General Osteopathic Council

Interim Quality Assurance Handbook

July 2025

Contents

Executive summary

As the regulator for Osteopaths in the UK, the General Osteopathic Council (GOsC) are responsible for:

- Setting standards
- Maintaining standards through continuing professional development
- Assuring the quality of pre-registration education
- Maintaining a register of osteopaths who are able to practise in the UK
- Removing or restricting the registration of osteopaths who do not meet standards

This quality assurance (QA) of pre-registration education ensures that students who enter the Register can demonstrate that they are able to meet the Osteopathic Practice Standards (OPS). Quality Assurance of education is undertaken using the GOsC's Graduate Outcomes and Standards for Education and Training (2022). The Graduate Outcomes are designed to help students demonstrate that they meet the OPS before they graduate and are able to register with the GOsC. These outcomes mark the end of the first stage of a continuum of osteopathic learning that runs from the first day in osteopathic education until retirement. Graduates will continue to maintain, develop and expand their knowledge and skills through CPD. The Standards for Education and Training set out the standards that education providers must meet in order to enable students to meet the Graduate Outcomes and provide assurance of practice in accordance with the OPS.

Assurance of standards of education and training is important to ensure that the public remain confident that safe care will be provided and the standards of practice that is expected of the profession.

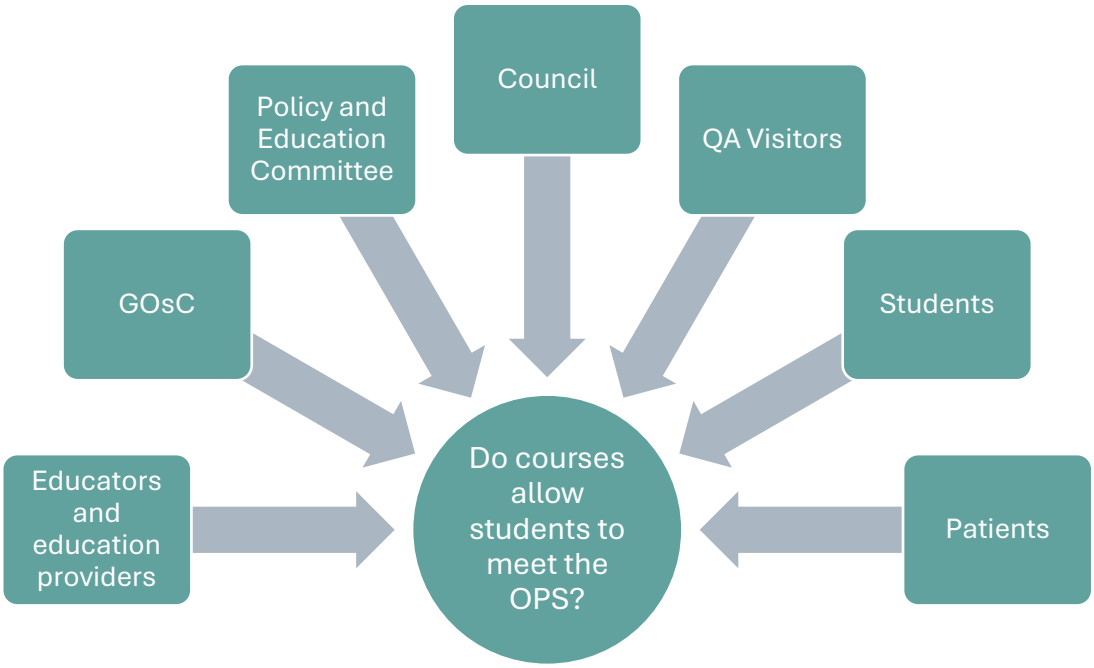
The handbook considers all aspects of the QA process and is aimed at anyone with an interest in the delivery and quality assurance of osteopathic education, including educators, students, education visitors and patients.

This handbook outlines:

- The roles and responsibilities within QA
- Our approach to the QA process including the promotion of good practice within osteopathic education
- Details of initial recognition, renewal and monitoring visits
- The annual reporting process
- The management of concerns and complaints about osteopathic education

Roles and responsibilities

The following section describes the roles and responsibilities for those involved in the QA process.



About the General Osteopathic Council (GOsC)

The General Osteopathic Council is established under the Osteopaths Act 1993 which sets out the legal duties and responsibilities of GOsC which are to: 'develop and regulate' the osteopathic profession to ensure 'public protection'. This involves the following objectives:

- To protect, promote and maintain the health, safety and well-being of the public.
- To promote and maintain public confidence in the profession of osteopathy.
- To promote and maintain proper professional standards and conduct.

The Council also has specific statutory responsibilities including:

- Recognising qualifications that are or will evidence that students meet the Osteopathic Practice Standards (OPS), subject to the approval of the Privy Council (attaching conditions or time periods to that recognition where appropriate). These are called 'recognised qualifications' (RQs).
- Withdrawing recognition of qualifications that are or will no longer be evidence that students meet the OPS, subject to the approval of the Privy Council.

Our approach

The quality assurance of osteopathic education is a key statutory function. It ensures that the integrity of the Register is maintained by making sure that graduates have the knowledge, skills and behaviours needed to practise as osteopaths.

Our approach is a relational one – collaborating with the sector to promote good practice, and to support the meeting of standards. In this way, we aim to ensure that our organisational values are reflected in our quality assurance of education – these are to be:

- Collaborative
- Respectful
- Evidence informed
- Influential

We publish Graduate Outcomes and Standards for Education and Training which help the GOsC to monitor and assure the quality of osteopathic education

Graduate outcomes

The Graduate Outcomes are designed to help students demonstrate that they meet the Osteopathic Practice Standards before they graduate and are able to register with us.

The outcomes have been mapped to the four themes of the Osteopathic Practice Standards

The outcomes also detail the common presentations with which graduates should be familiar, and the clinical experience students need to meet during their training.

Standards for Education and Training

The Standards for Education and Training set clear requirements as to the resources, culture and environment within which osteopathic education providers should deliver their education and training programmes.

The standards have also been designed to support graduates to deliver high quality patient care and safety in their practice.

How we assure quality in education

We use a range of processes to evaluate and monitor the meeting of our standards within pre-registration education. These include:

- Specific review visits which take place usually between every four and six years.
- Detailed annual reporting against standards including student data.
- Monitoring of key issues either specifically to certain institutions or more generally to the whole sector.
- Being made aware of significant issues affecting delivery of education programmes (for example, changes to senior leadership, governance or finance within education providers).
- Ongoing and regular dialogue with education providers.
- Managing concerns and information from third parties about quality issues.
- Supporting and sharing good practice in the education sector.

The visit process is a key part of recognising or continuing to recognise qualifications, which might be an initial review of a new programme, or a review visit of an existing programme.

We recruit and train a pool of Education Visitors from which a visit team is appointed. The review process involves preparation by the education provider of a mapping document, demonstrating, with evidence, how they deliver (or will deliver) the Standards for Education and Training. This is reviewed by the visit team, follow up questions raised, and followed up with a visit which typically lasts for two to three days. Visits typically involve discussions with staff, students and patients.

We work with the visit team to produce a draft report which is shared with the provider for comment, and then a final report prepared for reporting to our Policy and Education Committee and Council.

Policy and Education Committee

The Policy and Education Committee (PEC) is made up of osteopathic and lay members, and performs the statutory role of the Education Committee under the Osteopaths Act 1993. It has a ‘general duty of promoting high standards of education and training in osteopathy and keeping the provision made for that education and training under review’.

Before making decisions about the recognition or withdrawal of recognition of qualifications, the Council must seek the advice of the PEC. The PEC has statutory powers to require information to inform decisions about Recognised Qualifications, and has specific powers surrounding visits including the appointment of education visitors to review courses.

Expiry dates for Recognised Qualifications (RQ)

The PEC considers the recommendations of education visitors made in their report following a review visit. Where required, the PEC may apply an expiry date to the RQ.

- **Expiry date**

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.

- **No expiry date**

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 or
- an existing provider engaging with GOsC.

RQs without an expiry date will only be considered by Council if a recommendation to withdraw approval is made. Otherwise, they are monitored only by the PEC.

Education providers

Education providers are responsible for ensuring their programmes meet the Standards for Education and Training and that graduates meet the Graduate Outcomes. This provides assurance that they are able to meet the Osteopathic Practice Standards, maintaining patient safety and the protection of the public.

Education providers must have appropriate internal governance mechanisms which enable them to maintain quality and identify, manage and monitor issues which may affect the quality of their provision. Only students meeting the Graduate Outcomes should be awarded a recognised qualification (RQ) which entitles the graduate to apply for registration with GOsC.

The GOsC works closely with education providers to review and monitor the delivery of osteopathic education. We aim to do this in a collaborative and respectful way that supports and promotes the effective delivery of Recognised Qualifications. We recognise the variety within the sector, with a combination of smaller and larger providers offering a range of full time and part time programmes, and whatever the pathway, ensure that programmes continue to meet Standards for Education and Training.

