



**Policy and Education Committee**

**7 October 2021**

**College of Osteopaths Renewal of Recognised Qualification (RQ)  
(reserved)**

<b>Classification</b>	Public
<b>Purpose</b>	For decision
<b>Issue</b>	The College of Osteopaths is seeking renewal of its current Recognised Qualification (RQ) for the Bachelor of Osteopathy (B.Ost part-time) and Masters of Osteopathy (M.Ost part-time) award by Staffordshire University and Bachelor of Osteopathy (B.Ost part-time) awarded by University of Derby.
<b>Recommendation</b>	To agree to recommend that, subject to the approval of the Privy Council, Council recognises the Bachelor of Osteopathy (B.Ost part-time) and Masters of Osteopathy (M.Ost part-time) awarded by Staffordshire University and Bachelor of Osteopathy (B.Ost part-time) awarded by University of Derby, subject to the conditions agreed by the Committee for the length of time agreed by the Committee.
<b>Financial and resourcing implications</b>	This planned 'recognised qualification' review was included in our 2020-21 financial schedule, with a budget of £21,871.
<b>Equality and diversity implications</b>	Equality and diversity issues are reviewed as part of the RQ renewal process.
<b>Communications implications</b>	We are required to maintain and publish a list of the qualifications which are for the time being recognised in order to ensure sufficient information is available to students and patients about osteopathic educational institutions awarding 'Recognised Qualifications' quality assured by us. A recommendation to recognise the College of Osteopaths qualifications will be considered on the public agenda of Council in November 2021.
<b>Annexes</b>	A. The College of Osteopaths review specification B. Mott MacDonald/GOsC review for the College of Osteopaths (Final) dated May 2021.



C. Action Plan in relation to the visitor's recommended conditions.

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## Key Messages

- The visitor report contains recommendations for renewal of the College's RQs with four specific conditions.
- The Executive have reviewed the action plan submitted by the College in response to the for specific conditions and it appears that the requirements for those conditions have been fulfilled.
- The Executive have recommended that the Committee agree to recommend to Council renewal of RQ without specific conditions and no expiry date.
- The Committee also has the option to recognise the RQ with the Visitor conditions, its own conditions and to recommend renewal with or without an expiry date or not to renew the RQ.

## Background

1. The College of Osteopaths RQ provision for context is outlined below:

Courses with RQ status	<u>Staffordshire University</u> <b>(last cohort entry 2018/19)</b> Bachelor of Osteopathy (B.Ost part-time) Masters of Osteopathy (M.Ost part-time) <u>Derby University</u> <b>(Part-time first cohort entry 2019/20).</b> Bachelor of Osteopathy (B.Ost part-time)
Awarding bodies	Staffordshire University Derby University
Current RQ period	01 May 2017- 30 April 2022
Last review date	21-23 May 2021

2. This paper outlines the findings of the final GOsC/Mott MacDonald College of Osteopaths recognised qualification (RQ) report and asks the Committee to make a statutory recommendation to Council to renew the 'recognised qualification'.

## Discussion

3. The Committee agreed the updated RQ specification for the College of Osteopaths on 07 December 2020 and this is attached at Annex A.
4. On 10 March 2021, the Committee appointed a team of three Education Visitors under s12 of the Osteopaths Act 1993 to undertake the review.
5. The visit took place in May 2021.
6. The visit report was drafted and sent to the College on 15 July 2021 for a period of no less than one month in accordance with the Osteopaths Act 1993.
7. The College responded with factual corrections on 09 August 2021 and these were considered by the Education Visitors and was incorporated into the final report.
8. The final visitors' report of is attached at Annex B. The recommendation of the Visitors for the programmes is approval with conditions.

### *Strengths and good practices<sup>1</sup>*

9. The visitors identified 18 specific areas of strength and good practices in the final report. These included the College's decision to conduct three self-initiated audits which involved the review of governance and management structures. The College have provided updates and evidence which confirms that they are progressing with the actions that resulted from the audits.
10. The actions taken by the College in response to the Coronavirus pandemic was reported to the Committee at the meetings in June and October 2021, these have also been identified as areas of strength and good practice by the Visitors. The finding show that they have made appropriate and effective adaptations in response to Covid-19. These measures ensured the continued delivery of healthcare in clinics without compromising student learning and patient safety.

