

Education Committee
16 September 2010
Public session
Quality Assurance review update

<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. This paper provides an update on the work undertaken and presents draft documentation for consideration and comment. Recommendations are also presented on how the review should be taken forward in 2011.
<u>Financial & Resourcing Implications</u>	There are potential cost implications for reviewing the use and content of the Annual Reports dealt with in this paper.
<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 QAA contract Annex C - Draft GOsC/QAA Review method handbook for OEIs Annex D – Draft GOsC/QAA Review method handbook for Recognised Qualification (RQ) Visitors

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1 September 2010

Summary

1. This paper discusses progress with the review of GOsC quality assurance processes.

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. These are outlined in the discussion below.

Discussion

Contract with the QAA

3. The contract with the QAA has been drafted and reviewed by the GOsC Head of Regulation to ensure that it meets our requirements. This draft attached at Annex B has been sent to the QAA for final agreement and signature and we currently await for this to be returned. The contract will cover a period of two years from August 2010 to July 2012. The contract includes provision to undertake a review of the GOsC/QAA review method handbook which includes reviewing the criteria for RQ visitors and reappointing/training a new visitor pool to ensure it continues to meet the requirements of the GOsC
4. As soon as the contract has been signed and returned to the GOsC, we will inform the members of the Education Committee.

Revision of the GOsC/QAA Review method handbook

5. 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 – these have previously been requested on an ad-hoc basis as and when required by the GOsC in response to information received, but were originally not included in any agreement with the QAA.
 - e. Publication of final versions of QAA reports and RQs on the GOsC website agreed by Education Committee in 19 February 2008.
6. The QAA has been working to incorporate 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. These are attached at Annex C and D respectively.

7. Other than those the method is fundamentally unchanged although the style of presentation of the information has been altered to improve clarity and understanding.
8. The QAA are still working on the development of some further draft supporting documentation including a revised review report structure and draft guidance to providers on developing an action plan which will include consultation. The Committee will consider these drafts prior to the publication of the guidance. It is planned that these will be published on its website but not in hardcopy.
9. At this early stage, the QAA is seeking initial comments from the GOsC on the review method and its description in the Handbook. The Education Committee is asked to discuss the content on the review method handbooks and provide any appropriate feedback.

Specification for visitors

10. 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, and that an amendment be made to the work plan so that specification should be considered at the Education Committee meeting in December. The QAA has already produced a draft visitor specification which is included within the draft handbooks attached to this paper. The Committee is asked to consider the competencies proposed by the QAA and provide feedback on the suitability of these.
11. 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 at the request of the GOsC. 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. Are there any additional competencies which GOsC wishes to be included or amendments to the proposed competencies?
12. Comments are welcomed at this stage in advance of the Committee being asked to agree the final specifications at its meeting in December 2010.

Training of Visitors

13. 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 not be scheduled until after the review handbook and the visitor/visiting team specifications have been finalised. The timetable for training may also be affected by the publication of the new GOsC Standard of Proficiency/Code of Practice which form the basis for QAA review.

Revision of annual report

14. At its meeting of 17 March 2010 the Education Committee endorsed the planned review of Annual Reports. This included consideration of the issues with the Annual Report process as identified through feedback from the OEIs and agreement to the revision of the content Annual Reports. In conjunction with the OEIs.
15. It is noted that:
 - a. A condition of the RQ for each OEI states that any changes made to annual reports will be notified to the OEIs no less than 9 months in advance. The review of the Annual Report is scheduled to complete by ... meaning that the nine month notice period notifying changes to the Annual Report will not commence until This means that the earliest that the next Annual Report can go out is.... for the 2011/12 academic year.
 - b. The review of the annual report has not been budgeted for in the 2010/11 budget, although money has been set aside for the review of annual report submissions for 2010.
16. To accommodate both of these issues it is proposed that the OEIs are not required to submit an annual report for 2009 / 2010 academic year. The funds which have been set aside for the review of these annual report submissions could then be used to develop and refine the annual report during 2011 to better meet the needs of both the OEIs and to provide more useful information for GOsC.
17. There is a potential risk that as a result of not requesting annual reports to be submitted for 2010 that the GOsC fails to identify an issue with an OEI and therefore compromises the quality assurance process.
18. This issue could be mitigated through the RQ condition requiring all OEIs to report major changes in the following areas:
19. It should also be noted, that in the analysis of the 2008/09 Annual Reports, the QAA noted the limitations in the use of the Annual Reports for the purposes of identifying issues of quality stating that: 'It is important at this point to highlight the limitations inherent in this methodology. With the exception of those areas where OEIs are obliged to provide primary evidence (such as external examiner reports and audited accounts), our findings derive from information selected, interpreted and presented by the OEIs. This is in contrast to GOsC review, which derives its findings from the triangulation of different sources of evidence and from direct observation of teaching and clinical practice. It is important to stress, therefore, that the outcomes of this exercise should not prejudice the findings of subsequent GOsC reviews in any way.'¹ A statistical reframing of the Annual Reports should make them better and more objective tools to better contribute to the goal of helping to identify potential issues in quality that need to be addressed to better improve the patient experience.

¹ See paragraph 11 of the Analysis of Annual Reports to the General Osteopathic Council, QAA, 2009 (available on request)..

Recommendation

20. The Education Committee is invited to:

- a. Note the progress with the QAA contract.
- b. To provide feedback on the revised QAA review method Handbook including an initial draft of the visitor specification
- c. Note the factors affecting delivery of training for visitors
- d. Agree the suspension of annual reporting requirements for the OEIs during 2010 and the redistribution of the funds for evaluating annual reports to their development.
- e. To note the revised timetable for the QA review which is presented in the QA Workplan update.



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.

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

5. 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.

Annex B to Item 6

Contract for Services 2010-12

BETWEEN :

(1) **The Quality Assurance Agency for Higher Education (“QAA”)** of Southgate House, Southgate Street, Gloucester, GL1 1UB

-and-

(2) **The General Osteopathic Council (“GOsC”)** of 176 Tower Bridge Road London, SE1 3LU

Preamble

WHEREAS:

- a. GOsC is the statutory regulatory body for osteopaths in the UK and is concerned with recommending to HM Privy Council whether to grant Recognised Qualification (“RQ”) status for osteopathic courses in the UK by:
 - (i) evaluation of new osteopathic courses and course providers to inform its recommendations to HM Privy Council; and
 - (ii) ongoing monitoring of existing osteopathic courses and course providers to assess whether the course is being taught and administered in accordance with the standards and conditions of an RQ; and
 - (iii) periodic or ad hoc evaluation of existing osteopathic courses and course providers to inform its recommendations to HM Privy Council.
- b. QAA is a company limited by guarantee and a registered charity. QAA’s mission is to safeguard the public interest in sound standards of higher education qualifications and to encourage continuous improvement in the management of the quality of higher education.
- c. QAA shall manage on behalf of GOsC features of GOsC’s reviews undertaken to evaluate and monitor osteopathic courses and course providers. In each case QAA shall produce a report upon which GOsC may inform its decisions whether to recommend to the Privy Council that RQ status be granted, continued or withdrawn in relation to any particular osteopathic course.
- d. The Parties shall cooperate in the continuing development of effective evaluation, monitoring and reporting processes.
- e. The Parties expect such processes to continue to evolve during the currency of this Agreement.
- f. This Agreement, therefore, allows for possible development and implementation of new processes, and further development of existing processes.