QA Education Visitors

The QA education visitors comprise osteopathic and lay visitors. They have a responsibility to review evidence presented for delivery of qualifications and triangulate this at visits. They are responsible for providing a report that allows assurance to be provided to GOsC that the programmes allow graduates to meet the Graduate Outcomes and Osteopathic Practice Standards, and that education providers meet the Standards for Education and Training. If assurance can't be given, the visitors are responsible for ensuring that the report provides accurate findings as to why this cannot be given.

The QA education visitors must uphold the Code of Conduct when undertaking a visit, identified in the GOsC Governance Handbook.

The review process requires that visitors:

- Attend the annual mandatory visitor training and pre-visit briefing
- Work collaboratively across the visiting team to ensure the QA visit is conducted in line with the defined process
- Adhere to the QA visitor code of conduct
- Review the mapping tool and evidence submitted by the provider and in conjunction with the visiting team respond to the provider with additional requests.
- Attendance at the visit and agreeing the outcome with the other visitors
- Producing a draft report in accordance with the specification provided and findings from the visit one week after the visit
- Review the collated visit report to confirm accuracy, making amendments accordingly
- Provide feedback on any action plan produced by the provider
- Review providers' responses to conditions where appropriate

Students

Students will be invited to participate in the review process, and provide feedback to help visitors triangulate their findings.

Patients

Patients will be invited to participate in the review process and provide feedback on their experience to help visitors triangulate their findings.

Quality Assurance Purpose

Quality Assurance of osteopathic education allows GOsC to ensure that graduates who register with GOsC are able to meet the Osteopathic Practise Standards (OPS).

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

Legislation

Section 14 of the Osteopaths Act 1993 states that the GOsC may 'recognise qualifications', subject to the approval of the Privy Council, when it is 'satisfied that a qualification granted by an institution in the United Kingdom is evidence of having reached the required standard of proficiency'. The required standard of proficiency is set out in the OPS (2019).

In order to ensure that RQs are only awarded to students meeting the Graduate outcomes, GOsC must ensure that courses delivered by osteopathic education institutions meet its Standards for Education and Training. Those that do, are recognised and awarded RQ status. This allows graduates from those courses to register with GOsC and practise osteopathy legally in the UK. The RQ is subject to approval from the Privy Council. The full GOsC QA policy can be found in Annex E.

Decisions concerning the initial recognition, maintenance, renewal and withdrawal of RQ status are made by GOsC following reviews of osteopathic courses and providers or findings from quality assurance processes, and the consideration of a recommendation from the PEC on behalf of the Privy Council.

All forms of GOsC review share the same purpose, which is to enable GOsC to satisfy itself that RQs are only awarded to graduates meeting the OPS and to assure itself that providers are capable of evaluating and enhancing their programmes of study and where appropriate, to make decisions on approval (or on occasion withdrawal of an RQ) subject to the approval of the Privy Council.

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:

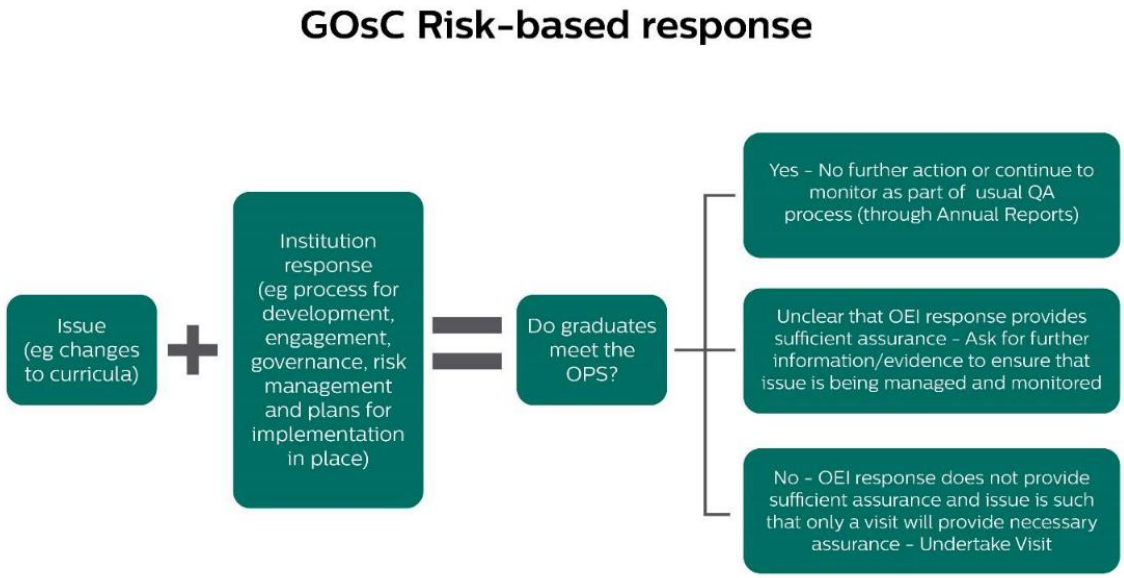
- A new provider or qualification
- An existing provider with a risk profile requiring considerable ongoing monitoring.

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.



QA follows a risk-based approach, as outlined in the diagram:

Further examples are set out within the GOsC Risk Based Framework.

Recognised qualifications

Decisions around granting or renewing RQs are made following reviews and visits to providers. Evidence is provided by the provider which is reviewed by a team of QA visitors. The visitor team then attend the provider to triangulate that evidence and observe both teaching and learning. This is then followed by a recommendation to PEC and Council to approve the outcome of the review, subject to approval from the Privy Council.

There are three variations to the purpose of visits:

- Initial recognition review (IRR) – for new qualifications seeking RQ status
- Renewal of Recognised Qualification (RRQ)
- Monitoring review (MR)

You can refer to the outcomes section of this handbook to see the potential outcomes of reviews.

The following standards and guidance should be reviewed alongside the handbook:

- OPS (2019)
- Graduate outcomes for Osteopathic Pre-registration Education and Standards for Education and Training (SET) (2022)

The outcomes represent the minimum requirements to apply for entry to the GOsC Register, and progress to a career in a range of settings. The Standards for Education and Training set out the standards that are expected of providers of osteopathic education programmes to meet.

- The Quality Code and standards for education and training
- GOsC Student fitness to practise guidance
- GOsC Guidance about the management of health and disability (2017)

Themes of review

The GOsC review addresses the following nine areas as set out in the Standards for Education and Training:

- 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

QA reviews are conducted by a team of suitably qualified lay and osteopathic visitors. The visitors are recruited, deployed, trained and appraised by GOsC. Underpinning all themes of review is the ability for the provider to demonstrate that the course places the patient journey at the heart of the learning for the student.

Training and Guidance to providers and visitors

Providers are supported by QA materials such as this handbook to detail the QA process, and GOsC works with educators to provide guidance and support for all QA matters.

Visitors are trained and supported by GOsC. Visitors are required to undertake annual training. Where possible this training will be closely aligned to the annual visit schedule. Annual training will be mandatory for all visitors who wish to be selected to undertake visits. This training is aligned to any visits that are due to ensure visitors are provided with the most up to date training and opportunities to refresh their knowledge as close to any activity as possible.

Alongside the mandatory training, visitors who are selected to attend visits will be required to attend a pre-visit briefing. This will provide opportunity to ensure visitors are up to date with both current process and policy, and also provide opportunity for a detailed briefing specifically for the institution they are reviewing.

Visitors will also work within a community of practice so that development and support can be driven by a peer approach.

Culture statement – RQ review visits

A successful RQ visit relies on independent education visitors:

- Striving to create a culture that is **collaborative, inclusive,** and **respectful**, allowing staff, students, and patients to feel **comfortable** and **open**.
- Having the critical and analytical skills to explore areas and ask questions that are informed by sound **professional understanding** and **evidence**, underpinned by **curiosity** and **respect.**
- Being **active and empathetic listeners**, promoting open and **authentic discussions**.
- Engaging in **self-reflection** and questioning your own assumptions, **fostering objectivity**.
- Delivering the quality assurance process with **transparency** and **integrity**.

During the RQ process, osteopathic education providers should feel:

- The quality assurance process is **fair**, **transparent**, **collaborative**, and **objective**.
- They are **listened to** and **respected** throughout the process.
- They can **present evidence** and **be candid** in conversations about their programmes.
- Evidence informs lines of enquiry, and where conflicting evidence is seen, this is transparent to all, and visitors have used their **professional judgment** to understand this.
- There has been a **shared understanding** and **collaborative partnership** with the visiting team.
- That their good practice is **celebrated** and **opportunities for enhancement** are identified in a supportive way.

During the RQ process visitors should feel:

- **Welcomed**, **accepted,** and **valued**.
- Encouraged to be **authentic**, **curious**, and **respectful**.
- Empowered to **critically assess** the evidence presented and to provide balanced and **credible judgments**.
- **Confident** in undertaking a **thorough**, **objective**, and **quality-focused review**, which contributes to the delivery of standards and patient safety.