### *Recommendations<sup>2</sup>*

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<sup>1</sup> Strengths and areas of good practice are defined in the [Mott MacDonald Interim Handbook \(2020\)](#) at para 5.9.3 (p21) as 'The visit report will detail any strengths and good practice that has been observed in both the documentary analysis and at the visit. The strengths under the themes of review should reflect where a provider is particularly strong in meeting the review criteria and contributes to the provider's delivery of education. The identification of good practice is a fundamental part of the GOsC QA process. The publication of the review reports facilitates in the sharing of good practice across the osteopathic sector. Good practice is a practice that has been proven to work well and produces good results and establishes a good model to follow.'

<sup>2</sup> Areas of development and recommendations are defined in the Mott MacDonald Interim Handbook (2020) at para 5.9.4 (p21) as 'Areas for development and their subsequent recommendations are where it has been identified that there is the opportunity for improvement, but a condition is not

11. The visitors have made six recommendations for the College to recognise that there is 'an opportunity for improvement, but a condition is not necessary. These areas should be monitored by the provider and the recommendations implemented, if appropriate. These areas must be reported on as part of the providers annual report submission to GOsC.' A request will be made for the College to provide a progress update with regards to these specific areas as part of their 2020-21 Annual Report submission.

*Conditions recommended by the Visitors .<sup>3</sup>*

12. Four specific conditions have been identified in the report by the Visitors. These are:
  - a. To ensure that the delivery and management of the CoO programmes are not compromised, and that the delivery of the OPS are not compromised, the actions from the governance and management audit should be monitored and implemented in line with the agreed timeframes. An update should be provided to the PEC in October 2021, followed by monitoring at the March 2022 PEC. Ongoing monitoring of implementation should be through the annual reporting process. [1.4 of the Visitor report at Annex B]
  - b. To ensure there is clear direction for the CoO's ambitions in developing osteopathic education, a 2021-2026 strategic plan must be produced for the beginning of the 2021-2022 academic year. The plan should be agreed by the BoG and subsequently disseminated to all stakeholders by January 2022. An update should be provided to the PEC in October 2021, followed by monitoring at the March 2022 PEC. Ongoing monitoring of implementation should be through the annual reporting process. [1.4]of the Visitor Report at Annex B]
  - c. Minimum standards of clinical education, such as the inclusion of patient numbers and clinical hours in student logs, relating to the attainment of the OPS should be monitored on a regular basis. An update should be provided to the PEC in October 2021, followed by monitoring at the March 2022 PEC.

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necessary. These areas should be monitored by the provider and the recommendations implemented, if appropriate. These areas must be reported on as part of the providers annual report submission to GOsC. Recommendations and areas for development should not be included in the action plan with conditions. For further information, see the [action plan](#) section.'

<sup>3</sup> The [Mott MacDonald Interim Handbook](#) 2020 defines a condition (para5.9.5, p21) as 'A condition is applied to a RQ where there are specific actions that need to be taken to provide assurance. Conditions can be identified following a visit and will be detailed in the visit report. ... Fulfilment of the condition is required to ensure that graduates awarded a RQ continue to meet the OPS.' See also para 5.9.2 (p21) 'If approval with conditions is recommended, this means that visitors have identified significant problems in one or more of the eight areas of review/review criteria that have not been closed out at the visit. If the number of conditions are too high, then the recommendation to not approve will be made as this signifies too high a risk to student's ability to meet the OPS.' (para p20)

Ongoing monitoring of implementation should be through the annual reporting process. [4.3 of the Visitor Report at Annex B]

- d. To ensure that the student voice in the maintenance of academic standards is realised, and that there is ongoing evaluation and monitoring of any risks to the OPS, student feedback should be monitored from SSLMs and the implementation and monitoring of actions arising demonstrated. An update should be provided to the PEC in October 2021, followed by monitoring at the March 2022 PEC. Ongoing monitoring of implementation should be through the annual reporting process. [6.2 of the Visitor Report at Annex B]

13. The College have provided an action plan against the specific conditions, and this is included as Annex C. The action plan has been reviewed by the Visitors and they have made no further comments.

Evidence submitted against the Action Plan progression

14. Due to the short timescales set out in the recommended conditions, additionally, the College have provided evidence to demonstrate progress or fulfilment of these conditions. It is for the Committee to consider this evidence and to take a view about the conditions that need to be imposed on the provider at the point of its recognition by Council.<sup>4</sup>
15. In this section, we will review the recommended specific conditions, consider the actions undertaken so far, and provide options and recommendations for the Committee to consider in each case in relation to these.

