documents.

Governance and management

The Self-Evaluation should evaluate your governance and management, including financial and risk management, and the effectiveness of measures taken to maintain and enhance academic standards and the quality of learning opportunities.

You should be able to demonstrate that:

- your academic and financial planning, quality assurance and resource allocation policies are coherent and relate to your mission, aims and objectives
- there is a clarity of function and responsibility in relation to your governance and management systems
- across the full range of your activities, there is demonstrable strength of academic and professional leadership
- policies and systems are developed, implemented and communicated in collaboration with staff and students
- your mission and associated policies and systems are understood, accepted and actively applied by staff and, where appropriate, students
- you are managing successfully the responsibilities vested in you by your validating university and the GOsC
- you monitor your operational policies and systems and change them when required
- there is reliable information to indicate continued confidence and stability over an extended period of time in the organisation's governance, financial control and quality assurance arrangements, and organisational structure

The visitors will also consider:

- your approach to the quality assurance of your provision and the effectiveness of this approach for the courses under review
- the use made of quantitative data and qualitative feedback from students, external examiners/verifiers and other stakeholders in a strategy of enhancement and continuous improvement
- your responsiveness to internal and external review and assurance processes
- the accuracy of your Self-Evaluation

Sources of evidence may include student and staff feedback, external examiners'/verifiers' reports, quantitative data, employers' views, previously published subject review reports and internal review reports.

In total the Self-Evaluation for a recognition or renewal review should not exceed 6,000 words (not counting the accompanying evidence). The Self-Evaluation for a combined review may need to be longer than this, particular where more than one course is under review. The Self-Evaluation for a monitoring review may be shorter and take a different form depending on the objectives of the review. We will discuss this with you before we agree a date for the visit.

If you have any questions about developing your Self-Evaluation, contact your review coordinator.

Submitting your Self-Evaluation

You should send five hard copies and one electronic copy of your Self-Evaluation to us at least 10 weeks before the visit. For the hard copies, it is helpful to the visitors if you append hard copies of the key supporting evidence; the remainder of the supporting evidence can be supplied electronically on a datastick or similar or through weblinks. All of the evidence you refer to in your Self Evaluation should be available to the visitors in hard copy at the visit.

The review coordinator will check your Self-Evaluation to make sure it covers all of the areas specified above (or, in the case of a monitoring review, to ensure it covers all the areas we have agreed). The review coordinator uses a standard checklist to do this, which you can find on our website.

If the review coordinator finds that your Self-Evaluation covers each area adequately, we will send it to the visitors and ask them to begin working. If the coordinator finds that it is not adequate, we will tell you why and ask you to revise it. You must resubmit your revised Self-Evaluation within two weeks of our request. If at this stage we consider that the Self-Evaluation remains unsuitable, we may ask GOsC to postpone the review.

Providing other documentation before the visit

At the preliminary meeting the review coordinator may ask you to provide more documentation in addition to that appended to your Self-Evaluation. If so, you should send us this documentation at least four weeks before the visit. The coordinator will explain how you should send this documentation; if it exists in electronic format you will be able to send it directly to the electronic system that the visitors use to communicate with one another.

Requests for additional documentation will be confined to material which the visitors need to complete the review effectively. The review coordinator will be able to tell you why the visitors are asking for a particular piece of additional information.

Providing documentation during the visit

All of the evidence you refer to in your Self Evaluation should be available to the visitors in hard copy at the visit. During the visit the visitors may ask for additional evidence, for example if a document which the visitors have not seen is referred to by a member of staff in a meeting. Again, requests for additional evidence will be confined to material which the visitors need to complete the review effectively. All requests for additional evidence will be conveyed by the review coordinator to your institutional contact.

Student work

During the visit the visitors will need to see a sample of student work to determine whether:

- student achievement matches the intended learning outcomes of the course
- assessment is designed appropriately to measure achievement of the intended learning outcomes
- the assessments set provide an adequate basis for discriminating between different categories of attainment
- the actual outcomes of programmes meet the minimum expectations for the award and the requirements of *Standard 2000*

The review coordinator will discuss the range and nature of student work to be provided at the preliminary meeting.

Where student work reveals the identity of or detailed image of a patient, the provider should have obtained the consent of the patient for its disclosure to the visitors following the principle of informed consent and in conformity with legislation in force.

The visitors will not repeat or second guess the work of external examiners or verifiers and they will not normally expect to see work that is currently under consideration by external examiners or verifiers. You should supply the minimum sample of student work necessary to demonstrate the achievement of intended learning outcomes. Typically, this will include samples from each stage. The student work sample should be from at least three full terms, or the equivalent, preceding the review.

The visitors will need to see a representative sample of student work that demonstrates use of the full range of assessment methods for both formative and summative assessments. To enable them to gain a full understanding of the assessment strategy, the visitors will need to see marking guides or other assessment criteria, and any guidance on providing feedback to students through assessment.

Unsolicited information

There may be other stakeholders in GOsC review, such as teaching staff, students or patients, who wish to bring issues about you and your courses to the visitors' attention. We call this 'unsolicited information'.

The visitors will consider unsolicited information, but only on the strict understanding that it will be shared with you (subject to any overriding legal constraints with respect to the disclosure of personal information), in order that you may respond to the visitors about the issues raised. The visitors are obliged to corroborate any unsolicited information they receive with other sources of evidence.

Anyone wishing to bring information to the visitors' attention should do so in writing to the review coordinator before the review visit. To make sure teaching staff and students are aware of the existence of this facility and of the need to raise any issues in advance, you should publicise this aspect of the review to everyone in the institution as soon as the date for the visit is agreed.

The visitors are unable to take unsolicited information into account once the visit has begun.

Further information for people wishing to disclose information in GOsC review is available on our website [\[link\]](#).

Observation of teaching and learning

The observation of teaching and learning is a key part of any recognition or renewal review, (unless the recognition review is of a new provider and the review taking place before students have begun the course). In monitoring review, observation will only take place if it is relevant to what GOsC has asked us to investigate.

Observation gives visitors further insight into the students' experience of the course and provider, in order to help them determine whether the provision meets the expectations set out in the key reference documents. Observation is not an appraisal of the teacher or lecturer.

Visitors normally undertake the observation alone in order to minimise disruption. Only visitors with current experience in teaching on osteopathic courses with RQ status will be used to observe teaching and clinics.

The review coordinator will discuss the arrangements for observation at the preliminary meeting. Before the observation takes place, the visitor will meet the lecturer to discuss the overall objectives of the session and what the lecturer intends the students to gain from it. It is essential that the visitor understands the purpose of the session; for example, a lecture with the express purpose of transmitting information will be designed differently from a class aimed at developing practical clinical skills.

