



General  
Osteopathic  
Council



QAA

# **General Osteopathic Council review of osteopathic courses and course providers**

Handbook for course providers and visitors

September 2018

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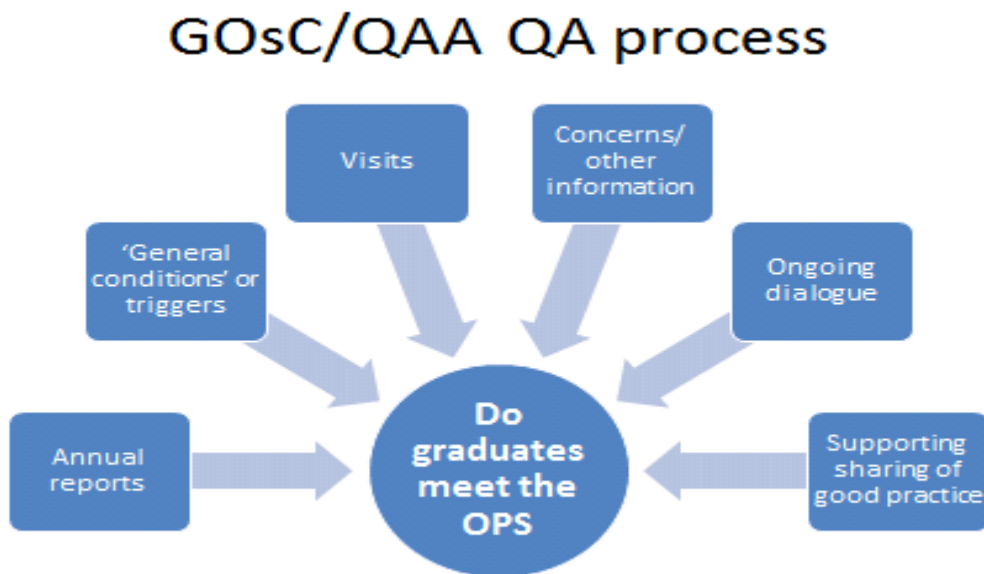
## Section 1: Introduction

1 Under the Osteopaths Act 1993 the General Osteopathic Council (GOsC) is the statutory regulatory body for osteopaths and osteopathic education providers (providers). The GOsC ensures that courses of osteopathic education meet its requirements in relation to standards and quality of educational provision, 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 in the UK. The RQ is subject to approval from the Privy Council. The GOsC's quality assurance policy is provided at [Annex A](#).

2 The General Osteopathic Council operates a range of policies and processes to ensure that only graduates meeting the Osteopathic Practice Standards 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 provider is identifying, managing and monitoring issues impacting on quality. The information obtained enables the GOsC to respond proportionately to ensure that standards are met.

3 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**



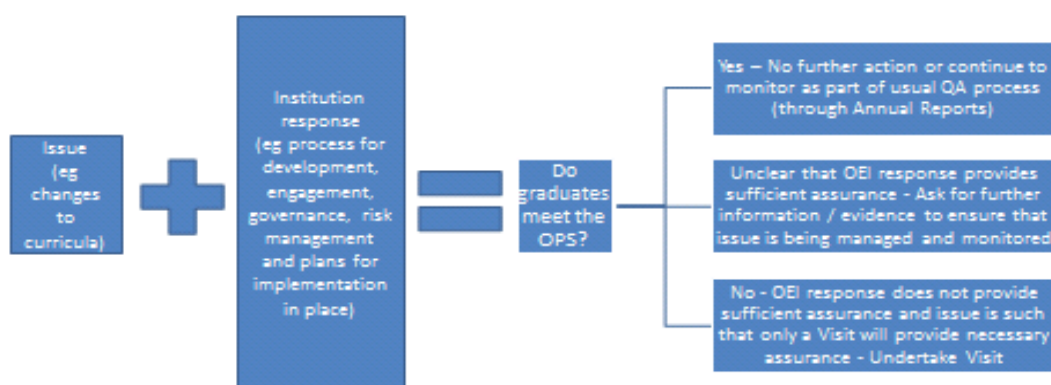
4 The GOsC response to information received from a variety of sources will vary taking into account the original source of information, the response of the institution to this and the potential impact on the delivery of standards.

5 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 provider.)

**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**

## GOsC Risk based response



6 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 and supporting evidence, analysis of this, a visit by a team of trained visitors and 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.

7 Throughout this handbook, 'we' refers to QAA.

## Section 2: Brief overview of the review process

8 Only qualifications recognised by the General Osteopathic Council and approved by the Privy Council (recognised qualifications) entitle graduates to apply for registration with the General Osteopathic Council and practise lawfully as an osteopath.

9 The General Osteopathic Council has powers to recognise qualifications and also has powers to remove recognition where appropriate, ensuring that only graduates meeting the Osteopathic Practice Standards are awarded a 'recognised qualification'.

10 The General Osteopathic Council has powers to recognise qualifications for a fixed period of time or for an unlimited period of time.

11 The General Osteopathic Council will usually recognise qualifications for a fixed period of time in the following circumstances:

- A new provider or qualification
- An existing provider with a risk profile requiring considerable ongoing monitoring

12 For existing providers, the General Osteopathic Council will usually recognise qualifications without an expiry date (but subject to regular monitoring and review as outlined in the quality assurance policy paper at Annex A to this Handbook) in the following circumstances:

- An existing provider without conditions
- An existing provider with fulfilled conditions and without any other monitoring requirements
- An existing provider who is meeting all quality assurance requirements (providing required information on time)
- An existing provider with outstanding conditions, an agreed action plan and which is complying proactively with the action plan.
- An existing provider engaging with the GOsC.

13 GOsC review has three variations:

- Initial recognition review, for new courses seeking RQ status
- renewal or periodic review, for courses seeking to maintain 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.

14 All variations of GOsC review share the same purpose, which is to enable the GOsC 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 *Osteopathic Practice Standards* and capable of evaluating and enhancing their courses of study. In this context, 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.

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

16 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: <http://standards.osteopathy.org.uk>
- The GOsC's *Guidance for Osteopathic Pre-registration Education* (2015) available at: <https://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: <https://www.osteopathy.org.uk/news-and-resources/publications/student-fitness-to-practise-guidance/>
- The UK Quality Code for Higher Education, published by QAA, 2011 available at: <http://www.qaa.ac.uk/en/quality-code/the-existing-uk-quality-code>

17 The UK 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.

18 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 the provider and published before the visit.

19 The review team consists of visitors who are also formally appointed by the Committee in accordance with section 12 of the Osteopaths Act 1993. It is their duty to undertake the review in accordance with the specification and procedures outlined in this handbook and to provide a Visit Report in conjunction with the other visitors. There are normally three visitors, who are accompanied by a review coordinator whose role is to manage the review and support the visitors and the provider. The review coordinator is the provider's and visitors' main point of contact with QAA throughout the review. More information about the visitors can be found in [Annex D](#).

20 At the visit, the visitors will ask questions of teaching staff, students and senior managers (including trustees where appropriate). They may also explore the analysis of patient feedback to triangulate the findings from their initial analysis. 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.

21 The visitors' judgement will be sent to the GOsC in a formal draft report. The report is sent to the provider by the GOsC and the provider has four weeks (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.

22 This handbook is separated 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 should be expected at a visit
- post-visit, which describes what happens after the visit has finished.

## Section 3: Responsibilities

23 To ensure the process runs smoothly there are specific tasks that must be carried out.

### **Providers are responsible for:**

- nominating someone to be the 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](#)
- providing QAA documentation before and during the visit, including the self-evaluation and supporting evidence
- discussing the arrangements for the visit with QAA, including the agenda and the meetings
- advising teaching staff, students and patients 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
- demonstrating the requirements of the action plan and demonstrating that issues continue to be identified, managed and monitored.