Key Terms

Action plan	**The plan that outlines how conditions will be met, produced by the provider.**
Condition	A condition is applied to a RQ where there are specific actions that need to be taken to provide assurance. Fulfilment of the condition is required to ensure that graduates awarded a RQ continue to meet the OPS.
Council	The decision-making body.
GOsC	General Osteopathic Council
GOPRE	Graduate outcomes for Pre-registration Education
Initial recognition	When a provider seeks RQ status for a programme qualification for the first time.
Mapping tool	The self-evaluation document to be completed by the provider before the visit, this document is then reviewed by the visiting team and used to inform the structure, progress and outcomes of the visit.
OPS	Osteopathic Practice Standards
PEC	Policy and Education Committee
Provider	Osteopathic Education Institution (OEI) delivering programme.
QA visit	A visit to a provider to inform initial recognition of a qualification, renewal of recognition or a visit to confirm whether an education provider continues to provide an education provision that allows students to meet the OPS.
RQ	Recognised qualification
SET	Standards for Education and Training
Specification	The focus for the review approved by the PEC.
Visiting team	The team of QA visitors that will be involved in the review.

The Review Process

This section details the QA visit process undertaken for both Initial Recognition Reviews (IRRs) and Renewal of Recognised Qualifications (RRQ's). The initial section covers the process for the recognition application, and the following sections cover both IRRs and RRQs, as the process for both visits is the same.

The Recognised Qualification visits are a collaborative process, whether that is an initial recognition review or a renewal of recognised qualifications, it is an opportunity for all providers to self- reflect and provide the evidence to demonstrate how they meet our Standards for Education and Training, and ensure that students meet the graduate outcomes.. In order to continue to meet our over-arching objective of patient safety, it is important to ensure that only students who are able to meet the Osteopathic Practice Standards are awarded a RQ. The review should be carried out in line with GOsC Governance Handbook Code of Conduct.

There may be an exceptional circumstance when the process outlined in the handbook cannot be followed. Should the visitor or the provider wish to alter a specific part of the process, formal written agreement in advance of the review process commencing is required from GOsC. This ensures a fair and consistent approach to the QA process.

The Renewal of Recognised Qualification (RRQ) visits should typically take place at least nine months before the expiry date of the current RQ. Where a RQ does not have an expiry date, a visit will generally take place between years four and six of the visit cycle.

If the provider wishes to seek RQ recognition for a new osteopathic course or introduce new qualifications, they are required to complete and submit an application form to GOsC. This visit will then take the form of an initial recognition review.

Where a request for RQ for a new course coincides with the renewal of an existing RQ, the review may be combined. This will be agreed by GOsC.

Application for Recognised Qualification

- **Confirming intention to run a recognised qualification**

A provider seeking recognition of a programme for the first time should apply to GOsC at least 18 months prior to the intended start date of the course, by completing an application form. It cannot be guaranteed that the Council will make a decision within the 18-month period, as such the application should be submitted at the provider's earliest convenience.

The application will be considered and the provider may be asked to submit further details to support the application. The GOsC team will provide support and guidance as needed to the proposed education provider during the development of the programme.

The initial application form can be accessed here and contains further details about the process.

Following the application, the IRR visit follows the same process as the RRQ visits, this can be seen in the following sections.

- **Confirming the specification of the visits**

When a new course proposal is ready to proceed, or a review visit of an existing RQ course is approaching, GOsC will develop a specification for the visit, this will reference (if appropriate) circumstances of any new course proposal, outcomes of any previous visit, information from the provider's annual report and any other information which may impact on standards. The Policy and Education Committee will agree the specification of the visit. This will typically be at least 24 weeks prior to the visit taking place.

The specification is a working document that is subject to being updated. The specification will identify areas for focus for the QA visitors during the pre-visit work and at the visit. This is also shared with the provider

The purpose of the visit itself is to provide the opportunity to triangulate the evidence provided in the pre-visit work and observe teaching and learning. This will allow for the opportunity to follow up any concerns at the visit.

- **Agreeing the date of the visit and confirmation of visitors**

Typically, between 9 and 12 months prior to when the visit is due to take place, GOsC will contact the provider to request up to three preferred dates for the visit. GOsC will provide the range of which these dates can fall, to ensure there is sufficient time for the review process to take place before the expiry of the RQ or the requested start date for the new RQ status, if applicable. At this point, the provider should identify who will be the main point of contact for the review process.

Following receival of the three preferred visit dates, GOsC will identify a team of suitable visitors for the visit. Following confirmation of availability and review of conflict of interest, GOsC will then write to the provider asking them to confirm that there is no conflict of interest before the visiting team is shared with the PEC for approval.

The PEC is responsible for the appointment of visitors under section12 of the Osteopaths Act 1993.

Conflict of interest is referred to in section 12 of the Osteopaths Act 1993 whereby:

> *(3) No person appointed as a visitor may exercise his functions under this section in relation to—*
>
> *(a) any place at which he regularly gives instruction in any subject; or*
>
> *(b) any institution with which he has a significant connection.*
>
> *(4) A person shall not be prevented from being appointed as a visitor merely because he is a member of—*
>
> *(a) the General Council; or*
>
> *(b) any of its committees*.

In addition, visitors must follow the Conflicts of Interest Policy outlined in the Governance Handbook at Annex 3. Please refer to the policy in full. Relevant extracts include:

'A conflict of interest is any situation in which the personal interests of an individual (or the responsibilities or allegiances owed by them to another body), may or may appear to influence their personal judgment, actions or decision making.

In UK law the legal test for bias, derived from case law is: whether the fair-minded observer, having considered the facts, would conclude that there was a real possibility that the tribunal was biased' (Porter v Magill [2002] 2 AC 357). Therefore, it follows that a perception of wrongdoing, impaired judgement or undue influence can be equally as detrimental as any of them actually occurring.

Conflicts may be financial as well as non-financial, and may be direct or indirect. So for example, conflicts can arise from an indirect financial interest (e.g. payment to a spouse) or a non-financial interest (e.g. preserving the individual's reputation).

Conflicts of loyalty may arise in respect of an organisation of which the individual is a member or with which they have an affiliation, or from personal or professional relationships with others, e.g. where the role or interest of a family member, friend or acquaintance may influence an individual's judgement or actions, or could be perceived to do so. Depending upon the individual circumstances, these factors can all give rise to potential or actual conflicts of interest.

A conflict of interest may also be anticipatory, where the actions of an individual may be perceived to put them in a more favourable future position in relation to another party.

Members and all those who act on behalf of the GOsC are expected to act impartially and objectively in carrying out the GOsC's business.

In considering what might constitute a potential conflict, those covered by this policy should bear in mind the seven principles of public office: selflessness; integrity; objectivity; accountability; openness; honesty; and leadership.'

Briefing packs

- **Visitors**

Following the appointment of the visitors, and confirmation of the visit date, the visitors will receive:

- Confirmation of appointment
- A briefing on the visit, with the visiting team
- The specification for the visit, agreed by the PEC; this will outline the areas for focus at the visit
- Supporting information, including:
  - Relevant Committee papers and reference documents
  - An electronic copy of this handbook to reference throughout the review
  - A schedule of the QA process, outlining key dates specific to the visit (standard QA process and timeline can be seen in Section 4)
- Details of other visitors involved in the QA process, and the key contact from the provider
- Details of how to access online systems that facilitate the review process

Following the receival of the briefing pack, the GOsC QA Visit Manager will coordinate an introduction email for the visiting team and provider. Email correspondence between the provider and visiting team must have the education@osteopathy.org.uk email address copied in.

For details on the role of the visitor during the review process, see the roles and responsibilities section.

- **Providers**

Following the appointment of the visitors, and confirmation of the visit date, the providers will receive:

- Confirmation of the visiting team
- The specification for the visit, agreed by the PEC; this will outline the areas for focus at the visit
- Supporting information, including:
  - Relevant Committee papers and reference documents
  - An electronic copy of this handbook to reference throughout the review
  - A schedule of the QA process, outlining key dates specific to the visit (standard QA process and timeline can be seen in Section 4)
- Details of how to access online systems that facilitate the review process

For details on the role of the provider during the review process, see the roles and responsibilities section.

Pre-visit review

- **Completion of the mapping tool – provider**

Prior to the visit taking place, the provider will be required to complete the mapping tool. The mapping tool provides the basis for the review and will be used as a reference throughout the visit. For a provider with an existing RQ, who has undertaken the GOsC annual reporting process, the mapping tool will be pre-populated with the most recent version of the annual report. The provider can then add additional information into the mapping tool for the purpose of the RQ visit. The evidence provided with the latest version of the annual report will be copied into the secure SharePoint site, where the provider will be able to update this if required and add additional evidence.

The aim of the mapping tool is to self-evaluate against the SET, reflecting on strengths and areas for development, in an open and honest way, to ensure that all information and evidence relating to the SET is seen prior to the visit. Any missing information could result in a condition at the visit.