*Condition A: To ensure that the delivery and management of the CoO programmes are not compromised, and that the delivery of the OPS are not compromised, the actions from the governance and management audit should be monitored and implemented in line with the agreed timeframes. An update should be provided to the PEC in October 2021, followed by monitoring at the March 2022 PEC. Ongoing monitoring of implementation should be through the annual reporting process. [1.4 of the Visitor report at Annex B]*

16. The College report that the Governance and Management Action Plan is in place and is being used as a working document. They have submitted as evidence their Governance Development and Action Plan 2021/22 (GDAP) and minutes from the Governance sub-committee meeting which was held in June 2021. A review of the College's updates and evidence confirms that the College have continued to make progress with regards to recommendations in the self-initiation audits.
17. The GDAP includes sub-actions relating to the governance sub-committees and the time frames for completion. A review of the minutes of the governance-subcommittee meeting in June 2021 confirms that progress on sub-actions in the GDAP were discussed during the meeting. An action from the meeting

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<sup>4</sup> See paras 5.95 and 5.95 of the [Mott MacDonald Interim Handbook \(2020\)](#).

includes the requirement to complete the Terms of Reference for all sub-committees and working groups.

18. The Committee has the option to

- a. keep the condition as it is (if the Committee is satisfied that the condition remains outstanding);
- b. amend the condition (if the Committee is satisfied that the Condition has been partially fulfilled and amendment is required to deal with significant concerns still outstanding to provide the Committee with assurance);
- c. remove the condition from its recommendation to Council and continue ongoing monitoring in the same way as for an issue arising from an annual report (if the Committee is satisfied that the Condition has been fulfilled and / or there are no significant concerns still outstanding);
- d. remove the condition from its recommendation to Council (if the Committee is satisfied that there are no significant concerns still outstanding and that there is no requirement for ongoing annual monitoring on this issue).

19. The updates and evidence provided by the College suggests that they have continued to implement the recommendations from the self-initiated audit and there are effective processes in place to monitor progress at a governance level. The self-initiation of the governance and management audit is identified as a strength in the RQ Visit report and the actions that were a result of the condition are a work in progress. It is suggested that Option c is supported by the evidence in the report, the visitor recommendation and the evidence submitted by the College of Osteopaths.

*Condition B - To ensure there is clear direction for the CoO's ambitions in developing osteopathic education, a 2021-2026 strategic plan must be produced for the beginning of the 2021-2022 academic year. The plan should be agreed by the BoG and subsequently disseminated to all stakeholders by January 2022. An update should be provided to the PEC in October 2021, followed by monitoring at the March 2022 PEC. Ongoing monitoring of implementation should be through the annual reporting process. [1.4]of the Visitor Report at Annex B]*

20. The Visitors confirm that the Strategic Plan for 2021 to 2025 was in draft form only at the time of the Visit. (see para 1.4 of the Visitor Report). The College have confirmed that the five-year Strategic Plan has now been developed and is scheduled to be finalised and agreed by the Board of Governors at the Board meeting in October 2021. They have submitted as evidence an organisation action plan for 2021-23 which confirms that the strategic plan will be disseminated to the Board of Governors in October 2021 and to all stakeholders by January 2022. The conditions action plan submitted by the College also demonstrates that they have a comprehensive plan in place for the implementation and ongoing monitoring of the strategic plan at governance and senior management levels.

21. The Committee has the option to

- a. keep the condition as it is (if the Committee is satisfied that the condition remains outstanding);
  - b. amend the condition (if the Committee is satisfied that the Condition has been partially fulfilled and amendment is required to deal with significant concerns still outstanding to provide the Committee with assurance);
  - c. remove the condition from its recommendation to Council and continue ongoing monitoring in the same way as for an issue arising from an annual report (if the Committee is satisfied that the Condition has been fulfilled and / or there are no significant concerns still outstanding);
  - d. remove the condition from its recommendation to Council (if the Committee is satisfied that there are no significant concerns still outstanding and that there is no requirement for ongoing annual monitoring on this issue).
22. The evidence demonstrates that plans are in place for the Plan to be approved at the October Board meeting and dissemination will take place by January 2022 and ongoing monitoring can be provided as indicated in the Annual Report. It is suggested that in November (at the time that Council make a decision to recognise the qualification) if the College provide the Board Minutes, the outstanding issue will then be dissemination. In this circumstance, it is suggested that option c. might be an appropriate way forward.