It is good practice to ensure that the main point of contact for the provider is not the chief executive or principal of the provider. In this way a co-ordinating and liaising role is preserved between the visitors, the review co-ordinator, the provider point of contact and the senior management team of the provider.

### **Visitors are responsible for:**

- completing successfully QAA's training programme for GOsC review
- telling QAA when they are available for the review visit
- telling QAA about any conflicts of interest they have with the provider or the course under review
- conducting the review in accordance with the expectations in the code of conduct outlined at [Annex F](#)
- reading and commenting on the provider's self-evaluation
- making requests, via the review coordinator, for further documentation, being explicit about their lines of enquiry
- advising the review coordinator about arrangements for the visit, including the people whom they wish to meet
- playing a full part in the visit
- contributing sections of the draft report
- considering changes to the draft report in response to the provider's comments
- commenting on the provider's action plan (where applicable)
- considering the fulfilment of conditions (where applicable).

Visitors need to ensure that they are available for the whole review period and committed to completing the process once it has begun.

### **We (the QAA and the review co-ordinator) are responsible for:**

- keeping providers 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 the provider's point of contact

- 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 QAA which courses need reviewing and when
- advising QAA when monitoring reviews are required
- drafting a specification for the review which is approved by the GOsC Education Committee
- approving the visitors
- sending providers the draft report after the visit and receiving providers' comments on it
- sending providers the final report
- informing providers of the GOsC's and, where relevant, the Privy Council's final decision on the review
- publishing reports, conditions, action plans and Privy Council's final decision.
- Ongoing liaison with providers to ensure that the requirements of the action plan are delivered to the appropriate standard.

**Section 4: Stages of the review process**

24 The chart below summarises the pre-visit and post-visit stages. It identifies the parts of the process which are QAA's responsibility, and which are the provider's and the visitor's. The chart should be read in conjunction with the more detailed guidance in [Section 5](#). This part of the handbook explains the activities needed to be carried out to prepare for and take part in the review of quality assurance arrangements. The standard timelines are given below. Please note that there may be unavoidable instances when the activities in the timetable need to take place over a shorter time period.

Working Weeks	Activity	
	Provider	Visitor
-18 months	<p>For new courses, the provider must send the GOsC a formal application before the proposed start date.</p> <p>For existing providers, visits will normally take place between year 4 and year 6 of the visit cycle taking into account the context of the course, for example, to align with validation events, changes to curricula or assessment or other key events including the date of expiry of the current RQ order if relevant.</p> <p>The GOsC Education Committee will agree the specification for the visit.</p>	
-24 weeks	QAA agrees a date for the visit with the provider. The date of the visit should allow the visitors to meet staff and students and explore patient feedback.	Visitors confirm when they are available to take part in a visit.
		Visitors tell QAA if they have any conflicts of interest with the provider or course under review.
	QAA nominates visitors to the review. Providers are informed of the nominated visitors and asked if they have any	



	objections. The GOsC is responsible for approving the visitors.	
-10 weeks	The provider sends QAA their self-evaluation at least 10 weeks before the visit	Once QAA has received a suitable self-evaluation, it is sent to the visitors to read and analyse prior to the preliminary meeting.
-6 weeks	The review co-ordinator visits the provider to discuss arrangements for the visit.	The review coordinator will discuss the people whom visitors would like to meet at the visit and any requests for additional documentation with the provider at the preliminary meeting.
-4 weeks	Any additional documentation agreed at the preliminary meeting is sent	Any additional documentation received before the visit should be read and commented on.
<b>The visit takes place</b>		
+ 2 weeks		Draft the visitor's section of the report and send it to the review co-ordinator.
+5 weeks	The draft visitors report is sent to the provider and includes the visitor's judgement and any conditions. GOsC receives the report before it is sent to the provider.	
+ 9 weeks	The provider informs GOsC about any factual inaccuracies in the draft report and any misinterpretations arising from these.	
+ 11 weeks		Visitors are asked to consider the provider's comments and agree a final report.
+ 13 weeks	An action plan is produced showing how the provider intends to fulfil the conditions and it is sent to GOsC.	
+ 15 weeks	Visitors are asked to consider the action plan and the adequacy of addressing the conditions. QAA may send it back to the provider for further work.	Visitors will be asked to consider if the action plan is adequate to address any conditions.
TBA	<p>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, if appropriate. (A Council decision is required for decisions to recognise or remove a 'recognised qualification' or, in the case of an RQ with an expiry date, for making decisions to renew 'recognised qualifications').</p> <p>If no Council decision is required, the report, conditions and the action plan are then published on the GOsC's website at:  <a href="https://www.osteopathy.org.uk/training-">https://www.osteopathy.org.uk/training-</a></p>	

	<a href="https://www.osteopathy.org.uk/training-and-registering/becoming-an-osteopath/training-courses/">and-registering/becoming-an-osteopath/training-courses/</a> .	
TBA	If a Council decision is required to initially recognise or renew a 'recognised qualification' or to withdraw the recognition of a qualification, the recommendations of the Education Committee will be put before the GOsC Council. The report, conditions and action plan are then published, on the GOsC's website at: <a href="https://www.osteopathy.org.uk/training-and-registering/becoming-an-osteopath/training-courses/">https://www.osteopathy.org.uk/training-and-registering/becoming-an-osteopath/training-courses/</a> .	
TBA	GOsC informs the provider of the decision of the GOsC Education Committee or Council. If required, the GOsC sends its recommendations to the Privy Council, requesting the Privy Council to formally approve the recognition and informs the provider of the outcome. The Privy Council RQ Order is published on the GOsC website.	
TBA	The provider must keep the GOsC updated on progress with the action plan ensuring that conditions are met. The GOsC may ask the visitors for advice on progress. In some cases, the GOsC may ask QAA to undertake a monitoring review to check.	The GOsC may ask visitors for advice on the provider's progress on the action plan.
TBA	The provider gives QAA feedback on their experience of GOsC review.	Visitors provide feedback to QAA on their experience of GOsC review.

Note that 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 5: The review process in detail

25 This section gives more detail about the steps in the review stages. This review 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.

26 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 provider may wish to alter a particular aspect of the process. To ensure consistency, proportionality, and 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.

27 The purpose of the GOsC / QAA review is to ensure that only students meeting the Osteopathic Practice Standards 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 providers 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](#).

## **Stages of the review process for providers**

### **Application**

28 For new courses, prospective providers 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 of delivery of the course, to allow both the review to take place and the GOsC to progress the initial recognition 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.

29 For recognition and renewal reviews, QAA will contact the provider at least 24 weeks before the proposed date of the visit (see 'Agreeing a date for the visit' below). Renewal of recognition review visits should take place at least nine months before the current RQ is due to expire. In the case of renewal visits under a RQ Order without an expiry date, visits should take place between years 4 and 6 of the visit cycle, taking into account the context of the course, for example, to align with validation events, changes to curricula or assessment or other key events.

30 For monitoring reviews, the GOsC will contact the provider before the QAA does, to discuss the reason and objectives for the review, and then QAA will be in contact with the provider regarding dates of the review.

31 Providers do not pay fees for GOsC review. QAA 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 provider's staff during the review.

32 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 variations of review.

### **Agreeing a date for the visit**

33 GOsC review usually involves a two-and-a-half-day visit to the provider and QAA 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. The timing should be appropriate to enable the Visitors to meet the requirements of the specification for the Visit. Monitoring reviews are likely to be shorter than two-and-a-half days; combined reviews may be longer.

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

35 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 the provider. The GOsC will discuss the notice period for a monitoring review with the provider when they inform the provider of the reason for it (see 'Application' above).

