



**Policy Advisory Committee (statutory Education Committee)**

**12 June 2018**

**Quality Assurance – Annual Report template 2018-19/external examiner information/thematic review on public and patient involvement**

<b>Classification</b>	Public
<b>Purpose</b>	For decision
<b>Issue</b>	The Annual Reporting process for 2017-18, the external examiner additional information, the progress of the Thematic Review process for 2017-18 and patient involvement.
<b>Recommendations</b>	<ol style="list-style-type: none"><li>1. To agree the 2017-18 Annual Report template (due December 2018).</li><li>2. To agree the approach to seeking external examiner additional information.</li><li>3. To consider and provide feedback on the proposed scope for the thematic review into the role of patients in osteopathic education.</li></ol>
<b>Financial and resourcing implications</b>	<p>The budget for annual reporting is integrated into each year's financial schedule and includes expert analysis from the Quality Assurance Agency for Higher Education (QAA) to support the Committee's consideration.</p> <p>The thematic review will be undertaken in house.</p> <p>As with all information requests to osteopathic educational institutions, there will be a cost to the institutions of collecting the information. The key is to ensure that there is also a benefit.</p>
<b>Equality and diversity implications</b>	Consideration of equality and diversity issues will be included within the thematic review report.

**Communications implications**

The annual report template will be uploaded to the Quality Assurance Agency for Higher Education) QAA website at <http://www.qaa.ac.uk/reviews-and-reports/how-we-review-higher-education/general-osteopathic-council-review>.

**Annex**

Annual Report Template for 2017-18 (due for submission in December 2018).

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## Background

1. The RQ Annual Report is part of the current arrangements for assuring the quality of educational provision known as 'recognised qualifications' (RQs) which enable graduates to apply for registration with the GOSc.
2. This paper explains the background to the Annual Report and asks the Committee to note the timetable for the annual reports due in December 2018. This paper also provides a background for the request for the external examiner (EE) additional information.
3. In relation to the Annual Report, the Committee, at its meeting 15 March 2018, observed that it places high reliance on the external examiner views that standards are comparable to others in the osteopathic sector, but noted that it has little information about the appointment of external examiners and the information considered and the role played by the external examiner in order to take a view about the comparability of standards. The Committee noted that the requirements of the institutions or the validating universities could differ significantly and wanted to explore further the implications for this in terms of the assurance provided about standards.
4. The Committee therefore agreed to request further information about the EE roles including information about how they are appointed by the particular validating University or institution as this would be helpful to inform the judgment about how standards are met by each institution.
5. This paper also provides details of our proposals to undertake a thematic review into the role of patients in osteopathic education

## Discussion

### *Annual Report template*

6. The Committee has duties and responsibilities to ensure that only osteopathic educational institutions (OEIs) graduating students meeting the *Osteopathic Practice Standards* are awarded a 'recognised qualification'. (See sections 14, 15 and 16 of the Osteopaths Act 1993).
7. As part of this responsibility the Committee employs a range of mechanisms including:
  - Five yearly Visits (involving self-evaluation and submission of written evidence, a Visit to triangulate findings including meetings with staff and students and review of patient feedback and a published Visitor Report).
  - Scrutiny of annual reports (involving self-evaluation and verified reports including external examiner and annual programme monitoring reports)
  - Scrutiny of progress of conditions attached to RQs or other matters monitored by the Committee

