



General
Osteopathic
Council



QAA

General Osteopathic Council Review of Osteopathic Courses and Course Providers

**Interim Handbook for Course Providers
September 2018**

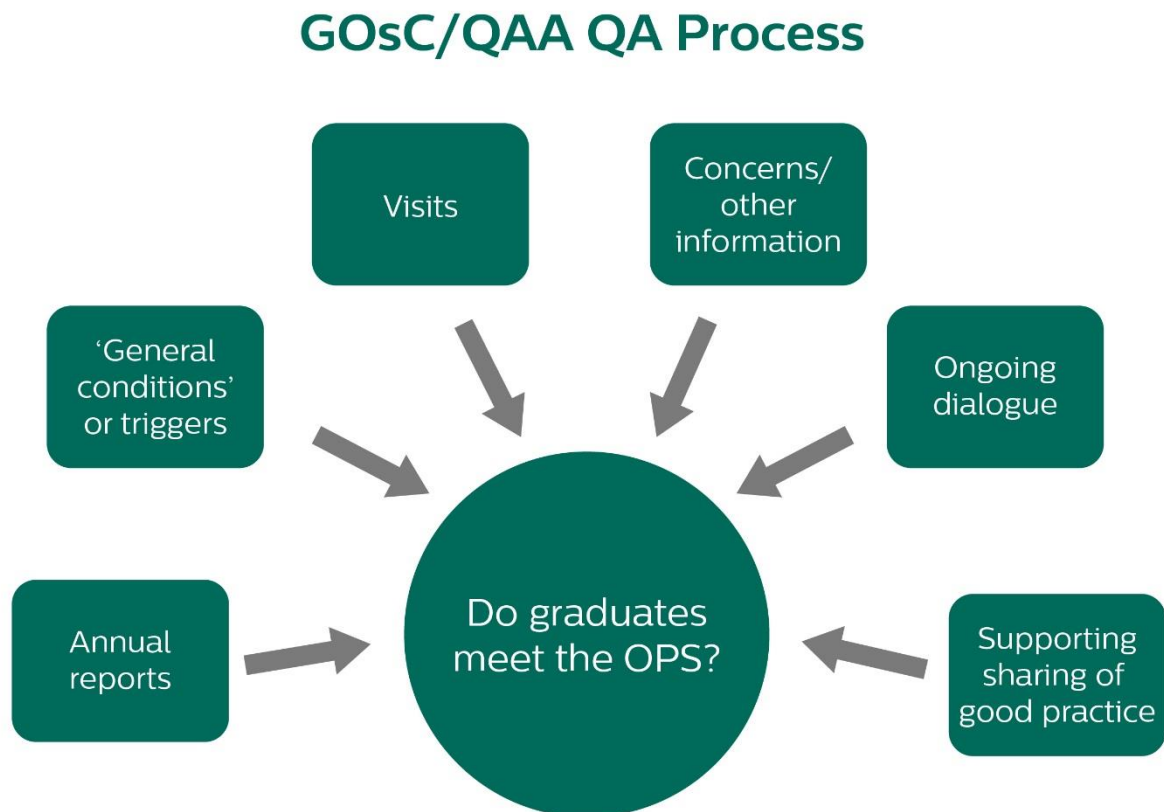
Section 1: Introduction

Under the *Osteopaths Act 1993*, the GOSc is the statutory regulatory body for osteopaths and osteopathic education providers. The GOSc ensures that courses of osteopathic education meet its requirements for standards and quality, as well as governance and management of the course provider. Those that do are recognised and awarded Recognised Qualification (RQ) status. This allows graduates from those courses to register with the GOSc and practise osteopathy legally in the UK. The RQ is subject to approval from the Privy Council. The GOSc's quality assurance policy is provided at Annex A.

The General Osteopathic Council operates a range of policies and processes to ensure that only graduates meeting the Osteopathic Practice Standards (OPS) are awarded an RQ and to meet the wider supporting aims of the quality assurance process. These policies and processes interlink and collectively enable the GOSc to understand how the osteopathic educational institution (OEI) is identifying, managing and monitoring issues impacting on quality. The information obtained enables the GOSc to respond proportionately to ensure that standards are met.

The quality assurance policies and processes are outlined in Figures 1 and 2 below. Figure 1 shows that information about issues potentially impacting on standards is obtained through a range of policies and processes. Some may be reported through the OEI's own quality management processes, some may be reported from other sources.

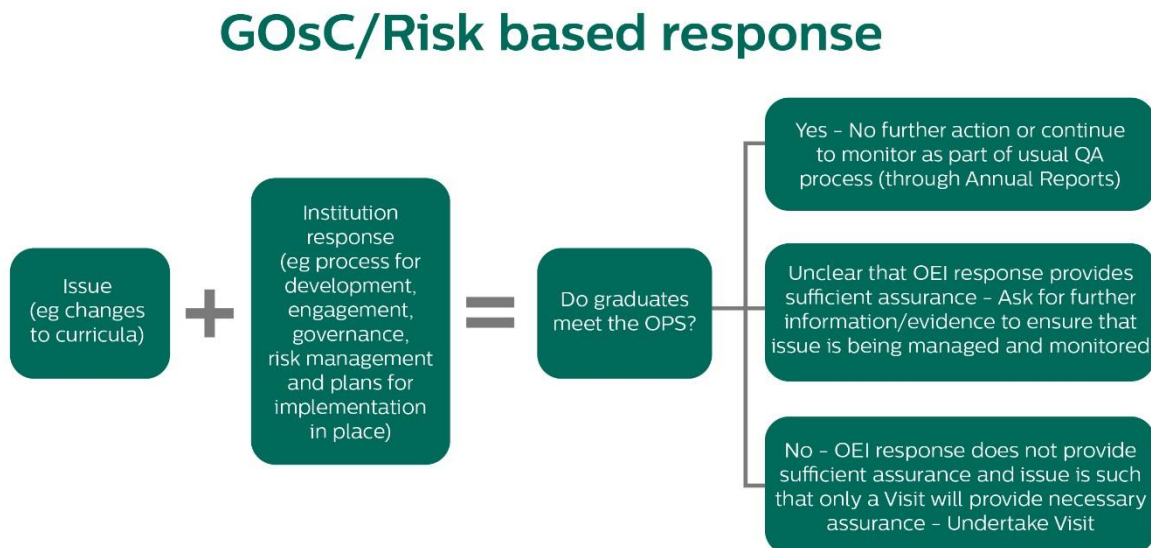
Figure 1 - GOSc Quality Assurance policies and processes to ensure that only graduates meeting the Osteopathic Practice Standards are awarded an RQ.



The GOsC response to information received from a variety of sources will vary taking into account the original source of information, the response of the institution to this and the potential impact on the delivery of standards.

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

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



Decisions concerning the granting, maintenance and renewal of RQ status are usually made following reviews (or visits illustrated in Figure 1) of osteopathic courses and course providers. These reviews comprise the development and submission of a self-evaluation document, analysis, a visit by a team of trained visitors, the submission of a draft report, a right of factual reply by the institution and the submission of the final report. These reviews are conducted by the Quality Assurance Agency for Higher Education (QAA), under contract from the GOsC. This review method is known as GOsC review. The purpose of this handbook is to describe how the 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 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 the GOsC needs assurance about a particular course or provider, perhaps in relation to the fulfilment of conditions from a previous recognition or renewal review, or because of some important development in the course or provider.

In some circumstances, the GOsC may ask us to undertake a combined review. Combined reviews may combine any of the three different types outlined above.

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

- course aims and outcomes (including students' fitness to practise)
- 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 the GOsC's requirements.

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

- the GOsC's Osteopathic Practice Standards (2018) effective from September 2019 available at: www.standards.osteopathy.org.uk
- the GOsC's Guidance for Osteopathic Pre-registration Education (2015) available at: www.osteopathy.org.uk/training-and-registration/becoming-an-osteopath/guidance-osteopathic-pre-registration-education
- the GOsC's Student fitness to practise guidance (2016) available at: www.osteopathy.org.uk/news-and-resources/publications/student-fitness-to-practise-guidance
- the UK Quality Code for Higher Education (2011), published by QAA. 2018 available at: www.qaa.ac.uk/quality-code/the-existing-uk-quality-code.

The Quality Code for Higher Education (Quality Code) brings together those reference points previously known collectively as the Academic Infrastructure. The Quality Code includes the Subject Benchmark Statement: Osteopathy, which retains a crucial role in GOsC review.

The GOsC review will always commence with the GOsC Education Committee agreeing a specification setting out the purpose of the review and any particular areas that the

Committee would like the visitors to explore during the visit. This specification is shared with osteopathic educational institutions and published before the visit.

When we carry out a GOsC review visit, we are represented by visitors who are also formally appointed by the Committee in accordance with section 12 of the *Osteopaths Act 1993*. There are normally three visitors, who are accompanied by a review coordinator whose role is to manage the review and support the visitors and the provider. The review coordinator is your main point of contact with us throughout the review. You can find more information about the visitors in Annex D.