The SET will sit under the nine themes:

1. Programme design, delivery and assessment
2. Programme governance, leadership and management
3. Learning culture

4. Quality evaluation, review and assurance
5. Resources
6. Students
7. Clinical experience
8. Staff support and development
9. Patients

The SET allow providers to clearly identify how their qualification, through self-evaluation, maps to delivery of RQs meeting the OPS.

When providing evidence against the SET, this should be existing documentation rather than new material produced for the purpose of the review. The main focus around the evidence is to understand how this has been implemented and the effects/outcomes/processes that have been generated by the use of the documents.

Where gaps in documentation or areas for development are identified, the focus should be on the course of action/ the plan for resolution and how the risks are managed. This shows proper risk management and wider thinking about the impacts on students and their ability to meet the OPS.

When completing the mapping tool, the narrative against the SET should be concise. Further information on completing the mapping tool, can be seen in Annex A.

The provider will be given access to a secure SharePoint folder, where they will be able to access key information, and upload documentation and the mapping tool. The provider must submit their mapping template at least **ten weeks** prior to the visit taking place, to ensure there is sufficient time for the visitors to review and ask for any additional information. Please see section below for process, for providers, to responding to queries raised on the mapping tool.

Review of the mapping tool – visitor

All visitors undertaking the visit will be required to review the evidence prior to the visit. The GOsC QA Visit Manager will disseminate the information to the visitors. This will be accessible via a secure SharePoint folder.

The purpose of reviewing the mapping tool is to identify any gaps prior to the visit and help inform the agenda for the visit. The mapping tool will also support in tracking evidence viewed throughout the process that is used to inform the final report.

The visitors should meet virtually to discuss their review of the mapping tool and any gaps that have been identified or additional information that is required, and any particular areas of focus for the visit. **Six weeks** prior to the visit taking place, these elements should be confirmed with the provider, the visiting team will collaboratively provide feedback detailing any additional queries to the GOsC QA Visit Manager, who will then send any queries to the provider. If further documentation is requested, this will be clearly demonstrated on the mapping template.

The provider will then have **two weeks** to respond accordingly.

Where there are significant issues prior to the review, appropriate steps may be taken which may include postponement of the review process. This is to ensure that resources are not used on providers that are not ready to deliver RQs.

Data protection

When uploading information, providers should ensure that the contents of documents complies with the General Data Protection Regulations (GDPR). Providers should ensure that no personal information is included in any documents provided for the pre-visit evidence review, this may require some documents to be redacted. If it is necessary to upload personal data, providers must ensure that they have complied with the processing requirements of the GDPR (2018).

The GOsC Privacy Notice is at: osteopathy.org.uk/privacy.

It is recognised that the osteopathic sector is small, and operating in a competitive market. If there is any commercially sensitive information that the provider does not wish to be openly discussed during the visits, this must be agreed prior to the visit taking place and accommodated via the agenda development process. All visitors are contracted in line with confidentiality and data protection requirements. If there is a particular concern, the provider is to raise this with GOsC prior to the visit to ensure that this can be addressed.

Setting the agenda

The agenda will confirm key representatives who will be required to attend the visit and detail what teaching, and learning will be observed. The final agenda should be confirmed with the provider **three weeks** prior to the visit taking place.

In development of the agenda the visitors will discuss who they would like to meet with at the visit, and what observations and teaching they would like to observe, and in collaboration with the GOsC QA Visit Manager, provide a draft agenda. This will be shared with the provider who can suggest amendments such as timings to better accommodate the teaching schedules. Once agreed by both the visitors and the provider, the provider can set plans in motion to ensure the visit can accommodate the requirements. Where teaching learning observations have been identified, it will be the providers responsibility to ensure that the teacher/lecturer is aware that the observation will take place in advance of the visit.

The purpose of setting the agenda in advance is to ensure both the provider and visitor are able to ensure the visit is structured to allow full opportunity to access adequate teaching and learning observations and key staff, students and patients. If at the visit the visitors feel there is a need to explore an area further, they will discuss with the provider and additions or amendments that are required to the visit agenda.

An example agenda can be found in Annex B.

The visit

The purpose of the visit itself is to provide the opportunity to verify and triangulate the mapping tool and evidence, through meeting key representatives, the observation of teaching and learning, and where appropriate view further visual documentation. There is also the opportunity to follow up any concerns at the visit. This triangulation process allows the visitors to form a consensus of whether the provider and the courses allow the students to meet the OPS. Visitors may ask for additional evidence/documentation to be provided on the day to support in their decision making.

The structure of the visit will be agreed in advance following PEC confirmation of the specification for the visit and agreement of the agenda between the provider and visitor.

The visit may be observed or supported by a member of the GOsC team. If this is the case, the provider will be notified in advance. The role of observer will be maintained unless there are issues arising that relate to public protection that may require the need to address these.

The visit will provide assurances that:

- facilities and resources are in place to support student's education to allow them to demonstrate the OPS
- appropriately qualified external examiners are in place to report on the quality of learning
- providers policies are aligned to the themes of the SET
- curricula and assessments enable students to achieve the OPS
- the learning environment supports a diverse learning environment
- patients and service users are fully engaged in the process
- appropriate governance structures and resources are in place

The length of the visit should be sufficient to meet the outcomes of the RQ specification and will be discussed and agreed with the provider in each case.

At the start of the visit, an introductory meeting will be required. This allows for visitors and key provider staff to introduce themselves, and for the provider to present any introductory information about the Osteopathic Education Institution. The provider must make the visitors aware of who is leading the visit coordination and emergency point of contact. It is also an opportunity to set the collaborative tone of the visit giving providers an opportunity to ask questions and seek clarity on areas of the visit.

The provider will be responsible for ensuring there is appropriate space available to conduct the review. This should consist of a private space for the visiting team to work and discuss, and another space to meet students and staff. In advance of the visit, the provider should arrange with key representatives when they will be required during the visit and prepare examples of students work. Student work will support in determining whether:

- the curriculum is delivered as outlined in the documentation
- the assessment results obtained by students allow them to meet the OPS
- the learning outcomes are reflected in the delivery of the teaching

All meetings with students, staff and patients will be confidential.

Teaching and learning observation

- Provider will have briefed teacher/lecturer and students who are to be observed on completion of the agenda
- An appropriate number of visitors will observe the teaching and learning to ensure this is not disruptive
- Visitors are not to make comments during the observation
- Observations are used to inform the SET
- Reports will detail overall observations, and not name specific lectures/classes when discussing how the SET are met

Unsolicited information

Providers should ensure that stakeholders are aware of QA visits taking place in advance of the visit, as other stakeholders in the GOsC review (students, staff and patients) have the right to bring information forward about the provider and their courses.

Process:

- Information should be emailed to GOsC for review at: education@osteopathy.org.uk
- An assessment will be made on if the information complies with the specification agreed at PEC.
- If the information does not comply with the visit specification, no further action is required.
- If the information complies with the visit specification, the information will be shared with the visiting team for their consideration and triangulation during the visit. The OEI will be notified that unsolicited information has been received and that it will be considered as evidence. As part of this notification, the OEI will be informed of the area of the specification the information relates to but they will not be provided with a copy of the information to maintain confidentiality of the individual submitting the information.

Any unsolicited information should not be provided directly to the visitors, as for transparency reasons, the visitors should comply with the specification agreed by the PEC. However, if unsolicited information is given to the visitor at the visit, this should be sent to GOsC to action as stated above.

For concerns outside of the review period, these will be dealt with in accordance with the GOsC Managing of Concerns policy. This can be seen in Annex C.

Conduct of visitors

During the visit, members of the visiting team should conduct themselves in a professional and impartial manner, whilst following the scope of the visit as outlined in the RQ specification. We expect of visitors to:

- Conduct themselves in a professional manner at all times, behaving ethically, responsibly and with integrity.
- Maintain confidentiality of conversations throughout and between sessions during the visit.
- Introduce themselves at the start of each session.

Conclusion of the visit

On the last day of the visit, the visiting team will meet in private to discuss their findings and agree a provisional outcome.

The visiting team will also provide high level feedback to the OEI at the conclusion of the visit. This discussion will not confirm outcomes of the visit as this is not possible until the report has been collated and any conditions confirmed. The feedback will allow for general themes of the visit to be discussed, and questions around the next stages of the process to be asked.

Post visit

- **Draft report**

Following the visit, the visiting team will have one calendar week to produce the report and send to GOsC to combine and review. Visitors will review the combined draft report and confirm it accurately reflects the findings of the visit.

- **Report format**

The report will reflect the SET seen in the mapping tool. The overall summary section provides an opportunity to reflect on the review as a whole, with areas for strengths and good practice, areas for development and recommendations, and proposed conditions.

For each theme of the SET, there will be the option to identify whether visitors feel they are ‘met’ or ‘not met’; where a standard is ‘not met’ conditions may be recommended. Additionally, under each theme of the SET in the report there will be the opportunity to identify strengths and good practice, areas for development and recommendations, and if applicable, the conditions. More information on each of these areas can be seen in the following sections.

- **Outcomes of the visit**

Once the visit is concluded, the visitors will confirm their findings to GOsC and recommend the outcome of the visit including any conditions via the draft report. The draft report will be issued 5 weeks post visit and will then be shared with the provider.