- Reporting of key changes that may impact on the delivery of the *Osteopathic Practice Standards* (for examples, changes to student or patient numbers or changes to curriculum or assessment)
  - Reporting of concerns that may impact on the delivery of the *Osteopathic Practice Standards*.
  - Promotion of sharing of good practice to promote the identification and maintenance of good practice.
8. Section 18 of the Osteopaths Act 1993 provides the Committee with wide powers to require the provision of information related to the exercise of its functions including '(a) the requirements which must be met by any person pursuing the course of study, undergoing the course of training or taking the examination or test in question; (b) the financial position of the institution; (c) the efficiency of the institution's management.' Further, one of the general conditions attached to each 'recognised qualification' is that the institution must submit an annual report to the Education Committee of the General Council.
  9. The Annual Reports are a helpful way of monitoring standards and quality in institutions. The current annual report template was revised in the last quality assurance review and has remained largely the same over the course of the past three years, aside from additional information about why information is required and how it is used. A degree of stability is helpful as it helps to provide a picture over time of each institution. The Annual Report is designed to enable institutions to provide relevant information to the GOsC about the previous academic year, but to be able submit documents already in existence rather than those prepared specifically for this purpose.
  10. The 2017-18 Annual Report template is attached at the Annex. The RQ Annual Report guidance for the 2017-18 process remains the same as last year and is included within the Annual Report. As usual, each Annual Report template will also be tailored to ensure that specific requests, for example, updates on specific conditions or other follow up requests from the Committee appear in each template for each osteopathic educational institution.
  11. The annual reports timeline for 2017/18 Annual Reports due for submission in December 2018 is outlined below.
    - June 2018 – Annual Report templates agreed by the Committee
    - 10 September 2018 – Annual Report templates sent out to OEIs by GOsC
    - 10 December 2018 – Annual Reports to be submitted to the GOsC and the QAA
    - January 2019 – Annual Report analysis
    - February 2019 – Committee papers finalised
    - March 2019 – Committee meeting considering annual report analysis
  12. The analysis of the annual reports is designed to both share good practice (and part of this is a seminar supporting the sharing of good practice is held with the

OIEs annually) but also to ensure that standards are being delivered by working with the institutions and their own quality management systems.

13. The Committee is requested to agree the Annual Report template for 2017-18.

*Further information about external examiners*

14. As a result of the Committee's agreement at its meeting on 15 March about the request for further information about the EE roles the GOsC explored this item with the OIEs at the GOsC/OEI meeting on 30 April 2018, outlining:

- The purpose of the additional question about the external examiner roles is to assist the statutory Education Committee (the Committee) to understand the nature of the assurance provided by external examiners about the delivery of the Osteopathic Practice Standards.
- The wording of one additional question in the Annual Report designed to explore:
  - The nature and extent of the role of the EE in proving assurance of educational and osteopathic standards (including documentation considered and the amount of contact with the EE throughout the academic year)
  - The criteria for selection of the EE and appointment mechanisms.
  - How the EE provides objective feedback to the institution and how this reflects on the Annual Reports.

15. The following draft question was proposed, and feedback sought from the OIEs:

**External examiners**

***External examiners***

***Why we ask for this information:*** *External examiners provide external and objective confirmation that standards in these programmes are comparable to those elsewhere. In order to understand the weight to be attached to this view, we are interested to understand further the nature and extent of the external examiner role.*

*Please provide a summary of the institution or validating university procedures for appointment of the external examiner, the length of the appointment, the job description for the external examiner and a description of the nature and extent of contact throughout the year, including the documentation considered and reported on.*

*For example, are external examiners involved in development of curricula and assessment? If so, how? How much of the assessments are the external examiners reviewing (every assessment, only particular year assessments?). Are they involved in attendance at exam boards?*

*Please provide supplementary supporting information including:*

*i. Regulations for appointing external examiners*

*ii. Job description*

*iii. Evaluation of process*

*iv. Any other information relevant for the assurance of standards*

16. The osteopathic educational institutions provided the following feedback;

- Some felt that the Annual Report process places higher burden of work for the Institution as they do not have an interaction or space to discuss items with the QAA as they do in the RQ QAA visit, and the perception, therefore of more monitoring recommendations, and requested further exploration.
- The group recognised that there was a high degree of diversity between institutions about the role, appointment criteria of and relationship with the external examiners, and also the level of scrutiny, and variety within the programs they offer. Some expressed difficulties in recruitment, due to the relatively small pool to select external examiners from, and the different inputs from the external examiner and external assessor.
- Some shared that they had poor experiences with external examiners including not receiving objective feedback and that sometimes bias.
- The group made the suggestion of providing the additional information in relation to the EE separately not as part of the Annual Report. This was to emphasise the benefit and learning from the information rather than the perceived regulatory requirement of the Annual Report and associated information requests arising from this.
- The group also suggested that the question as drafted would result in a large amount of information that would suffer from a lack of consistency. It was suggested that more consideration be given to specific questions. The OEIs agreed to feedback on more specific questions, but to date no feedback has been received.

17. The Professional Standards Team agreed to ask the Committee to consider the option of providing the additional information in relation to the EE separately not as part of the Annual Report as this would achieve the same outcome for the Committee.