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

- approval without conditions
- approval with conditions
- approval denied.

The visitors' judgement will be sent to the GOsC in a formal draft report. The report is sent to the institution by the GOsC and the institution has a period of no less than one month within which it may make observations on, or raise objections to, the report. After that the visitor report is finalised and sent to the GOsC. The GOsC retains discretion over whether it accepts the visitors' findings.

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

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

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
- participating in the review in accordance with the Code of Conduct outlined at Annex F
- giving us documentation before and during the visit, including the self-evaluation
- discussing the arrangements for the visit with us, including the agenda and the meetings
- letting teaching staff, students and patients know that they can raise issues directly with the visitors through the protocol for 'unsolicited information'
- ensuring the visitors have an appropriate place to work during the visit
- ensuring the appropriate staff and students are available to meet the visitors
- providing comments on the draft review report
- developing an action plan to address any conditions arising from the review
- giving feedback on the review process.

It is good practice to ensure that the main point of contact for the osteopathic educational institution is not the chief executive or principal of the institution. In this way a coordinating and liaising role is preserved between the visitors, the review coordinator, the osteopathic

educational institution point of contact and the senior management team of the osteopathic educational institution.

We (QAA and the review coordinator) are responsible for:

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

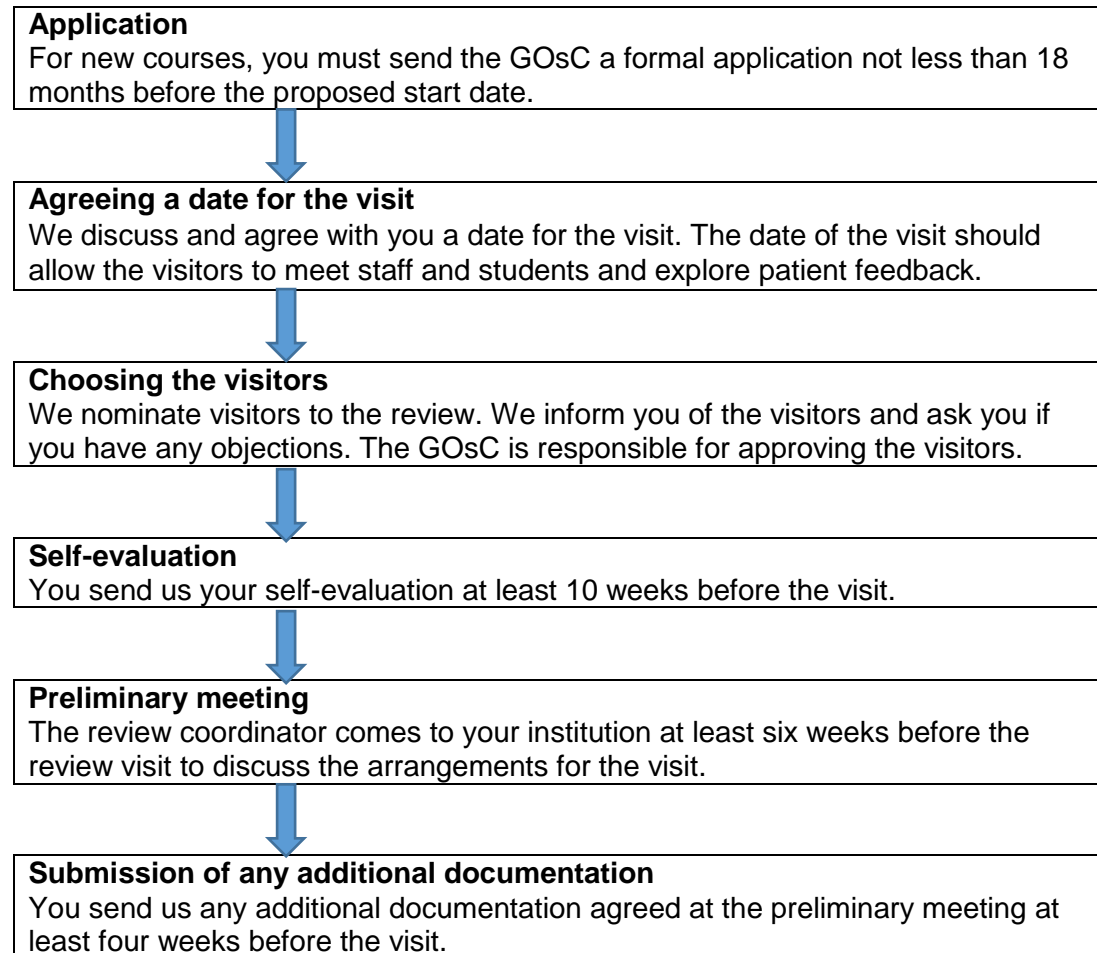
The GOsC is responsible for:

- maintaining a schedule of reviews, which tells us which courses need reviewing and when
- advising us when monitoring reviews are required
- drafting a specification for the review which is approved by the GOsC Education Committee
- approving the visitors
- sending you the draft report after the visit and receiving your comments on it
- sending you the final report
- informing you of the GOsC's and Privy Council's final decision on the review
- publishing reports, action plans and Privy Council's final decision.

Section 2: Flow charts of the review process

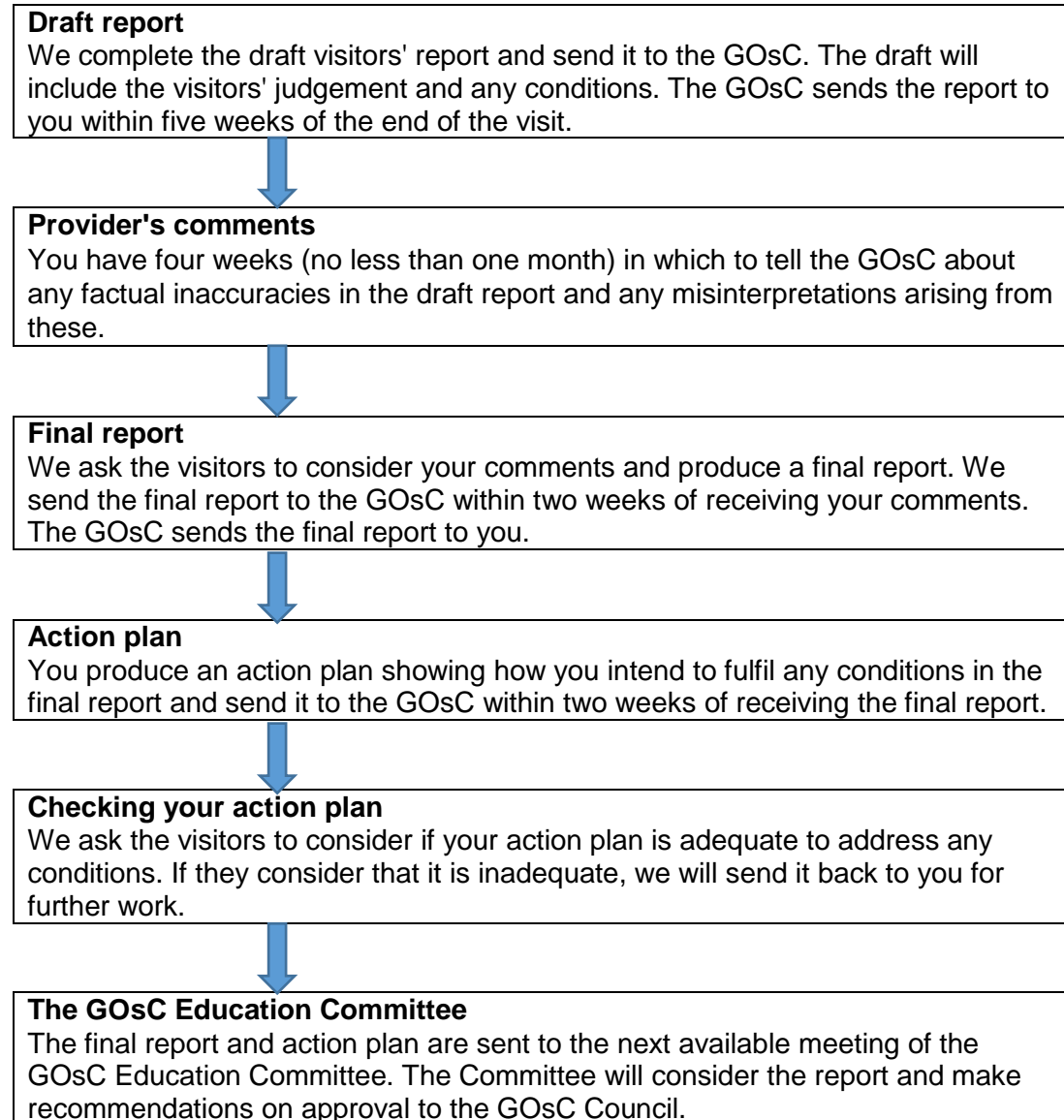
The following flow charts summarise the pre-visit stage and the post-visit stage. They identify which parts of the process are our responsibility and which are yours. You should read them in conjunction with the more detailed guidance in section 3.