*Condition C- Minimum standards of clinical education, such as the inclusion of patient numbers and clinical hours in student logs, relating to the attainment of the OPS should be monitored on a regular basis. An update should be provided to the PEC in October 2021, followed by monitoring at the March 2022 PEC. Ongoing monitoring of implementation should be through the annual reporting process. [4.3 of the Visitor Report at Annex B]*

23. The College has provided a response with regard to how they plan to effectively record and monitor the data on the student clinic hours. In order to address the concern "*there is there is no centralised monitoring of this information in the governance structure*", the College reports that the Clinical log book has been updated to include guidelines and recording sections for different types of patients students have worked with. This has been submitted as evidence and reviewed by the Executive.
24. They have explained how clinical staff will work jointly to allocate specific patients to individual students, this should enable students to gain a wide range of experience treating different types of patients. They aim to recruit specific types of patients to the clinic using marketing strategies to enable students to treat patients with specific management approaches. Students' progress in clinical education will be monitored and addressed by the clinic team, and the Internal Assessment Board will have oversight of the overall process.
25. The Committee has the option to
- a. keep the condition as it is (if the Committee is satisfied that the condition remains outstanding);



- b. amend the condition (if the Committee is satisfied that the Condition has been partially fulfilled and amendment is required to deal with significant concerns still outstanding to provide the Committee with assurance);
  - c. remove the condition from its recommendation to Council and continue ongoing monitoring in the same way as for an issue arising from an annual report (if the Committee is satisfied that the Condition has been fulfilled and / or there are no significant concerns still outstanding);
  - d. remove the condition from its recommendation to Council (if the Committee is satisfied that there are no significant concerns still outstanding and that there is no requirement for ongoing annual monitoring on this issue).
26. The updates and evidence provided by the College suggest that the processes have been put into place and that implementation and ongoing monitoring remains outstanding. The Committee could consider b. an amended condition to ensure implementation and ongoing monitoring of the logging of clinical experience or the Committee could consider c. removal of the condition and inclusion as part of ongoing annual reporting including updates on the implementation of the modifications and collating of student clinical data.

*Condition D- To ensure that the student voice in the maintenance of academic standards is realised, and that there is ongoing evaluation and monitoring of any risks to the OPS, student feedback should be monitored from SSLMs and the implementation and monitoring of actions arising demonstrated. An update should be provided to the PEC in October 2021, followed by monitoring at the March 2022 PEC. Ongoing monitoring of implementation should be through the annual reporting process. [6.2 of the Visitor Report at Annex B]*

27. The College has reported additional initiatives to ensure that student feedback is gained, collated and that actions arising are monitored and evaluated. They have introduced a once a semester Principal/Senior Leadership Team surgery. They have provided the September 2021 Student News Letter as evidence of communication. It sets out the plans and topics of discussion for the Principal and Senior Leadership Team to hold meetings with each year group once per semester. There are five meeting scheduled for the first semester in 2021/22 for student in all years at the London and Stoke sites. We will seek progress updates on the outcome of these meetings and their effectiveness and report to the Committee at the March 2022 meeting.
28. The College have also made progress on the action to recruit a student rep on Board of Governors. They have provided evidence of the actions taken to recruit a student rep to the Board of Governors. These include:
- Updates in the July and September 2021 newsletter.
  - an email sent to all students in July 2021, informing them about the vacancy for a new Student Governor.
  - Job Description & Person Specification for a Member of the Board of Governors of the College of Osteopaths Staff and Student Members; and
  - a Q&A document on the role of the student governor.

29. The Board of Governors and reps will continue to meet twice yearly, and SSLC/PC meetings will continue to be held once per semester.
30. The Committee has the option to
- keep the condition as it is (if the Committee is satisfied that the condition remains outstanding);
  - amend the condition (if the Committee is satisfied that the Condition has been partially fulfilled and amendment is required to deal with significant concerns still outstanding to provide the Committee with assurance);
  - remove the condition from its recommendation to Council and continue ongoing monitoring in the same way as for an issue arising from an annual report (if the Committee is satisfied that the Condition has been fulfilled and / or there are no significant concerns still outstanding);
  - remove the condition from its recommendation to Council (if the Committee is satisfied that there are no significant concerns still outstanding and that there is no requirement for ongoing annual monitoring on this issue).
31. The narrative and evidence provided by the College shows that they have made appropriate progress in addressing this condition D, it appears that ongoing implementation and monitoring are the aspects for further consideration. The Committee could consider b. an amended condition to ensure implementation and ongoing monitoring of the actions arising from the student feedback or the Committee could consider c. removal of the condition and inclusion as part of ongoing annual reporting including updates on the implementation and monitoring of this.

### *Approval*

32. As the Osteopaths Act 1993 refers to qualifications, we have, in this section, simply referred to the named qualifications rather than the descriptions of the different courses.
33. The Committee is asked to consider the recommendations of the Mott MacDonald Report and this paper for the renewal of recognition of the following qualifications as outlined below:

#### Staffordshire University-

Bachelor of Osteopathy (B.Ost part-time)

Masters of Osteopathy (M.Ost part-time)

#### Derby University

Bachelor of Osteopathy (B.Ost part-time)

34. The Committee is asked to decide whether to recommend that Council:

- Recognises the qualifications without conditions and with no expiry date.