18. There is also ongoing work with the OEIs on the specificity of the questions in relation to the EE additional information.

19. The Committee is asked to agree the approach to seeking external examiner additional information

*Thematic Review – Patient Involvement.*

20. One of the key objectives of our Business Plan 2018/19 is 'To promote patient and public safety through patient-centred, proportionate, targeted and effective regulatory activity'. As part of this, we have committed to 'working with OEIs, support the further development of patient involvement in education and training e.g. curriculum, assessment and governance as well as patient feedback (thematic Review and Annual Report follow up)'. This section of the paper sets out how we are working with the osteopathic educational institutions in order to explore and further develop patient involvement in osteopathic education.
21. The aim of the thematic review into the role of patients in osteopathic education is to:
  - a. Explore the various roles of patients in contributing to the pre-registration education of osteopaths in the UK.
  - b. Identify areas of innovation and good practice in this area.
  - c. Compare with other examples of patient involvement in healthcare curricula.
  - d. Identify areas for development.
  - e. Explore the experience and expectations of patients and others in contributing to osteopathic education, as a whole rather than, for example, only an input to governance.

*Context – Why involve patients?*

26. Involving patients in osteopathic education provides many benefits to both the student and the patient. Evidence from the [Can Patients be Teachers Report by the Health Foundation \(2011\)](#) shows that there is high learner satisfaction with patient involvement, students gain valuable patient interaction skills, increase their confidence in talking to patients and gain greater exposure to important patient issues, as well as an enhancing their understanding of patient perspectives and developing their communication skills. For patients it is seen as crucial that their experiential knowledge of illness and the healthcare system is included in medical education. Patients also like to give something back to the community and feel their experiences can benefit future health professionals and patients. Patients also report specific therapeutic benefits, such as raised self esteem and empowerment, as well as providing them with new insights into their problems or condition and a deeper understanding of the practitioner-patient relationship.
27. Patient involvement in osteopathic education is undertaken in accordance with the [QAA Subject Benchmark Statement: Osteopathy \(2015\)](#) which sets out expectations of clinical education involving real patients, with students experiencing at least 1000 hours of clinical education, and seeing a minimum of 50 new patients where they take the main responsibility for patient care. This expectation is reiterated in the [Guidance for Osteopathic Pre-Registration Education \(GOPRE\) \(2015\)](#), which also mentions students seeing patients for repeat sessions. GOPRE also sets out a range of presentations which students should be exposed to and have experience in managing, though it does specify

that these presentations might be covered in ways other than clinical experience with real patients in some cases.

28. All UK OEIs, therefore, have a teaching clinic, where students are involved in the osteopathic care of real patients. We are keen to explore to what extent patients may further contribute to the education process.
29. However, patient involvement in medical (or medically related) education can be perceived as challenging to manage, which maybe why it is not always done as widely as it could be in practice. For example, evidence suggests that patients report concerns about having to revisit negative experiences, being judged by students, being worried about consent and confidentiality and how truthful their evidence will be represented by students when treated by students in clinic and/or are involved in classroom settings.
30. Faculty members are more inclined to be concerned that their own expertise may be devalued, or the blurring of professional boundaries may arise as a direct result of patient involvement. There is evidence to suggest that students tend only to report negative experiences of patient involvement when their sessions involved people with mental health issues, as result of the unbalanced views received (Health Foundation, 2011).
31. Other healthcare professions involve patients in the following ways:-

Extent of Patient Involvement - Criteria	Method of patient involvement or Example
Patients involved as volunteer patients in clinic setting	<ul style="list-style-type: none"> <li>• Clinical experience</li> <li>• Provide feedback on clinical experience (e.g. feedback survey)</li> </ul>
Patients involved in creating learning materials used by faculty	<ul style="list-style-type: none"> <li>• Real patient problems for problem solving learning</li> <li>• Virtual patient cases</li> <li>• Patient narratives</li> </ul>
Patients share experiences with students within faculty directed curriculum	<ul style="list-style-type: none"> <li>• Invited into classroom setting to share experiences e.g. chronic pain or disability</li> <li>• Patient panel or forum</li> </ul>
Patient involved in contributing to curriculum and collaborating in education decision making (e.g. developments, objectives or evaluation)	<ul style="list-style-type: none"> <li>• Patient contributes to committee</li> </ul>
Patients involved at institutional level decision making (e.g. hold a formal position within governance structure)	<ul style="list-style-type: none"> <li>• Representative on governing body</li> <li>• On Board of Trustees</li> </ul>
Patients involved as Patient Educators (e.g. Expert patients)	<ul style="list-style-type: none"> <li>• Participating in lectures and assessments mechanisms in teaching setting</li> </ul>