Now it is hereby agreed as follows:

1. Interpretation

(A) Definitions

“Access Code”	means the Department for Constitutional Affairs’ Code of Practice on the discharge of public authorities’ functions under Part 1 of the Freedom of Information Act 2000 (Issued under section 45 of the Act) (November 2004);
“DPA”	means the Data Protection Act 1998;
“Agreement”	means this contract;
“Commercially Sensitive Information”	means any Confidential Information which is identified in writing by the Party providing such information to be Confidential Information, or which by its nature is information which, if disclosed, would likely prejudice the commercial interests of the respective Party; or that constitutes a trade secret of the respective Party;
“Confidential Information”	means both or either of QAA Confidential Information and GOsC Confidential Information as applicable;
“Contract Price”	Means the total payments to be made by GOsC to QAA under this Agreement in consideration of the services and materials provided by QAA in accordance with this Agreement;
“Course Provider”	means the institution offering osteopathic courses, reviewed by QAA in accordance with this Agreement;
“Disclosing Party”	means the Party providing the Confidential Information to the other Party or on whose behalf Confidential Information is held by another Party;
“Environmental Information Regulations”	means the Environmental Information Regulations 2004;
“Evaluation Reports”	shall mean evidence-based analytical reports where shall also appear formal summary recommendations concerning initial or continuing

"Evidential Data"	recognition of osteopathic courses, as appropriate;
"Evaluation"	means the substantive information and evidence gathered by QAA during the course of an Evaluation and/or Monitoring excluding any Personal Data or Methodological Data; shall mean the scrutiny, as set out in the Handbook, of Course Providers and osteopathic programmes of study by QAA for the purposes of assessment of initial or renewed RQ status;
"FOIA"	means the Freedom of Information Act 2000 and any subordinate legislation made under this Act from time to time;
"Force Majeure"	means in relation to any Party, any circumstances beyond the reasonable control of that Party including (insofar as beyond such control but without prejudice to the generality of the foregoing expression), without limitation, insolvency of a course provider, any strike, lock-out, or other form of industrial action, war, riot, civil commotion, malicious damage, compliance with any law or governmental order, rule, regulation or direction, accident, breakdown of plant or machinery, fire, flood, storm or Act of God;
"GOsC Confidential Information"	shall mean all information concerning or relating to GOsC or Course Provider and/or their personnel which is disclosed to or prepared by QAA or to which QAA is exposed or becomes aware of during the course of this Agreement, while fulfilling its responsibilities under this Agreement where such information has either been designated as confidential in writing or is information which by its nature is confidential. Confidential information includes but is not limited to information contained in any

“Handbook”	documents created in the course of the performance of this Agreement including manuscript and electronic communications, hypotheses, methodologies, usernames, passwords, results and forecasts; means the Handbook for the General Osteopathic Council Review of Osteopathic Courses and Course Providers, as amended from time to time, which contains the jointly agreed review methods and procedures for the Evaluation and Monitoring under this Agreement
“Intellectual Property Rights”	means any intellectual property throughout the world for the full term of the rights concerned, whether or not registered and whether or not registrable, including without limitation copyright, database rights, patents, rights in inventions, know-how, and technical information, design rights, design patents, registered design, trade marks (including business and brand names, domain names, devices and logos) and the rights to apply for any of the foregoing anywhere in the world;
“Monitoring”	shall mean any form of external enquiry as set out in the Handbook in which a course of osteopathic education is the object of scrutiny at any point between Evaluations;
“Methodological Data”	means information relating to the practice, process, rules, methods and/or analysis used by QAA during the course of an Evaluation and/or Monitoring;
“Party”	means any one of the parties to this Agreement and “Parties” means more than one of the parties to this Agreement;
“Personal Data”	means personal data as defined in the DPA;

“Publication Scheme”	means the publication scheme published by a Party, as applicable, in accordance with the requirements of FOIA;
“QAA Confidential Information”	means all information concerning or relating to QAA and/or its personnel which is disclosed to GOsC or to which GOsC is exposed to or becomes aware of, during the course of this Agreement, where such information has either been designated as confidential in writing or is information which by its nature is confidential;
“Receiving Party”	means the Party in receipt of the Confidential Information from the Disclosing Party;
“Recognised Qualification” (“RQ”)	bears the same meaning as prescribed by section 14(1) of the Osteopaths Act 1993;
“Report”	means the written account of the findings, commentaries and judgments arising from the Reviews conducted by QAA;
“Requests for Information”	shall have the meaning set out in FOIA or any apparent request for information under FOIA, the Environmental Information Regulations or the Access Code;
“GOsC Review”	shall be the generic term for evaluation and monitoring of osteopathic courses and Course Providers;
“Visitors”	means the reviewers engaged by QAA with the approval of GOsC to undertake the evaluation or monitoring under this Agreement.

(B) Construction of Certain References

Unless otherwise appears or the context otherwise provides, all words and phrases shall bear their ordinary meaning. Further, unless the context otherwise provides, words in the singular include the plural and words in the plural include the singular.

(C) Headings

The Headings and sub-headings are inserted for convenience only and shall not affect the construction of this Agreement.

(D) Schedules

Each of the Schedules shall have effect as if set out herein.

2. Duration of this Agreement

Subject to clause 8 herein, this Agreement shall commence on the first day of August 2010 and will continue until the 31st day of July 2012.

3. Consideration

- (a) In consideration of the QAA executing the GOsC Reviews in accordance with the timetable in Schedule 2 and the terms of this Agreement, GOsC shall pay to the QAA the Contract Price in accordance with the payment schedule at Schedule 1.
- (b) The Parties agree that the basis for the calculation of the Contract Price is provided in Schedules 3 and 4, where the terms in such Schedules shall be relied upon in the event of any changes to Schedules 1 and/or 2.

4. Development of Review Processes

- (a) The Parties shall co-operate in the continuing development of review methods and procedures for:
 - (i) evaluation of new and existing osteopathic courses; and
 - (ii) monitoring existing osteopathic courses.
- (b) Paragraph (a), above, shall include Evaluation and Monitoring of both the courses' contents and the Course Providers' ability to implement and/or manage and/or sustain the provision of osteopathic courses in accordance with the appropriate standards and conditions required by RQ status.
- (c) The agreed methods and procedures are set out in a document known as the Handbook for the General Osteopathic Council Review of Osteopathic Courses and Course Providers (the "**Handbook**"). The Handbook will carry the logos of both GOsC and QAA on its front cover.
- (d) The Parties agree that Schedules 1, 2, 3 and 4 may require amendment in light of any additions being made to the Handbook in respect of techniques and/or documents or to the requested programme of activities.
- (e) This agreement excludes work by QAA on the facilitation and/or publication of a subject benchmark statement for academic and practitioner standards in osteopathy. Any work on subject benchmarking will be conducted separately and fall within QAA's recognition scheme.