Pre-visit



Post-visit

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



The GOsC Council consideration

The recommendations of the Education Committee will be put before the GOsC Council, which has the legal responsibility to 'Recognise' the qualification and to recommend approval to the Privy Council. The report and action plan are then published on the GOsC website.

**Outcome**

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

**Implementing your action plan**

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

**Feedback**

You give us feedback on your experience of GOsC review.

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

Section 3: The process in detail

This section gives more detail about the steps in the flow charts. This process is designed to deliver the evidence necessary to enable the visitors to form a judgement and provide a report, based on evidence, to demonstrate that recognised qualifications are only awarded to graduates meeting the Osteopathic Practice Standards (OPS).

Adaptation of the process

The process for the visit should be as outlined in this Handbook. However, there may be exceptional circumstances where by agreement, the visitors and the institution may wish to alter a particular aspect of the process. To ensure consistency, proportionality, fairness, and a focus on outcomes, any changes to the published method must be agreed with QAA and the GOsC in writing and in advance.

Code of conduct

The purpose of the GOsC/QAA review is to ensure that only students meeting the OPS are awarded a 'recognised qualification' (RQ).

The GOsC/QAA review visit should be undertaken within a context of dialogue, respect and trust recognising the commitment of both osteopathic educational institutions and visitors to support high quality education and patient care. A more detailed code of conduct for visitors and providers is outlined at Annex F.

Pre-visit

Application

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

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

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

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

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

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

Agreeing a date for the visit

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

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

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

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

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

- the 'recognised qualification' (RQ) specification. This document is agreed and published by the Education Committee and sets out the scope of the review including any particular areas that the Committee would like the visitors to explore during the review
- a copy of this handbook
- a copy of the key reference documents mentioned in Section 1
- 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 of contact with us and all communication between you and the visitors must be through the review coordinator.

As soon as the date for the visit is confirmed, the GOsC will announce the date on its website. We will send you a standard email about the protocol for bringing unsolicited information to the visitors' attention, which you should circulate to teaching staff and students. We will also send you a standard poster about the protocol, which you should display in the clinic for the attention of any patients who come into contact with students. Annex B contains further details about the protocol for unsolicited information.

Choosing the visitors

We nominate visitors to the review. We inform you of the visitors and ask you if you have any objections. The GOsC's Education Committee is responsible for approving the visitors under s12 of the Osteopaths Act 1993.

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

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

The GOsC is ultimately responsible for approving the visitors.

Self-evaluation

You send us your self-evaluation at least 10 weeks before the visit.

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

The purpose of the self-evaluation is to provide an honest and reflective evaluation of where the institution is regarding both strengths and areas for development, drawing on the institution team and the institution's own quality management system to ensure that only students meeting the OPS are awarded an RQ. The self-evaluation should support constructive and respectful dialogue between the visitors and the institution recognising the common aim of ensuring high quality education.

Please note that it is for the osteopathic educational institution to provide the information for the visit. It is in the interests of both the visitors and the Osteopathic Educational Institution that the self-evaluation is open and transparent and takes steps to demonstrate the quality of the osteopathic education to the visitors.

Annex B gives detailed guidance on the format, content 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 1, under the following headings:

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

These headings match the headings in the review report.

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

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

Management of confidential and sensitive information

We recognise that the osteopathic sector is a small sector operating in a competitive market. Occasionally, there may be confidential or sensitive information which osteopathic educational institutions may feel concerned to share with the visitors because of their role in another institution and the perceived value that the information gathered may have in another context. Please note that all visitors are under a strict contractual confidentiality agreement which requires that they must not divulge or communicate any confidential information for a minimum period of five years, or to use the information for any other purpose than that of the QAA review. The following principles will operate in terms of the management of confidential and sensitive information.

- It is for the institution to provide the evidence for the visit.
- It is for the visitors to make clear their lines of enquiry and evidence required being attentive to the management of sensitive and confidential information.
- Dialogue between the institution and the visitors (via the review coordinator) should take place ahead of the visit to agree the nature and extent of the evidence provided (for example, redacted information).
- If the institution does not provide the requested evidence, the evidence for the report risks being weakened with subsequent impact on the findings of the report.
- It is important that these matters are agreed prior to the visit so as not to impact on the time that the visitors spend triangulating information obtained at the visit.

You should upload your self-evaluation document and evidence to the QAA confidential portal at least 10 weeks before the visit.

General Data Protection Regulations

The Quality Assurance Agency Privacy Notice is available at:
www.qaa.ac.uk/privacy-and-cookies

The General Osteopathic Council Privacy Notice is at www.osteopathy.org.uk/privacy.

You should ensure that data uploaded complies with the General Data Protection Regulations and associated data protection legislation. In usual circumstances you should ensure that no personal data is uploaded to the QAA confidential portal. This means that you may need to redact some documents to ensure that no personal data is uploaded. If you do need to upload personal data, you must ensure that you have complied with the processing requirements of the General Data Protection Regulations.

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

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

Preparing for the visit

Preliminary meeting

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

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

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

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

Submission of any additional documentation

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

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

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 that 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 provides the opportunity for the visitors to test their understanding and interpretation of the self-evaluation by reference to other sources of evidence including written documentation, meetings with staff and students and the observation of teaching and learning. This is a process we call 'triangulation'. Through triangulation, the visitors are able to develop their understanding of the course and provider, and, ultimately, judge whether or

not the course and provider meet the expectations set out in the key reference documents; the GOsC's OPS, the GOsC's *Guidance for Osteopathic Pre-registration Education* and the Quality Code for Higher Education.

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 (including analysis of patient feedback) and discussing their findings. The visitors may also wish to meet employers and/or clinical placement providers. On the final half day, the visitors will meet in private to discuss and agree their conclusions.

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

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

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

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

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

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

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

Visitors are collectively responsible for gathering, verifying and sharing evidence in order that they arrive at a common, unanimous judgement. The visitors will, therefore, operate as a team, and not, for example, hold meetings with staff individually. The exception to this is the observation of teaching and clinics, where a single visitor will be used to minimise disruption. There is a protocol for the observation of teaching and clinics at Annex C.

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

Withdrawal from the visit team

In exceptional circumstances, visitors may need to withdraw from the visit team before the visit concludes due to exceptional circumstances. In these cases, the review will normally continue. The GOsC, QAA and the institution will discuss the practicality and feasibility of appointing another visitor. However, if the visit is underway, it is likely that the visit team will continue with the remaining members.

Feedback at the conclusion of the visit

On the final half day of the visit, the visitors will meet in private to discuss and agree their provisional 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 this stage, conclusions may still be emerging and may change following consolidation and reflection on the evidence.

However, as the visit is a process of respectful dialogue and peer review, with a mutual focus on high quality education and patient care, it is usually appropriate for visitors (normally via the review coordinator) to conclude the visit with a meeting providing the opportunity for informal feedback should they wish to do so.

The informal feedback is non-binding, as the visitors may amend their conclusions after further deliberation. However, the visitors will not normally describe good practice or set conditions about issues that have not been discussed during the visit.

Post-visit

Delivery of a draft visit report

It is expected that a visit report will always be provided, within the prescribed period, at the conclusion of the visit.

In the unfortunate event that evidence has not been forthcoming to support the conclusion that the qualification is only awarded to students meeting the OPS, this conclusion will be stated in the report.

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

Draft report

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

You send us any additional documentation agreed at the preliminary meeting at least four weeks before 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 published alongside the recognition of the qualification. The conditions should reflect the principles of good regulation in being targeted at a specific issue, proportionate to the scale of the perceived problem and transparent in specifying what should be done and by when.

The report will also highlight any strengths, examples of good practice and areas for development. We define 'strengths' as things the visitors regard as making a particularly positive contribution to your provision of osteopathic education. 'Good practice' is practice which is innovative, successful in achieving positive results and sustainable in that it may be repeated or made routine. By publishing the review reports, the GOsC aims to disseminate examples of good practice across the osteopathic education sector. We define 'areas for development' as areas where the visitors consider improvement is desirable, but which do not warrant conditions.

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

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

Provider's comments

You have not less than one month in which to tell the GOsC about any factual inaccuracies in the draft report and any misinterpretations arising from these.

After the GOsC has sent you the draft report, you have not less than one month in which to tell the GOsC about any factual inaccuracies in the draft report and any misinterpretation arising from these. You should make your comments to the GOsC in writing. Even if you decide not to make any formal comments, you are still entitled to the period and we will not take any further action until this time has passed.

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

Final report

We ask the visitors to consider your comments and produce a final report. We send the final report to the GOsC within two weeks of receiving your comments. The GOsC sends the final report to you along with the draft paper that will be sent to the Committee to support their decision making.

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

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

Action plan

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

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

The GOsC sends the final report to you along with the draft paper that will be sent to the Committee to support their decision

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. The 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 the GOsC.