36 Once a date for the visit has been agreed, QAA will send the provider an introduction pack (normally by email), which will include:

- The 'recognised qualification' specification. This document is agreed by the Education Committee and published 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 paragraph 16
- weblinks to other review support documentation
- a review schedule, showing all the key dates in the review process including the deadline for the provider to submit the self-evaluation
- the names of the visitors (see 'Choosing the visitors' below).

37 Soon after QAA sends the introduction pack, the review coordinator will contact the provider contact to introduce themselves and confirm the date for the preliminary meeting. From then on, the review coordinator is the main point of contact with QAA and all communication must be through the review coordinator.

38 As soon as the date for the visit is confirmed, the GOsC will announce the date on its website. Providers will be sent a standard email about the protocol for bringing unsolicited information to the visitors' attention, which should be circulated to teaching staff and students. QAA will also send a standard poster about the protocol, which should be displayed in the teaching 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

39 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. In all cases, the visit team will be constituted with reference to the requirements of the review specification. QAA nominate visitors to the review, following a check to make sure that they do not have any conflicts of interest with the provider. QAA will inform the provider of the visitors and ask if there are any objections. If a provider has an objection which QAA considers to be legitimate, QAA another visitor or visitors will be appointed. This may affect the timing of the visit. [Annex D](#) describes the grounds on which a provider may object to a visitor. The GOsC is ultimately responsible for approving the visitors under section 12 of the Osteopaths Act 1993.

## Self-evaluation

40 The self-evaluation is the keystone of GOsC review. The visitors will refer to the self-evaluation throughout the review for information about the provider and the relevant courses and for evidence that the provider evaluates and improves its effectiveness in providing osteopathic education.

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

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

43 [Annex B](#) gives detailed guidance on the format, content and length of the self-evaluation document. Broadly speaking, it should contain a standard description of the provider and courses under review and an account of how the provider and course reflect the expectations established by the key reference documents mentioned in paragraph 16, 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.

44 The self-evaluation for a monitoring review may focus on a subset of the areas outlined above depending on its objectives. QAA will discuss this with the provider before a date for the visit is agreed.

45 The provider should develop their 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 existing documentation for the evidence they need. If there are any questions about developing the self-evaluation, providers should contact the review coordinator.

#### *Management of confidential and sensitive information*

46 We recognise that the osteopathic sector is a small sector operating in a competitive market. Occasionally, there may be confidential or sensitive information which providers may feel concerned to share with visitors because of their role in another provider 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 provider to provide the evidence for the visit
- it is for the visitors to make clear their lines of enquiry and evidence required being sensitive to the management of sensitive and confidential information
- dialogue between the provider 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 provider 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.

The self-evaluation document and evidence should be uploaded 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: <http://www.qaa.ac.uk/privacy-and-cookies>

The General Osteopathic Council Privacy Notice is at <https://www.osteopathy.org.uk/privacy>

47 Providers should ensure that data uploaded complies with the General Data Protection Regulations (GDPR) and associated data protection legislation. In usual circumstances providers should ensure that no personal data is uploaded to the QAA confidential portal. This means that some documents may need to be redacted to ensure that no personal data is uploaded. If it is necessary to

upload personal data, providers must ensure that they have complied with the processing requirements of the General Data Protection Regulations (2018).

48 The review coordinator will check the self-evaluation to make sure it covers all 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 can be found on QAA's website at [https://reviewextranet.qaa.ac.uk/sites/gosc/method/\\_layouts/15/WopiFrame.aspx?sourcedoc=/sites/gosc/method/Templates/T10%20Review%20Coordinator%27s%20SE%20checklist.docx&action=default](https://reviewextranet.qaa.ac.uk/sites/gosc/method/_layouts/15/WopiFrame.aspx?sourcedoc=/sites/gosc/method/Templates/T10%20Review%20Coordinator%27s%20SE%20checklist.docx&action=default). If the review coordinator finds that the self-evaluation covers each area adequately, this will be sent to the visitors. If the review coordinator finds that it is not adequate, QAA will inform the provider why this is and ask for it to be revised. Providers must resubmit any revised self-evaluation within two weeks of QAA's request. If at this stage QAA consider that the self-evaluation remains unsuitable, the GOsC may be asked to postpone the review.

## **Preparing for the visit**

49 The visitors will read the self-evaluation and send their comments to the review coordinator. The coordinator will then visit the provider for the preliminary meeting at least six weeks before the visit. The preliminary meeting is an opportunity to meet the review coordinator in person and discuss the arrangements for the review and visit. Discussions at the preliminary meeting will 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.

50 The review coordinator will provide a list of criteria of people whom the visitors will wish to meet rather than a list of names. It is the provider's responsibility to ensure that the attendees fulfil these criteria.

## **Submission of any additional documentation**

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

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

## **The visit**

53 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 called 'triangulation'. Through triangulation, the visitors can develop their understanding of the course and provider, and, ultimately, judge if the course and provider meet the expectations set out in the key reference documents: the GOsC's *Osteopathic Practice Standards*, the GOsC's *Guidance for Osteopathic Pre-registration Education* and the UK Quality Code for Higher Education.

54 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.

55 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. QAA will confirm the duration of the visit agreeing the dates of the visit with the provider (see 'Agreeing a date for the visit' above).

56 The visitors will normally spend the entire visit on site and this should be considered when thinking about the date of the visit. Ideally, accommodation for the visitors would comprise two separate rooms: one for quiet working and private meetings; and a separate room for meeting staff and students. It is understood, however, that the provision of two separate rooms is not always possible.

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

58 The review coordinator and the provider contact need to maintain regular communication throughout the visit to ensure the provider contact can 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, in agreement with the provider, depending on its progress.

59 Providers will discuss the provision of documentation for the visit with the review coordinator at the preliminary meeting. [Annex B](#) provides further guidance on the provision of documentation for GOsC review.

60 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](#).

61 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*

62 Occasionally, 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, the QAA and the provider 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*

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

64 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 co-ordinator) to conclude the visit with a meeting providing the opportunity for informal feedback should they wish to do so.

65 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**

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

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

68 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, if appropriate. These dates are published on the GOsC website at <https://www.osteopathy.org.uk/about-us/the-organisation/meetings/>.

69 QAA write the reports of recognition, periodic and renewal reviews in a standard format, which reflects the headings in the self-evaluation. The report will include the visitors' judgement, expressed as one of the following:

- approval without conditions. A judgement of 'approval without conditions' signifies that visitors have not identified significant problems in any of the eight areas described in section 2.
- approval with conditions. A judgement of 'approval with conditions' applies where visitors have identified a small number of significant problems which visitors are confident will be resolved effectively and in an appropriate time by the application of conditions.
- approval denied. A judgement of 'approval denied' indicates that the visitors have identified significant problems which are considered too numerous and/or beyond the provider's capacity to tackle effectively within an appropriate time.

70 In addition to conditions, reports will also include: areas for development or recommendations, strengths and good practice. These terms are defined below.

#### *Conditions*

71 Conditions are imposed on a provider when the fulfilment of the condition is required to ensure that graduates awarded a 'recognised qualification' continue to meet the Osteopathic Practice Standards.

72 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 and monitored and progress updates provided in public action plan because these conditions directly impact on ensuring that graduates meet the Osteopathic Practice Standards.

73 In reaching a view about whether the provider is capable of resolving significant problems within the appropriate time, ensuring that the Osteopathic Practice Standards continue to be met, visitors will be guided by their views about the strength of the provider's governance and management and whether the provider recognises the problems identified by the visitors. Where a provider's governance and management systems and procedures are demonstrably weak, and/or where the provider has failed to identify the problems in question, it will be difficult for visitors to reach a judgement of 'approval with conditions'. This is because strong governance and management systems in the provider are necessary to ensure that matters affecting or potentially affecting delivery of the Osteopathic Practice Standards are identified, managed and monitored.