- **Initial recognition reviews**

Acknowledging that the awarding of initial Recognised Qualification status is not approved until the decision is made by the Council (for IRR only), and approved by the Privy Council, the following outcomes would be implemented:

- Recommended to recognise qualification status
- Recommended to recognise qualification status subject to conditions being met
- Not recommended to recognise qualification status

Once a decision has been made by Council, subject to approval from the Privy Council, the outcome will change to reflect this:

- Recognised qualification status approved
- Recognised qualification status approved with conditions
- Recognised qualification status denied

Renewal of recognised qualifications

For the renewal of a current RQ, or withdrawal of a RQ, the decision will be made by the Council, and approved by the Privy Council (where there is an expiry date). For existing RQs without and expiry date, the decision to continue recognition is made by the Policy and Education Committee.

Acknowledging that the decision is not final, the following outcomes would be implemented:

- Recommended to renew recognised qualification status
- Recommended to renew or no change (if RQ without expiry date recognised qualification status subject to conditions being met)
- Recommended to withdraw recognised qualification status

Once a decision has been made, by the Council, subject to approval from the Privy Council, the outcome will change to reflect this:

- Recognised qualification status renewed
- Recognised qualification status renewed with conditions
- Recognised qualification status withdrawn

If approval with conditions is recommended, this means that visitors have identified issues in one or more of the nine areas of the SET that have not been closed out at the visit. If the number of issues or barriers to meeting standards is too high, or would require a disproportionate number of conditions to address, then the recommendation to not approve will be made as this signifies too high a risk to student's ability to meet the OPS.

Further information on conditions is detailed in the 'Outcomes of the visit'.

Strengths and good practice

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 the SET should reflect where a provider is particularly strong in meeting the SET 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.

- **Areas for development and recommendations**

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 necessary. These areas should be considered 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.

Conditions

A condition is applied to a Recognised Qualification 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. They can also be identified via other monitoring such as from review of annual reports. Fulfilment of the condition is required to ensure that graduates awarded a RQ continue to meet the OPS.

Where applicable the outcome of the visit report will recommend any conditions for consideration to the Policy and Education Committee. These may be agreed, amended or new conditions imposed on review of the report. It may also be agreed that the condition has been met by time the that visitor report and provider's subsequent action plan is considered by the Committee.

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

Where conditions are required following a visit, visitors are to consider the provider's governance and management processes, and the providers ability to recognise the problems identified at the visit. Where this is deemed to be inadequate it will be difficult for visitors to reach a judgement of 'approval with conditions' and approval

will be declined. Consideration is also to be made about whether the provider will be able to meet a condition within an appropriate time, to ensure that students can continue to meet the OPS.

Conditions will 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 OPS.

Where conditions are set, providers will be required to complete an action plan. Where an action plan is developed following a QA visit, the visiting team will be asked to feedback on the plan to ensure the actions detailed will sufficiently address the concerns that resulted in the condition being set. This action plan will be monitored by PEC to ensure sufficient progress is being made. Providers are required to update the action plan as actions are completed or if there are further risks to being able to fulfil the condition.

Conditions and follow-up

The progression on fulfilling conditions is monitored through PEC meetings. PEC may decide to ask the provider for additional evidence to demonstrate that the conditions are being fulfilled, or impose additional conditions should there be concern that progress is not being made. Where sufficient progress is made, subsequent monitoring of conditions will take place via the provider GOsC annual reporting process, until it is recognised by the Committee that the condition has been met.

Action plan

If the outcome of the review is 'Recommended for approval subject to conditions being met', the provider will need to produce an action plan. The purpose of the action plan is to set out how the condition(s) will be fulfilled should be outcome focused.

- For each condition, the action plan should include:
- the details of the condition and the required timeframe for resolution
- the actions the provider will take to fulfil the condition, and what evidence will be submitted
- how the changes will be implemented
- periodic monitoring of the conditions – when this will be, and updates against the progression

The action plan can be started as soon as the provider has received the draft report, detailing the proposed conditions, about five weeks after the visit. See the section below for further details.

The provider should send the action plan to GOsC within **two weeks** of receiving **the final report**, this will be about 12 weeks after the visit, further information can be seen in the final report section. GOsC will then review the action plan collaboratively and inform the provider if amendments are required. Visitors will also be asked to comment on the action plan to ensure that they are able to confirm whether they feel the actions described allow for the conditions to be fulfilled.

The template for the action plan can be seen in Annex D.

Provider comments

Following the review of the draft report GOsC will issue the report to the provider for their observations by five weeks after the visit. In accordance with the Osteopaths Act, 1993, the providers have 'no less than **one month'** to return their comments. All provider comments should be returned to GOsC within **one month** following receipt of the draft report. A date will be confirmed when the report is submitted. Extensions to the deadline may be agreed, particularly at times of the year when there are public or college holidays.

Upon receipt of the provider's comments, the GOsC, in collaboration with the visiting team will discuss whether to incorporate the comments and discuss with the provider if that is not the case.

The providers comments should be regarding factual inaccuracies and should be based on information at the time of the visit and should not reflect on any changes since the visit has taken place.

Final report

The final report is issued within **2 weeks** after receiving the provider's comments, with the recommendation for that qualification to be considered at the next PEC meeting.

GOsC will then send the final report to the provider.

The timeframes for the final decision are dependent on when the PEC and Council meetings take place; upcoming dates for these meetings are published on the GOsC website.

Approval of review outcome

At the next available PEC meeting, the final report, along with the action plan, if applicable, will be reviewed.

The PEC will consider the report but has discretion as to whether or not they accept the visitors' findings. The PEC may accept the report as it is, or they might amend, add and remove conditions, or make a different judgement based on the visitors' findings.

When the PEC makes the recommendation to 'recognise', renew or withdraw recognition of RQ status to a course, this will be further considered by GOsC Council, who will then (if required) make a recommendation to the Privy Council (unless the qualification is already recognised with no expiry date, when further Privy Council approval is not required to renew recognition). Approval of the RQ is not given until the RQ Order has been agreed by the Privy Council.

Following approval of the review outcome by the privy Council, the report and action plan will be published on the GOsC website.

Feedback

Following the review, GOsC will invite the provider and visitors to give feedback on the review process.

The feedback is used to facilitate a review of the review process and make improvements if appropriate. Should the provider or visiting team have feedback during the visit, this should be provided to the GOsC representative at the visit for recording and implementing actions if required.

Complaints and concerns process during a visit

Should there be any complaints or concerns identified by any stakeholder during an RQ visit, the following process should be followed:

1. Complaint or concern reported to GOsC member of staff at the visit
2. OEI informed of the complaint or concern
3. Once actions and next steps are identified, the OEI is consulted to confirm acceptance of the decision and next steps
4. The visiting team are informed
5. Actions are implemented
6. The visit is completed
7. Post-visit reflection exercise is completed

Complaints and concerns process prior to or following a visit

We take complaints and concerns about work, staff and levels of service very seriously. If you are dissatisfied with any aspect of our work, please contact us immediately to discuss your concerns on education@osteopathy.org.uk If you are still dissatisfied and wish to take the matter further, please follow the process for raising a formal complaint.

Formal complaints

All stakeholder complaints will be handled consistently and in line with the formal complaints procedure.

- **How to make a formal complaint**

All formal complaints must be made in writing. Complaints may be sent by post or by email. Write to:

General Osteopathic Council

Osteopathy House

176 Tower Bridge Road

London

SE1 3LU

Email: education@osteopathy.org.uk

To enable us to commence an investigation, please provide us with:

- a clear, detailed description of what the complaint is about, including personnel involved and providing dates and times (where relevant)
- copies of any correspondence relating to the complaint

- **What happens next?**

The QA Visit Manager will:

- log the complaint
- write a letter/send an email of acknowledgement to the complainant within two working days;
- investigate the complaint. The QA Visit Manager will initiate an investigation, with the aim of providing a full response to the complainant within 20 working days. The QA Visit Manager may refer the complaint to the Head of Policy and Education who may seek further assistance from other relevant staff to assist in the investigation. The investigation will involve seeking evidence from the QA visitor(s) or staff member about whose performance the complaint has been made, and from any other relevant sources. It may also, where necessary and appropriate, involve contacting the complainant to discuss the issues in more detail.
- The process will normally be completed within 20 working days of receipt of the complaint. In exceptional circumstances (for example, where the issues involved are particularly complex and/or the relevant personnel are not readily available for reasons beyond our control), it may be necessary to extend the period of the investigation. Where this proves necessary, the complainant will be provided with a progress report within 20 working days. At the conclusion of the investigation, the investigating officer will conclude whether the complaint is:
  - upheld;
  - not upheld, or
  - not proven.