Please note that it is not necessary for providers to produce an action plan to address the general conditions on RQ status, which apply to all qualifications recognised by the GOsC Council. Action plans apply to specific conditions only.

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

The GOsC Education Committee

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

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

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

The GOsC Council consideration

The recommendations of the Education Committee will be put before the GOsC Council, which has the legal responsibility to 'Recognise' the qualification and to recommend approval to the Privy Council. The report and action plan are then published on the GOsC's website.

Outcome

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

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

Implementing your action plan

You should keep the GOsC updated on progress with your action plan. The GOsC Education Committee will monitor the implementation of the action plan and will request updates at regular intervals. GOsC may ask the visitors for advice on progress. In some cases, the GOsC may ask us to undertake a monitoring review to check.

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

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

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

Management of concerns and complaints during the visit process

If you have concerns about any aspect of the review process, you should first bring these to the attention of the review coordinator. If you are not satisfied with the response, you may bring the concerns to the attention of the designated QAA method coordinator.

On occasion, the QAA method coordinator may seek the advice of the GOsC.

Raising concerns with the QAA method coordinator or the GOsC should not be seen as impeding the visit process. All parties will work towards a resolution and a successful visit process and will seek to manage concerns accordingly. A formal complaints process is also in place and this is outlined below.

Feedback

You give us feedback on your experience of GOsC review. This also provides us with an opportunity to provide you with feedback about how the GOsC Education Committee responded to your report.

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

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

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

If you feel that the review has been badly managed or run, or that it has departed from the process described in this handbook, then you may consider raising a formal complaint with us. Please refer to our website (www.qaa.ac.uk/reviewing-higher-education/how-to-make-a-complaint) for more information about raising a complaint.

The GOsC also have a corporate complaints process and further information about this can be found at: www.osteopathy.org.uk/about-us/our-work/our-performance.

Annex A: The GOsC Quality Assurance Policy

Purpose

1 This policy sets out the ways in which standards for entry to the Register of osteopaths are maintained through the General Osteopathic Council's (GOsC) quality assurance (QA) processes for UK recognised qualifications (RQs). These processes ensure that UK osteopathic RQs are only awarded to graduates who meet the Osteopathic Practice Standards (OPS). (Please note that different processes are in place to ensure that internationally qualified graduates meet the OPS. These processes are outlined on our [website](#).)

The legal framework

2 The GOsC has a statutory duty to 'develop and regulate the profession of osteopathy' (see section 1(2) of the *Osteopaths Act 1993*)

3 'The over-arching objective of the General Council in exercising its functions is the protection of the public' (see section 1(3A) of the *Osteopaths Act 1993*).

4 'The pursuit by the General Council of its over-arching objective involves the pursuit of the following objectives:

- (a) to protect, promote and maintain the health, safety and wellbeing of the public
- (b) to promote and maintain public confidence in the profession of osteopathy, and
- (c) to promote and maintain proper professional standards and conduct for members of that profession' (see section 1(3B) of the *Osteopaths Act 1993*).

5 The GOsC undertakes a range of functions in order to exercise its statutory duties as outlined above by:

- keeping the registers of all those permitted to practise osteopathy in the UK
- setting, maintaining and developing standards of practice and conduct
- assuring the quality of undergraduate and pre-registration education (Quality Assurance)
- assuring that all registrants keep up to date and undertake continuing professional development
- helping patients with any concerns or complaints about registrants and using the power to remove from the register any registrants who are unfit to practise.

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

Background

7 UK graduates are entitled to apply for registration with the GOsC to practise in the UK as osteopaths if they have a 'recognised qualification'.

8 The GOsC has a statutory duty to set and monitor the standards for pre-registration osteopathic education and a duty of 'promoting high standards of education and training in osteopathy'. It has statutory powers to visit institutions (see sections 12 and 14 to 16 of the *Osteopaths Act 1993*) and also has wide powers to require information from osteopathic

educational institutions in order to ensure standards (see section 18 of the *Osteopaths Act 1993*).

Aims and purpose of the GOsC quality assurance process

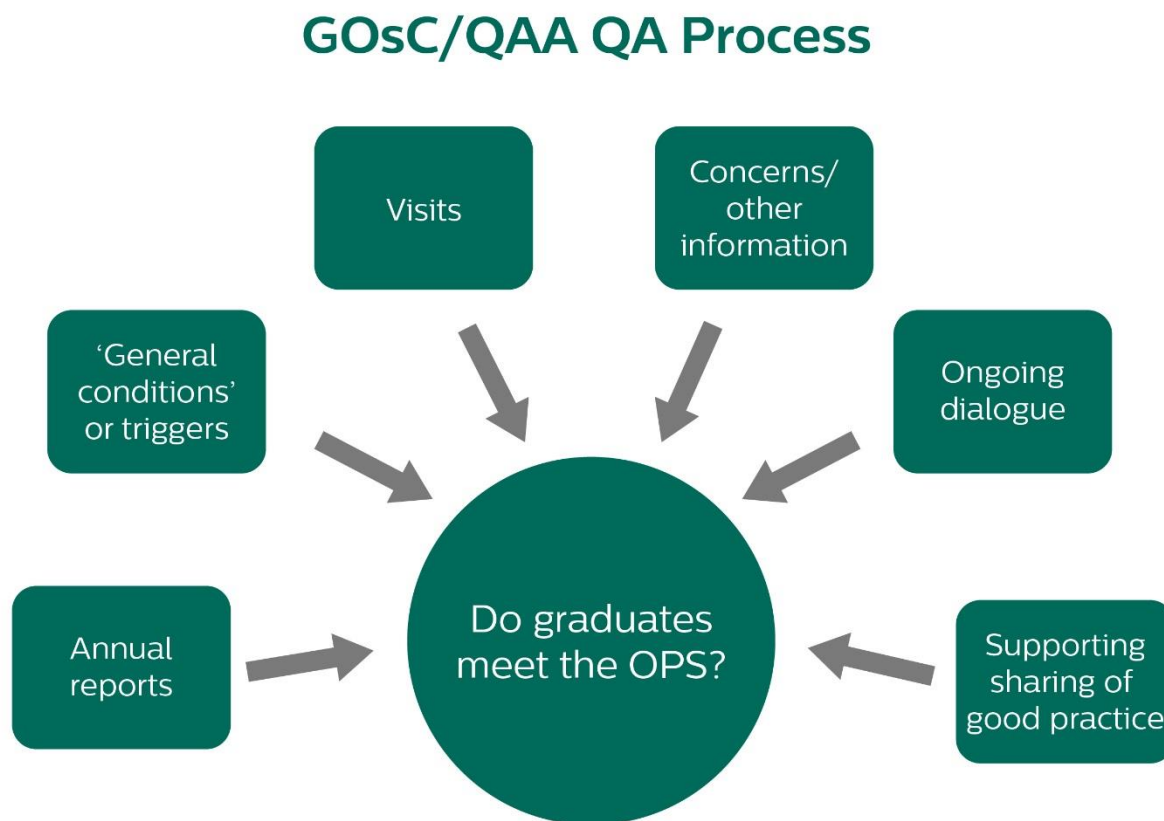
9 In order to meet both our overarching and specific statutory duties as outlined above, the GOsC quality assurance processes aim to:

- put patient safety and public protection at the heart of all activities
- ensure that graduates meet the standards outlined in the OPS by meeting the reference points outlined in the *Guidance for Osteopathic Pre-registration Education (2015)* and the Subject Benchmark Statement: Osteopathy (2015)
- support self-sustaining quality management and governance in ensuring quality
- identify and sustain good practice and innovation to improve the student and patient experience
- identify concerns at an early stage and help to resolve them effectively without compromising patient safety or having a detrimental effect on student education
- facilitate effective, constructive feedback
- identify areas for development or any specific conditions to be imposed upon the course providers to ensure standards continue to be met
- promote equality and diversity in osteopathic education.

10 The General Osteopathic Council operates a range of policies and processes to ensure that only graduates meeting the OPS are awarded an RQ and to meet the wider supporting aims of the quality assurance process. These policies and processes interlink and collectively enable the GOsC to understand how the osteopathic educational institution (OEI) is identifying, managing and monitoring issues impacting on quality. The information obtained enables the GOsC to respond proportionately to ensure that standards are met.

11 The quality assurance policies and processes are outlined in Figures 1 and 2 below. Figure 1 shows that information about issues potentially impacting on standards is obtained through a range of policies and processes. Some may be reported through the OEI's own quality management processes, some may be reported from other sources.