The visitor should not make comments during a session and should not engage directly in the activity. On occasion, the visitor may talk with students engaged in practical activities or independent learning, to ask about their experiences and how the activity fits into their wider programme of study. Visitors must seek the agreement of the member of staff before talking to students.

The visitor must always comply with legislation relevant to practical classes observed, such as health and safety laws. The visitor should be as unobtrusive as possible when observing a class. For sessions lasting more than one hour, the visitor should agree a suitable period of observation beforehand, usually no more than one hour.

Visitors will not see individual patient records.

Whenever a visitor observes teaching, he or she should complete a teaching observation note. An example appears below.

After the session has finished, the visitor must offer oral feedback to the lecturer. Oral feedback is confidential to the lecturer and should be given privately. The purpose of the feedback is to offer constructive comment rather than to recommend preferred practice.

The visitors will preserve the anonymity of observed lectures in the review report and in discussion with other staff in the institution.

[Teaching observation note to follow]

Team composition, roles and person specifications

A GOsC review team normally comprises a review coordinator and three visitors. In a combined review it may be necessary to add an extra visitor; a monitoring review may have only two visitors. In exceptional circumstances we may appoint a specialist visitor to provide expert advice on financial matters.

The review coordinator

The role of the review coordinator is to manage the review and support the visitors and the provider. The coordinator's responsibilities include:

- acting as the main point of contact with the provider throughout the review
- checking whether the Self-Evaluation provides all the necessary information
- leading the preliminary meeting
- making sure that the provider makes the appropriate arrangements for the visit, including ensuring that the relevant students and staff attend meetings with the visitors
- ensuring that the visit proceeds effectively and that the visitors obtain all the information they need
- providing informal feedback to the provider at the end of the visit
- coordinating the production of the draft report
- preparing a formal response to the provider's comments on the draft report, based on the visitors' advice
- coordinating any other advice GOsC needs from the visitors, such as advice on the fulfilment of conditions

The review coordinator will also chair the visitors' discussion on the final day of the visit, which leads to the judgements, and may provide advice to the visitors to make sure their conclusions are consistent with the review method. However, the coordinator does not participate directly in the formulation of the judgements, conditions, examples of good practice and areas for development.

The visitors

Collectively, the visitors combine expertise in the practice and teaching of osteopathy with experience in the management of academic standards and quality in higher education. Their role is to determine whether the course and provider under review meet the expectations established by the key reference documents. In broad terms, this role entails:

- reading and commenting on the provider's Self-Evaluation
- making requests, via the review coordinator, for further documentation
- advising the review coordinator about arrangements for the visit, including the people whom the visitors wish to meet
- playing a full part in the visit, including gathering, verifying and sharing evidence, meeting staff and students and, for the specialist visitors, observing teaching and learning
- contributing sections of the draft report
- considering changes to the draft report based on the provider's comments
- commenting on the provider's action plan
- considering the fulfilment of conditions

We provide more detailed guidance to visitors about their role in a separate *Handbook for visitors*, which you can find on our website.

Team competencies

The qualities required in both visitors and review coordinators are:

- a commitment to the principles of quality assurance in educational provision
- an enquiring disposition
- powers of analysis and sound judgement
- personal authority coupled with the ability to act as an effective team member
- good time-management skills
- experience of chairing meetings
- a recognition that there are legitimate differences among educational providers in their management of standards and quality
- high standard of oral and written communication, preferably with experience of writing formal reports for publication to deadlines

Review coordinators will also be able to demonstrate:

- wide experience of academic management and quality assurance at institutional level in UK higher education
- experience of leading external quality assurance reviews in higher education
- personal and professional credibility with heads of institutions and senior managers in higher education
- an understanding of GOsC's *Standard of Proficiency* and Code of Practice and of the Academic Infrastructure
- the ability to identify, plan and allocate lines of investigation to visitors according to the requirements of the review method; to assimilate and interpret a large amount of disparate information in order to support those lines of investigation; and to draw reliable conclusions based thereon
- ability to lead effective meetings with a range of staff and students

Collectively the visitors will be able to demonstrate:

- current experience in teaching on osteopathic programmes with RQ status
- wide experience of academic management and quality assurance at institutional level in UK higher education
- a detailed working knowledge of GOsC's *Standard of Proficiency* and Code of Practice and of the Academic Infrastructure
- experience of external examining or verification in higher education
- the ability to identify, plan and follow lines of investigation according to the requirements of the review method; to assimilate and interpret a large amount of disparate information in order to follow those lines of investigation; and to draw reliable conclusions based thereon
- the ability to conduct effective meetings with a range of staff and students

Recruitment and training

We recruit visitors by inviting nominations from all osteopathic education providers and by advertising. We select visitors by reference to the person specifications below, and train them to ensure they are capable of carrying out their duties effectively. Visitors who undertake reviews are expected to:

- possess the knowledge and skills described in the person specifications below
- have completed successfully our training programme
- be committed to completing all aspects of a review

Review coordinators are members of QAA staff with experience of GOsC review and/or other quality assurance methods, or independent contractors with the same experience. Review coordinators undergo the same training as visitors and additional training focussed on the particular responsibilities of the role.

Conflicts of interest

When we allocate visitors to a review, we check to make sure that they do not have any conflicts of interest by reference to *The Osteopaths Act 1993*, which states that:

- no person appointed as a visitor may act as a visitor in relation to any place at which he or she regularly gives instruction in any subject or any institution with which he or she has a significant connection
- a person shall not be prevented from being appointed as a visitor merely because he or she is a member of the General Council or any of its committees.

When we inform you of the visitors, we will ask you if you have any objections. If you have an objection which, by referring to the criteria above, we consider to be legitimate, we will appoint another visitor or visitors.

Person specifications

We select visitors and review coordinators using the following person specifications.

Visitors

Attributes	Essential	Desirable
Experience	<ul style="list-style-type: none">• experience of chairing meetings	<ul style="list-style-type: none">• current experience in teaching on osteopathic programmes with RQ status• wide experience of academic management and quality assurance at institutional level in UK higher education• experience of external examining or verification in higher education

<p>Knowledge, skills and abilities</p>	<ul style="list-style-type: none"> • a commitment to the principles of quality assurance in educational provision • an enquiring disposition • powers of analysis and sound judgement • personal authority coupled with the ability to act as an effective team member • good time-management skills • a recognition that there are legitimate differences among educational providers in their management of standards and quality • high standard of oral and written communication, preferably with experience of writing formal reports for publication to deadlines • the ability to identify, plan and follow lines of investigation according to the requirements of the review method; to assimilate and interpret a large amount of disparate information in order to follow those lines of investigation; and to draw reliable conclusions based thereon • the ability to conduct effective meetings with a range of staff and students 	<ul style="list-style-type: none"> • a detailed working knowledge of GOsC's <i>Standard of Proficiency</i> and Code of Practice and of the Academic Infrastructure
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Review coordinators