32. We would like to explore the role of patients in osteopathic education in collaboration with OEIs. The purpose of the thematic review is to look across the sector and identify good practice with the aim of providing more in depth information to enable all to learn from. (Please note that this work-stream is intended to support the dissemination of information which is helpful to institutions and patients and through which they can learn and improve through exploring 'what good looks like' elsewhere. It is not about making judgements which are monitored and followed up formally through the quality assurance process.)

33. The proposed methodology intended to be used comprises three stages:-

Stage 1: Review of public and patient involvement in other sectors.

Stage 2: Questionnaire to programme managers of RQ courses to ascertain:

- Extent of patient involvement in education
- Methods of patient involvement
- Opportunities for patients to provide feedback
- Patient contribution to curriculum design
- Patients as educators (e.g. expert patients)
- Patient involvement in governance processes

Stage 3 (depending on findings from 1 and 2): A series of semi-structured interviews/focus groups with selected patients, faculty, and students in the form of a reflective SWOT analysis to explore:

- Their expectations and perceptions of patient involvement in osteopathic education.
- Whether they feel their expectations on this are being met.
- Whether it is helpful to osteopathic education institutions and their patients
- Whether it contributes to the education of osteopaths
- Whether anything has changed as a consequence of patient involvement
- What could be improved?

34. At the GOsC/OEI meeting on 30 April 2018 the proposed scope for the thematic review was agreed, with the following comments made:

- There was some discussion around the definition of 'patients' – e.g. what constitutes as a 'patient' or 'patient voices,' Consequently, this is something we aim to consider when setting the scene with the questionnaire particularly to aid clarity for respondents.
- It was seen as important that this thematic review looked at how patient feedback was incorporated into osteopathic education and then subsequently how patient feedback is used to inform osteopathic education
- It was commented that some OEIs perhaps use patient involvement in a limited sense, but this proposal could highlight for them how patients could be involved in other ways in the future.

35. This work will commence during 2018/19. An indicative timeline for this research project is detailed below:

<b>Month</b>	<b>Activity</b>
September 2018	Information request sent out to the OEI's
December 2018	OEI's return information request
December 2018	Complete literature review of public and patient involvement in other sectors (Stage 1) and circulate to OEI's
December 2018	Complete report detailing OEI's expectations
February 2019	Design and disseminate online questionnaire to programme managers of RQ courses (Stage 2)
March 2019	Analysis of questionnaire data
April 2019	Complete qualitative data collection (Stage 3), which may include semi-structured interviews/focus groups with selected patients, faculty and students
May 2019	Analysis of qualitative data

### **Recommendations:**

1. To agree the 2017-18 Annual Report template (due December 2018).
2. To agree the approach to seeking external examiner additional information.
3. To consider and provide feedback on the proposed scope for the thematic review into the role of patients in osteopathic education.



### Recognised Qualification Annual Report form 2017

#### Purpose and overview of Recognised Qualification (RQ) Annual Reporting

1. The purpose of RQ Annual Reports is to confirm the maintenance of the *Osteopathic Practice Standards (OPS)*, patient safety and public protection in pre-registration education and/or to identify 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.
2. The primary reference point for the content and evaluation of RQ Annual Reports is the OPS, and the QAA's Quality Code is also used to inform the evaluation of effective management and delivery – in themselves essential to deliver the OPS.
3. The RQ Annual Reports provide both self-reported and third party data and information. 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 (that is, related to the purpose of this reporting outlined at paragraph 1) from OEIs' existing arrangements rather than ask for bespoke information.