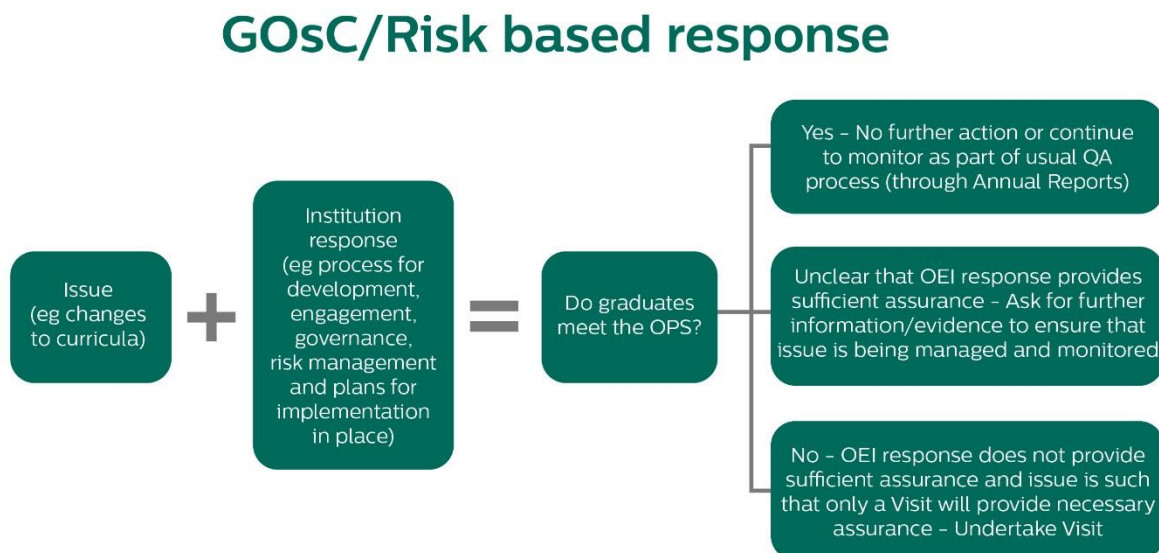
Figure 1 - GOsC Quality Assurance policies and processes to ensure that only graduates meeting the Osteopathic Practice Standards are awarded an RQ.



12 The GOsC response to information received from a variety of sources will vary taking into account the original source of information, the response of the institution to this and the potential impact on the delivery of standards.

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

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



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

Annual report analysis

15 The purpose of Annual Reports is to confirm the maintenance of the OPS, patient safety and public protection in pre-registration education and/or to identify and report on the management and monitoring of issues for action. Osteopathic educational institutions (OEIs) are requested to take a self-evaluative approach to reporting in order to demonstrate their management of risk and enhancement of practice.

16 The primary reference point for the content and evaluation of RQ Annual Reports is the OPS, along with the [Quality Code](#). The *Guidance for Pre-registration Osteopathic Education (2015)* and the *Subject Benchmark Statement: Osteopathy (2015)* are also used to inform the evaluation of effective management and delivery, in themselves essential to ensuring the OPS are met. Section 18 of the *Osteopaths Act 1993* requires OEIs to provide the committee with 'any such information as the Committee may reasonably require in connection with the exercise of its functions under this Act'.

17 The Annual Report template is available at:
<http://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pac-june-2017-item-7-quality-assurance-annual-reports-template/?preview=true>.

18 The RQ Annual Reports provide both self-reported and third party data and information from the OEI (including data about student and patient numbers, the analysis of feedback from patients, staff and students, external examiners, and the institution's own annual monitoring report and action plan) about the previous academic year. Reports include an update on specific and general conditions from the institution (for example changes in

management and governance, student numbers, patient numbers). Information is also requested about the management of complaints and appeals.

19 RQ annual reporting is not undertaken in isolation, but is part of the wider picture of quality assurance and enhancement. Wherever possible, the RQ Annual Report process seeks to use relevant evidence from OEIs' existing arrangements rather than ask for bespoke information.

20 The information provided is analysed by QAA and the GOsC. If this analysis raises any questions and/or suggests any concerns about the course and/or the provider, it may be followed up directly in a range of ways, as outlined in Figure 2. The information provided may also help the GOsC to identify and address issues of general concern or interest to the osteopathic education sector.

21 Information is also requested about good practice and this is shared with other osteopathic educational institutions with the aim of enhancing the provision of osteopathic education. It also informs joint working between osteopathic educational institutions and the GOsC, including good practice seminars. Examples provided are usually attributed to institutions.

22 Annual Report templates are sent out to OEIs in October of each year and are due for submission in December of each year. The reports deal with the academic period completed prior to the submission of the report. Reports are analysed in January and February and considered by the Education Committee in March.

Visits

23 The visit process is outlined in Section 12 of the *Osteopaths Act 1993*, which provides that the Committee appoints visitors to report to the Committee as follows:

- '(a) on the nature and quality of the instruction given, or to be given, and the facilities provided or to be provided, at that place or by that institution; and
- (b) on such other matters (if any) as he was required to report on by the Committee.'

24 The *Osteopaths Act 1993* specifies that visitors must provide a report and there are statutory requirements for a copy of the report to be sent to the OEIs and for OEIs to have a period of time to comment on the report before it is finalised. Sections 14 and 15 of the *Osteopaths Act 1993* set out the process for making a decision to award a 'Recognised Qualification' by the GOsC Council which is then approved by the Privy Council. The 'recognised qualification' may be (but is not required to be) subject to conditions recommended by the Education Committee and can be time limited or otherwise.

25 Visits usually take place every five years. However, it is open to the GOsC to undertake visits more frequently for new courses or where there are concerns about standards being delivered such that a visit is required.

26 The purpose of the visit is to ensure that RQs are only awarded to graduates meeting the OPS. It is also about ensuring the wider aims of the quality assurance process outlined above at paragraph 9. The visit process is undertaken by expert trained visitors (both osteopathic and lay). The visit is managed by QAA on behalf of the GOsC to GOsC agreed standards and is carried out through triangulation of live information and evidence by speaking with staff and students, considering information from patients and the assessment of documented information to inform findings.

27 The operational aspects of the visit process are outlined in the GOsC/QAA Handbooks available at: www.gaa.ac.uk/reviewing-higher-education/types-of-review/general-osteopathic-council-review

28 All visits commence with the agreement of a specification by the GOsC Education Committee, which sets out any particular areas of interest that the committee would like to follow up in relation to delivery of the OPS or associated matters. The specification allows the committee to target the visit to particular areas of risk that have arisen since the last visit took place. It provides the committee with an opportunity to ensure that issues continue to be identified, managed and standards maintained.

29 The review explores eight areas through a self-evaluation and supporting evidence prepared by the institution and the QA visit, undertaken by trained visitors, as follows:

- course aims and outcomes (mapped to the OPS and including students' fitness to practise)
- curricula
- assessment
- achievement
- teaching and learning
- student progression
- learning resources
- governance and management.

30 After the visit a report is produced including the visitors' judgement, with one of the following outcomes:

- approval without specific conditions
- approval with specific conditions
- approval denied.

31 The report is published on the GOsC website together with updates about the fulfilment of conditions.

32 The visit method is also used for the following:

- new RQ visits
- monitoring visits, which are undertaken when there are particular concerns that require the triangulation of information that can only be undertaken on a visit.

33 The process followed is as for a five yearly visit, but the RQ specification will be adapted to fit the particular circumstances of the visit.

34 The outcome of the visit is a report which informs the committee's recommendations to Council about whether to award, renew or withdraw an RQ.

General conditions and triggers

35 A set of general conditions are currently attached to RQs which are published on the GOsC website at: <http://www.osteopathy.org.uk/training-and-registration/becoming-an-osteopath/training-courses>. In due course, it is expected that OEIs will continue to report against these matters as part of their published reporting process if expiry dates for RQs (and therefore RQ conditions) are removed. Significant changes may impact on delivery

of the OPS. Therefore, OEIs are expected to monitor and report on these changes, and assess the risk to delivery of the OPS and report on mitigating actions being undertaken. (Further guidance is provided in the RQ Change Notification Form which is available at: www.osteopathy.org.uk/training-and-registration/information-for-education-providers.)

36 Examples of change may include, but are not limited to:

- substantial changes in finance
- substantial changes in management
- changes to the title of the qualification
- changes to the level of the qualification
- changes to franchise agreements
- changes to validation agreements
- changes to the length of the course and the mode of its delivery
- substantial changes in clinical provision
- changes in teaching personnel
- changes in assessment
- changes in student entry requirements
- changes in student numbers (an increase or decline of 20 per cent or more in the number of students admitted to the course relative to the previous academic year should be reported).

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

Concerns or other information

38 The 'Procedure for dealing with concerns about osteopathic education' (the concerns procedure) enables the GOsC to consider information from students, staff, patients or carers or any other interested party that relates to the delivery of the OPS, which may arise either during a visit or at any other time.

39 The concerns procedure is a method for any person (patient, student, staff or other) to provide GOsC with information that may be relevant to our statutory duty to ensure that only those graduates who meet the OPS are awarded an RQ.

40 The GOsC can consider information if it is evidence of serious systematic or procedural concerns or has a broader implication of failings of the management of academic quality or standards, which impact on the delivery of the OPS. It is not, however, a mechanism for resolution of individual concerns between an individual and an institution.

41 The purpose of the concerns procedure is to ensure patient safety and the delivery of the OPS. The procedure outlines how processes are considered and managed, and how decisions are made and brought to the attention of the committee.