74 Conditions should reflect the principles of good regulation in being:

1. targeted at a specific issue
2. proportionate to the scale of the perceived problem
3. transparent in specifying what should be done and by when
4. conditions should also deal with the identification, management and ongoing monitoring of an issue

#### *Areas for development or recommendations*

75 QAA defines 'areas for development' as areas where the visitors consider improvement is desirable, but which do not warrant conditions. Areas for development are not at the threshold of a condition, and therefore do not feature in the published action plan which monitors conditions and progress on the GOsC website. However, areas for development or recommendations do represent areas that should continue to be monitored by the provider to ensure that they do not develop into issues which may impact on the delivery of the Osteopathic Practice Standards in the future.

#### *Strengths*

76 'Strengths' are defined as 'as areas which the visitors regard as making a particularly positive contribution to the provider's provision of osteopathic education.

#### *Good practice*

77 'Good practice' is practice which is innovative, successful in achieving positive results and sustainable in that it may be repeated or made routine. Monitoring, sustaining and disseminating good practice is an essential feature of the GOsC quality assurance policy and processes. By publishing the review reports, the GOsC aims to disseminate examples of good practice across the osteopathic education sector along with other mechanisms such as thematic review.

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

### **Providers Comments**

79 QAA completes the draft report and sends it to the GOsC who will send the draft report to the provider within five weeks of the end of the visit.

80 After the GOsC has sent the draft report to the provider, it has 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. Comments should be made to the GOsC in writing. Even if a provider decides not to make any formal comments, it is still entitled to the period and QAA will not take any further action until this time has passed.

81 Providers' 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**

82 If providers make any comments on the draft report, QAA 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 the provider's comments, to explain whether and how the visitors have responded.

83 Once QAA has made any changes to the draft report, the final report will be sent to the GOsC, along with the review coordinator's formal response to the providers' comments, within two weeks of receiving these. The GOsC will then send the final report and the formal response to the provider.

## **Action Plan**

84 If the final report contains a judgement of 'approval with conditions', the provider will need to produce an action plan showing how it is intended to fulfil those conditions. The action plan should be in a standard format, stating how and by when the provider proposes to fulfil each condition and should include the nature of the evidence that will be submitted to demonstrate this. Normally providers will be able to demonstrate the fulfilment of conditions through the submission of documentary evidence. The GOsC will send the provider a template for the action plan with the final report. The action plan will form part of the final report published by the GOsC.

85 The action plan will be published alongside the review report and will be updated periodically by the provider to provide an up to date picture of the progress that the provider is making to manage and monitor issues that may affect delivery of the Osteopathic Practice Standards and demonstrating to the GOsC Education Committee.

86 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 review conditions only.

## **Checking the action plan**

87 The provider 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, QAA may ask the visitors to consider if the action plan needs revising. In such cases QAA will send the action plan back to the provider for further work.

## **The GOsC Education Committee**

88 The final report (including the action plan), the provider's comments on the draft report and the review coordinator's formal response to the provider's comments are considered at 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.

89 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 based on the visitors' findings. The Committee will consider the report.

90 If the report leads the Committee to make a recommendation to 'recognise', renew or withdraw recognition for a qualification, this decision will need to be made to the GOsC Council and is subject to Privy Council approval.

91 If the report leads to the continuation of an existing RQ without an expiry date, this decision will be made by the Education Committee.

## **The GOsC Council Consideration / Outcome**

92 The recommendations of the Education Committee will be put before the GOsC Council, which has the legal responsibility to 'recognise', renew an RQ with an expiry date or to remove the qualification and these decisions are subject to approval by the Privy Council. The report and action plan are then published on the GOsC's website. 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 the provider. The Privy

Council may require further amendments to the wording of the GOsC Council recommendations and the provider will also be notified if this is the case.

## **Implementing the action plan**

93 If the qualification is subject to 'approval with conditions', the provider is responsible for keeping the GOsC informed of progress with any action plan. The GOsC Education Committee will monitor the implementation of the action plan and will request updates at regular intervals. 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.

94 Normally providers will be able to demonstrate the fulfilment of conditions through the submission of documentary evidence. Occasionally, however, the GOsC may ask QAA 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 is considered at 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*

95 If a provider has concerns about any aspect of the review process, these should first be brought to the attention of the review co-ordinator. If the provider is not satisfied with the response, it may bring the concerns to the attention of the designated QAA Method Co-ordinator. On occasion, the QAA Method Co-ordinator may seek the advice of the GOsC.

96 Raising concerns with the QAA Method Co-ordinator 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**

97 Feedback helps QAA to evaluate and improve GOsC review. After the GOsC has made its decision on the review, QAA will invite you the provider to give us feedback on the review experience. There is standard format for provision of feedback, but providers can give feedback on any areas. QAA also invites the review coordinator and the visitors to give feedback on the review. QAA analyse the feedback annually and report back to the GOsC. This may include suggestions for improvements to the review method. QAA also provides feedback to the provider about how the GOsC Education Committee responded to the review report.

98 If a provider feels that the review has been badly managed or run, or that it has departed from the process described in this handbook, then the provider may consider raising a formal complaint with us. Please refer to our website (<http://www.qaa.ac.uk/reviewing-higher-education/how-to-make-a-complaint/complaints-about-qaa-and-appeals-against-decisions>) for more information about raising a complaint.

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

## Stages of the review process for visitors

### Agreeing a date for the visit

100 GOsC review normally involves a two-and-a-half-day visit to the provider. Visitors will spend the first two days of the visit meeting staff and students, observing teaching and reading documentation, considering analysis of patient feedback and the final half-day reflecting on the visit and agreeing conclusions, including the judgements. QAA normally hold visits at the site where the course is delivered, to allow visitors to meet staff and students and observe teaching.

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

102 When considering availability for a visit, it is necessary to think about all the work related to the visit including the analysis of the self-evaluation before the visit and the report drafting afterwards. **It is imperative** that visitors have the time to conduct each stage of the review effectively.

103 Once a date for the visit has been agreed, QAA will send you an introduction pack (normally by email), which will include:

- a copy of this handbook
- the RQ specification for the review agreed by the GOsC Education Committee and relevant Committee papers
- a copy of the key reference documents mentioned in paragraph 16
- weblinks to other review support documentation
- details of how to access the electronic system which visitors will use to communicate with the review coordinator and the other visitors
- a review schedule, showing all the key dates in the review process including the deadline for visitors to submit your comments on the self-evaluation.

From this point on, the review coordinator is the main point of contact with QAA and all communication between visitors and the provider should be through the review coordinator.

### Conflicts of interest

104 When QAA nominate visitors to a review, it checks 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 provider 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.

105 QAA will check for conflicts of interest before we canvass visitors' availability for the visit (see above). However, it may be possible that a conflict of interest is missed. So, if a visitor believes that they have a conflict of interest that has been missed, it is very important that QAA is informed of this.

106 QAA will also ask the provider and the GOsC if they have any objections to visitors' participation. The GOsC Education Committee is ultimately responsible for approving the visitors.

## Self-evaluation

107 The self-evaluation is the keystone of GOsC review. Visitors will refer to the self-evaluation throughout the review for information about the course and the provider and for evidence that the provider evaluates and improves its effectiveness in providing osteopathic education.

108 [Annex B](#) gives providers detailed guidance on the format, content and length of the self-evaluation. Broadly speaking, it should contain a standard description of the provider and course under review and an account of how the provider and course reflect the expectations established by the key reference documents mentioned in Section 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.

109 The self-evaluation for a monitoring review may take a different form depending on its objectives. The review coordinator will check the self-evaluation to make sure it covers all areas outlined above and details included in [Annex B](#).

110 If the review coordinator finds that the self-evaluation covers each area adequately, QAA will send it to the visitors and ask that they read this and comment on it. To help with this, QAA will include a self-evaluation analysis template, which is also available on the QAA website. The template is structured according to the headings above. The review coordinator may ask visitors to focus on particular parts of this template, depending on which areas they will be responsible for writing about.