This decision will be final. The investigating officer will write a report outlining the reasons for the decision. The QA Visit Manager will:

- send a copy of the report, together with a covering letter, to the complainant and all other stakeholders involved. A copy will also be placed on file.
- If a complaint is upheld, then the investigating officer will consider, in consultation as appropriate with other members of the project team, what if any, corrective and/or disciplinary action should be taken in respect of an individual. For example, a QA visitor might
- be subjected to enhanced QA strategies including observations and additional monitoring or, in the case of a serious complaint, immediate removal from the pool of QA visitors available for deployment.
- For a not upheld or not proven complaint, the investigating officer will nonetheless consider, in consultation as appropriate with other members of the project team, whether there are lessons to be learned and actioned. These will be addressed as part of the normal QA process. All feedback received either positive or negative will be used to inform our continuous cycle of improvement.

Annual reporting and monitoring

Annual self-reporting

The GOsC annual report is a fundamental part of the QA process. The purpose of the report is to confirm the maintenance of the Osteopathic Practice Standards and Standards for Education and Training. Each year, the education providers will be required to update their annual report. The template allows for providers to have a baseline from the previous years report to build on and provide progress. This will usually take place between August and December. This process gives providers an opportunity to reflect on their performance against the Osteopathic Practice Standards and Standards for education and Training. It is an opportunity to self-reflect and demonstrate their own unique way of meeting the Standards, providing evidence to support this where necessary.

The reports are submitted to GOsC on a secure SharePoint site. The GOsC will analyse submissions, and if required request further information from the provider. Analysis reports are shared with the provider and presented to the Policy and Education Committee for consideration. As part of this process, providers may be required to provide additional evidence and assurance.

Providers are encouraged to provide evaluative comments where possible, demonstrating that they are able to evidence effective demonstration of the Osteopathic Practice Standards and Standards for Education and Training. Where risks are identified, providers are asked to demonstrate how they are effectively mitigating against those risks to ensure that the RQ is not compromised.

Annual report recommendations

Areas for development and their subsequent recommendations are provided where it has been identified that there is an opportunity for improvement during the annual reporting process. These areas should be monitored by the provider and the recommendations implemented, if appropriate.

Recommendations identified in the annual report must be reported on by the provider as part of the following year's annual report submission. Where recommendations have not been applied, providers must provide rationale as to why.

Timelines and process Providers will be issued with an annual report submission template and will have three months to complete updates against baseline narratives for the previous academic year. Typically this takes place between late August /early September and late November/early December.

Following submission, GOsC will review and identify any gaps or clarifications, which will be sent to the provider by email. Providers will have two weeks to respond. Clarifications will be sought on one occasion only, and any requested further information not provided will be highlighted as an incomplete submission to the Policy and Education Committee.

Annual reporting exceptions

If a provider has undertaken an RQ review or IRR visit within the academic year being reported on, the provider can submit a reduced annual report submission consisting of student and educators data, fitness to practice cases, and yearly accounts and insurance. As the visit is based on the Standards for Education and Training, any updates to the baseline data (or data provided if an IRR visit), will form the basis for the next full annual report submission completed.

Monitoring visits

Following the risk-based approach described in section 2, there may be need for an additional monitoring and scrutiny to take place. Such triggers to this could be:

- Changes to curricula/course
- Feedback from the annual report
- Concerns over the progress of meeting conditions
- Concerns made from student feedback, or adverse reporting on the provider

Responses to any concerns will follow a systematic approach. Different layers of scrutiny will apply dependent on the level of risk presented. Providers may be required to provide additional evidence to be reviewed. If this evidence is not sufficient, or further triangulation is required, and there are seen to be lots of areas to follow up, a monitoring visit will take place. Where possible, this will also incorporate the elements of a RQ visit, to not duplicate the process.

If a visit is required, the specification will be agreed, and an agenda set as per section Annex B.

- The appointment of visitors will follow the same process as described in 'Agreeing the date of the visit and confirmation of visitors' with confirmation of the visiting teams being made by GOsC.

  Should there be a perceived significant risk to the student learning environment or the public safety, visits are to be scheduled outside of the timelines, and are subject to withdrawal of RQ.

Mapping tool guidance

The aim of the mapping tool is to self-evaluate against the Standards for Education and Training (SET), reflecting on strengths and areas for development, in an open and honest way, to ensure that all information and evidence relating the SET is seen prior to the visit. Any missing information could result in a condition at the visit.

The mapping tool and associated evidence should be uploaded to a secure SharePoint site. Each provider and visitor will be provided with details on how to access this site when applicable.

There are five sections to the mapping tool:

1. Provider details: this section requires information on the provider and the course.
2. Overall aims of the course: in this section the provider should identify what the overall aims of the course are. This information will be used in the review to assess against and the report will identify if the course meets these broader aims.
3. Provider's key areas of focus: this section provides the provider the opportunity to reflect on what they think are the main concerns, and areas that should therefore be focused on, based on their latest annual report and previous conditions.
4. SET: for existing RQ providers who have completed the annual report process, the SET sections of the mapping tool will be prepopulated with the latest version of the annual report; this will be in the 'annual report narrative' column. Changes to this information should be made in the same way as they are in the annual report, in another colour. The 'additional narrative for RQ visit' column should contain information that is not provided as part of the annual report, relevant evidence should be provided that supports this information. The section below provides guidance on the sorts of additional information required. The document mapping section should clearly identify what evidence provided supports the SET. Where only a specific section of a document is applicable, this should be made clear using section or page numbers.

   When uploading evidence, the nomenclature should reflect the standard numbering. For example, for standard 1(i), each piece of evidence that relates to this review criteria should start with 1(i) followed by a letter. E.g.

   - 1(i)a Student feedback
   - 1(i)b external examiners' report

   This will support in making it clear what the visiting team should be using when reviewing each standard.

   Where a provider has not completed the annual reporting process, the mapping tool will be left blank. The provider should complete the mapping tool in the same way as set out above, completing the section that would form the annual report and the additional information sections separately. The annual report narrative will then form the basis for the annual report going forward. To support the provider, guidance for completing the annual report templates will also be provided which will provide information as to what to provide against the standards and a completed example submission.

5. Evidence seen at visit: this section is to detail further evidence seen at visit that was not originally submitted as part of the mapping tool by the provider. This ensures that all the evidence seen as part of the review is collated in one place. It is the responsibility of the visitors to update this section following the visit.

A.1. Guidance on the SET additional narrative to the visit

Ref.	Standard	Example additional information
1. Programme design, delivery and assessment		
[i]	they implement and keep under review an open, fair and transparent, fair and inclusive admissions process, with appropriate entry requirements including competence in written and spoken English	Good practice, challenges, and risks and risk mitigation Recruitment data External examiner reports Staff training records Student complaint and appeal examples
[ii]	there are equality and diversity policies in relation to applicants, and that these are effectively implemented and monitored	
[iii]	they implement a fair and appropriate process for assessing applicants' prior learning and experience	
[iv]	all staff involved in the design and delivery of programmes are trained in all policies in the educational provider (including policies to ensure equality, diversity and inclusion), and are supportive, accessible, and able to fulfil their roles effectively	
[v]	curricula and assessments are developed and evaluated by appropriately experienced and qualified educators and practitioners	
[vi]	they involve the participation of students, patients and, where possible and appropriate, the wider public in the design and development of programmes, and ensure that feedback from these groups is regularly taken into account and acted upon	
[vii]	the programme designed and delivered reflects the skills, knowledge base, attitudes and values, set out in the Guidance for Pre-registration Osteopathic Education (including all outcomes including effectiveness in teaching students about health inequalities and the non-biased treatment of diverse patients)	
[vii]	assessment methods are reliable and valid, and provide a fair measure of students' achievement and progression for the relevant part of the programme	

Ref.	Standard	Example additional information
[ix]	subject areas are delivered by educators with relevant and appropriate knowledge and expertise (teaching osteopathic content or supervising in teaching clinics, remote clinics or other clinical interactions must be registered with the GOsC or with another UK statutory health care regulator if appropriate to the provision of diverse education)	
[x]	there is an effective process in place for receiving, responding to and learning from student complaints	
[xi]	there is an effective process in place for students to make academic appeals	
2. Programme governance, leadership and management		
[i]	they effectively implement effective governance mechanisms that ensure compliance with all legal, regulatory and educational requirements, including policies for safeguarding, with clear lines of responsibility and accountability, this should include effective risk management and governance, information governance and GDPR requirements and equality, diversity and inclusion governance and governance over the design, delivery and award of qualifications	Good practice, challenges, and risks and risk mitigation Commercial and financial information Financial stability Business plans Risk register and risk management
[ii]	have in place and implement fair, effective and transparent fitness to practice procedures to address concerns about student conduct which might compromise public or patient safety, or call into question their ability to deliver the OPS	
[iii]	there are accessible and effective channels in place to enable concerns and complaints to be raised and acted upon	
[iv]	the culture is one where it is safe for students, staff and patients to speak up about unacceptable and inappropriate behaviour, including bullying, (recognising that this may be more difficult for people who are being bullied or harassed or for people who have suffered a disadvantage due to a particular protected characteristic and that different avenues may need to be provided for different people to enable them to feel safe), external avenues of support and advice and for raising concerns should be signposted, for example, the General Osteopathic Council, Protect (a speaking up charity operating across the UK), the National Guardian in England, or resources for speaking up in Wales, resources for speaking up in Scotland, resources in Northern Ireland	