42 Further information about our concerns procedure is available in the *Procedure for dealing with concerns about osteopathic education* available at Annex E.

43 If the concern is relevant to the OPS, it is reported to the statutory Education Committee and the issue is managed as part of the committee's quality assurance process. An appropriate response in accordance with Figure 2 is agreed.

Supporting sharing of good practice

44 An important aspect of quality assurance is promoting a culture of continual enhancement. The GOsC is committed to promoting and sharing discussion in this area in partnership with the OEs, for example:

- sharing examples of good practice within or external to the osteopathic sector
- annual reports explicitly ask for examples of good practice and share these
- thematic reviews identify and share good practice (for example, a thematic review on boundaries)
- regular seminars exploring particular matters involving expert speakers have taken place on subjects such as boundaries, sharing examples of good practice within or outside the osteopathic sector, or working together on projects such as boundaries and professionalism, which are relevant to the education sector and to practice. Examples are shared through annual reports and annual seminars on good practice.

However, we are also keen to support the sustaining of good practice and we are consulting further on how we might do this.

Ongoing dialogue

45 Through a series of reviews from 2012 onwards, the GOsC has worked with osteopathic educational institutions to improve partnership and dialogue, self-assessment and self-reflection, and a right-touch approach. This is because matters of transparency and collaboration are essential components of quality assurance.

46 It is important for the GOsC QA approach to maintain ongoing relationships through regular discussion, including one-to-one and in-sector meetings focusing on supporting institutional quality management through:

- identifying, managing and monitoring of issues - recognising implementation takes place over time
- identifying, sustaining and maintaining good practice
- being proportionate, helpful, respectful
- avoiding regulatory capture - ensuring independence.

47 Good relationships with osteopathic educational institutions involve issues being shared early, and helpful discussions to support effective management and monitoring of issues. It means that the quality assurance process is focused on the high quality education delivering desired outcomes and is not adversarial or assessment driven.

48 It is usually the case that ongoing and transparent dialogue between an institution and the GOsC will not require any additional intervention, but each case will depend on the particular context for an appropriate and proportionate response.

Conclusion

49 This Policy has set out the variety of mechanisms used by the GOsC to ensure that RQs deliver the OPS and also deliver the aims of the quality assurance process.

Annex B: Documents for GOsC review, including the self-evaluation and a sample of student work

The GOsC visitors depend on written documentation for evidence that osteopathic education providers and courses are meeting the expectations set out in the GOsC's OPS and the Quality Code for Higher Education. It is imperative, therefore, that visitors can access all the documentation they need when they need it. This annex gives further details about the documentation you are expected to make available to the visitors, beginning with the self-evaluation.

Self-evaluation

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

The purposes of the self-evaluation are broadly threefold:

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

The self-evaluation should provide an honest and reflective evaluation of where the institution is: both strengths and areas for development, drawing on the institution team and the institution's own quality management system to ensure that only students meeting the OPS are awarded an RQ. The self-evaluation should support constructive and respectful dialogue between the visitors and the institution recognising the common aim of ensuring high quality education.

Please note that it is for the osteopathic educational institution to provide the information for the visit. It is in the interests of both the visitors and the OEI that the self-evaluation is open and transparent and takes steps to demonstrate the quality of the osteopathic education to the visitors.

The structure of the self-evaluation should reflect these broad purposes, as follows.

Section 1: 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 1 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 this data.

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

Section 2: Meeting the expectations of the key reference documents and demonstrating evaluation and improvement of your provision

Section 2 of the self-evaluation should aim to meet its second and third purposes, which are:

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

It should be organised according to the following headings:

- course aims and outcomes (including student fitness to practise)
- 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 2 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, the GOsC's OPS and the FHEQ - part of the Quality Code for Higher Education. 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 the GOsC's Osteopathic Practice Standards
- 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 curriculum content and design are informed by recent developments in techniques of teaching and learning, current research, scholarship or consultancy, feedback from patients and by any changes in relevant occupational or professional requirements
- how you ensure that the design and organisation of the curricula 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 curricula reflect *Chapter B1* of the Quality Code for Higher Education.

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

Assessment

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

The visitors will consider:

- the extent to which the overall assessment strategy has an adequate formative function in developing student abilities, assists them in the development of their intellectual and professional skills and enables them to demonstrate achievement of the intended learning outcomes in all learning settings
- the assessment methods selected and their appropriateness to the intended learning outcomes, and to the type and level of work
- the criteria used to enable internal and external examiners/verifiers to distinguish between different categories of achievement, and the way in which criteria are communicated to students
- the security, integrity and consistency of the assessment procedures, the setting, marking and moderation of work in all learning settings, and the return of student work with feedback
- how employers and other professionals contribute to the development of assessment strategies, where appropriate
- to what extent your arrangements for assessment reflect Chapters B6 and B7 of the Quality Code on external examining and assessment, 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, the GOsC's OPS, the GOsC's, Guidance on Osteopathic Pre-registration Education, and the *Subject Benchmark Statement: Osteopathy*, which is part of the Quality Code
- whether students are prepared effectively for their subsequent professional roles
- the levels of achievement indicated by the statistical data, whether there are any significant variations between modules and the successful progression to employment
- how you promote student retention and achievement.

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

Teaching and learning

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

The visitors will consider:

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

Sources of evidence may include student evaluation of their learning experience, internal review documents, staff development documents, course and student handbooks, analyses of patient feedback 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 Chapter B3 of the Quality Code on learning and teaching
- to what extent procedures exist for establishing student fitness to practise.

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 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, particularly where more than one course is under review. The self-evaluation for a monitoring review may be shorter and take a different form depending on the objectives of the review. We will discuss this with you before we agree a date for the visit.

If you have any questions about developing your self-evaluation, you should contact your review coordinator.

Submitting your self-evaluation

You should upload your self-evaluation and evidence to the QAA confidential portal, at least 10 weeks before the visit.

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

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

Providing other documentation before the visit

At the preliminary meeting the review coordinator may ask you to provide more documentation in addition to that appended to your self-evaluation. If so, you should upload this documentation to the QAA confidential portal at least four weeks before the visit.

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

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 GOsC's OPS.

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

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

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

Unsolicited information

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

GOsC review will consider unsolicited information from any individual or organisation, as long as it is relevant to GOsC review and submitted before the review has ended.

Anyone wishing to bring information to the visitors' attention should do so in writing to QAA. To make sure teaching staff and students are aware of the existence of this facility and of the benefits of raising any issues in advance, we will send you a standard email which you should circulate to staff and students as soon as the date for the visit is agreed. We will also send you a standard poster about the protocol, which you should display in the clinic for the attention of any patients who come into contact with students.

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

QAA will also forward a copy to the GOsC and to you, with an invitation for you to respond to the visitors. If the information is not relevant to GOsC review, then QAA will still forward a copy to the GOsC and the GOsC may share it with you, but it will not affect the review outcomes.

The visitors are unable to consider unsolicited information submitted after the visit has ended.

Further information for people wishing to disclose information to GOsC review can be found in the *Protocol for unsolicited information*, available at: www.qaa.ac.uk/reviewing-higher-education/types-of-review/general-osteopathic-council-review.

Information about concerns received outside a review is dealt with in accordance with the GOsC Managing of Concerns policy. This policy is outlined at Annex E.

Annex C: Observation of teaching and learning

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

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

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

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

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

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

Visitors will not see individual patient records.

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

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

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

Teaching and learning observation note (for both clinical and non-clinical sessions)

Please complete one form for each teaching or learning session observed.

Provider:	Subject:	Programme:
Module/Unit title:	Level:	Type of activity, for example lecture, tutorial, practical:
Topic:	Mode, for example FT/PT/Sandwich:	Composition of the student group: M/F
Length of session:	Length of observation:	Visitor: Date:
Purpose of observation:		
How are the students intended to benefit from this session? That is, what are the overall learning objectives planned for this session (for example knowledge and understanding, key skills, cognitive skills, and subject-specific, including practical/professional, skills)?		

Summary of evaluation

Please summarise the effectiveness of this session in relation to curriculum and programme aims.

Does this observation provide information to be considered in relation to:		
Standards: Student Learning progression: resources:		
Please comment on strengths and areas for improvement of the session in relation to the learning objectives:		
	Strengths	Areas for improvement
Clarity of objectives		
Planning and organisation		
Suitability of teaching method used		
Delivery (for example breadth, depth, pace, challenge)		
Content (subject matter, currency, accuracy, relevance, use of examples, level, match to student needs, use of staff		

research/scholarship/professional activity)		
Effectiveness of engagement with and participation by students		
Quality and use of teaching materials to support learning		
Transmission of intellectual knowledge and skills		
Development of practical knowledge and skills (if relevant)		
Effectiveness of development of transferable skills		
Use of accommodation and other learning resources		

Annex D: Team composition, roles and person specifications

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

The review coordinator

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

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

On the final day of the visit the review coordinator will also chair the visitors' discussion, 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, strengths, examples of good practice and areas for development.

