



Policy and Education Committee

8 March 2023

Quality Assurance: Risk-based framework

Classification	Public
Purpose	For decision
Issue	Agreement to the risk-based approach to Quality Assurance processes in the context of risk-based quality assurance, and how issues are identified and considered.
Recommendation	To agree the risk-based quality assurance framework.
Financial and resourcing implications	None
Equality and diversity implications	Equality and diversity issues are represented in terms of Graduate Outcomes and the Standards for Education and Training which are the key factor in terms of the delivery of pre-registration osteopathic education, and the quality assurance of this, as discussed in this paper.
Communications implications	We will publish our Quality Assurance Risk Based Framework and examples to ensure transparency. We have ongoing sessions planned with students and educators to promote awareness and understanding of the Graduate Outcomes and Standards for Education and Training.
Annex	Quality Assurance Risk Based Framework including Tables with examples of risk-mitigation and risk-management approaches and examples
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Key messages

- This paper brings the Committee up to date on developments in relation to our risk-based quality assurance approaches including developments and feedback from the OEIs and peer regulators since the Committee meeting in October 2022.
- The paper presents an updated Quality Assurance Risk Based framework at the Annex that informs decisions making around risks.

Background

1. The business plan for 2022-23 states that we will use the findings of our review of our existing quality assurance method to update the risk-based approach to quality assurance strategy 2020-2025, and to agree and implement a risk framework.
2. The principles of the review of the quality assurance method are:
 - GOsC quality assurance mechanisms should contribute to the enhancement of quality in pre-registration providers and should also ensure that standards are met
 - Quality assurance mechanisms should build on the providers' own internal quality assurance processes.
 - Quality assurance mechanisms should be proportionate
 - Quality assurance mechanisms should be transparent
3. At the Policy and Education Committee meeting in [October 2022](#) the Committee was asked to consider a draft risk-based quality assurance framework, which aimed to address:
 - Better understanding of institutional governance processes
 - Better understanding of quality assurance processes and how this contributes to the identification of risk
 - Early identification of risks
 - Ensuring public & patient protection
 - Identifying areas for development
4. The Committee discussions can be summarised as follows:
 - Support for the framework and the approach noting ownership was not only for the Executive but also for the Committee.
 - The importance of multiple sources and types of evidence, the flexibility to work with diverse evidence and how evidence is weighed.
 - The suggestion of taking a cyclical approach to adverse events and near misses.

- That risk is a matter of perception and recognition of the support to resist use of a traffic light system approach to risk.
 - The importance of the student voice in regulatory activity.
5. All of our institutions currently must report to GOsC when they experience substantial changes in the following areas:
- substantial change in finance
 - substantial changes in management
 - changes to the title of the qualification
 - changes to franchise/validation agreements
 - changes to the length of the course and the mode of its delivery
 - substantial changes in clinical personnel
 - changes in assessment
 - changes in student entry requirements
 - changes in student or patient numbers (an increase or decline of 20% or more relative to the previous academic year should be reported)
 - changes in teaching accommodation
 - changes in IT, library and other resource provision.
6. As was reported to the Committee in October 2022, we analysed the framework and models of our peer regulators in order to benchmark and gain a better understanding of what we may need to consider when constructing our own framework. All regulators had a similar approach to GOsC with process in place to respond to risks against their standards.
7. This paper summarises where we are now in relation to quality assurance, with the development of this risk-based framework, and presents an updated framework for agreement drawing on key areas of development and feedback received.

Discussion

Where are we now with updating and developing the risk-based quality assurance framework?

8. Towards the end of 2022, we conducted a series of informal catchups with educational institutions. It was an opportunity for us to gain an insight into what was going well and the current challenges institutions were facing. It gave us the chance to understand how the implementation of our new [Graduate Outcomes for Pre-Registration Osteopathic Education and Standards for Education and Training](#) had gone, as well as present our initial ideas around the new QA framework.