Attributes	Essential
<p>Experience</p>	<ul style="list-style-type: none"> • wide experience of academic management and quality assurance at institutional level in UK higher education • experience of leading external quality assurance reviews in higher education • experience of chairing meetings
<p>Knowledge, skills and abilities</p>	<ul style="list-style-type: none"> • a commitment to the principles of quality assurance in educational provision • an enquiring disposition • powers of analysis and sound judgement • personal authority coupled with the ability to act as an effective team member

- | | |
|--|---|
| | <ul style="list-style-type: none">• good time-management skills• a recognition that there are legitimate differences among educational providers in their management of standards and quality• high standard of oral and written communication, preferably with experience of writing formal reports for publication to deadlines• personal and professional credibility with heads of institutions and senior managers in higher education• an understanding of GOsC's <i>Standard of Proficiency</i> and Code of Practice and of the Academic Infrastructure• the ability to identify, plan and allocate lines of investigation to visitors according to the requirements of the review method; to assimilate and interpret a large amount of disparate information in order to support those lines of investigation; and to draw reliable conclusions based thereon• ability to lead effective meetings with a range of staff and students |
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General Osteopathic Council review of osteopathic courses and course providers

Handbook for Visitors

Section one: Introduction

Under the *Osteopaths Act 1993* the General Osteopathic Council (GOsC) is the statutory regulatory body for osteopaths and osteopathic education providers. The GOsC advises the Privy Council on which courses of osteopathic education merit Recognised Qualification (RQ) status. The Privy Council grants RQ status to courses where the governance and management of the course provider and the standards and quality of the course meet the requirements laid down by the GOsC. In particular, students must meet the practice requirements of GOsC's *Standard of Proficiency* and *Code of Practice*. The GOsC policy in relation to Quality Assurance is outlined in Annex A.

The General Osteopathic Council makes a decision to 'recognise' qualifications. This decision needs to be approved by the Privy Council before taking effect. These decisions are informed by Review Visits and other mechanisms for the review of evidence. Review Visits are conducted by the Quality Assurance Agency for Higher Education (QAA), on behalf of the GOsC. The review method is known as GOsC review. The purpose of this handbook is to describe how GOsC review operates. It has been designed with the specific aim of making the review process as clear as possible.

Throughout this handbook, 'we' refers to the QAA, and 'you' refers to the visitor.

Brief overview of the review process

GOsC review has three different forms:

- recognition review, for new courses seeking RQ status
- renewal review, for courses seeking to renew RQ status
- monitoring review, where GOsC needs assurance about a particular course or provider, perhaps in relation to the fulfilment of conditions from a previous recognition or renewal review, or because of some important development in the course or provider

In some circumstances, such as where an application for the recognition of a new course coincides with the expiry of a different course's RQ status, GOsC may ask us to undertake a combined review. Combined reviews may combine any of the three different types outlined above.

All forms of GOsC review share the same purpose, which is to enable GOsC to make recommendations on approval to the Privy Council and to assure itself more generally that providers of osteopathic education are both preparing students who are fit to practice osteopathy in accordance with GOsC's *Standard of Proficiency* and *Code of Practice* and capable of evaluating and enhancing their programmes of study. In this context, GOsC review addresses the following eight areas:

- course aims and outcomes
- curricula
- assessment
- achievement
- teaching and learning

- student progression
- learning resources
- governance and management

Monitoring reviews are likely to address a subset of these areas, depending on GOsC's requirements.

There are six key reference documents that help our review teams to determine how osteopathic courses and their providers are performing in the eight areas set out above. These documents are:

- *GOsC's Standard of Proficiency*
- *GOsC's Code of Practice*
- *QAA's Code of practice for the assurance of academic quality and standards in higher education*
- programme specifications
- the frameworks for higher education qualifications
- the subject benchmark statement for Osteopathy

The last four documents are known collectively as the Academic Infrastructure. You can find them on our website <http://www.qaa.ac.uk/academicinfrastructure/default.asp>

When we carry out a GOsC review visit, you are our representative. There are normally three visitors, who are accompanied by a review coordinator whose role is to manage the review and support you and the provider. The review coordinator is your main point of contact with us and with the provider throughout the review.

At the visit, you will ask questions of your staff, students and senior managers. At the end of the visit, you will contribute to the judgement of the team about whether, and to what extent, the course reflects or continues to reflect the expectations established by the key reference documents described above. The judgement will be expressed as one of the following:

- approval without conditions
- approval with conditions
- approval denied

Your decision will be sent to GOsC, which retains discretion over whether it accepts the visitors' findings.

For the purposes of this handbook, we have separated the review process into three stages. These are:

- pre-visit, which gives details of what you need to do before a visit takes place
- the visit, which outlines what you are responsible for doing during the visit
- post-visit, which describes your role after the visit has finished

To ensure the process runs smoothly there are specific tasks that must be carried out. Broadly speaking, you are responsible for ensuring that you are available for the whole of the review period and committed to completing the whole process once it has begun. This involves:

- completing successfully our training programme for GOsC review
- telling us when you are available for the review visit
- telling us about any conflicts of interest you have with the provider or the course under review
- reading and commenting on the provider's Self-Evaluation
- making requests, via the review coordinator, for further documentation
- advising the review coordinator about arrangements for the visit, including the people whom you wish to meet
- playing a full part in the visit
- contributing sections of the draft report
- considering changes to the draft report in response to the provider's comments
- commenting on the provider's action plan (where applicable)
- considering the fulfilment of conditions (where applicable)

The provider is responsible for:

- nominating someone to be a main point of contact with the review coordinator throughout the review
- providing you with documentation before and during the visit, including the Self-Evaluation
- discussing the arrangements for the visit with us, including the agenda and the meetings
- letting teaching staff, students and other stakeholders know that they can raise issues directly with you through the protocol for 'unsolicited information'
- ensuring you have an appropriate place to work during the visit
- ensuring the appropriate staff and students are available to meet you
- developing an action plan to address any conditions arising from the review
- giving feedback on our review process

We are responsible for:

- nominating you
- keeping you informed about our role, timelines and deadlines
- arranging your travel and accommodation
- discussing the arrangements for the visit with you
- making sure the review report is consistent with other review reports
- ensuring that the report is submitted to GOsC on time

GOsC is responsible for:

- maintaining a schedule of reviews, which tells us which courses need reviewing and when
- approving the visitors
- telling us when monitoring reviews are required
- Communicating decisions of the Education Committee, Council and Privy Council in a timely manner.