The visitors

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

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

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

Team competencies

The qualities required in both visitors and review coordinators are:

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

Review coordinators will also be able to demonstrate:

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

Collectively the visitors will be able to demonstrate:

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

Recruitment and training

We recruit visitors by inviting nominations from all course 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 QAA officers 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 focused 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 if you have any objections. If you have an objection, which by referring to the criteria above we consider to be legitimate, we will appoint another visitor or visitors.

Person specifications

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

Visitors

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

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

Review coordinators

Attributes	Essential
<p>Experience</p>	<ul style="list-style-type: none"> • wide experience of academic management and quality assurance at institutional level in UK higher education • experience of leading external quality assurance reviews in higher education • experience of chairing meetings.

<p>Knowledge, skills and abilities</p>	<ul style="list-style-type: none"> • a commitment to the principles of quality assurance in educational provision • an enquiring disposition • powers of analysis and sound judgement • personal authority coupled with the ability to act as an effective team member • good time-management skills • a recognition that there are legitimate differences among educational providers in their management of standards and quality • high standard of oral and written communication, preferably with experience of writing formal reports for publication to deadlines • personal and professional credibility with heads of institutions and senior managers in higher education • an understanding of the GOsC's OPS and of the Quality Code • the ability to identify, plan and allocate lines of investigation to visitors according to the requirements of the review method; to assimilate and interpret a large amount of disparate information in order to support those lines of investigation; and to draw reliable conclusions based thereon • ability to lead effective meetings with a range of staff and students.
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Annex E: GOsC Management of Concerns Policy

Procedure for dealing with concerns about osteopathic education

Summary

This document sets out how the General Osteopathic Council deals with concerns reported to it about osteopathic education.

Introduction

This guidance is for institutions, students, staff, patients, osteopaths and others who have a concern about education being delivered in an osteopathic educational institution awarding qualifications in the UK recognised by the General Osteopathic Council and approved by the Privy Council.

Purpose

The purpose of the General Osteopathic Council in relation to quality assurance of undergraduate and pre-registration education is to ensure that 'Recognised Qualifications' deliver graduates meeting the Osteopathic Practice Standards.

This policy outlines how we manage concerns about osteopathic education.

About the General Osteopathic Council

The General Osteopathic Council is established under the *Osteopaths Act 1993*. Our statutory powers in relation to education are set out in sections 11 to 16 of the *Osteopaths Act 1993*. We have powers to recognise pre-registration qualifications, subject to the approval of the Privy Council, if the qualification is evidence of meeting our Osteopathic Practice Standards (OPS, referred to as the standard of proficiency in our legislation). We only have powers to withdraw this recognition if there is evidence that the qualification no longer meets the OPS.

Decisions concerning the granting, maintenance and renewal of RQ status are made by the General Osteopathic Council and approved by the Privy Council following reviews of osteopathic courses and course providers.

What we will consider

The GOsC will consider information from students, staff, patients or carers, or any other interested party which relates to the delivery of the OPS. We can consider information if it is evidence of serious systemic or procedural concerns or has a broader implication of failings of the management of academic quality or standards, which impact on the delivery of the OPS.

What we will not consider

We do not resolve individual complaints against providers. We cannot provide redress or compensation to any individual submitting a complaint to us.

Examples of matters which we may not be able to investigate include:

- problems that the institution has already resolved
- isolated mistakes or incidents of bad practice
- individual examination results
- matters of academic judgement
- grievances against staff
- matters considered by a court or tribunal.

We will not normally look at complaints where the main issues complained about took place more than three years before the complaint is received by us.

The *Public Interest Disclosure Act 1998*

Concerns about academic standards and quality are not regarded as qualifying disclosures under the *Public Interest Disclosure Act 1998*. Those submitting concerns to us are therefore unlikely to be offered legal protection under the Act. However, there may be other circumstances in which statutory protection may be afforded.

It is our policy that the names of people raising concerns should normally be disclosed to institutions.

If a person raising concerns has concerns about their identity being disclosed, they should discuss those concerns with Fiona Browne, Head of Professional Standards, General Osteopathic Council at standards@osteopathy.org.uk to explore alternative options that may be available.

Procedure for considering concerns

Stage 1: Screening

The screening process helps us to consider whether information provided constitutes a concern requiring investigation under this policy. Is this a concern that should be investigated?

Information submitted will be considered by the General Osteopathic Council Professional Standards Team.

If the concern relates to immediate, ongoing patient safety issues, a recommendation will be made to the Chief Executive to take immediate steps to protect patients. This may include:

- informing the OEI and ensuring that immediate action is taken
- informing the relevant Department of Health
- informing the police or social services
- actions taken will normally be reported both to the OEI and the complainant.

If the concern does not relate to an immediate patient safety issue, the complaint will be considered further by the Professional Standards Team. The person raising concerns may be asked for further information.

The Professional Standards Team will consider the information provided and will seek further information if required.

When the team has the information required, the team will determine the following.

- Has the complaint been made to the institution? If not, the person raising concerns will be asked to raise the complaint with the institution to provide the opportunity for a local resolution. If the complaint has been through a local resolution process, the team will consider the information provided.
- Does the complaint relate to delivery of the OPS or wider issues affecting delivery of the OPS?

A recommendation is made to the Chief Executive about whether or not the complaint should be screened in. The Chief Executive will make a decision on the appropriate outcome. The advice of the statutory Education Committee may be sought if appropriate.

A screening decision should be made within four weeks of receipt of all the information required for making a decision at stage 1.

Outcomes of stage 1:

Outcome	Action
Concern proceeds for further investigation	Person raising concerns is requested to provide consent to share the concern with the provider. Concern is shared with the provider for a response
Concern is not relevant to the delivery of the Osteopathic Practice Standards	Person raising concerns is advised of decision. Person raising concerns is provided with advice about the GOsC complaints process. Person raising concerns is provided with advice about other avenues of redress. For example, the Quality Assurance Agency, the Office for the Independent Adjudicator or legal advice. Further information about other routes is provided at the end of this document.

Stage 2: Investigation

The applicant is asked for consent to share the complaint with the institution. Anonymous complaints will not be taken forward.

The complaint is shared with the institution for a response. The response of the institution should include:

- the nature of the complaint
- the way the institution investigated and managed the complaint, and how the outcome has been monitored
- the impact on the delivery of the OPS at the time of the complaint and now
- any wider learning for the institution or the sector as a whole.

The Professional Standards Team will liaise with the osteopathic educational institution until sufficient information is obtained to allow the case to proceed to stage 3: decision.

Outcomes of stage 2:

Outcome	Action
Sufficient information is provided to enable a decision to be made at stage 3.	Person raising concerns is advised of decision that case is ready to proceed to decision. Osteopathic educational institution is advised of decision that case is ready to proceed to decision.

Stage 3: Decision

The information and the response are considered by the Professional Standards Team and a recommendation made to the Chief Executive on outcome.

Outcomes of stage 3:

Outcome	Activity
Concern is not relevant to the delivery of the Osteopathic Practice Standards	Person raising concerns is advised of decision. Person raising concerns is provided with advice about the GOsC complaints process. Person raising concerns is provided with advice about other avenues of redress. For example, the Quality Assurance Agency, the Office for the Independent Adjudicator or legal advice. Further information about other routes for pursuing concerns is provided at the Annex.
Concern is relevant to the Osteopathic Practice Standards - in the past but this has now been resolved.	Person raising concerns is advised of decision. Osteopathic educational institution is advised of the decision. Information is reported to the statutory Education Committee and issue is managed as part of the Committee's quality assurance process.
Concern is relevant to the Osteopathic Practice Standards - ongoing.	Person raising concerns is advised of decision. Osteopathic educational institution is advised of the decision. Information is reported to the statutory Education Committee along with an action plan from the institution to resolve and monitor the issues, and the issues continue to be monitored as part of the Committee's quality assurance process.

Alternative routes for redress

Quality Assurance Agency

The Quality Assurance Agency has a concerns process which relates to quality and standards rather than individual complaints. Further information about this can be found at: www.qaa.ac.uk/reviewing-higher-education/how-to-make-a-complaint.

The Office of the Independent Adjudicator (OIA)

The OIA is an independent body set up to review student complaints in England and Wales. Further information about the OIA and the complaints they can manage are available at: www.oiahe.org.uk/making-a-complaint-to-the-oia/can-the-oia-look-at-my-complaint-complaints-wizard.aspx.

Legal advice

In the event that the above options do not provide the redress required, persons raising concerns can contact a solicitor. The Solicitors Regulatory Authority regulates solicitors in England and Wales. Information about finding a solicitor is available at:

www.sra.org.uk/consumers/using-solicitor/find-solicitor.page.

GOsC Corporate Complaints Procedure

Complaints about decisions made under this policy can be made through our Corporate Complaints Procedure which is available at:

www.osteopathy.org.uk/news-and-resources/document-library/our-work/making-a-complaint-about-the-gosc.