- (f) The Handbook may be amended from time to time by written agreement of the Parties.

5. Implementation of the Review Processes

- (a) QAA will execute the methods and processes set out in the Handbook diligently and to a high professional standard:

- (i) in relation to the courses and/or Course Providers identified by GOsC and notified to QAA from time to time; and

- (ii) in accordance with timetables provided by GOsC from time to time, or as otherwise agreed by the Parties.

Provided always that work carried out by QAA which is in addition to that provided for in Schedule 2 as of the date of this Agreement, shall only be undertaken once the parties have agreed for additional payments to be made to GOsC to QAA in accordance with Schedules 3 and 4 hereto.

- (b) For each renewal of recognition review GOsC shall supply to QAA at least twelve months in advance a written indication of the expiry date of the current RQ status of the programme(s) concerned and of the earliest and latest dates when a renewal of recognition review should end. At the conclusion of each review QAA shall supply to GOsC an appropriate Report, as detailed in the Handbook, no less than 8 calendar months before the expiry of the course under a renewal of recognition review, or as otherwise agreed by the Parties and any other review, as agreed between the Parties.

6. Intellectual property

- (a) The Parties shall have joint ownership of the Intellectual Property Rights in the Handbook in so far as generated under this Agreement, and the Reports supplied to GOsC on courses and/or Course Providers under this Agreement. Each Party hereby grants to the other Party the right to make unrestricted use of the Handbook and such Reports free from any charge or other obligation to the other Party.
- (b) Nothing in this Agreement shall transfer any Intellectual Property Rights in Personal Data or Methodological Data without the handbook to GOsC. QAA hereby grants a non-exclusive royalty free worldwide licence to GOsC to use any Personal Data and Methodological Data which is necessary for the purpose of carrying out the obligations of GOsC under this Agreement or pertaining to but surviving this Agreement, and solely for such purpose.
- (c) The Parties agree that the Intellectual Property Rights in any Evidential Data shall vest solely in GOsC. QAA hereby assigns to GOsC absolutely with full title guarantee all its right title and interest in and to the Evidential Data. To the extent that

full legal title to QAA's rights in any Evidential Data shall fail automatically to belong to GOsC by virtue of this clause 6, QAA shall hold such rights on trust for GOsC absolutely, and shall at the request and reasonable expense of GOsC execute any document or do any thing required by GOsC to vest in GOsC (or as it shall direct) the full legal title to such Evidential Data and to enable it to enjoy the benefit of such rights.

- (d) GOsC hereby grants a non-exclusive royalty free worldwide licence to QAA to use the Evidential Data solely for the purposes of and the extent necessary for carrying out the obligations of QAA under this Agreement.
- (e) The Intellectual Property Rights in the training and briefing materials produced by QAA to support Reviews for GOsC will remain the sole property of QAA, except for those elements taken from GOsC publications, which shall remain in the sole ownership of GOsC. GOsC hereby grants a non-exclusive royalty free licence to QAA to reproduce elements of GOsC publications in such materials for training and educational purposes, but for the sole purpose of carrying out this Agreement.
- (f) All records, in any media, obtained or created under this Agreement shall be held in accordance with QAA records management scheme and shall, to the extent that GOsC has joint or sole ownership of the Intellectual Property Rights in them, be made available to GOsC as soon as reasonably practicable upon GOsC's written request to QAA. QAA shall agree with GOsC the approach to be taken in relation to retention and disposal of GOsC or Course Providers' records taking due account of good practice identified by the Information Commissioner.

7. Complaints and revision

QAA shall afford Course Providers a right of complaint concerning review procedures. GOsC shall receive Course Providers' requests for revision of the review teams' findings and recommendations. QAA and GOsC shall work together to develop the revision procedures.

8. In the event of disagreement

- (a) In the event of disagreement on any aspect of the development or implementation of the methods and processes referred to herein, either Party may, by written notice, require the other to attend a meeting to discuss the disagreement.
- (b) Unless otherwise agreed, such meeting shall take place:
 - (i) At the premises of the Party seeking the meeting;
 - (ii) At a time specified in the notice;
 - (iii) On a date specified in the notice, but not less than 14 days after the date of service of the notice, unless otherwise agreed by the Parties.

- (c) If the Parties fail to resolve the disagreement, either Party may refer the matter to a single arbitrator.
- (d) The Parties shall agree the identity of the arbitrator, or failing such agreement shall request the President of the Royal Society of Arbitrators to recommend an arbitrator, which recommendation shall be binding upon the Parties.
- (e) The Parties shall be bound by the decision of the arbitrator.
- (f) The costs of the arbitration shall be apportioned by the arbitrator.

9. Freedom of Information

- (a) Each Party acknowledges that the other Party may be subject to the requirements of the Access Code, FOIA and the Environmental Information Regulations 2004 and in the event that a Party is subject to these requirements (the “**Affected Party**”), the other Party shall assist and co-operate with the Affected Party (on request and at the Affected Party’s own expense) to enable the Affected Party to comply with the information disclosure obligations contain in the Access Code, FOIA and the Environmental Information Regulations 2004.
- (b) Where an Affected Party receives a Request for Information which relates to the subject matter of this Agreement, it shall notify the other Party within five (5) Working Days of receipt of such Request for Information.
- (c) Where a Receiving Party receives a Request for Information in relation to information which it has received from the Disclosing Party, the Receiving Party shall (and shall procure that its sub-contractors shall) notify the Disclosing Party within five (5) Working Days of receipt of such Request for Information.
- (d) If the Receiving Party in receipt of the Request for information determines that information including the Disclosing Party’s Confidential Information must be disclosed following a Request for Information, it shall notify the Disclosing Party of that decision at least five (5) Working Days before disclosure.
- (e) Each Party shall be responsible for determining in its absolute discretion whether the Commercially Sensitive Information and/or any other information, whether held by such Party or by another Party on behalf of such Party:
 - (i) is exempt from disclosure under Access Code, FOIA or the Environmental Information Regulations;
 - (ii) is to be disclosed in response to a Request for Information.
- (f) Where allowable under the law, each party shall consult with the Disclosing Party and take account of its views before making a disclosure but the Parties acknowledge that the other Party may, acting in accordance with the Access Code, be obliged under

the Access Code, FOIA or the Environmental Information Regulations to disclose information:

- (i) without consulting with the Disclosing Party; or
- (ii) following consultation with the Disclosing Party and having taken its views into account.