#### What happens to the information you provide

4. The information you give in Part A will be analysed by the QAA and the GOsC. If this analysis raises any questions and/or suggests any concerns about the course and/or the provider, we may follow this up directly with you. The information you give may also help us to identify and address issues of general concern or interest to the osteopathic education sector.
5. Part A includes a section regarding student fitness to practise. The detailed information about findings proved against students helps the GOsC to inform decisions about good character appropriately at the point of registration. The additional anonymous information requested assists the GOsC to understand issues that may indicate the need for additional guidance. Both of these aspects are important to enable the GOsC to exercise its functions in the public interest to protect patients.
6. The information you give in Part B about enhancement will be shared with other OEIs with the aim of enhancing the provision of osteopathic education. It will also inform joint-working between OEIs and the GOsC. Please note that all examples provided will be attributed to your institution.

#### Completing the form

7. Please complete the form electronically; the boxes will expand as you fill them in. Please avoid using abbreviations or acronyms which are not widely recognised, or provide a key.

### *Report coverage*

8. You should complete one form providing details of all the courses you deliver which have RQ status. For your convenience we have already entered some information which you should check and amend if necessary.
9. If you deliver more than one course please use subheadings where necessary to identify course-specific information. In addition to completing this form, you are also required to provide accompanying attachments; a checklist of these is provided at the end of this template.

### *Reporting period*

10. The reporting period is the most recent **academic year**. However, it should be noted that where appropriate, you should provide the most current data available as required under the general recognised qualification conditions, i.e. in circumstances where there has been a substantial change in the provision, such as listed in Part A, question 2.

### *Template prompts and general guidance*

11. In preparing your report, please follow the prompts throughout the template. For every section please:
  - Ensure that you target your responses to the purpose of RQ Annual Reports, which is to confirm the maintenance of the OPS, patient safety and public protection in pre-registration education and/or to identify issues for action. OEIs are requested to take a self-evaluative approach to reporting in order to demonstrate their management of risk and enhancement of practice.
  - Provide a summary of information on the form, rather than just referring to an appendix; for example, do not only attach a new programme specification but also state on the form whether there are any changes to the programme specification.
  - In areas where you identify issues or opportunities to make improvements please clearly state any actions that have been planned, or have already been undertaken, to address these. These actions should typically feature in your attached action plans, for example within your latest course annual monitoring report action plan. However if they do not (for instance if the action was planned more recently) then target dates for completion of the action(s) should be stated as a minimum.

### **Submission date**

12. The form should be emailed to [aalbornoz@osteopathy.org.uk](mailto:aalbornoz@osteopathy.org.uk) by **Monday 11 December 2017**. If you have any queries or there is any reason why you cannot meet this deadline, please contact Angela Albornoz on the email above.

**Name of institution**

**Awarding body (if different from above)**

**Recognised qualification course name(s)**

**Part A: Evaluating the provision**

**1. RQ specific conditions and matters identified for reporting**

**Why we ask for this information:** The fulfilment of any outstanding specific RQ conditions is monitored to ensure that students meet the requirements of the OPS and that patient safety and public protection are maintained. The OEI's responses to any other particular matters identified by the statutory Education Committee are also monitored for this purpose.

The specific conditions attached to the course(s) are as follows:

- *Specific conditions attached to the course*

While there are no specific conditions attached to the course, the Policy Advisory Committee have asked for an update in this year's annual report on:

- [Insert matters of interest to the Committee for each OEI]

In the box below, please summarise actions you have taken during the reporting period in response to these conditions and/or particular matters identified by the statutory Education Committee. If there are any outstanding risks please ensure that these – and associated mitigating actions – are stated.

**2. RQ general conditions**

**Why we ask for this information:** The RQ general conditions are in place to monitor significant changes to the course. Changes are considered significant if they pose risks to the delivery of the OPS, patient safety or public protection. Such risks must be adequately mitigated.

Please briefly summarise in the next box any changes or proposed changes in educational provision that may affect the delivery of the OPS, patient safety or public protection. When outlining the changes, you should clearly state the risks linked to the change and the actions taken to mitigate the risks.

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)
- changes in patient numbers passing through the student clinic (an increase or decline of 20 per cent in the number of patients passing through the clinic relative to the previous academic year should be reported)
- changes in teaching accommodation
- changes in IT, library and other learning resource provision.

### 3. Student data

**Why we ask for this information:** Student data can be used as indicators of the effectiveness of the OEI's strategies for the recruitment, admission, and academic support and guidance to facilitate students' progression, completion and achievement to meet the OPS.

(Note that significant changes in entry criteria and student numbers are requested to be reported under section 1'RQ General Conditions', which may be relevant to the data presented here.)