9. From our initial presentation of the quality assurance framework in [October 2022](#) to the Committee, the economic hardship students face was discussed. As this is as sector wide issue, it is one that will impact all of our peer regulators. In order to effectively develop this aspect of the framework, we engaged with our peer regulators to explore this area further and see what their approach to this issue might be. We were able to meet with the GCC and HCPC, which was beneficial to obtain a different perspective to ensure the risk triggers were sufficient. The development of this aspect is in the Annex, this would have been targeted at the risk mitigation side of the framework set out in the section 'Identification, management and mandatory ongoing reporting'.
10. Under the heading 'How do GOsC currently determine/identify a risk?' it was discussed that a serious adverse event might be included in the significant changes an OEI must report to GOsC. To address this, it was suggested that a sweeper statement be developed as there is a need to capture events that may occur outside of the Annual Reporting cycle. This statement can be seen in the Annex. It was agreed that the risk triggers required further exploration to be more explicit in reflecting issues around hardship of living, the additional triggers identified are also included in the framework in the Annex.
11. Reviewing and updating risk triggers in a quality assurance framework is an essential task to ensure that the framework remains effective and relevant. We will ensure that the risk triggers remain up to date by completing the below periodically:
 - Reviewing the existing triggers and listing all of the risks that have been identified so far.
 - Data gathering: Collect information on the new risks that have emerged since the last review.
 - Analysing the data gathered and identifying new risk triggers to be added to the framework.
 - Evaluating existing risk triggers and assess their effectiveness
 - Identifying any triggers that may not be relevant and remove from the framework.
 - Prioritising the risk based on their potential impact and likelihood of occurrence.
 - Incorporating new risk triggers into the framework and updating existing triggers as needed.
 - Communicating these changes to key stakeholders.
12. The framework would need to be regularly monitored to ensure it remains effective and relevant. Periodic reviews will be required to assure they continue to accurately reflect our institutions' risk profiles and potential areas of concern. These actions contribute to assurance that our quality assurance framework is up to date and effective in identifying and managing risks that may impact educational institutions.

13. On the 23 January we held an online meeting with COEI with leads from six institutions. The Quality Assurance paper that was presented to the committee in October 2022 was presented at this meeting along with the developments that had occurred since then. We explained that the framework was intended not to provide a rigid process or structure, but to give some clarity as to the way that risks should be considered and reported to ensure that sufficient and thorough information is provided to the Committee to inform its decision making. Being more explicit as to our approach should, it is hoped support OEIs in identifying and reporting risks and provide clarity as to how these are managed.
14. In discussion with COEI, a question was raised as to whether the new framework would encourage GOsC to micromanage institutions. We explained that this is not the aim of this framework. As mentioned above, we are seeking to create a more consistent, effective and proactive approach within our institutions through a clear understanding of what might be required in areas where risks are identified and why. The purpose of the framework is to help identify and manage risks effectively and not to interfere with the day-to-day operations of educational institutions. The presented framework could also be used as a working document for institutions to develop and implement processes and policies alluding to the proactive nature earlier stated. This is all aimed at providing guidance and support. In general, the draft framework was otherwise well received by COEI.
15. As the Committee will be aware, we use a range of sources to understand and identify how standards are met (or not) within OEIs. These include initial recognition and monitoring RQ reviews, annual reporting, mandatory reporting of significant changes, and by the raising of concerns or complaints regarding osteopathic education. The framework being implemented will aim to relate to the below questions in order to provide the committee with assurance on risks identified:
 - How was the issue identified?
 - What is the issue?
 - What is the impact on the delivery of the Standards for Education and Training?
 - What is the impact on delivery of the OPS?
16. It is important to understand that this framework is not being developed to change the way in which we currently work. We aim to enhance the way in which we work and document our methods of identifying and managing risks and make this process clear. This is not a fixed framework or checklist, but more so a guide to the sorts of issues that may arise and how they are considered. It focuses on what we would look at and supply the Committee with to keep our Committee assured that risks are being effectively identified and managed and thus introduces greater transparency to the Committee, the executive and the OEIs.