10. Data Protection

- (a) Each Party shall comply with the DPA the regulations made under the Act and any statutory amendments or re-enactments made of the Act in respect of Personal Data processed in relation to this Agreement.
- (b) Where a Party is acting as a data processor for the other(s) as defined by the DPA, that Party undertakes:
 - (i) to keep the Personal Data confidential and not to use or disclose the Personal Data other than as provided for under this Agreement save at the specific request of the data controller of that Personal Data or to the extent required by law;
 - (ii) to ensure that only such of its employees who may be required by the data processor to assist it in meeting its obligations under this Agreement shall have access to the Personal Data and that such employees are aware of their responsibilities when processing Personal Data; and
 - (iii) to have in place appropriate technical and organisational measures to safeguard against accidental or unlawful destruction or accidental loss, alteration, unauthorised disclosure or access to Personal Data. Such measures shall (taking into account the state of technological development and the cost of implementing such measures) be appropriate to the nature of the Personal Data held by the data processor.

11. Termination of this Agreement

- (a) GOsC shall be liable to pay to QAA all undisputed sums, which have been invoiced by QAA in accordance with the agreed manner and in accordance with Schedule 1. If GOsC fails to pay to QAA any undisputed sum by the due date and the sum remains unpaid 30 days following the due date, QAA may terminate this agreement forthwith.
- (b) In the event that QAA fails to conduct a review or part of a review in accordance with clause 5 of this agreement, GOsC may request QAA to conduct a replacement review or part review, as appropriate, without further cost to GOsC, and within a reasonable timescale. If QAA fails to conduct a replacement review or part review diligently and to a high professional standard or at all, GOsC may by itself or through any agency conduct such review or part review and QAA shall bear any reasonable costs incurred by GOsC over and above the cost of the original QAA review.

- (c) Either Party shall be entitled forthwith to terminate this Agreement by written notice to the other if:
 - (i) that other Party commits any breach of any of the provisions of this Agreement and, in the case of a breach capable of remedy, fails to remedy the same within thirty (30) days after receipt of a written notice giving full particulars of the breach and requiring it to be remedied; or
 - (ii) an encumbrancer takes possession or a receiver is appointed over any of the property or assets of that other Party;
 - (iii) that other Party makes any voluntary arrangement with its creditors or becomes subject to an administration order;
 - (iv) that other Party goes into liquidation;
 - (v) anything analogous to any of the foregoing under the law of any jurisdiction occurs in relation to either of the Parties; or
 - (vi) that other Party ceases, or threatens to cease, to carry on business.

12. Limit of Liability

- (a) Except in the case of death or personal injury caused by negligence, fraudulent misrepresentation or in other circumstances where liability may not be so limited under any applicable law, the total liability of each Party (the "Liable Party") to the other Party whether in contract, tort, negligence, breach of statutory duty or otherwise for any loss or damage, costs or expenses arising under or in connection with this Agreement:
 - (i) in respect of physical damage to property caused by the negligence of the Liable Party shall not exceed the sum of £10,000; and
 - (ii) in respect of any other loss or damage, whether arising in contract, tort, negligence, breach of statutory duty or otherwise, shall not exceed the sum of £500,000.
 - (iii) If the limitation in sub-paragraph (ii) above is adjudged to be unreasonable in the circumstances the limit of the Liable Party's liability shall be increased to the amount the Liable Party can recover from its insurer for such loss, damage, costs or expenses.
- (b) For the purposes of clause 12(a) above, any number of acts or omissions whether successive or concurrent which together result in or contribute to substantially the same loss or damage shall be treated as one act or omission.
- (c) The payments due under this Agreement have been negotiated and agreed on the basis that each Party may limit its liability to the other Party as set out in this Agreement and each Party confirms that it will itself bear or insure against any loss for which the other Party has limited or excluded its liability under this Agreement.
- (d) The rights to terminate this agreement given by clause 11 shall be without prejudice to any other right or remedy of either Party in respect of the breach concerned or any other breach.

- (e) Any dispute as to the existence of a breach or the severity of the breach of this agreement, shall be determined in accordance with clause 8 herein.

13. Consequences of Termination

Upon termination of this Agreement for any reason:

- (a) outstanding monies due by one Party to the other shall become immediately payable;
- (b) each Party shall honour any outstanding services due to the other at the date of termination;
- (c) all licences granted hereunder shall terminate unless reserved pursuant to this Agreement;
- (d) all Confidential Material of each Party shall be returned to the originating Party at its request; and
- (e) subject as otherwise provided herein and to any rights or obligations which may have accrued prior to termination, neither Party shall have any further obligation to the other under this Agreement.

14. Variation of agreement

This Agreement may be varied only by written agreement of both the Parties.

15. Third Party Rights

No person who is not a Party to this Agreement shall have any rights under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this Agreement but this does not affect any right of remedy of a third party which exists or is available apart from that Act.

16. Assignment

Neither Party shall assign any right or duty under this Agreement without the written agreement of the other.

17. Confidentiality

- (a) The Receiving Party:
 - (i) shall treat all Confidential Information received from the Disclosing Party as confidential and safeguard it accordingly; and
 - (ii) shall not disclose any Confidential Information received from the Disclosing Party to any other person without the prior written consent of the Disclosing Party

Party, except to the minimum extent required by law or otherwise expressly permitted by the provisions of this Agreement.

- (b) The Receiving Party shall take all necessary precautions to ensure that all Confidential Information received from the Disclosing Party:
 - (i) is given only to such of its staff and professional advisors or consultants engaged to advise it in connection with the Agreement as is strictly necessary for the performance of the Agreement and only to the extent necessary for the performance of the Agreement;
 - (ii) is treated as confidential and not disclosed (without prior written approval, such approval not to be unreasonably withheld or delayed) or used by any staff or such professional advisors or consultants otherwise than for the purposes of the Agreement.

- (c) The Receiving Party shall ensure that its staff or its professional advisors or consultants who have access to the Confidential Information received from the Disclosing Party are aware of the Receiving Party's confidentiality obligations under this Agreement and the Receiving Party shall obtain a confidentiality undertaking from them where appropriate.

- (d) The Receiving Party shall not use any Confidential Information it receives from the other Party otherwise than for the purposes of this Agreement.

- (e) The provisions of clauses 17 (a) to (d) shall not apply to any Confidential Information of a Disclosing Party:
 - (i) which is or becomes public knowledge (otherwise than by breach of this clause 16);
 - (ii) which was in the possession of the Receiving Party, without restriction as to its disclosure, before receipt from the Disclosing Party;
 - (iii) which is received from a third party who lawfully acquired it and who is under no obligation restricting its disclosure;
 - (iv) is independently developed by the Receiving Party without access to the Confidential Information; or
 - (v) which must be disclosed pursuant to a statutory, legal or parliamentary obligation placed upon the Party making the disclosure, including (but subject always in the case of Commercially Sensitive Information to each Party complying with the requirements of clause (9) any requirements for disclosure under FOIA, or the Environmental Information Regulations.