111 Visitors should submit their completed analysis template to the review coordinator before the preliminary meeting. This is normally about two weeks after the visitor receives the self-evaluation. The coordinator will inform the visitor exactly when this is due.

112 If the coordinator finds that the self-evaluation is not adequate, QAA will ask the provider to revise it. The provider must resubmit a revised self-evaluation within two weeks of such a request. If at this stage QAA considers that the self-evaluation remains unsuitable, it may ask the GOsC to postpone the review.

## Preliminary meeting

113 The self-evaluation analysis template asks visitors to suggest whom they would like to meet during the visit. Visitors are not required to name those people, but rather suggest a list of criteria (for example, up to three teaching staff involved in a particular module). The review coordinator will discuss these criteria with the provider at the preliminary meeting. Please note that the preliminary meeting is between the review coordinator and the provider. Visitors are not required to attend.

## Additional documentation

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

115 The review coordinator will discuss requests for additional documentation, to support visitors' lines of enquiry, with the provider at the preliminary meeting. If visitors ask for the documentation to be available before the visit they should read and comment on it beforehand.

## The visit

116 The visit gives visitors the opportunity to test their understanding and interpretation of the self-evaluation by reference to other sources of evidence including written documentation, meetings with staff and students and the observation of teaching and learning. This is a process called 'triangulation'. Through triangulation, visitors can 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 *Osteopathic Practice Standards* and the UK Quality Code for Higher Education.

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

118 During the visit 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 courses meet the minimum expectations for the award and the requirements of the GOsC's *Osteopathic Practice Standards*.

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

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

120 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 visitors to gain a full understanding of the assessment strategy, it will be necessary to read marking guides or other assessment criteria, and any guidance on providing feedback to students through assessment.

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

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

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

123 The review coordinator and the provider contact need to maintain regular communication throughout the visit to ensure the provider contact can fulfil their role effectively. Normally this involves a short meeting with the coordinator and the visitors at the beginning and end of each day of the visit. The timetable for the visit may change during the visit depending on its progress.

124 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](#). Only visitors with current experience in teaching on osteopathic courses with RQ status will be used to observe teaching and clinics.

125 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.

#### *Adaption of the process*

126 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 provider may wish to alter a particular aspect of the process. To ensure consistency, proportionality, and fairness and a focus on outcomes (as outlined above), alterations to the policy may be agreed in writing by the QAA and the GOsC.

#### *Management of confidential and sensitive information*

127 We recognise that the osteopathic sector is a small sector operating in a competitive market. Occasionally, there may be confidential or sensitive information which providers may feel concerned to share with visitors because of their role in another providers 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.

128 The following principles will operate in terms of the management of confidential and sensitive information:

- it is for the provider to provide the evidence for the Visit.
- it is for the visitors to make clear their lines of enquiry and evidence required being sensitive to the management of sensitive and confidential information.
- dialogue between the provider 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 provider 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.

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

#### *General Data Protection Regulations*

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

The General Osteopathic Council Privacy Notice is at <https://www.osteopathy.org.uk/privacy>

Providers should ensure that data uploaded complies with the General Data Protection Regulations and associated data protection legislation. In usual circumstances providers should ensure that no personal data is uploaded to the QAA confidential portal. This means that providers may need to redact some documents to ensure that no personal data is uploaded. If providers do need to upload personal data, they must ensure that they have complied with the processing requirements of the General Data Protection Regulations (2018).

## Dealing with unsolicited information

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

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

132 Anyone wishing to bring information to the visitors' attention should do so in writing to QAA. Visitors cannot consider unsolicited information after the visit has ended. Further information for those wishing to disclose information in GOsC review is available in the *Protocol for unsolicited information*, available at: [www.qaa.ac.uk/InstitutionReports/types-ofreview/pages/GOsC-review.aspx](http://www.qaa.ac.uk/InstitutionReports/types-ofreview/pages/GOsC-review.aspx). The provider is responsible for telling its teaching staff and students about this procedure once the date for the visit has been agreed.

133 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](#).

## Findings and formal judgements

134 On the final half day of the visit, the review team will meet in private to discuss and agree the visitors' findings. The review coordinator will chair this discussion and may provide advice to make sure 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.

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

136 QAA define 'strengths' as things which you regard as making a particularly positive contribution to the 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. 'Areas for development' are areas where visitors consider improvement is desirable, but which do not warrant conditions.

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

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

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



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

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

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

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

- targeted at a specific issue
- proportionate to the scale of the perceived problem
- transparent in specifying what should be done and by when
- conditions should also deal with the identification, management and ongoing monitoring of an issue.

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

## **Post-visit**

### **Draft report**

144 The reports of recognition and renewal reviews have a standard format, which reflects the eight areas described in paragraph 92. The report will include visitors' judgements, with conditions where appropriate, and highlight any strengths, examples of good practice and areas for development. Monitoring review reports may take a different form depending on the objectives of the review.

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

### **Final report**

146 The provider has no less than one month, following receipt of the draft report from the GOsC, in which to tell the GOsC about any factual inaccuracies in the draft report and any resulting misinterpretation. Even if the provider decides not to make any formal comments, it is entitled to the full four weeks and QAA will not take any further action until this time has passed.

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

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

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

### **Checking the action plan**

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

151 The provider must send the completed action plan to QAA 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, QAA may ask visitors to consider if the action plan needs revising. In such cases QAA will send the action plan back to the provider for further work.

### **Implementing the action plan**

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

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

154 Normally, providers will be able to demonstrate the fulfilment of conditions through the submission of documentary evidence. Occasionally, however, the GOsC may ask QAA 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.

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

### **Feedback**

156 Feedback helps QAA to evaluate and improve GOsC review. After the GOsC has made its decision on the review, visitors will be invited to give feedback on their experience. There is a standard format for visitors to provide feedback, but this can be provided on any areas visitors wish. QAA also invites the review coordinator and the provider to give us feedback on the review.

# 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 the GOsC [website](#)).

## The legal framework

2. The General Osteopathic Council (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](#).
  - We help patients with any [concerns or complaints](#) about registrants and have 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.

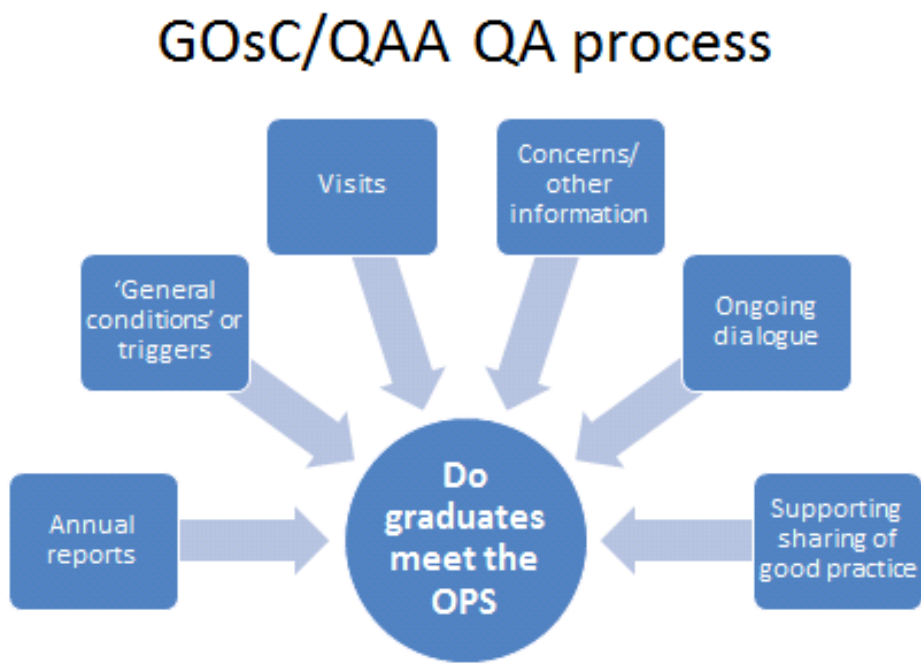
## Background

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 providers (see sections 12 and 14 to 16 of the Osteopaths Act 1993) and also has wide powers to require information from osteopathic educational providers 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 Osteopathic Practice Standards by meeting the reference points outlined in the [Guidance for Osteopathic Pre-registration Education](#) (2015) and the [Subject Benchmark Statement: Osteopathy](#) (2015) and the Student Fitness to Practise Guidance (2016)
  - 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 Osteopathic Practice Standards 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 provider 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.