Section two: What the visitors are responsible for considering

All forms of GOsC review share the same purpose, which is to enable GOsC to make recommendations on approval to the Privy Council and to assure itself more generally that providers of osteopathic education are both preparing students who are fit to practice osteopathy in accordance with GOsC's *Standard of Proficiency* and *Code of Practice* and capable of evaluating and enhancing their programmes of study. In this context, GOsC review addresses the following eight areas:

- course aims and outcomes (including students' fitness to practice)
- curricula
- assessment
- achievement
- teaching and learning
- student progression
- learning resources
- governance and management

These areas are reflected in the headings in the provider's Self-Evaluation and in the visitors' review report.

Monitoring reviews are likely to address a subset of these areas, depending on GOsC's requirements.

This section provides further guidance to visitors on what you are responsible for considering under each of these eight areas. You should refer to this section throughout the review process and particularly when you are analysing the provider's Self-Evaluation, during the visit and when you are writing your sections of the review report.

Course aims and outcomes

This area concerns the appropriateness of the intended learning outcomes in relation to the overall aims of the provision, GOsC's *Standard of Proficiency*, GOsC's Code of Practice and the Framework for Higher Education Qualifications (FHEQ – one of the four components of the Academic Infrastructure). It includes the effectiveness of measures taken to ensure that staff and students have a clear understanding of the aims and intended learning outcomes of the courses.

The visitors will consider:

- how well the intended learning outcomes relate to the overall aims of the course and whether they enable the aims to be met
- the extent to which they are aligned with external reference points, including the FHEQ, to provide an appropriate level of challenge to students
- the extent to which they are aligned with GOsC's *Standard of Proficiency* and fitness for practice in accordance with GOsC's Code of Practice
- how well the intended learning outcomes of a course and its constituent parts are communicated to staff, students and external examiners/verifiers.

Evidence about aims and outcomes may include the definitive course document or programme specification, which providers are asked to submit as part of their Self-Evaluation, module or unit descriptors and student handbooks.

Curricula

Curricula concerns the effectiveness of curriculum design and content in enabling the intended learning outcomes to be achieved.

The visitors will consider:

- how the provider plans the curriculum design and content and how decisions about contributing modules and their sequencing are made
- whether the design and content of the curricula encourage achievement of the intended learning outcomes in terms of knowledge and understanding, cognitive skills, subject-specific skills (including practical/professional skills), transferable skills, progression to employment and/or further study, and personal development. The requirements should map to the GOsC Standard of Proficiency and Code of Practice.
- the extent to which curricular content and design are informed by recent developments in techniques of teaching and learning, current research, scholarship or consultancy and by any changes in relevant occupational or professional requirements
- how the provider ensures that the design and organisation of the curriculum provide appropriate academic and intellectual progression and are effective in promoting student learning and achievement of the intended learning outcomes
- to what extent the provider's arrangements for designing, monitoring and reviewing the curriculum reflect the precepts in section 7 of QAA's *Code of Practice* on programme design, approval, monitoring and review

Sources of evidence about curricula may include curricular documents, review reports, reports from professional bodies, placement reports from employers, course and student handbooks and module descriptors.

Assessment

Assessment addresses the effectiveness of student assessment in measuring the achievement of the intended learning outcomes of courses.

The visitors will consider:

- the extent to which the overall assessment strategy has an adequate formative function in developing student abilities, assists them in the development of their intellectual skills and enables them to demonstrate achievement of the intended learning outcomes in all learning settings
- the assessment methods selected and their appropriateness to the intended learning outcomes, and to the type and level of work
- the criteria used to enable internal and external examiners/verifiers to distinguish between different categories of achievement, and the way in which criteria are communicated to students
- the security, integrity and consistency of the assessment procedures, the setting, marking and moderation of work in all learning settings, and the return of student work with feedback
- how employers and other professionals contribute to the development of assessment strategies, where appropriate

- to what extent the provider's arrangements for assessment reflect the precepts in sections 4 and 6 of QAA's *Code of Practice* on External examining and Assessment of students respectively

The sample of student work, which the visitors will see at the visit, is particularly important in enabling you to take a view about the effectiveness of the provider's arrangements for student assessment. Other sources of evidence may include annual review reports, external examiners'/verifiers' reports and statistical data.

Achievement

Achievement concerns the extent to which students achieve the learning outcomes set.

The visitors will consider:

- the evidence that students' assessed work demonstrates their achievements of the intended learning outcomes
- the evidence that standards achieved by learners meet the minimum expectations for the award as measured against the FHEQ, GOsC's *Standard of Proficiency*, GOsC's Code of Practice and the subject benchmark statement for Osteopathy
- whether students are prepared effectively for their subsequent employment roles
- the levels of achievement indicated by the statistical data, whether there are any significant variations between modules and the successful progression to employment
- how the provider promote student retention and achievement

Again the sample of student work will be an important source of evidence. Other sources may include external examiners'/verifiers' reports, any placement or clinical practice supervisors' reports, assessment board minutes, and statistical data on achievement and career destinations.

Teaching and learning

This area reviews the effectiveness of teaching and learning, in relation to course aims, the intended learning outcomes and curriculum content.

The visitors will consider:

- the range and appropriateness of teaching methods employed in relation to curriculum content and course aims
- how staff draw upon their research, scholarship, consultancy or professional activity to inform their teaching
- the ways in which participation by students is encouraged and how learning is facilitated
- how the materials provided support learning and how students' independent learning is encouraged
- student workloads
- how quality of teaching is maintained and enhanced through staff development, peer review of teaching, integration of part-time and visiting staff, effective team teaching and the induction and mentoring of new staff

Sources of evidence may include student evaluation of their learning experience, internal review documents, staff development documents, course and student handbooks and discussions with staff and students. The visit will normally include direct observation of both clinical and non-clinical teaching.

Student progression

Student progression concerns the effectiveness of strategies for recruitment, admission and academic support and guidance to facilitate students' progression and completion of the course.

The visitors will consider:

- the effectiveness of arrangements for recruitment, admission and induction, and whether these are generally understood by staff and students
- the overall strategy for academic support and its relationship to the student profile and the overall aims of the course
- how learning is facilitated by academic guidance, feedback and supervisory arrangements
- the arrangements for academic tutorial support, their clarity and their communication to staff and students, and how staff are enabled to provide the necessary support to students
- the quality of written guidance
- the extent to which arrangements are in place and effective in facilitating student progression towards successful completion of their courses
- to what extent the provider's provision reflects the precepts in the sections of QAA's *Code of practice* on students with disabilities (section 3), career education, information and guidance (section 8), placement learning (section 9) and recruitment and admissions (section 10)
- to what extent procedures for establishing student fitness to practice exist

Sources of evidence might include statistical data on application, admission, progression and completion, policy statements on admission and learning support, course and student handbooks, and student evaluation of admission, induction and tutorial support.

Learning resources

This area addresses the adequacy of human and physical learning resources and the effectiveness of their utilisation. In particular, it should demonstrate a strategic approach to linking resources to intended learning outcomes at course level.