17. As was mentioned at the October Committee meeting, It should be noted that in terms of quality assurance, the context differs for GOsC who regulate a small profession with eight/nine providers and relatively few RQ programmes. So, there is less of a need to prioritise individual institutions to the same extent as for regulators with tens of providers and hundreds of programmes to monitor. We have a strong relational approach with the education providers and are able to gain information that provides assurance that expectations are met, and the OPS effectively delivered within pre-registration education.
18. Setting out our Standards for Education and Training in a much more clear and explicit manner means that there is greater consistency in reporting, and more space as a result of this enhanced understanding of performance against standards to explore other key areas of concern across the sector. Key areas of concern for example would be consent in the classroom and boundaries in education and training. This framework will provide guidance and form a basis for best practices. In turn, institutions will be able to apply the framework in a way that is appropriate for their specific circumstances, without feeling as though they are being micromanaged. The framework focuses on managing risks effectively, rather than on specific process institutions must follow. This allows institutions to use their own processes and procedures, while still achieving the desired outcomes. This has then allowed GOsC more space to conduct quality assurance initiatives such as workshops in order to host sector wide discussions to enable more clarity and a better understanding of issues such as boundaries. This has provided institutions with a clearer way to meet committee standards.
19. The quality assurance framework can be closely related to the annual reporting process as the framework provides a structured approach to identifying and managing risks, and the annual report provides a summary of an institutions performance. The quality assurance framework provides a structured approach for identifying risks, which is a key component of the annual report submission. By using the framework throughout the year to identify risks, institutions can be provide a comprehensive assessment of the risks they face in their annual report. The QA framework also provides guidance on how to manage risks effectively, which is another component of the annual report submission. By using the framework throughout the year, institutions can demonstrate in their annual report how they have successfully mitigated or addressed risks identified. The annual reports include key achievements from the institution. The QA framework can help institutions identify and measure their achievements by providing a structured approach for setting and tracking goals set. Institutions can use the framework to also prioritise areas of focus and development as these are also addressed in the annual reports.
20. In essence a clear and transparent quality assurance risk framework provides a structured approach for institutions to identify, measure and manage risks, and helps them demonstrate to GOsC they are meeting the standards set. This consistent approach allows GOsC to provide assurance to the Committee that

institutions are managing risks effectively and meeting expectations set within the [Osteopathic Practice Standards](#).

Recommendation: To agree the risk-based quality assurance framework.

Risk Management

Standards for Education & Training	Examples of issues	Issues for consideration in assessing risk response
Changes in programme governance, leadership and management	<ul style="list-style-type: none"> • Changes to validation agreements • Changes to franchise agreements • Substantial changes in management • Substantial changes in finance 	<ul style="list-style-type: none"> • Written report addressing issue highlighted • Risk analysis/mitigation plan • Implementation plan • OEI’s reflections on impact of issue on OPS and SET delivery • Action plan/timetable – provision of schedule for activities (appropriate to risk identified) • Business plan • Authenticated financial records • Issues in relation to governance and management of the institution, and the traction between these • Student and patient safeguarding: How has the impact on these stakeholders been considered and managed • Communication plan for impacted stakeholders (students, patients, staff) • Have business segments been analysed (clinic and theoretical teaching impact)
Programme design and delivery	<ul style="list-style-type: none"> • Changes to the title of the qualification • Changes in assessment delivery • Changes to course length • Changes to mode of delivery • Changes in assessment • Change to qualification level 	<ul style="list-style-type: none"> • Rationale for proposed change: 1. Impact on OPS 2. Overall learning outcomes changed? If so how? • Changes in length, level or credits: Evidence of how graduate outcomes are continuously met • Level of stakeholder engagement (student, staff and external examiner) in these changes and evidence of this to be provided • Implementation plan • Quality control tests: A sample of the output against a specification needs to be provided