Ref.	Standard	Example additional information
[v]	the culture is such that staff and students who make mistakes or who do not know how to approach a particular situation appropriately are welcomed, encouraged and supported to speak up and to seek advice and support	
[vi]	systems are in place to provide assurance, with supporting evidence, that students have fully demonstrated learning outcomes	
3. Learning culture		
[i]	there is a caring and compassionate culture within the educational provider that places emphasis on the safety and well-being of students, patients, educators and staff, and embodies the Osteopathic Practice Standards	Good practice, challenges, and risks and risk mitigation Student feedback Meeting minutes
[ii]	they cultivate and maintain a culture of openness, candour, inclusion and mutual respect between staff, students and patients	
[iii]	the learning culture is fair, impartial, inclusive and transparent, and is based upon the principles of equality and diversity (including universal awareness of inclusion, reasonable adjustments and anticipating the needs of diverse individuals), it must meet the requirements of all relevant legislation and must be supportive and welcoming	
[iv]	processes are in place to identify and respond to issues that may affect the safety, accessibility or quality of the learning environment, and to reflect on and learn from things that go wrong	
[v]	students are supported to develop as learners and as professionals during their education	
[vi]	they promote a culture of lifelong learning in practice for students and staff, encouraging learning from each other, and ensuring that there is a right to challenge safely, and without recourse	
4. Quality evaluation, review and assurance		
[i]	effective mechanisms are in place for the monitoring and review of the programme, to include information regarding student performance and progression (and information about protected characteristics), as part of a cycle of quality review	Good practice, challenges, and risks and risk mitigation Student progression data
[ii]	external expertise is used within the quality review of osteopathic pre-registration programmes	

Ref.	Standard	Example additional information
[iii]	there is an effective management structure, and that relevant and appropriate policies and procedures are in place and are reviewed regularly to ensure they are kept up to date	
[iv]	they demonstrate an ability to embrace and implement innovation in osteopathic practice and education, where appropriate	
5. Resources		
[i]	they provide adequate, accessible and sufficient resources across all aspects of the programme, including clinical provision, to ensure that all learning outcomes are delivered effectively and efficiently	Good practice, challenges, and risks and risk mitigation
[ii]	the staff-student ratio is sufficient to provide education and training that is safe, accessible and of the appropriate quality within the acquisition of practical osteopathic skills, and in the teaching clinic and other interactions with patients	
[iii]	in relation to clinical outcomes, educational providers should ensure that the resources available take account, proactively, of the diverse needs of students. (for example, the provision of plinths that can be operated electronically, the use of electronic notes as standard, rather than paper notes which are more difficult for students with visual impairments, availability of text to speech software, adaptations to clothing and shoe requirements to take account of the needs of students, published opportunities to adapt the timings of clinical sessions to take account of students' needs)	
[iv]	there is sufficient provision in the educational provider to account for the diverse needs of students, for example, there should be arrangements for mothers to express and store breastmilk and space to pray in private areas and places for students to meet privately	
[v]	that buildings are accessible for patients, students and osteopaths	
6. Students		
[i]	are provided with clear and accurate information regarding the curriculum, approaches to teaching, learning and assessment and the policies and processes relevant to their programme	Good practice, challenges, and risks and risk mitigation

Ref.	Standard	Example additional information
[ii]	have access to effective support for their academic and welfare needs to support their development as autonomous reflective and caring Allied Health Professionals	Student feedback Lesson plans
[iii]	have their diverse needs respected and taken into account across all aspects of the programme (consider the GOsC Guidance about the Management of Health and Disability)	
[iv]	receive regular and constructive feedback to support their progression through the programme, and to facilitate and encourage reflective practice	
[v]	have the opportunity to provide regular feedback on all aspects of their programme, and to respond effectively to this feedback	
[vi]	are supported and encouraged in having an active voice within the education provider	
7. Clinical experience		
[i]	clinical experience is provided through a variety of mechanisms to ensure that students are able to meet the clinical outcomes set out in the Guidance on Pre-registration Osteopathic Education	Good practice, challenges, and risks and risk mitigation Clinic logs
[ii]	there are effective means of ensuring that students gain sufficient access to the clinical experience required to develop and integrate their knowledge and skills, and meet the programme outcomes, in order to sufficiently be able to deliver the Osteopathic Practice Standards	
8. Staff support and development		
[i]	educators are appropriately and fairly recruited, inducted, trained (including in relation to equality, diversity and inclusion and the inclusive culture and expectations of the educational provider and to make non-biased assessments), managed in their roles, and provided with opportunities for development	Good practice, challenges, and risks and risk mitigation Staff feedback
[ii]	educators are able to ask for and receive the support and resources required to effectively meet their responsibilities and develop in their role as an educator	
[iii]	educators comply with and meet all relevant standards and requirements, and act as appropriate professional role models	

Ref.	Standard	Example additional information
[iv]	there are sufficient numbers of experienced educators with the capacity to teach, assess and support the delivery of the recognised qualification (those teaching practical osteopathic skills and theory, or acting as clinical or practice educators, must be registered with the General Osteopathic Council, or with another UK statutory health care regulator if appropriate to the provision of diverse education opportunities)	
[v]	educators either have a teaching qualification, or are working towards this, or have relevant and recent teaching experience	
9. Patients		
[i]	patient safety within their teaching clinics, remote clinics, simulated clinics and other interactions is paramount, and that care of patients and the supervision of this, is of an appropriate standard and based on effective shared decision making	Good practice, challenges, and risks and risk mitigation Patient feedback
[ii]	effective safeguarding policies are developed and implemented to ensure that action is taken when necessary to keep patients from harm, and that staff and students are aware of these and supported in taking action when necessary	
[iii]	the staff student ratio is sufficient to provide safe and accessible education of an appropriate quality	
[iv]	they manage concerns about a student's fitness to practice, or the fitness to practice of a member of staff in accordance with procedures referring appropriately to GOsC	
[v]	appropriate fitness to practise policies and fitness to study policies are developed, implemented and monitored to manage situations where the behaviour or health of students poses a risk to the safety of patients or colleagues	
[vi]	the needs of patients outweigh all aspects of teaching and research	
[vii]	patients are able to access and discuss advice, guidance, psychological support, self-management, exercise, rehabilitation and lifestyle guidance in osteopathic care which takes into account their particular needs and preferences	

Annex B

Example visit agenda

Agenda for visit

Provider:

Date of visit:

Course reviewed:

Visitors:

First day of visit	
Start	Welcome and introduction meeting between visiting team and **key provider personnel to provide an overview of the provider** Standard fire and safety protocols
Morning	Tour of facilities Meeting with Course Leader Meeting with senior management
Afternoon	Meeting with staff to discuss governance Meetings with students
Close	End of day touch-point between visiting team and provider
Second day of visit	
Morning	Meeting with support services Patient focus group meeting Marketing meeting
Afternoon	Meeting with clinic administration staff Clinic observations
Close	End of day touch-point between visiting team and provider
Third day of visit	
Morning	Teaching observations Meeting with recent graduates
Afternoon	Meeting with teaching staff Visiting team working session to review findings from the visit
Close	Feedback session between provider and visiting team

GOsC Management of Concerns Policy

C.1 Procedure for dealing with concerns about osteopathic education

C.2.1 Summary

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

C.2.2 Introduction

7. 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.

C.2.3 Purpose

8. 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.

9. This policy outlines how we manage concerns about osteopathic education.

C.2.4 About the General Osteopathic Council

10. 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.

11. 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 providers.

C.2.5 What we will consider

12. 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.

C.2.6 What we will not consider

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

14. 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.

C.2.7 The Public Interest Disclosure Act 1998

15. 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.

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

17. 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 to explore alternative options that may be available.

C.2.8 Procedure for considering concerns

A..8.1 Stage 1: Screening

18. 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?

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

20. 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

21. 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.

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

23. 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?

24. 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.

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

C1.9.1.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.

C.2.9 Stage 2: Investigation

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

27. 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.

28. 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

29. 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.

C.2.10 Stage 3: Decision

30. 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

31. 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.

C.2. Alternative routes for redress

C.2.11 The Office of the Independent Adjudicator (OIA)

32. The OIA is an independent body set up to review student complaints in England and Wales.

C.2.12 Legal advice

33. 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 on their website.

C.2.13 GOsC Corporate Complaints Procedure

34. Complaints about decisions made under this policy can be made through our Corporate Complaints Procedure.

Action plan template

General Osteopathic Council

GOsC Education Quality Assurance

Action plan template

Provider:	**Click or tap here to enter text.**
Date of visit:	**Click or tap here to enter text.**
Course reviewed:	**Click or tap here to enter text.**
Contributors to action plan:	**Click or tap here to enter text.**

This action plan template is to be completed following the outcome of a visit, where conditions have been identified.

For further details see the Pre-visit review (conditions).