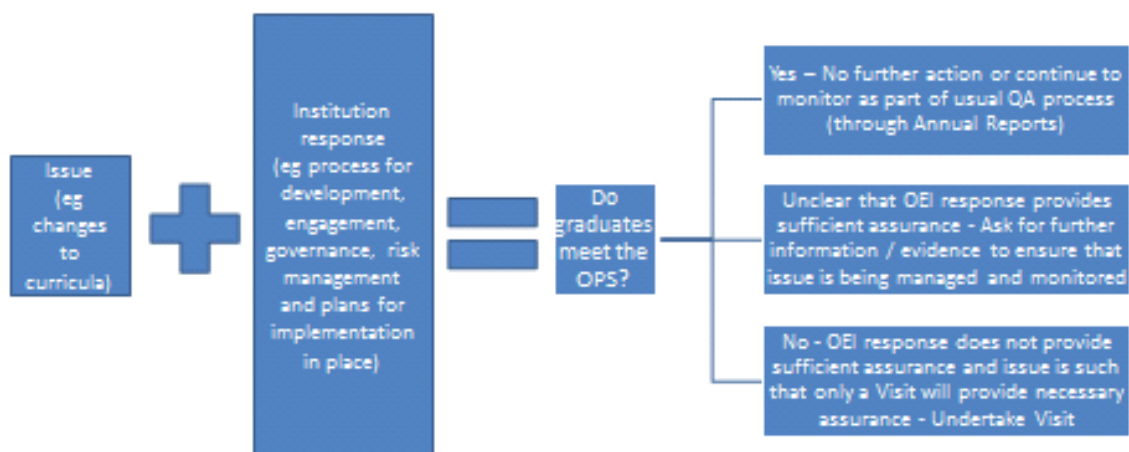
**Figure 1 – GOsC Quality Assurance policies and processes to ensure that only graduates meeting the Osteopathic Practice Standards are awarded an RQ**



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 provider 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 provider, 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**

## GOsC Risk based response



14. The next sections of the paper 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 Osteopathic Practice Standards, 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 Osteopathic Practice Standards, along with the UK [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 Osteopathic Practice Standards 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 provider’s own annual monitoring report and action plan) about the previous academic year. Reports include an update on specific and general conditions from the provider (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 the 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 OEIs with the aim of enhancing the provision of osteopathic education. It also informs joint-working between OEIs 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 Osteopathic Practice Standards. 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 for providers and visitors (2012) available at: <http://www.qaa.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 Osteopathic Practice Standards 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 provider and the QA visit undertaken by trained Visitors as follows:
  - Course aims and outcomes (mapped to the Osteopathic Practice Standards 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 Visitor's 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 and updates about the fulfilment of conditions are also published on the GOsC website.
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 Osteopathic Practice Standards. Therefore, OEIs are expected to monitor and report on these changes, and assess the risk to delivery of the Osteopathic Practice Standards and report on mitigating actions being undertaken. (Further guidance is provided in the RQ Change Notification Form which is available at <http://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 Osteopathic Practice Standards, 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 which relate to the delivery of the Osteopathic Practice Standards 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 which may be relevant to our statutory duty to ensure that only those graduates who meet the Osteopathic Practice Standards 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 Osteopathic Practice Standards. It is not, however, a mechanism for resolution of individual concerns between an individual and an OEI.



41. The purpose of the concerns procedure is to ensure patient safety and the delivery of the Osteopathic Practice Standards. 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 Appendix 2.
43. If the concern is relevant to the Osteopathic Practice Standards, 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 OEIs, 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.

### *On-going dialogue*

45. Through a series of reviews from 2012 onwards, the GOsC has worked with OEIs 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 1 to 1 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
  - But also avoiding regulatory capture – ensuring independence.
47. Good relationships with OEIs involve issues being shared early, and helpful discussions to support effective management and monitoring of issues. It means that the quality assurance process is focussed 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 OEI 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 Osteopathic Practice Standards and also deliver the aims of the quality assurance process. A separate GOsC/QAA Handbook contains more detail about how each of these processes is undertaken.

## **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 *Osteopathic Practice Standards* and the UK 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 providers 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 the self-evaluation throughout the review for information about the provider and its course and for evidence that the provider evaluates and enhances its effectiveness in providing osteopathic education. It is essential that providers give the appropriate time and consideration to producing the 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 provider is: both strengths and areas for development, drawing on the provider team and the provider's own quality management system to ensure that only students meeting the Osteopathic Practice Standards are awarded an RQ. The self-evaluation should support constructive and respectful dialogue between the visitors and the provider recognising the common aim of ensuring high quality education.

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

An indicative word length for the self-evaluation for a recognition or renewal review is around 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. QAA will discuss this prior to a visit date being agreed.

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 the provider uses the data provided in this section to evaluate, manage, plan and improve your provision.

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

If the provider is undergoing a recognition review for its first osteopathic course, statistical data should be provided for a cognate course or group of courses and the provider should state how they expect the new course to reflect this data.

Finally, in this section, if the provider has a course or courses with RQ status, it should be explained how any conditions have been addressed from the 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 the existing documentation for the evidence they need.

Self-Evaluation Headings	Reference Points	Visitor Considerations	Evidence
<b>Course aims and outcomes</b>	The self-evaluation should address the appropriateness of the intended learning outcomes in relation to the overall aims of the provision, the GOsC's <i>Osteopathic Practice Standards</i> and <i>The framework for higher education qualifications in England, Wales and Northern Ireland</i> (FHEQ - part of the UK 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.	<ul style="list-style-type: none"> <li>• how well the intended learning outcomes relate to the overall aims of the course and whether they enable the aims to be met.</li> <li>• the extent to which they are aligned with external reference points, including the FHEQ, to provide an appropriate level of challenge to students.</li> <li>• the extent to which they are aligned with the GOsC's <i>Osteopathic Practice Standards</i>.</li> <li>• how well the intended learning outcomes of a course and its constituent parts are communicated to staff, students and external examiners/verifiers.</li> </ul>	<ul style="list-style-type: none"> <li>• definitive course document/course specification</li> <li>• module or unit descriptors</li> <li>• student handbooks</li> </ul>
<b>Curricula</b>	The self-evaluation should review the effectiveness of curriculum design and content in enabling the intended learning outcomes to be achieved.	<ul style="list-style-type: none"> <li>• how the provider plans the curriculum design and content and how decisions about contributing modules and their sequencing are made.</li> <li>• 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.</li> <li>• 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.</li> <li>• how the provider ensures that the design and</li> </ul>	<ul style="list-style-type: none"> <li>• curriculum documents review reports</li> <li>• reports from professional bodies</li> <li>• placement reports</li> <li>• analyses of patient feedback</li> <li>• course and student handbooks</li> <li>• module descriptors</li> </ul>