Annex to 3

Standards for Education & Training	Examples of issues	Issues for consideration in assessing risk response
		<ul style="list-style-type: none"> • How is the course structure reviewed and maintained to ensure high level delivery and is it accessible/ Process for development and review of curriculum • How is this changed monitored, evaluated and reviewed • Has additional staff training/upskilling been considered and introduced. If not rationale as to why • Marking/feedback method to students • Evidence of cross referencing the GOPRE and FTP standards • Review balance of academic and practice-oriented programme design: • Interim reports - Mandatory reporting on changes occurring during the running of a cohort • How a change has been/is to be communicated to staff, teachers and students • Request to see learning path with evidence of development and progression • Course content request/review • Learning outcomes being related to overall aims of course • Method of upskilling/training teachers to change • Ongoing dialogue between GOsC and education providers: combination of formal and informal meetings where high risk has been determined • An explicit teaching and learning strategy that underpins the student journey • What is the ongoing review process for these policies and processes to ensure standards are maintained • Task management schedule/checklist

Annex to 3

Standards for Education & Training	Examples of issues	Issues for consideration in assessing risk response
<p>Resources</p>	<ul style="list-style-type: none"> • Changes in IT, library, and other learning resource provision • Changing in teaching resources • Clinical Changes • Change in programmes being delivered 	<ul style="list-style-type: none"> • Rationale for proposed change: 1. Impact on OPS 2. Overall learning outcomes changed? If so, how? • Changes in length, level or credits: Evidence of how graduate outcomes are continuously met • Methods of ensuring OPS and SET standards are continuously met • Level of stakeholder engagement (student, staff and external examiner) in these changes and evidence of this to be provided • Implementation plan • How is this changed monitored, evaluated and reviewed • Has additional staff training/upskilling been considered and introduced. If not rationale as to why • Interim - Written report addressing risks highlighted and potential impacts. How was this managed or going to be managed? • Clear strategy for monitoring quality of teaching personnel as a resource and for developing their skills • Clinic management plan • Method of communication to students, staff and patients • Teaching resources and performance: How has this been reviewed. What are the feedback methods • Course content • Evidence of clinical governance integration • Evidence of clinical provision: The evidence of clinical provision may vary, but can include clinic tutor to student ratio, diversity of

Annex to 3

Standards for Education & Training	Examples of issues	Issues for consideration in assessing risk response
		<p>clinical practice opportunities, large enough clinic size in terms of number of patients and breadth of patient demographics</p> <ul style="list-style-type: none"> • An explicit teaching and learning strategy that underpins the student journey • Methods to monitor the quality and consistency of teaching • How are gaps in performance measured and the support available • Range of formal and informal mechanisms for students and teaching personnel to feedback on modules and individual experiences, supported by reviewal and implementation processes to handle received feedback • Mental health and wellbeing policies and procedures • Health and Disability guidance, policies and procedures
<p>Students</p>	<ul style="list-style-type: none"> • 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) • Changes in student entry requirements 	<ul style="list-style-type: none"> • Evidence for supporting students with learning challenges and underperforming – early identification methods • Induction/Admission standards review (inclusive EDI, also statement outlining process for reasonable adjustments) – any changes rationale as to why? • Methods to monitor the quality and consistency of teaching • Review of teaching • Evidence of development and progression • Evidence of students' fitness to practice • Review of feedback mechanisms: individual experiences (with institution and teachers)

Annex to 3

Standards for Education & Training	Examples of issues	Issues for consideration in assessing risk response
		<ul style="list-style-type: none"> • Interim - Written report addressing risks highlighted and potential impacts. How was this managed or going to be managed? • Ongoing dialogue between GOsC and education providers: combination of formal and informal meetings: • Teaching observation/review required • Review of how the course structure is communicated to students and staff • Evidence of learning outcomes being related to overall aims of the course • Identify processes for student moderations and appeals, and identify its accessibility and responsiveness • Complaints process • Peer support • Range of formal and informal mechanisms for students and teaching personnel to feedback on modules and individual experiences, supported by reviewal and implementation processes to handle received feedback • Mental health and wellbeing policies and procedures • Health and Disability guidance, policies and procedures
Learning Culture	<ul style="list-style-type: none"> • Increase in complaints • Significant changes to resources • Substantial decrease in cohort numbers 	<ul style="list-style-type: none"> • Complaint management review • Interim - Written report addressing risks highlighted and potential impacts. How was this managed or going to be managed? /Mandatory reporting on live issues: e.g if the clinic was to suddenly close • Rationale for proposed change: 1. Impact on OPS