The visitors will consider:

- staffing levels and the suitability of staff qualifications and experience, including teaching and non-teaching staff
- professional and scholarly activity to keep abreast of emerging, relevant subject knowledge and technologies
- research activity
- staff development opportunities, including induction and mentoring for new staff, and whether opportunities are taken
- library facilities including relevant and current book stock
- journals and electronic media
- access times and arrangements, and induction and user support provision
- computing hardware, both general and subject-specific software availability, and currency

- accessibility, including times of opening and opportunities for remote access, and induction and user-support provision
- specialist accommodation, equipment and consumables
- adequacy, accessibility, induction, user-support and maintenance
- suitability of staff and teaching accommodation in relation to the teaching and learning strategy and the provision of support for students

Sources of evidence may include internal review documents and minutes of meetings, equipment lists, library stocks, staff curricula vitae, external examiners'/verifiers' reports and staff development documents.

Governance and management

Governance and management encompasses financial and risk management and the effectiveness of measures taken to maintain and enhance academic standards and the quality of learning opportunities.

Providers should be able to demonstrate that:

- academic and financial planning, quality assurance and resource allocation policies are coherent and relate to the provider's mission, aims and objectives
- there is a clarity of function and responsibility in relation to governance and management systems
- across the full range of the provider's activities, there is demonstrable strength of academic and professional leadership
- policies and systems are developed, implemented and communicated in collaboration with staff and students
- the provider's mission and associated policies and systems are understood, accepted and actively applied by staff and, where appropriate, students
- the provider is managing successfully the responsibilities vested in it by its validating university and the GOsC
- the provider monitors its operational policies and systems and changes them when required
- there is reliable information to indicate continued confidence and stability over an extended period of time in the organisation's governance, financial control and quality assurance arrangements, and organisational structure

The visitors will also consider:

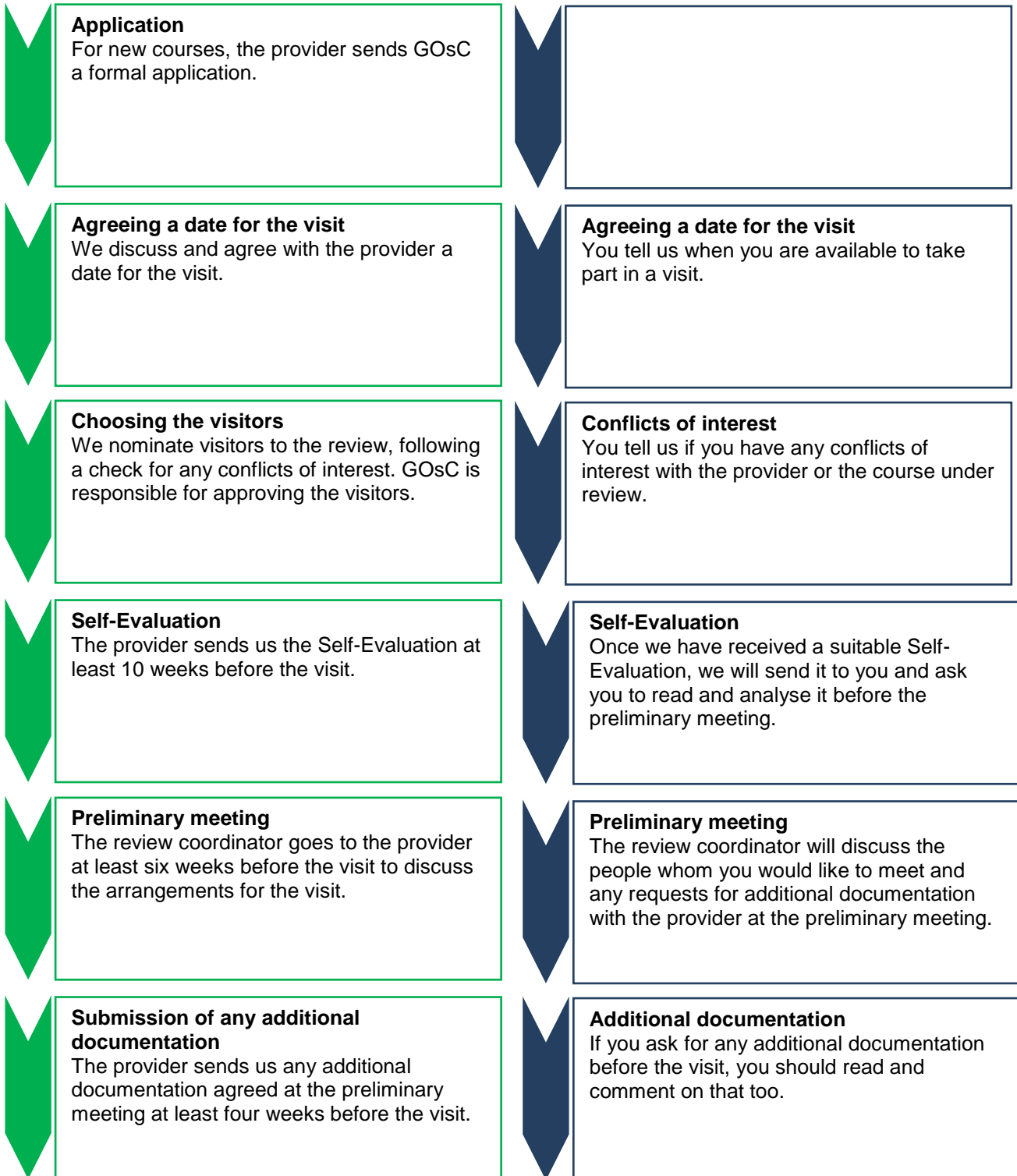
- the provider's approach to the quality assurance of your provision and the effectiveness of this approach for the courses under review
- the use made of quantitative data and qualitative feedback from students, external examiners/verifiers and other stakeholders in a strategy of enhancement and continuous improvement
- the provider's responsiveness to internal and external review and assurance processes
- the accuracy of the provider's Self-Evaluation

Sources of evidence may include student and staff feedback, external examiners'/verifiers' reports, quantitative data, employers' views, previously published subject review reports and internal review reports.

Section three: Flow charts of the review process

The following flow charts summarise the pre-visit stage and the post-visit stage. The flow charts on the left describe what the provider does; the ones on the right explain what you do. You should read the flow charts in conjunction with the more detailed guidance in Section four.

Pre-visit



Post-visit



Note

...in a judgement of 'approval with conditions'.

Section four: The visitor's role in detail

This section gives more detail about the steps in the flow charts.

Pre-visit



Agreeing a date for the visit

You tell us when you are available to take part in a visit

GOsC review normally involves a two-and-a-half-day visit to the provider. You will spend the first two days of the visit meeting staff and students, observing teaching and reading documentation, and the final half-day reflecting on the visit and agreeing your conclusions, including the judgements.