- (f) Nothing in this clause 17 shall prevent a Party disclosing any Confidential Information for the purpose of:
 - (i) the examination and certification of the Party's accounts;

- (ii) any examination pursuant to Section 6(1) National Audit Act 1983 of the economy, efficiency and effectiveness with which the respective Party has used its resources; or
 - (iii) disclosing any Confidential Information obtained from the Disclosing Party;
 - (iv) to any person engaged in providing any services to Receiving Party for any purpose relating to or ancillary to the Agreement.

- (g) Nothing in clause 17 shall prevent a Party from using any techniques, ideas or know how gained during the performance of its respective responsibilities under this Agreement and in the course of its normal business, to the extent that this does not result in a disclosure of Confidential Information or an infringement of Intellectual Property Rights.

18. Business ethics and conflict of interest

During the Term, QAA will operate in accordance with its protocols and service standards.

19. Force Majeure

- (a) Neither party shall be deemed to be in breach of agreement if a Force Majeure event directly causes either party to be unable to comply with all or a material part of its obligations under this agreement.

- (b) If the Force Majeure in question prevails for a continuous period in excess of one (1) month, the Parties shall enter into discussions with a view to alleviating its effects or to agreeing reasonable alternative arrangements.

20. Jurisdiction

The ruling law of this Agreement and of the relationship of the Parties arising out of it shall be English law. Both Parties agree to submit the jurisdiction of the English courts in respect of any matters arising out of or in connection with this Agreement.

21. Entire Agreement

The agreement and its Schedules and the Handbook constitute the entire agreement between the Parties hereto and supersede all negotiations, representation or agreements whether written or oral preceding this Agreement.

22. General Provisions

- (a) Neither of the Parties is relying on any representations or warranties except those expressly set out in this Agreement. However, nothing in this Agreement purports to exclude liability for any fraudulent statement or act.
- (b) The Parties shall be entitled to add further Appendices and Schedules to this Agreement. Signing and dating of each new Appendix or Schedule by authorised representatives of all of the Parties will be sufficient for that Appendix or Schedule to be incorporated into this Agreement.
- (c) Nothing contained in this Agreement shall be construed to imply a joint venture or partnership, or employer and employee, or principal and agent relationship between the Parties. Neither Party shall have any right, power or authority to create any obligation express or implied on behalf of the other Party.
- (d) The failure of any Party at any time to enforce any of the provisions of this Agreement or exercise any right under this Agreement shall not operate as a waiver of that right or preclude the exercise or enforcement of it at any time or times thereafter.
- (e) This Agreement may be entered into by the Parties on separate counterparts, each of which so executed and delivered shall be an original, but all the counterparts shall together constitute one and the same instrument.
- (f) Each Party shall at the cost and expense of the other Party do or procure to be done all such further acts and things and execute or procure the execution of all such other documents as a Party may from time to time reasonably require for the purpose of giving such Party the full benefit of the provisions of this Agreement.

23. Service of Notices

- (a) Any notice or other communication given under this Agreement shall be in writing and signed by or on behalf of the Party giving it and shall be served by delivering it personally or sending it by pre-paid recorded delivery or registered post or fax to the address and for the attention of the relevant Party set out in clause 23 (d) (or as otherwise notified by that party for the purposes of this Agreement).
- (b) Subject to sub-paragraph (c) below any such notice shall be deemed to have been received:
 - (i) if delivered personally, at the time of delivery;
 - (ii) in the case of pre-paid recorded delivery or registered post, three (3) Business Days from the date of posting;
 - (iii) in the case of registered airmail, five (5) Business Days from the date of posting; and

- (iv) in the case of fax, at the time of transmission provided that a transmission report is generated by the sender's fax machine recording a message on the recipient's fax machine, confirming that the fax was sent to the number indicated below and that all pages were successfully transmitted.
- (c) If deemed receipt occurs before 9am on a Business Day the notice shall be deemed to have been received at 9am on that day, and if deemed receipt occurs after 5pm on a Business Day, or on a day which is not a Business Day, the notice shall be deemed to have been received at 9am on the next Business Day. For the purpose of this Clause, "Business Day" means any day which is not a Saturday, a Sunday or a public holiday in the place at or to which the notice is left or sent.
- (d) The addresses and fax numbers of the Parties for the purposes of clause 23 (b) are:

QAA

Address: Southgate House, Southgate Street, Gloucester, GL1 1UB
 For the attention of: Douglas Blackstock, Company Secretary
 Fax number: 01452 557002

GOsC

Address: 176 Tower Bridge Road, London, SE1 3LU
 For the attention of: Fiona Browne, Head of Professional Standards
 Fax number: 020 7357 0011

or such other address or fax number as may be notified in writing from time to time by the relevant Party to the other Party.

- (e) In proving such service it shall be sufficient to prove that the envelope containing such notice was addressed to the address of the relevant Party set out in clause 23 (d) (or as otherwise notified by that Party for the purposes of this Agreement) and delivered either to that address or into the custody of the postal authorities as a pre-paid recorded delivery, registered post or airmail letter, or that the notice was transmitted by fax to the fax number of the relevant Party set out in clause 23 (d) (or as otherwise notified by that Party for the purposes of this Agreement).
- (f) For the avoidance of doubt, notice given under this Agreement shall not be validly served if sent by e-mail.

IN WITNESS of the above this Agreement was entered into on the date set out above

Signed by Signed by
 For and on behalf of GOsC For and on behalf of QAA

Dated Dated.....

Schedule 1

Payment schedule

To follow

Each payment shall be due and payable within 30 days of the date of the invoice from QAA.

Signed by Signed by
For and on behalf of the GOsC For and on behalf of QAA

Dated Dated

Schedule 2

Programme of Review Activities August 2010-July 2012 as known at date of the Agreement

Academic Year 2010-11

Institution	Type of review (initial recognition, monitoring or renewal)	Start of review period
Surrey Institute of Osteopathic Medicine	Initial recognition (plus renewal and targeted review of RQ conditions)	September 2010
Review of review method including Handbook and Annual Report process		Autumn 2010
Briefing event for OEs on changes to review method		Autumn/Winter 2010
Consultation on revised review method		Autumn/Winter 2010
Visitor Recruitment		Winter/Spring 2011
Visitor Training		Winter/Spring 2011
Oxford Brookes	Targeted review of new part-time version of BOst/MOst pathway	January 2011
College of Osteopaths (Middlesex)	Initial Recognition review	Spring 2011

Academic year 2011-12

Institution	Type of review (initial recognition, monitoring or renewal)	Start of review period
College of Osteopaths (Keele)	Initial recognition	Spring 2012
Oxford Brookes	Renewal of recognition	Autumn 2012

Signed by Signed by
 For and on behalf of the GOsC For and on behalf of QAA

Dated Dated

Schedule 3

Basis for the calculation of the Contract Price

1. At the time of agreement it is the understanding of QAA that no VAT is due in respect of the charges made under this contract for services. QAA will comply with the directions that the tax authorities may publish from time to time.

