General Osteopathic Council
Review of Osteopathic Courses and Course Providers

Interim Handbook for Visitors
September 2018
Section 1: Introduction

Under the Osteopaths Act 1993, the GOsC is the statutory regulatory body for osteopaths and osteopathic education providers. The GOsC ensures that courses of osteopathic education meet its requirements for standards and quality, as well as governance and management of the course provider. Those that do are recognised and awarded Recognised Qualification (RQ) status. This allows graduates from those courses to register with the GOsC and practise osteopathy legally in the UK. The RQ is subject to approval from the Privy Council. The GOsC's quality assurance policy is provided at Annex A.

The General Osteopathic Council operates a range of policies and processes to ensure that only graduates meeting the Osteopathic Practice Standards (OPS) 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 osteopathic educational institution (OEI) 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.

![GOsC/QAA QA Process Diagram](image-url)
The GOsC response to information received from a variety of sources will vary taking into account the original source of information, the response of the institution to this and the potential impact on the delivery of standards.

Figure 2 shows that taking into account the original issue, and the response of the OEI, helps the GOsC Education Committee to assess the degree of risk arising to the delivery of standards, and to make a decision about the proportionate action required to ensure that standards are being met. For example, if the risks arising from the implementation of new curricula are outlined and a detailed plan including risks and mitigating actions is submitted by the institution, there is no need for the Committee to undertake any additional action. On the other hand, if the GOsC had received concerns from students, staff or others about the implementation of the new curricula, the GOsC may seek further information to assure itself that standards are being met. (Please note that these examples are merely illustrative. The Committee response will depend on the particular circumstances of the issue and the response in the context of all the information relating to a particular 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**

Decisions concerning the granting, maintenance and renewal of RQ status are usually made following reviews (or visits illustrated in Figure 1) of osteopathic courses and course providers. These reviews comprise the development and submission of a self-evaluation document, analysis, a visit by a team of trained visitors, the submission of a draft report, a right of factual reply by the institution and the submission of the final report. These reviews are conducted by the Quality Assurance Agency for Higher Education (QAA), under contract from the GOsC. This review method is known as GOsC review. The purpose of this handbook is to describe how the GOsC review operates. It has been designed with the specific aim of making the review process as clear as possible.

Throughout this handbook, ‘we’ refers to QAA, and ‘you’ refers to the visitor.

**GOsC/Risk based response**

![Diagram of GOsC/Risk based response](image)
Brief overview of the review process

GOsC review has three different forms:

- recognition review, for new courses seeking RQ status
- renewal review, for courses seeking to renew RQ status
- monitoring review, where the GOsC needs assurance about a particular course or provider, perhaps in relation to the fulfilment of conditions from a previous recognition or renewal review, or because of some important development in the course or provider.

In some circumstances, the GOsC may ask QAA to undertake a combined review. Combined reviews may combine any of the three different types outlined above.

All forms of GOsC review share the same purpose, which is to enable the GOsC to make recommendations on approval to the Privy Council and to assure itself more generally that providers of osteopathic education are both preparing students who are fit to practise osteopathy in accordance with the GOsC’s OPS and capable of evaluating and enhancing their programmes of study. In this context, the GOsC review addresses the following eight areas:

- course aims and outcomes
- curricula
- assessment
- achievement
- teaching and learning
- student progression
- learning resources
- governance and management.

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

There are four key reference points that help our review teams to determine how osteopathic courses and their providers are performing in the eight areas set out above. These are:

- the GOsC’s Guidance for Osteopathic Pre-registration Education (2015)
- the GOsC’s Student fitness to practise guidance (2016)
- the UK Quality Code for Higher Education (2011), published by QAA.

The UK Quality Code for Higher Education (Quality Code) brings together those reference points previously known collectively as the Academic Infrastructure. The Quality Code includes the Subject Benchmark Statement: Osteopathy, which retains a crucial role in GOsC review.

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1 Available at: [www.standards.osteopathy.org.uk](http://www.standards.osteopathy.org.uk).
4 Available at: [www.qaa.ac.uk/quality-code](http://www.qaa.ac.uk/quality-code).
The GOsC review will always commence with the GOsC Education Committee agreeing a specification setting out the purpose of the review and any particular areas that the Committee would like the visitors to explore during the visit. This specification is shared with osteopathic educational institutions and published before the visit.

When we carry out a GOsC review visit, you are our representative. There are normally three visitors, who are accompanied by a review coordinator whose role is to manage the review and support you and the provider. The review coordinator is your main point of contact with us and with the provider throughout the review.

Prior to the commencement of the review, you are appointed by the GOsC Education Committee to be a visitor. This appointment is set out in section 12 of the Osteopaths Act 1993, and your duty is to undertake the review in accordance with the specification and procedures outlined in this document and to provide a visit report in conjunction with the other visitors.

Prior to the visit you will undertake analysis of a significant amount of documentation in order to prepare for the visit itself.