Please provide or attach the following data on student admissions, progression and achievement in the reporting period (i.e. the most recent academic year):

- The number of students who applied to the course(s).
- The number of students admitted to the course(s).
- The number of students enrolled in each year group or stage.

- The number and proportion of students in each year group or stage who progressed to the next year or stage.
- The number and proportion of students in the final year or stage who successfully achieved the award.

Risks to the delivery of the OPS, patient safety and public protection should be highlighted, along with mitigating actions.

#### 4. Feedback from stakeholders

**Why we ask for this information:** Stakeholder feedback mechanisms enable stakeholders to raise issues related to the delivery of the OPS, patient safety and public protection.

The OEI's use of stakeholder feedback demonstrates how feedback is considered and whether well-reasoned actions are taken in response.

Please summarise below:

- Your arrangements for obtaining feedback from stakeholders (students, patients, staff)
- The most significant issues that have arisen from feedback received from staff, student or patients treated by those students in the reporting period and how you have responded to them.

#### 5. Formal complaints

**Why we ask for this information:** Formal complaints can contain information highlighting a wide range of areas relevant to the delivery of the OPS. They should be dealt with appropriately and should also contribute to wider learning points where relevant.

Please describe below any formal complaints you have received from staff members, students, or patients treated by those students, during the reporting period. The description should include the grounds for the complaint (e.g. discrimination or harassment).

Please include the outcome of your investigations of these and wider development points.



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## **6. Appeals**

**Why we ask for this information:** Appeals can contain information highlighting a wide range of areas relevant to the delivery of the OPS. They should be responded to appropriately by the institution, ensuring that wider lessons learned are incorporated where appropriate.

Please describe below any appeals made by students on the course(s) during the reporting period, the outcome of your investigation of these (or the outcome of the investigation carried out by the awarding body) and wider development points.

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## **7. Student Fitness to Practise**

**Why we ask for this information:** The detailed information about findings proved against individual students helps the GOsC to inform decisions about good character appropriately at the point of registration.

The additional anonymous information requested assists the GOsC to understand issues that may indicate the need for additional guidance or for targeted work in partnership with institutions to maintain standards.

Both of these aspects are important to enable the GOsC to exercise its functions in the public interest to protect patients.

Please describe below any fitness to practise cases affecting students on the course(s) during the reporting period.

- For each case where findings have been proved, please provide:
  - Name of the student
  - Date of allegation
  - Date student is due to graduate
  - Confirmation of the allegations found proved
  - The sanction imposed (and information about reviews of that sanction if appropriate)

- Information about how the student was confirmed as meeting the *Osteopathic Practice Standards* at the point of graduation (if the student has graduated).
- For each case where findings have not been proved the following **anonymous** information should be provided:
  - The details of the allegations made
  - Confirmation that the findings were not found proved.
- Any other feedback or lessons learned.

### **8. External examiner report(s)**

**Why we ask for this information:** External examiner (EE) reports can contain information highlighting strengths and areas of development in relation to a wide range of areas relevant to the delivery of the OPS, patient safety and public protection.

The OEI's responses demonstrate how EE reports have been considered and whether well-reasoned actions have been taken in response to any recommendations in a timely manner; specific focus should be on issues related to the delivery of the OPS, patient safety and public protection.

Please attach the most recent external examiner report(s) for the course(s). Please also attach your response to the report(s). If you would like to provide further comment on the EE report(s), please do so below.

### **9. Annual monitoring report**

**Why we ask for this information:** Institutions' annual monitoring reports help to illustrate the quality management system in place at the OEI. Annual monitoring reports are critically important in terms of demonstrating the OEI's delivery of the OPS, maintaining patient safety and public protection.

Please attach the most recent Annual Monitoring Report you have completed for the course(s). This may have been for your own institution or your awarding body.

If you have already developed or been given a follow-up report or action plan for or by your own institution or awarding body, please do attach that. If you have not,

please describe what you are doing in response to the findings on the Annual Monitoring Report in the box below.

### 10. Programme specification or handbook

**Why we ask for this information:** Programme specifications help to show the content of programmes delivering the OPS. Correct standards and up to date documentation should be referred to.