2. This agreement is costed (in Schedule 4) on the estimates of review activity given in Schedule 2. The contract price excludes the costs of Unscheduled monitoring reviews and Follow up reviews of conditions , whose number is difficult to predict. The QAA will subtract or add charges for Reviews in accordance with the number of Reviews undertaken.

3. This Agreement costs each review type as being of a standard length and of a standard intensity of visit. Where it is necessary to increase the number of Visitor and review coordinator fee days, or where it is necessary to increase the number of return journeys or level of travel and subsistence disbursements, QAA will make a charge to the GOsC (and the GOsC agrees to pay) for any costs incurred above those of a standard review.

Signed by Signed by
For and on behalf of the GOsC For and on behalf of QAA

Dated Dated

Schedule 4

Table of activities x charges x year as known at date of Agreement

To follow

Signed by Signed by
For and on behalf of the GOsC For and on behalf of QAA

Dated Dated

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 2000: Standard of Proficiency*.

Decisions concerning the granting, maintenance and renewal of RQ status are made 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), under contract from 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

All three 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 and their courses are operating effectively. To this extent, 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 five 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:

- *Standard 2000: Standard of Proficiency*, published by GOsC (web link)
- the *Code of practice for the assurance of academic quality and standards in higher education (Code of practice)*
- programme specifications
- the frameworks for higher education qualifications
- subject benchmark statements (particularly the statement for Osteopathy)

The last four documents are known collectively as the Academic Infrastructure. We use them in all of our audit and review work. 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 what we refer to as visitors. There are normally three visitors, two of whom are specialists in osteopathy and the third a lay visitor. The visitors 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 C.

At the visit, we will ask questions of your 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' decision will be sent to GOsC for discussion at its Education Committee. GOsC will decide whether or not to accept the visitors' judgement.

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

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
- 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 our review process

We are responsible for:

- keeping you informed about our role, timelines and deadlines
- appointing appropriate 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

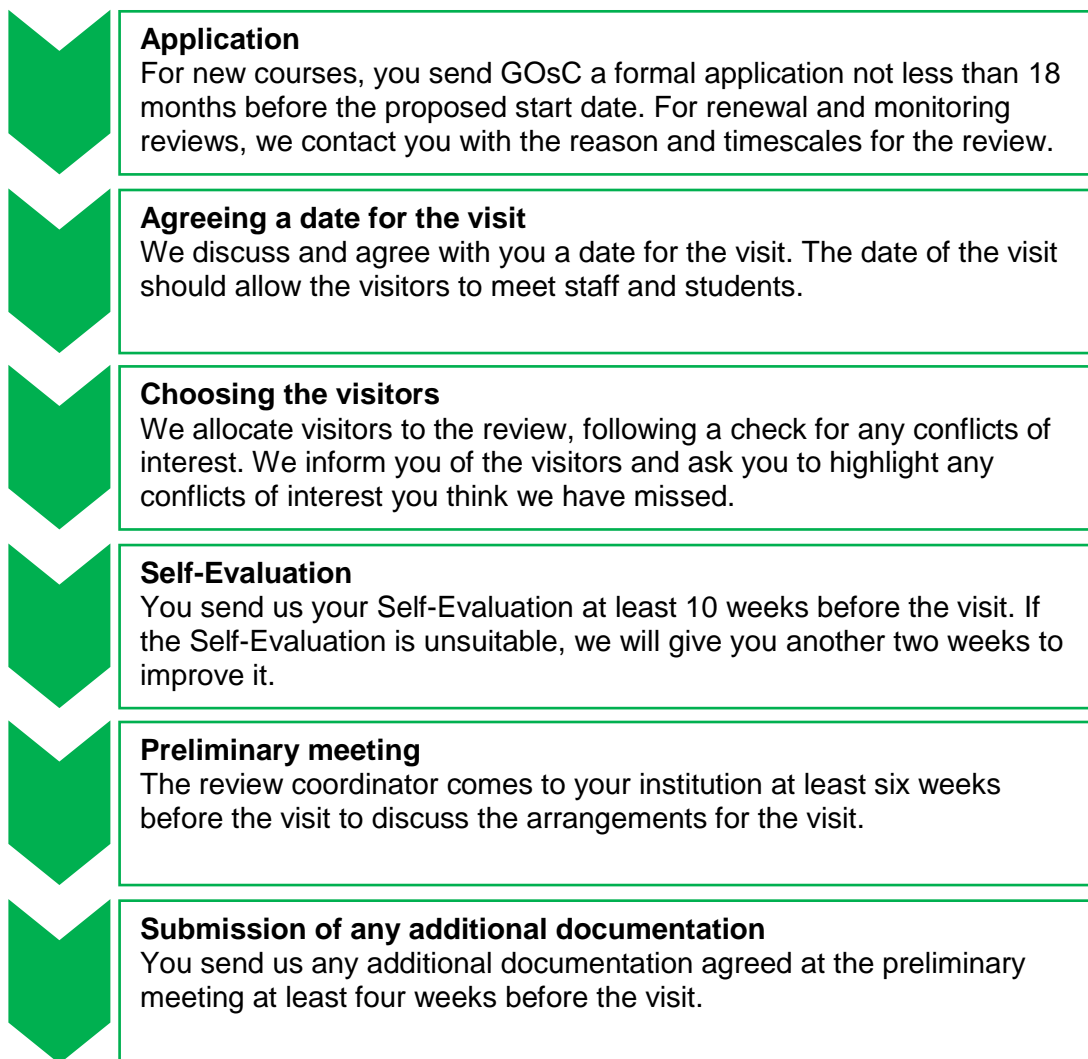
GOsC is responsible for:

- maintaining a schedule of reviews, which tells us which courses need reviewing and when
- telling us when unscheduled monitoring reviews are required
- sending you the draft report after the visit and receiving your comments on it
- sending you the final report
- informing you of GOsC'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 eighth 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 send GOsC a formal application not less than 18 months before the proposed start date. For renewal and monitoring reviews, we contact you with the reason and timescales for the review.

For new courses, you should send GOsC a formal application using the standard form supplied by GOsC. The completed application should 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 renewal and monitoring reviews, we will contact you with the reason and timescales for the review. In the case of monitoring reviews, it is likely that GOsC will contact you before we do to inform you of the reason 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 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 recognition and renewal reviews; combined reviews may be longer.

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.

In monitoring review we may not be able to give you as much as 24 weeks' notice of the visit, depending on GOsC's requirements.

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.



Choosing the visitors

We allocate visitors to the review, following a check for any conflicts of interest. We inform you of the visitors and ask you to highlight any conflicts of interest you think we have missed.

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

We allocate 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 to highlight any conflicts of interest you think we have missed. If we agree with you that a particular visitor does have a conflict of interest, we will appoint another visitor. This may affect the timing of the visit.

We also ask GOsC if it knows of any conflicts of interest for the visitors we have appointed.