		<p>organisation of the curricula provide appropriate academic and intellectual progression and are effective in promoting student learning and achievement of the intended learning outcomes.</p> <ul style="list-style-type: none"> <li>to what extent the arrangements for designing, monitoring and reviewing the curricula reflect Chapter B1 of the UK Quality Code for Higher Education.</li> </ul>	
<b>Assessment</b>	<p>The self-evaluation should address the effectiveness of student assessment in measuring the achievement of the intended learning outcomes of courses.</p>	<ul style="list-style-type: none"> <li>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.</li> <li>the assessment methods selected and their appropriateness to the intended learning outcomes, and to the type and level of work.</li> <li>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.</li> <li>how employers and other professionals contribute to the development of assessment strategies, where appropriate.</li> <li>to what extent the arrangements for assessment reflect Chapters B6 and B7 of the UK Quality Code for Higher Education on external examining and assessment, respectively.</li> </ul>	<ul style="list-style-type: none"> <li>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</li> <li>annual review reports</li> <li>external examiners' / verifiers' reports</li> <li>statistical data</li> </ul>

<p><b>Achievement</b></p>	<p>The self-evaluation should address the effectiveness of student assessment in measuring the achievement of the intended learning outcomes of courses.</p>	<ul style="list-style-type: none"> <li>• the evidence that students' assessed work demonstrates their achievements of the intended learning outcomes.</li> <li>• the evidence that standards achieved by students meet the minimum expectations for the award as measured against the FHEQ, the GOsC's <i>Osteopathic Practice Standards</i>, the GOsC's, <i>Guidance on Osteopathic Pre-registration Education</i>, and the <i>Subject benchmark statement: Osteopathy</i>, which is part of the UK Quality Code for Higher Education.</li> <li>• whether students are prepared effectively for their subsequent professional roles.</li> <li>• the levels of achievement indicated by the statistical data, whether there are any significant variations between modules and the successful progression to employment.</li> <li>• how the provider promotes student retention and achievement.</li> </ul>	<ul style="list-style-type: none"> <li>• sample of student work</li> <li>• external examiners' / verifiers' reports</li> <li>• placement or clinical practice supervisors' reports</li> <li>• assessment board minutes</li> <li>• statistical data on achievement and career destinations.</li> </ul>
<p><b>Teaching and Learning</b></p>	<p>The self-evaluation should review the effectiveness of teaching and learning, in relation to course aims, the intended learning outcomes and curriculum content.</p> <p>The visit will normally include <b>direct observation</b> of both clinical and non-clinical teaching.</p>	<ul style="list-style-type: none"> <li>• the range and appropriateness of teaching methods employed in relation to curriculum content and course aims.</li> <li>• how staff draw upon their research, scholarship, consultancy or professional activity to inform their teaching.</li> <li>• the ways in which participation by students is encouraged and how learning is facilitated.</li> <li>• how the materials provided support learning and how students' independent learning is encouraged.</li> <li>• student workloads.</li> <li>• how quality of teaching is maintained and enhanced through staff development, peer</li> </ul>	<ul style="list-style-type: none"> <li>• student evaluation of their learning experience</li> <li>• internal review documents</li> <li>• staff development documents</li> <li>• course and student handbooks</li> <li>• analyses of patient feedback</li> <li>• discussions with staff and students.</li> </ul>

		<p>review of teaching, integration of part-time and visiting staff, effective team teaching, and the induction and mentoring of new staff.</p> <ul style="list-style-type: none"> <li>• how feedback from patients informs teaching.</li> </ul>	
<b>Student Progression</b>	<p>The 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.</p>	<ul style="list-style-type: none"> <li>• the effectiveness of arrangements for recruitment, admission and induction, and whether these are generally understood by staff and students.</li> <li>• the overall strategy for academic support and its relationship to the student profile and the overall aims of the course.</li> <li>• how learning is facilitated by academic guidance, feedback and supervisory arrangements.</li> <li>• 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.</li> <li>• the quality of written guidance.</li> <li>• the extent to which arrangements are in place and are effective in facilitating student progression towards successful completion of their course.</li> <li>• to what extent provision reflects Chapter B3 of the UK Quality Code for Higher Education on learning and teaching.</li> <li>• to what extent procedures exist for establishing student fitness to practise.</li> </ul>	<ul style="list-style-type: none"> <li>• statistical data on application, admission, progression and completion</li> <li>• policy statements on admission and learning support</li> <li>• course and student handbooks</li> <li>• student evaluation of admission, induction and tutorial support.</li> </ul>
<b>Learning resources</b>	<p>The self-evaluation should review the adequacy of human and physical learning resources and the effectiveness of their utilisation. It should demonstrate a strategic approach to linking resources to intended learning outcomes at course level.</p>	<ul style="list-style-type: none"> <li>• staffing levels and the suitability of staff qualifications and experience, including teaching and non-teaching staff.</li> <li>• professional and scholarly activity to keep abreast of emerging, relevant subject knowledge and technologies.</li> </ul>	<ul style="list-style-type: none"> <li>• internal review documents</li> <li>• minutes of meetings</li> <li>• equipment lists</li> <li>• library stocks</li> <li>• staff curricula vitae</li> </ul>



		<ul style="list-style-type: none"> <li>• research activity.</li> <li>• staff development opportunities, including induction and mentoring for new staff, and whether opportunities are taken.</li> <li>• library facilities including relevant and current book stock.</li> <li>• journals and electronic media.</li> <li>• access times and arrangements, and induction and user support provision.</li> <li>• computing hardware, both general and subject-specific software availability, and currency.</li> <li>• accessibility, including times of opening and opportunities for remote access, and induction and user-support provision.</li> <li>• specialist accommodation, equipment and consumables.</li> <li>• adequacy, accessibility, induction, user-support and maintenance.</li> <li>• suitability of staff and teaching accommodation in relation to the teaching and learning strategy and the provision of support for students.</li> </ul>	<ul style="list-style-type: none"> <li>• external examiners' /verifiers' reports</li> <li>• staff development documents</li> </ul>
<p><b>Governance and management</b></p>	<p>The self-evaluation should evaluate 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.</p>	<ul style="list-style-type: none"> <li>• academic and financial planning, quality assurance and resource allocation; policies are coherent and relate to the provider's mission, aims and objectives.</li> <li>• there is a clarity of function and responsibility in relation to governance and management systems.</li> <li>• across the full range of activities there is demonstrable strength of academic and professional leadership.</li> <li>• policies and systems are developed, implemented and communicated in collaboration with staff and students.</li> <li>• the provider's mission and associated policies</li> </ul>	<ul style="list-style-type: none"> <li>• student and staff feedback</li> <li>• external examiners' /verifiers' reports</li> <li>• quantitative data</li> <li>• employers' views</li> <li>• previously published subject review reports</li> <li>• internal review reports</li> </ul>

		<p>and systems are understood, accepted and actively applied by staff and, where appropriate, students.</p> <ul style="list-style-type: none"> <li>• the provider is managing successfully the responsibilities vested in it by the validating university (if applicable) and the GOsC.</li> <li>• the provider monitors operational policies and systems and changes them when required.</li> <li>• there is reliable information to indicate continued confidence and stability over an extended period of time in the provider's governance, financial control and quality assurance arrangements, and organisational structure.</li> <li>• the provider's approach to the quality assurance of provision and the effectiveness of this approach for the courses under review.</li> <li>• 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.</li> <li>• the provider's responsiveness to internal and external review and assurance processes.</li> <li>• the accuracy of the self-evaluation.</li> </ul>	
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## **Submitting your self-evaluation**

Providers should upload their self-evaluation and evidence to the QAA confidential portal, at least 10 weeks before the visit

The review coordinator will check the 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 that have been agreed). The review coordinator uses a standard checklist to do this, which you can find on QAA's website.

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

## **Providing other documentation before the visit**

At the preliminary meeting the review coordinator may ask the provider for more documentation in addition to that appended to the self-evaluation. If so, the provider should send 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 explain 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 the provider 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 courses meet the minimum expectations for the award and the requirements of GOsC's *Osteopathic Practice Standards*.