Annex to 3

Standards for Education & Training	Examples of issues	Issues for consideration in assessing risk response
	<ul style="list-style-type: none"> • Change in programme delivery • Clinic 	<p>2. Overall learning outcomes changed? If so, how?</p> <ul style="list-style-type: none"> • Changes in length, level or credits: Evidence of how graduate outcomes are continuously met • Level of stakeholder engagement (student, staff and external examiner) in these changes and evidence of this to be provided • Review of feedback mechanisms: individual experiences (with institution and teachers) • Mental health and wellbeing policies and procedures • Health and Disability guidance, policies and procedures
<p>Quality evaluation, review and assurance</p>	<ul style="list-style-type: none"> • Changes in policies and procedures • Change in documentation 	<ul style="list-style-type: none"> • Written report addressing issue highlighted and risk analysis/mitigation. • Staff induction/Admission standards review (inclusive EDI, also statement outlining process for reasonable adjustments) – any changes rationale as to why? • Documentation changes to be highlighted and rationale for change • Level of stakeholder engagement (student, staff and external examiner) in these changes and evidence of this to be provided • How is this changed monitored, evaluated and reviewed
<p>Clinical experience</p>	<ul style="list-style-type: none"> • Substantial changes in clinical provision • Change in clinical resources • Change in clinical governance • Gaps in clinic running 	<ul style="list-style-type: none"> • Associate run clinic: Details/evidence of this • Appointment management review • Review of confidentiality: If there has been a breach why? How was it managed. Plan to mitigate this going forward • Review of medication and medical record management: • Method of communication to students, staff and patients • Review of contingencies: e.g if the clinic was to close for a period of time

Annex to 3

Standards for Education & Training	Examples of issues	Issues for consideration in assessing risk response
	<ul style="list-style-type: none"> • Osteopath training in another clinic (ie physio clinic) 	<ul style="list-style-type: none"> • Request to see governance structure • Evidence of student fitness to practice • Evidence of clinical governance integration • Review balance of academic and practice course structure • Review of collaborative relationships between classroom teachers and clinic tutors to ensure continuity in content covered • Teaching observation required • Methods to monitor the quality and consistency of teaching • Clinical practice reviews • Evidence of clinical provision: clinic tutor to student ratio, diversity of clinical practice opportunities, large enough clinic size, number of patients and breadth of patient demographics. • Review/request evidence of range of formal and informal mechanisms for students and teaching personnel to feedback on modules and individual experiences, supported by reviewal and implementation processes to handle received feedback • Supporting students with learning challenges and underperforming – early identification methods – student review process • Clear strategy for monitoring quality of teaching personnel as a resource and for developing their skills • Interim - Written report addressing risks highlighted and potential impacts. How was this managed or going to be managed? /Mandatory reporting on live issues: e.g if the clinic was to suddenly close

Annex to 3

Standards for Education & Training	Examples of issues	Issues for consideration in assessing risk response
		<ul style="list-style-type: none"> • Ongoing dialogue between GOsC and education providers combination of formal and informal meetings:
Staff support and development	<ul style="list-style-type: none"> • changes in teaching accommodation • changes in teaching personnel 	<ul style="list-style-type: none"> • Clear strategy for monitoring quality of teaching personnel as a resource and for developing their skills: evidence of development and progression • Teaching resources • Method of feedback • Staff performance reviews evidence of this • Review of the course structure and how it is maintained to ensure high level of delivery and is accessible • Communication methods to staff • Methods of engagement with GOsC CPD scheme • Collaborative relationships between classroom teachers and clinic tutors to ensure continuity in content covered • Support mechanisms for new and existing lecturers • Staff induction/Admission standards review (inclusive EDI,also statement outlining process for reasonable adjustments) – any changes rationale as to why? • Teaching observation • Range of formal and informal mechanisms for teaching personnel to feedback on modules and individual experiences, supported by review and implementation processes to handle received feedback