- b. Recognises the qualifications with conditions and an expiry date.
  - c. Recognise the qualification with conditions and with no expiry date
  - d. Refuses recognition of the qualifications.
35. The Visitors' report recommends approval with specific conditions. This means that the Visitors have determined that the course will deliver graduates who meet the [Osteopathic Practice Standards](#).
36. In relation to the specific conditions recommended in the visitors' report, we have reported above on the College's action plan in relation to these and have suggested that these may need to be modified or removed as the Committee considers appropriate to ensure that the conditions are an appropriate recommendation for Council to recognise and Privy Council to approve the qualifications.
37. All 'recognised qualifications' with expiry dates are approved with general conditions. General conditions set out key matters that could impact on the delivery of the Osteopathic Practice Standards and that need to be reported to the Committee along with an analysis of the impact on delivery of the Osteopathic Practice Standards through our RQ change notification process. These general conditions are outlined at paragraph below.
38. If the Committee agrees that specific conditions should be imposed, then the conditions to be attached to the 'recognised qualifications are as follows:

CONDITIONS	
	Specific conditions which are necessary and agreed in accordance with the discussion as outlined in paragraphs 12 to 31
a	The College of Osteopaths must submit an Annual Report, within a three month period of the date the request was first made, to the Education Committee of the General Council.
b	<p>The College of Osteopaths must inform the Education Committee of the General Council as soon as practicable, of any change or proposed substantial change likely to influence the quality of the course leading to the qualification and its delivery, including but not limited to:</p> <ul style="list-style-type: none"> <li>i. substantial changes in finance</li> <li>ii. substantial changes in management</li> <li>iii. changes to the title of the qualification</li> <li>iv. changes to the level of the qualification</li> </ul>

	<ul style="list-style-type: none"> <li>v. changes to franchise agreements</li> <li>vi. changes to validation agreements</li> <li>vii. changes to the length of the course and the mode of its delivery</li> <li>viii. substantial changes in clinical provision</li> <li>ix. changes in teaching personnel</li> <li>x. changes in assessment</li> <li>xi. changes in student entry requirements</li> <li>xii. 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)</li> <li>xiii. 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)</li> <li>xiv. changes in teaching accommodation</li> <li>xv. changes in IT, library and other learning resource provision</li> </ul>
c.	<p>The College of Osteopaths must comply with the General Council's requirements for the assessment of the osteopathic clinical performance of students and its requirements for monitoring the quality and ensuring the standards of this assessment. These are outlined in the publication: <i>Subject Benchmark Statement: Osteopathy, 2019</i>, Quality Assurance Agency for Higher Education and <i>Guidance for Osteopathic Pre-registration Education, 2015</i>, General Osteopathic Council. The participation of real patients in a real clinical setting must be included in this assessment. Any changes in these requirements will be communicated in writing to the College of Osteopaths giving not less than 9 months notice.</p>

### *Recognition period*

39. The interim Quality Assurance handbook<sup>5</sup> sets out the current criteria for regarding the period of RQ approvals stating:

<sup>5</sup> [Mott MacDonald GOSC Interim Quality Assurance Handbook - General Osteopathic Council \(osteopathy.org.uk\)](https://osteopathy.org.uk/mott-macdonald-gosc-interim-quality-assurance-handbook)

"The maintenance of the RQ status currently follows a cyclical process. Where required, PEC may apply an expiry date to the RQ. This decision will be made based on anticipated level of risk that the RQ presents.

GOSc 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.

For existing providers, GOSc will usually recognise qualifications without an expiry date in the following circumstances:

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

This will be subject to satisfactory review of the providers annual report."

40. The Committee will need to take a view, dependent on the specific conditions that it imposes, as to whether an expiry date is necessary in this case.
41. In the case of renewal visits of an RQ programme without an expiry date, visits should take place between years 4 and 6 of the visit cycle, considering the context of the course, for example, to align with validation events, changes to curricula or assessment or other key events.

**Recommendation:** To agree to recommend that, subject to the approval of the Privy Council, Council recognises the Bachelor of Osteopathy (B.Ost part-time) and Masters of Osteopathy (M.Ost part-time) awarded by Staffordshire University and Bachelor of Osteopathy (B.Ost part-time) awarded by University of Derby, subject to the conditions agreed by the Committee for the length of time agreed by the Committee.