Ref.	Details of condition (from report)	Timeframe	Provider actions and implementation	How this will be monitored	Action closed

The GOsC Quality Assurance Policy

E.1. Purpose

35. 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).

E.2. The legal framework

36. 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*).

37. '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*).

38. '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 well-being 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*).

39. 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.

40. 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.

E.3. Background

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

42. 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*).

E.3.1 Aims and purpose of the GOsC quality assurance process

43. 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 Graduate Outcomes for Osteopathic Pre-registration Education (2022)
    - 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 providers to ensure standards continue to be met
    - Promote equality and diversity in osteopathic education.

44. 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.

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.

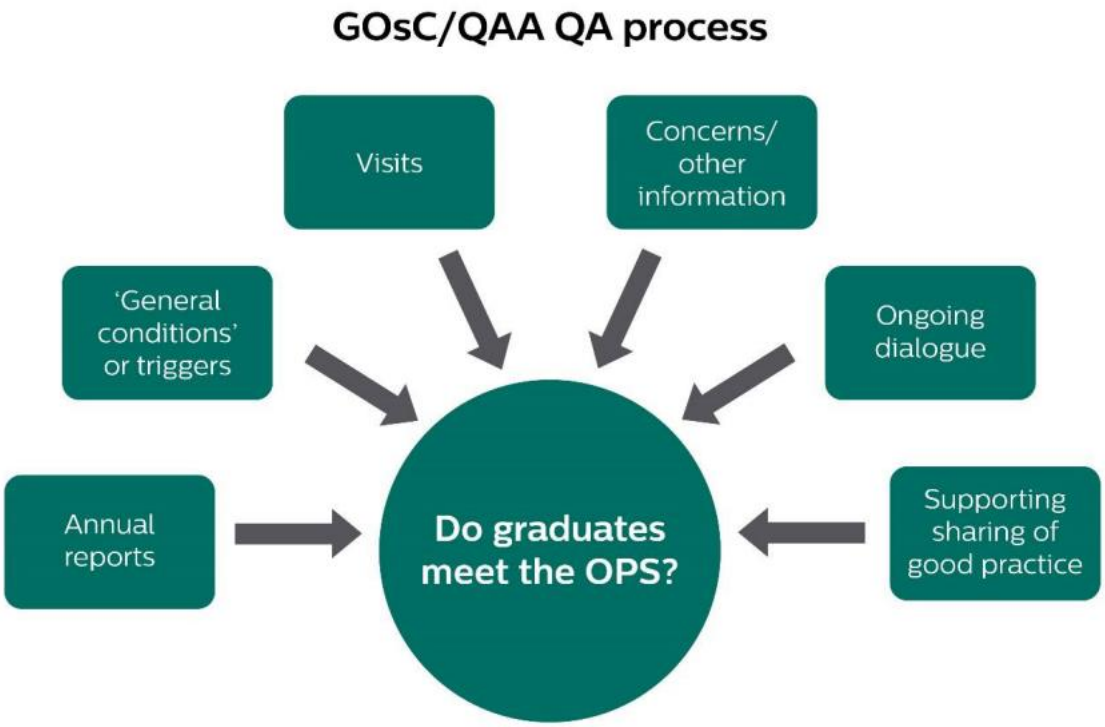


Figure 1 – GOsC Quality Assurance policies and processes to ensure that only graduates meeting the Osteopathic Practice Standards are awarded an RQ.

45. 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.

46. 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.)

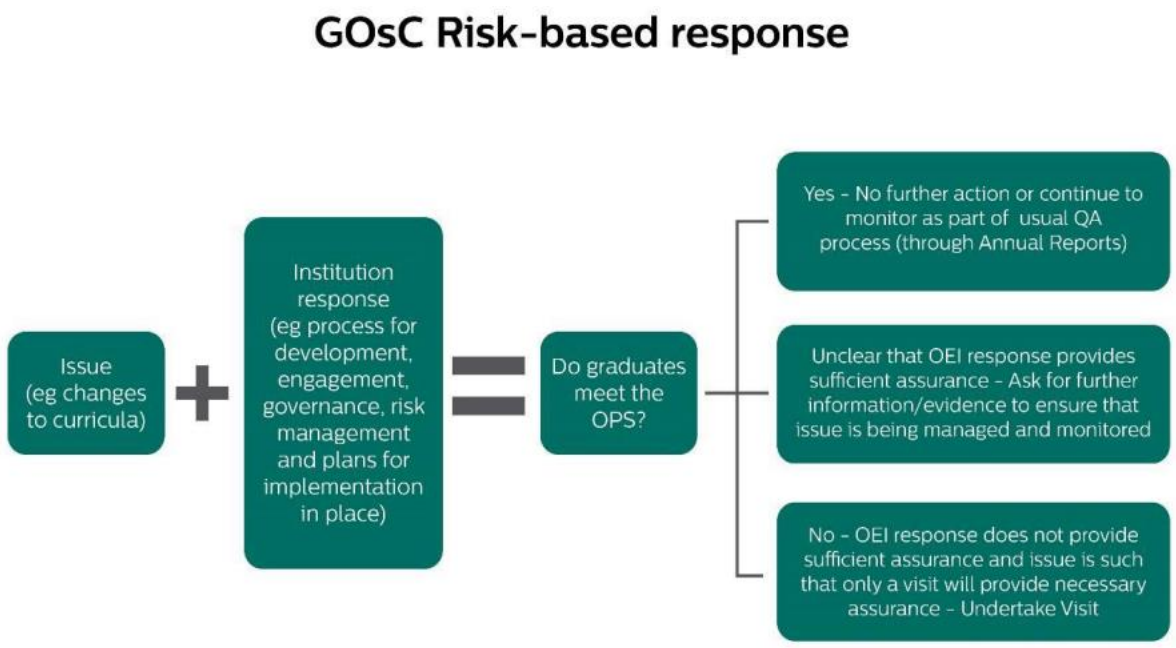


Figure 2 – GOsC risk-based response to the identification, management and monitoring of issues to ensure that only graduates meeting the Osteopathic Practice Standards are awarded an RQ.

47. 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.

E.3.2 Annual Report Analysis

48. 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.

49. The primary reference point for the content and evaluation of RQ Annual Reports is the Osteopathic Practice Standards, along with the Standards for Education and Training (2022). The Graduate Outcomes for Pre-registration Osteopathic Education (2022) 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'.

50. 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

51. 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.

52. The information provided is analysed by GOsC QA team. 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.

53. 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.

54. Annual Report templates are sent out to OEIs typically in August/September of each year and are due for submission in early December of each year. The reports deal with the academic period completed prior to the submission of the report, other than the section on student and educator data which represents the situation in the academic year of submission. Reports are analysed in typically in January and February and considered by the Policy and Education Committee in March.

E.3.3 Visits

55. 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.'

56. 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.

57. 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.

58. The purpose of the Visit is to ensure that RQs are only awarded to graduates meeting the OPS. It is also about ensuring the wider aims of the quality assurance process outlined above at paragraph 9. The visit process is undertaken by expert, trained Visitors (both osteopathic and lay). The visit is managed by the GOsC 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.

59. The operational aspects of the visit process are outlined in the GOsC Quality Assurance Handbook for providers and visitors 2025.

60. 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.

61. The review explores how the provider meets the themes of the Standards for Education and Training (SET) through a self-evaluation and supporting evidence prepared by the provider and the QA visit undertaken by trained visitors. The themes of the SET are as follows:

- 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

62. 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.

63. The report is published on the GOsC website and updates about the fulfilment of conditions are also published on the GOsC website.

64. 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.

65. 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.

66. 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.

E.3.4 General conditions and triggers

67. A set of general conditions are currently attached to RQs which are published on the GOsC website. 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 on our website)

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

- substantial changes in finance
- substantial changes in management
- changes to the title of the qualification
- changes to the level of the qualification
- changes to franchise agreements
- changes to validation agreements
- changes to the length of the course and the mode of its delivery
- substantial changes in clinical provision
- changes in teaching personnel
- changes in assessment
- changes in student entry requirements
- changes in student numbers (an increase or decline of 20 per cent or more in the number of students admitted to the course relative to the previous academic year should be reported).
- changes in patient numbers passing through the student clinic (an increase or decline of 20 per cent in the number of patients passing through the clinic relative to the previous academic year should be reported)
- changes in teaching accommodation
- changes in IT, library, and other learning resource provision
- any event that might cause adverse reputational damage
- any event that may impact educational standards and patient safety

69. 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.

E.3.5 Concerns or other information

70. 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.

71. 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.

72. 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.

73. 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.

74. Further information about our concerns procedure is available in the Procedure for dealing with concerns about osteopathic education available at Annex B.

75. 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.

E.3.6 Supporting sharing of good practice

76. 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.

E.3.7 Ongoing dialogue

77. 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.

78. 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.

79. 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 focused on the high-quality education delivering desired outcomes and is not adversarial or assessment driven.

80. 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.

E.4 Conclusion

81. 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 Handbook contains more detail about how each of these processes is undertaken. A separate GOsC QA Handbook contains more detail about how each of these processes is undertaken.