Please attach the definitive course document (or documents). This may be known as the programme specification or course handbook and will normally include the following information:

- awarding body/institution
- teaching institution (if different)
- details of accreditation by a professional/statutory body
- name of the final award
- programme title
- UCAS code
- criteria for admission to the programme
- aims of the programme
- relevant subject benchmark statements and other external and internal reference points used to inform programme outcomes
- programme outcomes: knowledge and understanding; skills and other attributes
- teaching, learning and assessment strategies to enable outcomes to be achieved and demonstrated
- programme structures and requirements, levels, modules, credits and awards
- mode of study
- language of study
- Date at which the programme specification was written or revised.

If the definitive course document(s) changed during the reporting period, please say where, how and why below. Where relevant, please reference your comments to the OPS.

### 11. Annual accounts and insurance

**Why we ask for this information:** The GOsC has a statutory duty to 'use its best endeavours to secure that any person who is studying for that qualification at any place, at the time when recognition is withdrawn, is given the opportunity to study at that or any other place for a qualification which is recognised' where an RQ has

had to be withdrawn from a course (either through financial or any other reasons leading to non-delivery of standards). (See S 16(7) Osteopaths Act 1993.)

The GOsC therefore has an interest in the financial sustainability of courses as well as an interest in ensuring that sufficient resources are available to deliver an osteopathic course.

Please attach a copy of the institution's most recent audited accounts.

Please also attach copies of all relevant insurance documents. These may include, but are not limited to:

- Employers' Liability insurance
- Public Liability insurance
- Professional Indemnity/Medical Malpractice insurance
- Trustees Indemnity insurance
- Building and Contents insurance.

**Part B: Enhancement**

**Why we ask for this information:** 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 OEIs: for example, 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.

**1) Examples of enhancement from your institution**

Please provide information about any aspect of the management and/or delivery of the course which you regard as an example of enhancement.

For each example, please explain:

- why you chose to adopt it
- what it is designed to achieve
- how you designed or developed it (for example, was it transferred from another discipline? was it completely novel?)
- how you are monitoring its effectiveness or impact.

If you have any evidence to support the examples you provide, please append it to this form. It is helpful if you group any examples you provide according to the following headings:

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

Please ensure that the examples you provide are different to those you have reported in the past, or if they are the same please include an updated commentary.

Please note that by providing examples of enhancement you are agreeing to share the name of your institution and the example provided with other osteopathic educational institutions. In some cases the GOsC may follow up the examples you provide to elicit more information, perhaps in order to inform a case study.

**2) Outcomes of joint-working between OEIs and the GOsC**

We are also interested in understanding more about the impact of joint-working on areas to enhance osteopathic education. For example, work discussed at GOsC/OEI meetings or in other meetings or seminars over the past year such as:

- Quality assurance seminar and review of the Government White Paper on Higher Education (September 2016)
- New Continuing professional development (CPD) scheme (January 2017)
- *Osteopathic Practice Standards* development (January 2017)
- ASA guidance (January 2017)
- Student fitness to practise guidance development (January 2017)
- Health and disability guidance development (January 2017)
- Quality Assurance Review workshop facilitated by David Gale and Angela Albornoz (June 2017)
- Good practice seminar on boundaries facilitated by Julie Stone. (June 2017)
- Professionalism and next steps seminar facilitated by Stacey Clift (June 2017)
  
- GOsC presentation to staff or students on areas including
  - professionalism,
  - boundaries,
  - communication and consent and/or values (all year)

If you have utilised or built on any such OEI/GOsC joint-working, please describe this in the box below.

We would like also to share examples of outcomes of joint working between OEIs and the GOsC. However, if there are any areas you would like to remain confidential, please indicate this above.

**Declaration**

I confirm that the information provided within, and appended to, this form is comprehensive and accurate.

Name and position

Electronic signature and date

### Checklist and feedback

Thank you for completing this form. You should return it by email to Angela Albornoz at [aalbornoz@osteopathy.org.uk](mailto:aalbornoz@osteopathy.org.uk) by **Monday 4 December 2017**. Please make you sure you have appended the following information:

- student data on admissions, progression and achievement (unless this is within the form itself)
- the most recent external examiner report and your response to it
- the most recent annual monitoring report and your response to it (or the subsequent action plan)
- the current definitive course document
- copies of relevant insurance documents
- a copy of the most recent audited accounts.

Please tell us approximately how long it has taken you to complete this form. We would also welcome any other feedback on this process.