Annex to 3

Standards for Education & Training	Examples of issues	Issues for consideration in assessing risk response
		<ul style="list-style-type: none"> • An explicit teaching and learning strategy that underpins the student journey • Methods to monitor the quality and consistency of teaching: • Support for teacher development • Lesson plans reviews • Clear strategy for monitoring quality of teaching personnel as a resource and for developing their skills • Interim - Written report addressing risks highlighted and potential impacts. How was this managed or going to be managed? (Multiple members of staff leaving or joining in a short period)
<p>Patients</p>	<ul style="list-style-type: none"> • changes in patient numbers passing through the student clinic (an increase or decline of 20 per cent in the number of patients passing through the clinic relative to the previous academic year should be reported) • Rise in number of complaints over a 	<ul style="list-style-type: none"> • Patient safety: Internal procedures to mitigate risk against patients • Complaints process/policy • Interim - Written report addressing risks highlighted and potential impacts. How was this managed or going to be managed? (Multiple members of staff leaving or joining in a short period) • Review of feedback methods from patients to students • Appointment management review • Range of formal and informal mechanisms for students and teaching personnel to feedback on modules and individual experiences, supported by reviewal and implementation processes to handle received feedback

Annex to 3

Standards for Education & Training	Examples of issues	Issues for consideration in assessing risk response
	particular period (eg. 1 month)	<ul style="list-style-type: none">• Review of confidentiality: If there has been a breach why? How was it managed• Review of medical record management• Contingency against closure of the clinic

It is difficult to be able to capture every scenario that may occur within an institution. As such it is mandatory for all institutions to report 'any event that might cause adverse reputational damage' or 'any event that may impact educational standards and patient safety'.

Risk Based Quality Assurance Framework

Risk Mitigation

Action	Details/Description
Catchups	<ul style="list-style-type: none"> • Informal and formal meetings • Annual report review/discussion • Updates on quality documents and procedures • Update/review of risks/concerns previously highlighted • Discussion of any potential conditions or requirements going forward
RQ Visits	<ul style="list-style-type: none"> • Specification of visit developed: Based on previous visit outcomes, annual report, any other relevant info that may impact standards (shared with providers) • Visit specification to be confirmed by PEC at least 24 weeks prior to visit • MM contact provider to request three preferred visit dates: range of dates provided by MM to ensure sufficient time for review process • The provider identifies point of contact for the review process • Team for visit identified by MM: recommendation then made to GOsC • Once visitors are approved MM will write to the provider confirming visiting team: Provider confirms no conflict of interest (section 12 of the Osteopaths Act 1993) • Observe teaching and training • Mapping tool to be completed by the provider • Mapping tool reviewed by visitor prior to visit: meeting requested with provider if any further info or clarity required • Visitors meet to discuss review of mapping tool: feedback provided to MM. Provider then has two weeks to respond • 9 months before expiry date of RQ • Clinical inspections • No RQ date: A visit will take place between years four and six of the visit cycle, in view of the course framework: Moving away from cycle visits towards quality activity (may include limited observations)