Self-Evaluation

You send us your Self-Evaluation at least 10 weeks before the visit. If the Self-Evaluation is unsuitable, we will give you another two weeks to improve it.

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. Therefore, it is imperative that you give the appropriate time and consideration to producing your Self-Evaluation.

Annex A 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
- 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 what GOsC asks us to look at. 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 A. If it does, we will send it to the visitors and ask them to begin working. If it does not, we will 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 consider terminating 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 (see Annex A)
- arrangements for the visitors' observation of teaching and learning

The review coordinator will not give you the names of people whom the visitors wish to meet. Rather the coordinator will give you a list of criteria, reflecting the visitors' responsibility to gather evidence about all of the eight areas listed in the Introduction. 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 read more documentation, meet staff and students and observe teaching and learning. By doing so, 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: *Standard 2000: Standard of Proficiency* 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 what GOsC has asked us to look at. 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 specialist 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. You are not permitted to attend meetings with students.

We do not normally visit employers or placements as part of recognition and renewal visits. However, we may visit employers or placements in monitoring review if that is relevant to the focus of the review.

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 various factors such as the time it takes you to comment on the draft report and the dates of GOsC Education Committee meetings. You can see the dates of the Education Committee 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. 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 what GOsC asks us to look at. 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 five 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 five 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 five weeks and we will not take any further action until this time has passed. If you make your comments in less than five weeks, this may speed the reporting process up.

**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 normally refer these to the visitors for their advice on how to address them. This may lead to changes to the draft report. Once we have made any changes, we will send the final report to GOsC within two weeks of receiving your comments. GOsC then sends the final report 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 by the deadline proposed by the visitors in the review report, 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 final report and action plan are set 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.

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.



Outcome

GOsC informs you of its decision on the report and action plan.

GOsC will inform you of its decision within two weeks of the relevant Education Committee meeting. GOsC will then advise the Privy Council, which is ultimately responsible for granting RQ status and for attaching any conditions. GOsC will keep you informed of the progress of its advice with the Privy Council.



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 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. In exceptional circumstances,

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 by GOsC 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.

Documents for GOsC review, including the Self-Evaluation and 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* 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 improve 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 capable 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 met 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 capable of evaluating and improving its effectiveness in providing osteopathic education

It should be organised according to the following headings:

- course aims and outcomes
- 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* 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*
- 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 the *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

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 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 the QAA *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* and subject benchmark statements

- 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 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 the *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)

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. The Self-Evaluation for a monitoring review may be shorter and take a different form depending on what

GOsC asks us to look at. 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.

The review coordinator will check your Self-Evaluation to make sure it covers all of the areas specified above. If it does, we will send it to the visitors and ask them to begin working. If it does not, we will 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 consider terminating 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.

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.

Specialist visitors undertake the observation, and they normally do this alone in order to minimise disruption.

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 visitor specification

There are two types of visitors in GOsC review:

- specialist visitors, who are practicing osteopaths and/or teach on courses with RQ status
- lay visitors, who are non-osteopaths with experience in management in higher education, including the management of academic standards and quality

Visitors are led by review coordinators, who have extensive experience of quality assurance in higher education gained through working in higher education and/or by leading quality assurance review processes like GOsC review.

The qualities required in visitors and review coordinators are:

- a commitment to the principles of quality assurance in educational provision
- an enquiring and sceptical 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
- an understanding of the Academic Infrastructure and, in the case of specialist visitors, of GOsC's *Standard 2000: Standard of Proficiency*

Team composition and roles

A GOsC review team normally comprises a review coordinator, two specialist visitors and a lay visitor. 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 lay visitor to provide expert advice on financial matters.

Broadly speaking, 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
- 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 key role of the visitors is to determine whether the course and provider under review meet the expectations established by the key reference documents: GOsC's *Standard 2000: Standard of Proficiency* and the four components of the Academic Infrastructure. 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.

Recruitment and training

We recruit specialist and lay visitors by inviting nominations from 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 to highlight any conflicts of interest you think we have missed. If we agree with you that a particular visitor does have a conflict of interest, we will appoint another visitor. We also ask GOsC if it knows of any conflicts of interest among the visitors we have selected.

Person specifications

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

Lay visitors

Attributes	Criteria
Experience	<ul style="list-style-type: none">• at least five years' experience of teaching in higher education• wide experience of academic management and quality assurance at institutional level in UK higher education• experience of examining and/or verification (and preferably external examining or verification)
Knowledge, skills and abilities	<ul style="list-style-type: none">• personal and professional credibility with heads of institutions and senior managers in higher education• knowledge of the Academic Infrastructure• 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• excellent oral and written communication skills• ability to work effectively as a member of a team• ability to conduct effective meetings with a range of staff and students

Specialist visitors

Attributes	Criteria
Experience	<ul style="list-style-type: none">• at least five years' experience of teaching on osteopathic programmes with RQ status <u>or</u> registered as an Osteopath with the GOsC

	<ul style="list-style-type: none"> • experience of examining and/or verification (and preferably external examining or verification)
Knowledge, skills and abilities	<ul style="list-style-type: none"> • personal and professional credibility with heads of institutions and senior managers in higher education • knowledge of the Academic Infrastructure • knowledge of <i>Standard 2000: Standard of Proficiency</i> • 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 • excellent oral and written communication skills • ability to work effectively as a member of a team • ability to conduct effective meetings with a range of staff and students

Review coordinators

Attributes	Criteria
Experience	<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
Knowledge, skills and abilities	<ul style="list-style-type: none"> • personal and professional credibility with heads of institutions and senior managers in higher education • knowledge of the Academic Infrastructure • 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 • excellent oral and written communication skills • ability to lead effective meetings with a range of staff and students

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 2000: Standard of Proficiency*.

Decisions concerning the granting, maintenance and renewal of RQ status are made 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), under contract from 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

All three 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 and their courses are operating effectively. To this extent, 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 five key reference documents to help you determine how osteopathic courses and their providers are performing in the eight areas set out above. These documents are:

- *Standard 2000: Standard of Proficiency*, published by GOsC (web link)
- the *Code of practice for the assurance of academic quality and standards in higher education (Code of practice)*
- programme specifications
- the frameworks for higher education qualifications
- subject benchmark statements (particularly the statement for Osteopathy)

The last four documents are known collectively as the Academic Infrastructure. We use them in all of our audit and review work. 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, two of whom are specialists in osteopathy and the third a lay visitor. You 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 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

Your decision will be sent to GOsC for discussion at its Education Committee. GOsC will decide whether or not to accept the visitors' judgement.