Annex F: Code of Conduct for GOsC/QAA Review Visits

Introduction

- 1 The purpose of the GOsC/QAA review is to ensure that only students meeting the OPS are awarded a 'recognised qualification' (RQ).
- 2 The GOsC/QAA review visit should be undertaken within a context of dialogue, respect and trust recognising the commitment of both osteopathic educational institutions and visitors to support high quality education and patient care.
- 3 This guidance applies to all GOsC review method visitors. GOsC review method visitors are also subject to the Code of Conduct set out in the GOsC Governance Handbook which is available at:
www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/governance-handbook

Conduct during visit

- 4 Visitors must uphold the highest professional standards in their work and treat everyone they encounter during visits fairly and with respect and sensitivity.
- 5 Visitors will:
 - evaluate objectively, be impartial and review without fear or favour
 - uphold and demonstrate the values outlined in the GOsC Governance Handbook namely:
 - i act in good faith
 - ii act in accordance with the GOsC's statutory objectives, both as individuals and collectively
 - iii act in the best interests of the GOsC and patients
 - iv act in accordance with the seven principles of public life (also known as the Nolan Principles) namely selflessness, integrity, objectivity, accountability, openness, honesty and leadership)
 - v treat others equally, fairly and with respect
 - evaluate provision in line with frameworks, national standards or regulatory requirements
 - base all evaluations on clear and robust evidence
 - declare all actual and perceived conflicts of interest and have no real or perceived connection with the provider that could undermine objectivity
 - report honestly and clearly, ensuring that judgements are fair and reliable
 - carry out their work with integrity, treating all those they meet with courtesy, respect and sensitivity
 - take all reasonable steps to prevent undue anxiety and minimise stress
 - act in the best interests and well-being of patients, prioritising the safeguarding of children and learners at all times
 - maintain purposeful and productive dialogue with those being visited and communicate judgements sensitively but clearly and frankly
 - respect the confidentiality of information, particularly about individuals and their work
 - respond appropriately to reasonable requests

- take prompt and appropriate action on any safeguarding or health and safety issues
 - use their title (GOsC/QAA reviewer) only in relation to their work for the GOsC review.
- 6 At all times, visitors must act in accordance with the GOsC Governance Handbook.

Expectations of providers

7 It is important that visitors and institutions establish and maintain a positive working relationship based on courteous and professional behaviour.

8 The GOsC expects providers to:

- be courteous and professional, treating visitors with respect and sensitivity
- apply their own codes of conduct in their dealings with visitors
- enable visitors to conduct their visit in an open and honest way
- enable visitors to evaluate the provision objectively against the frameworks, standards or regulatory requirements
- provide evidence that will enable the visitor to report honestly, fairly and reliably about their provision
- respond appropriately to reasonable requests
- work with visitors to minimise disruption, stress and bureaucracy
- ensure the good health and safety of visitors while on their premises
- maintain a purposeful dialogue with the visitor or the visitor team
- draw any concerns about the visit to the attention of visitors promptly and in a suitable manner
- recognise that sometimes visitors will need to observe practice and talk to staff and users without the presence of a manager or registered person.

General Osteopathic Council - Code of Conduct (Extract from the GOsC Governance Handbook) available at:

www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/governance-handbook/

Introduction

1 The General Osteopathic Council (GOsC) was established in 1997, as the regulator of osteopathy in the United Kingdom, following the passage of the *Osteopaths Act 1993*.

Statutory role

2 The GOsC's statutory role, set out in the *Osteopaths Act 1993* (as amended) is to 'develop and regulate' the profession of osteopathy. Members of the GOsC's governance structure (Council, committees, fitness to practise panellists and ad hoc working groups), both as individuals and collectively, have a duty to ensure these functions are effectively discharged in the interests of the public.

3 This Code provides guidance for members and others, acting on behalf of the GOsC, on carrying out these functions in line with currently accepted standards of public service. It applies to:

- members of the Council
- members of committees, both statutory and non-statutory

- members of working groups
- any other individuals who may from time to time act on behalf of the GOsC in a non-executive capacity.

General guidance

4 Members and other non-executive persons acting on behalf of the GOsC will comply with the following general guidelines at all times:

- act in good faith
- act in accordance with the GOsC's statutory objectives, both as individuals and collectively
- act in the best interests of the GOsC
- act in accordance with the seven principles of public life (set out below)
- treat others equally, fairly and with respect.

5 The principles, as set out by the Committee on Standards in Public Life www.public-standards.gov.uk/ht, are:

Selflessness: Holders of public office should act solely in terms of the public interest.

Integrity: Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

Objectivity: Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

Accountability: Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

Openness: Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

Honesty: Holders of public office should be truthful.

Leadership: Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

Specific guidance

6 In addition to complying with the general guidance, those covered by the Code should observe the following specific guidance in carrying out their various functions.

a) Confidentiality and information security

Members and others covered by the Code will sometimes be party to discussions or information of a confidential nature. They may also receive confidential information from other bodies.

It is the duty of all members to ensure that all such information, whether in electronic or paper form, is held and disposed of securely. Any loss or accidental disclosure, and the circumstances leading to the loss or disclosure, must immediately be notified to the Chair and the Chief Executive. Confidential information also must not be disclosed without the consent of a person authorised to give it or where there is a legal requirement to do so. In any cases of uncertainty about handling confidential information, the Chair or the Chief Executive should be consulted.

b) Media, public-speaking engagements and communications with external organisations

Media contact should be discussed, if possible, in advance with the Chair, the Chief Executive or the Head of Communications and Engagement who are the appointed spokespersons of the GOsC. In speaking or writing about the work of the GOsC, those covered by the Code should ensure they reflect current policies of the GOsC. This applies in any dealings with the media, or when in a public forum or in an informal discussion. Members should make sure their comments are accurate, well-considered and well-informed and that they do not undermine confidence in the GOsC.

c) Collective decision-making

Members of Council, committees and ad hoc working groups must recognise any decisions made by the majority even if they personally disagree with them. This does not preclude a member from expressing a dissenting view but he/she should not, by commenting in public or by other means, attempt to frustrate the implementation of decisions properly made.

d) Personal behaviour

Members and others covered by the Code must not act in a way which would bring the GOsC into disrepute, and their behaviour must demonstrate the standards expected of holders of public office. Where a member or other person covered by the Code has been charged with, or has been convicted of, a criminal offence, or has been the subject of a disciplinary procedure by another regulator, the member must inform the Chair at the earliest opportunity. Where any other matter involving a member has the potential to undermine confidence in the GOsC, the member should consult the Chair or Chief Executive at the earliest opportunity.

e) Roles of executives and non-executives

Those covered by the Code must recognise that staff members are part of a line management structure responsible to the Chief Executive for the implementation of corporate decisions, and not to any individual non-executive. Care must be taken to ensure that the distinctive roles and responsibilities of executives and non-executives are respected.

f) Equality and diversity

Individuals covered by this Code will be expected to follow best practice on equality and diversity issues, defined as complying fully with the GOsC's responsibilities under anti-discrimination legislation and ensuring the GOsC's equality and diversity policy is implemented.

g) Conflicts of interest

Individuals covered by this Code are free to engage in political activities or to maintain associations with professional organisations provided that such activity does not conflict with the essential purpose of the GOsC in protecting the public. They must declare, in writing to the Chief Executive, any professional, personal or business interests, which may, or might

be seen to, conflict with their GOsC responsibilities. The Chief Executive will be responsible for keeping the Register of Members' Interests, which will be a public document. Individuals covered by this Code will be invited to update their entries in the spring of each year but, in any case, changes in circumstances necessitating amendments to the Register should be notified to the Chief Executive as soon as they arise.

h) Testimonials

Individuals covered by this Code should avoid providing testimonials, references or acting as character witnesses for individuals who are applicants for registration with the GOsC or who are subject to fitness to practise proceedings within the GOsC.

i) Attendance

Members of Council, committees and working groups will be expected to make the time commitment necessary to attend meetings and discharge their duties, absenting themselves only for compelling personal or professional reasons.

Details of expected attendance levels are set out in the GOsC's Standing Orders.

j) Performance and development review

Members of Council, committees and working groups will be expected to participate constructively in periodic performance and development reviews (see details of the GOsC Performance and Development Review Scheme in Annex 3).

k) Gifts and hospitality

Members and those covered by this Code are required to adhere to the *Bribery Act 2010*, which explicitly prohibits bribery. Further guidance on the *Bribery Act 2010* can be found on the Ministry of Justice website under www.justice.gov.uk/guidance/making-and-reviewing-the-law/bribery.htm. Members and those covered by this Code must not accept gifts, hospitality or benefits offered in relation to GOsC business, which might be seen to compromise their personal judgement or integrity. In case of uncertainty, the Chief Executive should be consulted. Any gifts, hospitality or benefits accepted as a consequence of GOsC business must be formally registered on the GOsC's gifts and hospitality register within 15 days.

Complaints

7 Any complaints made against anyone covered by this Code will be handled in accordance with the GOsC's procedure for handling such complaints.

QAA2325 - Jan 19

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