We normally hold visits at the site where the course is delivered, to allow you to meet staff and students and observe teaching.

We will normally ask the provider to suggest three possible dates for the visit at least 24 weeks in advance. We will then contact the visitors to check your availability, and select one of the dates based on that information.

When considering your availability for a visit, think about all the work related to the visit including the analysis of the Self-Evaluation before the visit and the report drafting afterwards. **It is imperative** that you have the time to conduct each stage of the review effectively.

Once we have agreed a date for the visit, we will send you an introduction pack (normally by email), which will include:

- a copy of this handbook
- a copy of the key reference documents mentioned in Section one
- weblinks to other review support documentation
- details of how to access the electronic system you will use to communicate with the review coordinator and the other visitors
- a review schedule, showing all the key dates in the review process including the deadline for you to submit your comments on the Self-Evaluation

From this point on, the review coordinator is your main point contact with us and all communication between you and the provider should be through the review coordinator.



Conflicts of interest

You tell us if you have any conflicts of interest with the provider or the course under review.

When we nominate visitors to a review, we check to make sure that they do not have any conflicts of interest by reference to *The Osteopaths Act 1993*, which states that:

- no person appointed as a visitor may act as a visitor in relation to any place at which he or she regularly gives instruction in any subject or any institution with which he or she has a significant connection
- a person shall not be prevented from being appointed as a visitor merely because he or she is a member of the General Council or any of its committees.

We will check for conflicts of interest before we canvass your availability for the visit (see above). However, it may be possible that we miss a conflict of interest. So if you believe that you have a conflict of interest that we have missed, it is very important that you tell us about it.

We will also ask the provider and the GOsC if they have any objections to your participation. GOsC is ultimately responsible for approving the visitors as part of its legal duties.



Self-Evaluation

Once we have received a suitable Self-Evaluation, we will send it to you and ask you to read and analyse it before the preliminary meeting.

The Self-Evaluation is the keystone of GOsC review. You will refer to your Self-Evaluation throughout the review for information about the course and the provider and for evidence that the provider evaluates and improves its effectiveness in providing osteopathic education.

Annex B to the *Handbook for course providers* gives providers detailed guidance on the format, contents and length of the Self-Evaluation. Broadly speaking, it should contain a standard description of the provider and course under review and an account of how the provider and course reflect the expectations established by the key reference documents mentioned in Section one, under the following headings:

- course aims and outcomes (including student fitness to practice)
- curricula
- assessment
- achievement
- teaching and learning
- student progression
- learning resources
- governance and management

These headings match the headings in the review report.

The Self-Evaluation for a monitoring review may take a different form depending on its objectives. The review coordinator will check the Self-Evaluation to make sure it covers all of the areas outlined above. The review coordinator uses a standard checklist to do this, which you can find on our website.

If the review coordinator finds that the Self-Evaluation covers each area adequately, we will send it to you and ask you to read and comment on it. To help you do this, we will include a Self-Evaluation analysis template, which is also available on our website. The template is structured according to the headings above. The review coordinator may ask you to focus on particular parts of this template, depending on which areas you will be responsible for writing about.

You should submit your completed analysis template to the review coordinator before the preliminary meeting. This is normally about two weeks after you receive the Self-Evaluation. The coordinator will tell you exactly when it is.

If the coordinator finds that the Self-Evaluation is not adequate, we will ask the provider to revise it. The provider must resubmit a revised Self-Evaluation within two weeks of our request. If at this stage we consider that the Self-Evaluation remains unsuitable, we may ask GOsC to postpone the review.



Preliminary meeting

The review coordinator will discuss the people whom you would like to meet and any requests for additional documentation with the provider at the preliminary meeting.

The Self-Evaluation analysis template asks you to suggest whom you would like to meet during the visit. You are not required to name those people, but rather suggest a list of criteria (for example, up to three teaching staff involved in a particular module).

The review coordinator will discuss these criteria with the provider at the preliminary meeting.

Please note that the preliminary meeting is between the review coordinator and the provider. Visitors are not required to attend.



Additional documentation

If you ask for any additional documentation before the visit, you should read and comment on that too.

The Self-Evaluation analysis template also asks you to consider if you need any additional documentation in order to complete the review effectively. Again you are not required to name particular documents (although you may be able to); it is appropriate to ask the review coordinator if the provider can give further information about, for example, arrangements for external examining. But you must be able to justify any request for additional documentation.

The review coordinator will discuss your requests for additional documentation with the provider at the preliminary meeting. If you ask for the documentation to be available before the visit, you should read it beforehand.

The visit

The visit gives you the opportunity to test your understanding and interpretation of the Self-Evaluation by reference to other sources of evidence including written documentation, meetings with staff and students and the observation of teaching and learning. This is a process we call 'triangulation'. Through triangulation, you are able to develop your understanding of the course and provider and, ultimately, judge whether or not the course and provider meet the expectations set out in the key reference documents: the GOsC's *Standard of Proficiency*, the GOsC's Code of Practice and the four components of the Academic Infrastructure.

The timetable for the visit will be discussed at the preliminary meeting. Normally a visit will last two-and-a-half days. During the first two days, you will meet groups of staff and students, observe teaching and learning and spend time in private reading documentation, including a sample of student work, and discussing your findings. You may also wish to meet employers and/or clinical placement providers. On the final half day, you will meet in private to discuss and agree your findings.

During the visit you will need to see a sample of student work to determine whether:

- student achievement matches the intended learning outcomes of the course
- assessment is designed appropriately to measure achievement of the intended learning outcomes
- the assessments set provide an adequate basis for discriminating between different categories of attainment
- the actual outcomes of programmes meet the minimum expectations for the award and the requirements of GOsC's *Standard of Proficiency*

The review coordinator will agree the range and nature of student work to be provided at the preliminary meeting.

Your role is not to repeat or second guess the work of external examiners or verifiers and so you will not normally see work that is currently under consideration by external examiners or verifiers. The provider will supply the minimum sample of student work necessary to demonstrate the achievement of intended learning outcomes. Typically, this will include samples from each stage. The student work sample should be from at least three full terms, or the equivalent, preceding the review.

You will need to see a representative sample of student work that demonstrates use of the full range of assessment methods for both formative and summative assessments. To enable you to gain a full understanding of the assessment strategy, you will need to read marking guides or other assessment criteria, and any guidance on providing feedback to students through assessment.

Monitoring reviews are likely to be shorter than recognition and renewal reviews and may not include all the elements of these reviews (such as the sample of student work), depending on GOsC's requirements. Combined reviews may be longer than two-and-a-half days. The duration of the visit should be known when we canvass your availability.