Annex to 3

Action	Details/Description
Annual report	<p>Nine themes of SET are reported on:</p> <ul style="list-style-type: none"> • Programme design, delivery and assessment • Programme governance, leadership and management • Learning culture • Quality evaluation, review and assurance • Resources • Students • Clinical experience • Staff support and development • Patients
Support self-sustaining quality management and governance	<ul style="list-style-type: none"> • Validating quality management plan: Details of process and metrics used to measure quality • Quality control: measuring output (standards – outcomes for graduates & institutions to meet) • Continuous improvement: reflecting on current controls/plans in place and assessing its efficiency and effectiveness • Request to see learning path with evidence of development and progression: Is this being upheld despite changes • Evidence of clinical governance integration • Admission standards review (inclusive EDI, also statement outlining process for reasonable adjustments) – any changes rationale as to why? • Clear strategy for monitoring quality of teaching personnel as a resource and for developing their skills: How is this being managed in the midst of change • Risk management process review: standards embedded in risk management process, review/monitor strength and effectiveness of response implemented

Annex to 3

Action	Details/Description
Identify and sustain good practice and innovation	<ul style="list-style-type: none"> • Process of sharing good practice • Catchups: enables free flow of information into QA process and provides support to institutions • Establish metrics for comparison between institutions • Encourage institutions to highlight what they believe their quality metrics are • Management of changes within institutions
Identification and management of concerns at an early age	<ul style="list-style-type: none"> • Evaluating culture of institution: Tapping into student voice • Promote an environment whereby students and staff can raise concerns and feedback openly • Ensuring there is a no blame culture • Considerations for non-osteopaths supervising osteopaths (also clinical) • Considerations for osteopaths training in non-osteopathic clinics: Ensuring clinic being used has all facilities required – if not how is this to be managed? • OEI to perform their own risk assessment • Observe teaching and training: Osteopath training/being supervised by another profession
Facilitate effective and constructive feedback	<ul style="list-style-type: none"> • Ensuring there is an open feedback culture • Promote an environment whereby students and staff can raise concerns and feedback openly • Is the preferred communication method from stakeholders being used: How well coordinated is this method: staff roles and responsibilities agreed • Ensuring there is a no blame culture • Appropriate resources and channels to deal with sensitive feedback issues
Identify areas for development or any specific conditions to be imposed on course providers	<ul style="list-style-type: none"> • Review of annual report • Have areas for development already been identified? If so, review progress • Use of action plans to set out requirements and monitor progress • Specific conditions to be considered where necessary
Promote equality and diversity	<ul style="list-style-type: none"> • Anonymous questionnaires to students (collaborate with OEIs) • Ensure policies and procedures are designed to benefit all staff and students • Guidance published around equality, diversity, health and disability

Annex to 3

Action	Details/Description
	<ul style="list-style-type: none"> • Promote an environment whereby students and staff can raise concerns and feedback openly • Promote an environment where things can be challenged • Workshops
<p>Risk triggers – Events considered as risks requiring identification, management and mandatory ongoing reporting</p>	<p>Mandatory reporting on:</p> <ul style="list-style-type: none"> • Substantial changes in finance • Substantial changes in management • Changes to the title of the qualification • Changes to franchise/ validation agreement • Changes to the length of the course and the mode of its delivery <p>Economic downturn/Hardship of living:</p> <ul style="list-style-type: none"> • Increase in patient and practitioner/clinic cancellations and no shows • Increase in practitioner complaints • Decrease in clinical resources • Substantial increase in hybrid activity • Reduction in practitioner fees • Substantial changes in strategic positioning (downsizing of clinic) • Regular closure of clinic • University strikes • Seasonal changes: Increased energy consumption in winter periods • Decrease in student attendance • Rise in inflation
<p>Workshops</p>	<p>Themes include:</p> <ul style="list-style-type: none"> • Boundaries, communication/consent • Consent in the classroom • EDI/Reasonable adjustments • Public/Patient involvement

Annex to 3

Action	Details/Description
	<ul style="list-style-type: none">• Student voice
Stakeholder engagement	<ul style="list-style-type: none">• Staff, Student and patient involvement in change: is this required? If so is evidence of this required• Anonymous questionnaires in order to hear the student voice• Catchups• Creating objectives with stakeholders• Sharing of good practice• Promotion of feedback methods