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, 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 (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
- 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:

- appointing 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
- telling us when unscheduled monitoring reviews are required

Section two: What the visitors are responsible for considering

All three 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 and their courses are operating effectively. To this extent, the visitors are responsible for considering the following eight areas:

- course aims and outcomes
- 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, *Standard 2000: Standard of Proficiency* 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 *Standard 2000*
- 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 providers 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 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 the *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 they 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 the QAA *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, *Standard 2000* and subject benchmark statements
- 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 the *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)

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:

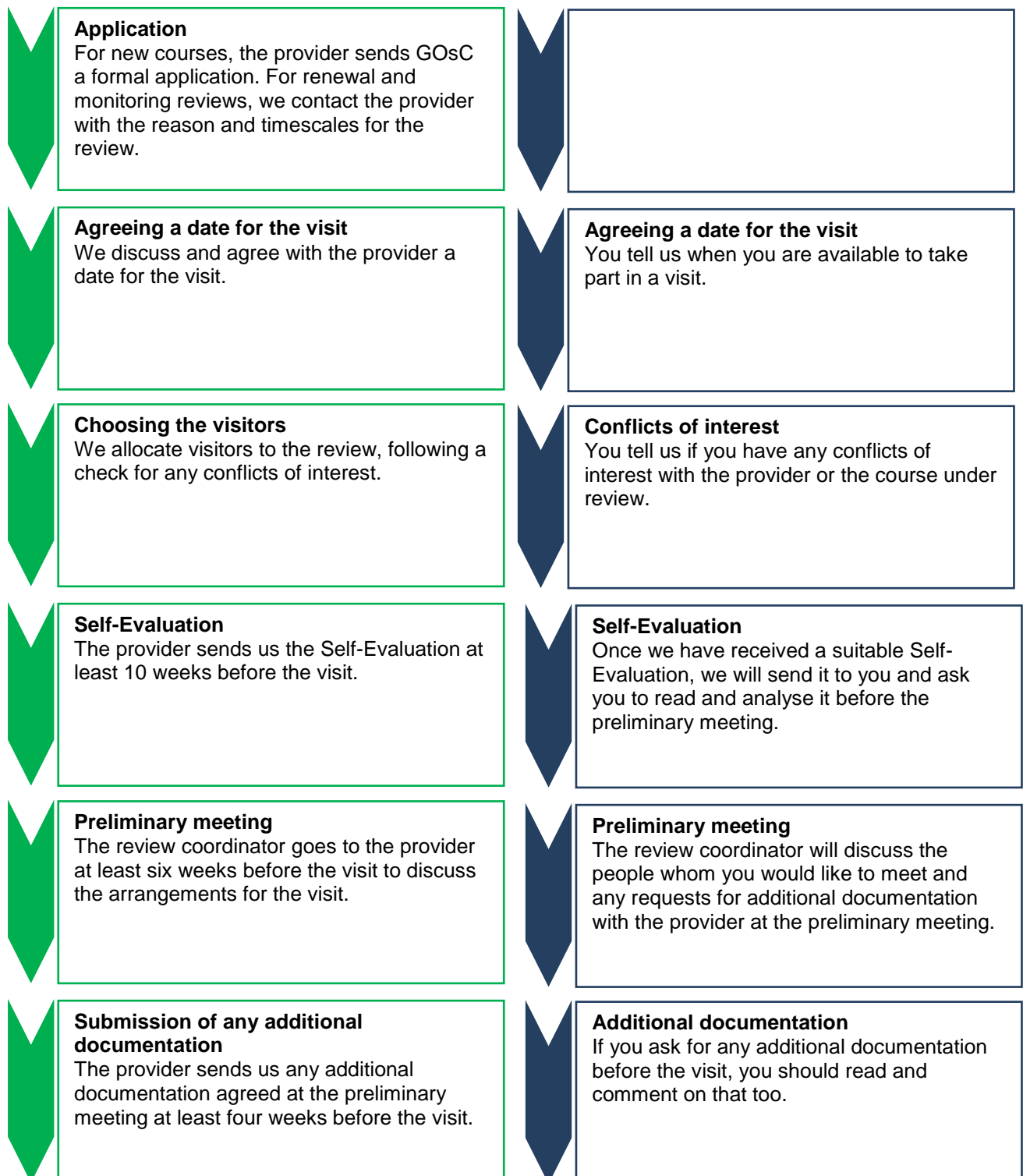
- the provider's approach to the quality assurance of your provision and the effectiveness of this approach for the courses under review
- the use made of quantitative data and qualitative feedback from students, external examiners/verifiers and other stakeholders in a strategy of enhancement and continuous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

Pre-visit



Post-visit

 <p>Draft report We complete the draft visitors' report and send it to GOsC. GOsC sends the report to the provider within five weeks of the end of the visit.</p>	 <p>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.</p>
 <p>Provider's comments The provider has five weeks in which to tell GOsC about any factual inaccuracies in the draft report.</p>	
 <p>Final report We ask the visitors to consider the provider's comments and produce a final report.</p>	 <p>Final report We ask you to consider the provider's comments and agree a final report.</p>
 <p>Action plan The provider produces an action plan showing how it intends to fulfil any conditions in the final report.</p>	
 <p>Checking your action plan We ask the visitors to consider if the action plan is adequate to address any conditions.</p>	 <p>Checking the action plan We ask you to consider if the action plan is adequate to address any conditions.</p>
 <p>GOsC Education Committee The final report and action plan are sent to the next available meeting of the GOsC Education Committee.</p>	
 <p>Outcome GOsC informs the provider of its decision on the report and action plan.</p>	
 <p>Implementing your action plan The provider keeps GOsC updated on progress with the action plan. GOsC may ask the visitors for advice on progress.</p>	 <p>Implementing the action plan GOsC may ask you for advice on the provider's progress with the action plan.</p>
 <p>Feedback The provider gives us feedback on GOsC review.</p>	 <p>Feedback You give us feedback on GOsC review.</p>

Note that action plans only apply to reviews resulting 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 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.

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 to highlight any conflicts of interest they think we have missed.



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 A 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
- 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 what GOsC asks us to look at.

Once the provider has submitted a suitable Self-Evaluation, we will send it 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.

**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 and analyse it beforehand.

The visit

The visit gives you the opportunity to read more documentation, meet staff and students and observe teaching and learning. By doing so, 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: *Standard 2000: Standard of Proficiency* 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 *Standard 2000*

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 what GOsC has asked us to look at. 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 specialist visitor will be used to minimise disruption. There is a protocol for the observation of teaching and clinics at Annex A [same as Annex B to the *Handbook for course providers*]

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

We do not normally visit employers or placements as part of recognition and renewal visits. However, we may visit employers or placements in monitoring review if that is relevant to the focus of the review.

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 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 set conditions 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 what GOsC asks us to look at.

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 five 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 five weeks and we will not take any further action until this time has passed.

If the provider comments on the draft report, we will normally seek your advice on how to address them. Once you have agreed any changes, we will send the final report to GOsC within two weeks of receiving the provider's comments.



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 by the deadline you have put forward in the review

report, 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. 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.

GOsC will inform the provider of its decision within two weeks of the relevant Education Committee meeting. GOsC will then advise the Privy Council, which is ultimately responsible for granting RQ status and for attaching any conditions.

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. In exceptional circumstances, 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 by GOsC 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.



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.