The role of the institutional contact at the visit is primarily to provide an effective liaison between you and the provider's staff and students. More specifically, the institutional contact may:

- assist the provider in understanding any issues you are concerned about
- respond to your requests for additional information

- draw your attention to matters you may have overlooked

The review coordinator and the institutional contact need to maintain regular communication throughout the visit to ensure the institutional contact is able to fulfil their role effectively. Normally this involves a short meeting with the coordinator and the visitors at the beginning and end of each day of the visit.

The timetable for the visit may change during the visit depending on its progress.

Visitors are collectively responsible for gathering, verifying and sharing evidence in order that they arrive at a common, unanimous judgement. The visitors will, therefore, operate as a team, and not, for example, hold meetings with staff individually. The exception to this is the observation of teaching and clinics, where a single visitor will be used to minimise disruption. There is a protocol for the observation of teaching and clinics at Annex B [same as Annex C to the *Handbook for course providers*]. Only visitors with current experience in teaching on osteopathic courses with RQ status will be used to observe teaching and clinics.

Meetings with students are strictly confidential between the visitors and the students; no comments will be attributed to individuals. Staff are not permitted to attend meetings with students.

Dealing with unsolicited information

There may be other stakeholders in GOsC review, such as teaching staff, students or patients, who wish to bring issues about the provider and its provision to your attention. We call this 'unsolicited information'.

You may consider unsolicited information, but it must be shared with the provider (subject to any overriding legal constraints with respect to the disclosure of personal information), in order that the provider may respond to you about the issues raised. You are obliged to corroborate any unsolicited information you receive with other sources of evidence, in the normal way.

Anyone wishing to bring information to your attention should do so in writing to review coordinator before the visit; you are unable to take unsolicited information into account once the visit has begun. Further information for people wishing to disclose information in GOsC review is available on our website [link]. The provider is responsible for telling its teaching staff and students about this procedure once the date for the visit has been agreed.

Findings and formal judgements

On the final half day of the visit, you will meet with the rest of the review team in private to discuss and agree your findings. The review coordinator will chair this discussion and may provide advice to make sure your conclusions are consistent with the review method. However, the coordinator does not participate directly in the formulation of the judgements, conditions, examples of good practice and areas for development.

The agenda for the final meeting is normally informal and will vary from review to review. But it should allow the visitors to discuss each of the eight areas described in section two (or a subset of these, where applicable), leading to the identification of any examples of good practice and areas for development.

We define 'good practice' as practice which you regard as making a particularly positive contribution to your provision of osteopathic education. 'Areas for development' are areas where you consider improvement is desirable, but which do not warrant conditions.

The discussion will culminate with the formal judgement, expressed as one of the following:

- approval without conditions
- approval with conditions
- approval denied

A judgement of 'approval without conditions' signifies that you have not identified significant problems in any of the eight areas described in section two. A judgement of 'approval without conditions' may be accompanied by a number of 'areas for development'.

A judgement of 'approval with conditions' applies where you have identified a small number of significant problems which you are confident will be resolved effectively and in an appropriate time by the application of conditions.

A judgement of 'approval denied' indicates that you have identified significant problems which you consider are too numerous and/or beyond the provider's capacity to tackle effectively within an appropriate time.

In reaching a view about whether the provider is capable of resolving significant problems within the appropriate time, you will be guided by your views about the strength of the provider's governance and management and whether the provider recognises the problems you have identified. Where a provider's governance and management systems and procedures are demonstrably weak, and/or where the provider has failed to identify the problems in question, it should be difficult for you to reach a judgement of 'approval with conditions'.

In the case of a judgement of 'approval with conditions', you should identify the conditions you consider should accompany the RQ status. The conditions should reflect the principles of good regulation in being:

- targeted at a specific issue
- proportionate to the scale of the perceived problem
- transparent in specifying what should be done any by when.

At the end of the visit the review coordinator will give the provider informal feedback. The informal feedback is considered non-binding, as you may amend your conclusions after further deliberation. However, you should not normally recommend conditions/requirements about issues that have not been discussed during the visit.

Post-visit



Draft report

You draft your section of the report within **two** weeks of the end of the visit and send it to the review coordinator.

The reports of recognition and renewal reviews have a standard format, which reflects the eight areas described in section two. The report will include your judgements, with conditions where appropriate, and highlight any examples of good practice and areas for development.

Monitoring review reports may take a different form depending on the objectives of the review.

You must send your section of the draft report to the review coordinator within two weeks of the end of the visit. The coordinator will then compile a full draft report and may send it back to you for further clarification on particular points.



Final report

We ask you to consider the provider's comments and agree a final report.

After GOsC has sent the draft report to the provider, it has four weeks in which to tell GOsC about any factual inaccuracies in the draft report and any misinterpretation arising from these. Even if the provider decides not to make any formal comments, it is entitled to the full four weeks and we will not take any further action until this time has passed.

If the provider makes any comments on the draft report, we will refer these to you and ask whether the draft report should be amended. The review coordinator is responsible for preparing a formal response to the provider's comments, to explain whether and how the visitors have responded.

The provider's comments on the draft report should be confined to the facts as they existed at the time of the review. The report will not be altered according to changes which have taken place after the visit.

Once you have agreed any changes to the draft report, we will send the final report to GOsC, along with the review coordinator's formal response to the provider's comments, within two weeks of receiving the provider's comments. GOsC will then send the final report and the formal response to the provider.



Checking the action plan

We ask you to consider if the action plan is adequate to address any conditions.

If the final report contains a judgement of 'approval with conditions', the provider must produce an action plan showing how it intends to fulfil those conditions. The action plan is in a standard format, stating how and by when the provider proposes to fulfil each condition. Normally providers will be able

to demonstrate the fulfilment of conditions through the submission of documentary evidence. The action plan will form part of the final report published by GOsC.

The provider must send the completed action plan to us within two weeks of receiving the final report. In some circumstances, for example where a provider's action plan suggests that it will not fulfil a particular condition within an appropriate timescale, we may ask you to consider if the action plan needs revising. In such cases we will send the action plan back to the provider for further work.



Implementing the action plan

GOsC may ask you for advice on the provider's progress with the action plan.

The final report and action plan are set to the next available meeting of the GOsC Education Committee and then to Council, which has the legal responsibility to 'Recognise' the qualification and to recommend approval to the Privy Council. GOsC has complete discretion over whether or not it accepts the visitors' findings. It may endorse the report as it presented, add or remove conditions or make a different judgement entirely.

If the final report contains a judgement of 'approval with conditions', the provider is responsible for keeping GOsC informed of progress with its action plan. We may ask you for advice on progress, for example if GOsC needs expert assurance that a new policy or procedure demonstrates fulfilment of a particular condition.