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 at the time of the visit.

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 the provider and its courses to the visitors' attention. QAA 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, QAA 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 meet students.

If QAA receives any unsolicited information which is 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 the provider, with an invitation for the provider 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 the provider, 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 on the QAA website.

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 QAA 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 course 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 at the provider.

### 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:	Course:
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Module/Unit title:	Level:	Type of activity, e.g. lecture, tutorial, practical:
Topic:	Mode, e.g. 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 course 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 (e.g. 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.

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

## 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
- a 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 *Osteopathic Practice Standards* and of the UK Quality Code for Higher Education
- 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
- the 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 courses with RQ status
- a wide experience of academic management and quality assurance at institutional level in UK higher education
- a detailed working knowledge of the GOsC's *Osteopathic Practice Standards* and of the UK Quality Code for Higher Education
- 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 QAA allocate visitors to a review, checks are made to ensure 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 at any provider 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 QAA inform providers of the visitors, we will ask if there are any objections. If you have an objection, which by referring to the criteria above QAA consider to be legitimate, QAA will appoint another visitor or visitors.

## Person specifications

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

### Visitors

Attributes	Essential	Desirable
Experience	<ul style="list-style-type: none"> <li>• experience of chairing meetings.</li> </ul>	<ul style="list-style-type: none"> <li>• current experience in teaching on osteopathic courses with RQ status</li> <li>• wide experience of academic management and quality assurance at institutional level in UK higher education</li> <li>• experience of external examining or verification in higher education.</li> </ul>
Knowledge, skills and abilities	<ul style="list-style-type: none"> <li>• a commitment to the principles of quality assurance in educational provision</li> <li>• an enquiring disposition</li> <li>• powers of analysis and sound judgement</li> <li>• personal authority coupled with the ability to act as an effective team member</li> <li>• good time-management skills</li> <li>• a recognition that there are legitimate differences among</li> </ul>	<p>a detailed working knowledge of the GOsC's <i>Osteopathic Practice Standards</i> 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"> <li>• high standard of oral and written communication, preferably with experience of writing formal reports for publication to deadlines</li> <li>• 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</li> <li>• the ability to conduct effective meetings with a range of staff and students.</li> </ul>	
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## Review coordinators

Attributes	Essential
Experience	<ul style="list-style-type: none"> <li>• wide experience of academic management and quality assurance at institutional level in UK higher education</li> <li>• experience of leading external quality assurance reviews in higher education</li> <li>• experience of chairing meetings.</li> </ul>
Knowledge, skills and abilities	<ul style="list-style-type: none"> <li>• a commitment to the principles of quality assurance in educational provision</li> <li>• an enquiring disposition</li> <li>• powers of analysis and sound judgement</li> <li>• personal authority coupled with the ability to act as an effective team member</li> <li>• good time-management skills</li> <li>• a recognition that there are legitimate differences among educational providers in their management of standards and quality</li> <li>• high standard of oral and written communication, preferably with experience of writing formal reports for publication to deadlines</li> <li>• personal and professional credibility with heads of institutions and senior managers in higher education</li> <li>• an understanding of the GOsC's <i>Osteopathic Practice Standards</i> and of the UK Quality Code for Higher Education.</li> <li>• 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</li> <li>• ability to lead effective meetings with a range of staff and students.</li> </ul>

# **Annex E – GOsC Management of Concerns Policy**

## **Procedure for dealing with concerns about osteopathic education**

### **Summary**

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

### **Introduction**

2. This guidance is for providers, students, staff, patients, osteopaths and others who have a concern about education being delivered in an OEI awarding qualifications in the United Kingdom recognised by the General Osteopathic Council and approved by the Privy Council.

### **Purpose**

3. 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.
4. This policy outlines how we manage concerns about osteopathic education.

### **About the General Osteopathic Council**

5. 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 (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 Osteopathic Practice Standards.
6. 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**

7. The GOsC will consider information from students, staff, patients or carers, or any other interested party which relates to the delivery of the Osteopathic Practice Standards. 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 Osteopathic Practice Standards.

## What we will not consider

8. We do not resolve individual complaints against providers. We cannot provide redress or compensation to any individual submitting a complaint to us.
9. Examples of matters which we may not be able to investigate include:
  - Problems that the provider 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

10. 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.
11. It is our policy that the names of people raising concerns should normally be disclosed to providers.
12. If a person raising concerns has concerns about their identity being disclosed, they should discuss those concerns with the Fiona Browne, Head of Professional Standards, General Osteopathic Council at [standards@osteopathy.org.uk](mailto:standards@osteopathy.org.uk) to explore alternative options that may be available.

## Procedure for considering concerns

### *Stage 1: Screening*

13. 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?
14. Information submitted will be considered by the General Osteopathic Council Professional Standards Team.
15. 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:
  - a. Informing the OEI and ensuring that immediate action is taken.
  - b. Informing the relevant Department of Health.
  - c. Informing the police or social services.
  - d. Actions taken will normally be reported both to the OEI and the complainant.
16. 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.

17. The Professional Standards Team will consider the information provided and will seek further information if required.
18. When the team has the information required, the team will determine the following:
  - a. Has the complaint been made to the provider? If not, the person raising concerns will be asked to raise the complaint with the provider 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.
  - b. Does the complaint relate to delivery of the Osteopathic Practice Standards or wider issues affecting delivery of the Osteopathic Practice Standards?
19. A recommendation is made to the Chief Executive about whether or not the complaint should be screened in. The Chief Executive will decide on the appropriate outcome. The advice of the statutory Education Committee may be sought if appropriate.
20. A screening decision should be made within four weeks of receipt of all the information required for deciding 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 Higher Education Adjudicator or legal advice. Further information about other routes is provided at the end of this document.

### *Stage 2: Investigation*

21. The applicant is asked for consent to share the complaint with the provider. Anonymous complaints will not be taken forward.
22. The complaint is shared with the provider for a response. The response of the provider should include:
  - The nature of the complaint,
  - The way the provider investigated and managed the complaint, and how the outcome has been monitored,
  - The impact on the delivery of the Osteopathic Practice Standards at the time of the complaint and now,
  - Any wider learning for the provider or the sector as a whole.
23. The Professional Standards Team will liaise with the OEI 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. OEI is advised of decision that case is ready to proceed to decision.

## Stage 3: Decision

24. 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 Higher Education 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. OEI 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. OEI is advised of the decision. Information is reported to the statutory Education Committee along with an action plan from the provider 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: <http://www.qaa.ac.uk/reviewing-higher-education/how-to-make-a-complaint/complaints-about-qaa-and-appeals-against-decisions>

### *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: <https://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: <http://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: <http://www.osteopathy.org.uk/news-and-resources/document-library/our-work/making-a-complaint-about-the-gosc/>

# Annex F: Draft Code of Conduct for GOsC / QAA Review Visits<sup>1</sup>

## *Introduction*

1. The purpose of the GOsC / QAA review is to ensure that only students meeting the Osteopathic Practice Standards 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 providers 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: <https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/governance-handbook/>

## *Conduct during visits*

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:
    - 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 and patients
    - 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)
    - 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.

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<sup>1</sup> This statement is based in the OFSTED Code of Conduct (2016) available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/503743/Conduct\\_during\\_Ofsted\\_inspections.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/503743/Conduct_during_Ofsted_inspections.pdf)



6. At all times, visitors must act in accordance with the GOsC Governance Handbook.
7. The visitors will not accept invitations to social functions with provider's staff during the review.

#### *Expectations of providers*

8. It is important that visitors and providers establish and maintain a positive working relationship based on courteous and professional behaviour.
9. 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: <https://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 <http://www.public-standards.gov.uk/>, 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 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 <http://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.

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