Normally providers will be able to demonstrate the fulfilment of conditions through the submission of documentary evidence. Occasionally, however, GOsC may ask us to undertake a full monitoring review to check on the fulfilment of conditions. The need for such a monitoring review should be established when the report and action plan goes before the Education Committee, although in some cases, for example where a provider fails to meet the deadlines in their action plan, the need may arise later.

If GOsC asks us to undertake a full monitoring review to check on the fulfilment of conditions, we will normally ask some or all of the original visitors to take part. Additional fees will apply for this activity.



Feedback

You give us feedback on your experience of GOsC review.

Feedback helps us to evaluate and improve GOsC review. After the GOsC has made its decision on the review, we will invite you to give us feedback on your experience. There is standard format for you to provide feedback, but you can give feedback on any areas you like. We also invite the review coordinator and the provider to give us feedback on the review.



GOsC Quality Assurance Policy

Statutory responsibilities of the GOsC

13. The GOsC has a statutory duty to set and monitor the standards for pre-registration osteopathic education. The GOsC also has a duty of 'promoting high standards of education and training in osteopathy.'
14. Our standards of educational delivery are set out in the publication 'Quality Assurance Agency for Higher Education (QAA) Osteopathy Subject Benchmark Statement', while the standards expected of graduating students are set out in the GOsC Standard of Proficiency and Code of Practice.
15. The GOsC may visit osteopathic educational institutions (OEIs) to ensure that pre-registration training meets the standards we set.
16. The GOsC may also impose conditions on the course to ensure standards continue to be met.
17. The GOsC holds a list of qualifications offered by the OEI and has the power to add and remove courses from the list.

Aims of the GOsC Quality Assurance process

18. The GOsC quality assurance processes aim to:
 - o. Put patient safety and public protection at the heart of all activities
 - p. Ensure that graduates of osteopathic educational institutions meet the standards outlined in the GOsC's Standard of Proficiency and Code of Practice.
 - q. Make sure graduates meet the outcomes of the Quality Assurance Agency for Higher Education (QAA) Osteopathy Subject Benchmark Statement
 - r. Identify good practice and innovation to improve the student and patient experience.
 - s. Identify concerns at an early stage and help to resolve them effectively without compromising patient safety or having a detrimental effect on student education.
 - t. Identify areas for development or any specific conditions to be imposed upon the osteopathic educational institutions to ensure standards continue to be met.
 - u. Promote equality and diversity in osteopathic education.

Observation of teaching and learning

The observation of teaching and learning is a key part of any recognition or renewal review, (unless the recognition review is of a new provider and the review taking place before students have begun the course). In the monitoring review, observation will only take place if it is relevant to what GOsC has asked us to investigate.

Observation gives visitors further insight into the students' experience of the course and provider, in order to help them determine whether the provision meets the expectations set out in the key reference documents. Observation is not an appraisal of the teacher or lecturer.

Visitors normally undertake the observation alone in order to minimise disruption. Only visitors with current experience in teaching on osteopathic courses with RQ status will be used to observe teaching and clinics.

The review coordinator will discuss the arrangements for observation at the preliminary meeting. Before the observation takes place, the visitor will meet the lecturer to discuss the overall objectives of the session and what the lecturer intends the students to gain from it. It is essential that the visitor understands the purpose of the session; for example, a lecture with the express purpose of transmitting information will be designed differently from a class aimed at developing practical clinical skills.

The visitor should not make comments during a session and should not engage directly in the activity. On occasion, the visitor may talk with students engaged in practical activities or independent learning, to ask about their experiences and how the activity fits into their wider programme of study. Visitors must seek the agreement of the member of staff before talking to students.

The visitor must always comply with legislation relevant to practical classes observed, such as health and safety laws. The visitor should be as unobtrusive as possible when observing a class. For sessions lasting more than one hour, the visitor should agree a suitable period of observation beforehand, usually no more than one hour.

Visitors will not see individual patient records. The visitor should have access to analyses of patient feedback undertaken by the OEI clinics.

Whenever a visitor observes teaching, he or she should complete a teaching observation note. An example appears below.

After the session has finished, the visitor must offer oral feedback to the lecturer. Oral feedback is confidential to the lecturer and should be given privately. The purpose of the feedback is to offer constructive comment rather than to recommend preferred practice.

The visitors will preserve the anonymity of observed lectures in the review report and in discussion with other staff in the institution.

GOsC review

Protocol for handling unsolicited information during a review period

The GOsC is established in law as the regulator for osteopaths. As part of this it has a responsibility to recognise qualifications, approved by the Privy Council. The Recognised qualifications (RQs) confer eligibility to register as an osteopath. The Privy Council approves RQ status to courses where the governance and management of the course provider and the standards and quality of the course meet the requirements laid down by the GOsC. In particular, students must meet the practice requirements of GOsC's: *Standard of Proficiency*.

The granting, maintenance and renewal of RQ status are approved by the Privy Council following reviews of osteopathic courses and course providers. These reviews are conducted by the Quality Assurance Agency for Higher Education (QAA), on behalf of GOsC. The review method is known as GOsC review.

GOsC review is carried out by teams of visitors. The visitors base their findings on meetings with staff and students, the observation of teaching and learning and on the analysis of written documentation. The written documentation is given to the visitors by the course provider, but there is also scope for anyone, including teaching staff, students or patients, to bring information about the provider and its courses to the visitors' attention. We call this 'unsolicited information'.

How to report unsolicited information

If you wish to bring information to the visitors' attention, please contact the QAA, in writing using the contact details given below. It is helpful if you contact us as early as possible; it will be difficult for us to respond to any unsolicited information once a review visit has begun and we are unable to respond after the visit has ended. It is also helpful if you submit evidence to support your case, such as copies of any correspondence or minutes of meetings.

How GOsC review deals with unsolicited information

Visitors may only consider information which is relevant to GOsC review i.e. information about the governance and management of the course provider and the standards and quality of the osteopathic course or courses it provides. For more information about the scope and purpose of GOsC review, please see [link to handbook].

If the information is relevant to GOsC review, then QAA will forward a copy to the visitors and ask them to consider it alongside the information given by the provider. The visitors are obliged to corroborate any unsolicited information they receive with other sources of evidence.

QAA will also forward a copy to the GOsC and to the provider with an invitation to provide a response to the visitors. **If you wish to remain anonymous to the provider then you must make that clear to QAA** otherwise we will assume that we have your consent to pass your name on. Even if you do wish to remain anonymous **you should be aware that you may be identifiable to the provider by the information you give us.**

If the information is not relevant to GOsC review, then QAA will still forward a copy to the GOsC.

Reporting concerns outside a GOsC review

If you have a concern about an osteopathic education provider and/or its courses that you wish to raise outside GOsC review, you should contact GOsC directly [contact details] or refer to QAA's Concerns about academic standards and quality scheme [link].