At the visit, you will ask questions of the staff, students and senior managers and you may also explore the analysis of patient feedback in order to triangulate the findings from your initial analysis. At the end of the visit, you will make a judgement about whether, and to what extent, the course reflects or continues to reflect the expectations established by the key reference documents described above. The judgement will be expressed as one of the following:

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

Your decision will be sent to the GOsC, which retains discretion over whether it accepts the visitors’ findings.

For the purposes of this handbook, we have separated the review process into three stages. These are:

- pre-visit, which gives details of what you need to do before a visit takes place
- the visit, which outlines what you are responsible for doing during the visit
- post-visit, which describes your role after the visit has finished.

To ensure the process runs smoothly there are specific tasks that must be carried out. Broadly speaking, you are responsible for ensuring that you are available for the whole of the review period and committed to completing the whole process once it has begun.

This involves:

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

The provider is responsible for:

• nominating someone to be a main point of contact with the review coordinator throughout the review
• participating in the review in accordance with the Code of Conduct outlined at Annex C
• providing you with documentation before and during the visit, including the self-evaluation
• discussing the arrangements for the visit with us, including the agenda and the meetings
• letting teaching staff, students and patients know that they can raise issues directly with you through the protocol for ‘unsolicited information’
• ensuring you have an appropriate place to work during the visit
• ensuring the appropriate staff and students are available to meet you
• developing an action plan to address any conditions arising from the review
• giving feedback on our review process.

We (QAA and the review coordinator) are responsible for:

• nominating you
• keeping you informed about our role, timelines and deadlines
• arranging your travel and accommodation
• discussing the arrangements for the visit with you
• making sure the review report is consistent with other review reports
• ensuring that the report is submitted to the GOsC on time.

The GOsC is responsible for:

• maintaining a schedule of reviews, which tells us which courses need reviewing and when
• approving the visitors
• advising us when monitoring reviews are required
• drafting a specification for the review, which is approved by the GOsC Education Committee
• sending your draft report to the provider after the visit and receiving their comments.
Section 2: What the visitors are responsible for considering

Code of conduct

The purpose of the GOsC/QAA review is to ensure that only students meeting the Osteopathic Practice Standards (OPS) are awarded a 'recognised qualification' (RQ).

The GOsC/QAA review visit should be undertaken within a context of dialogue, respect and trust recognising the commitment of both osteopathic educational institutions and visitors to support high quality education and patient care. A more detailed code of conduct for visitors and providers is outlined at Annex C.

The review

All forms of GOsC review share the same purpose, which is to enable the GOsC to make recommendations on approval to the Privy Council and to assure itself more generally that providers of osteopathic education are both preparing students who are fit to practise osteopathy in accordance with the GOsC's OPS and capable of evaluating and enhancing their programmes of study. In this context, GOsC review addresses the following eight areas:

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

These areas are reflected in the headings in the provider's self-evaluation and in the visitors' review report.

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

This section provides further guidance to visitors on what you are responsible for considering under each of these eight areas. You should refer to this section throughout the review process, particularly when you are analysing the provider's self-evaluation, during the visit, and when you are writing your sections of the review report.

We encourage providers to consider the purpose of the self-evaluation in order to provide an honest and reflective evaluation of where the institution is: both strengths and areas for development, drawing on the institution team and the institution's own quality management system to ensure that only students meeting the OPS are awarded an RQ.

The self-evaluation should support constructive and respectful dialogue between the visitors and the institution, recognising the common aim of ensuring high quality education.

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

This area concerns the appropriateness of the intended learning outcomes in relation to the overall aims of the provision, the GOsC's OPS and *The Framework for Higher Education Qualifications in England, Wales and Northern Ireland* (FHEQ), which is part of the Quality Code for Higher Education. It includes the effectiveness of measures taken to ensure that staff and students have a clear understanding of the aims and intended learning outcomes of the courses.

The visitors will consider:

- how well the intended learning outcomes relate to the overall aims of the course and whether they enable the aims to be met
- the extent to which they are aligned with external reference points, including the FHEQ, to provide an appropriate level of challenge to students
- the extent to which they are aligned with the GOsC’s OPS
- how well the intended learning outcomes of a course and its constituent parts are communicated to staff, students and external examiners/verifiers.

Evidence about aims and outcomes may include the definitive course document or programme specification, which providers are asked to submit as part of their self-evaluation, module or unit descriptors, and student handbooks.

Curricula

This concerns the effectiveness of curriculum design and content in enabling the intended learning outcomes to be achieved.

The visitors will consider:

- how the provider plans the curriculum design and content and how decisions about contributing modules and their sequencing are made
- whether the design and content of the curricula encourage achievement of the intended learning outcomes in terms of knowledge and understanding, cognitive skills, subject-specific skills (including practical/professional skills), transferable skills, progression to employment and/or further study, and personal development
- the extent to which curriculum content and design are informed by recent developments in techniques of teaching and learning, current research, scholarship or consultancy, feedback from patients and by any changes in relevant occupational or professional requirements
- how the provider ensures that the design and organisation of the curriculum provide appropriate academic and intellectual progression and are effective in promoting student learning and achievement of the intended learning outcomes
- to what extent the provider’s arrangements for designing, monitoring and reviewing the curriculum reflect *Chapter B1* of the Quality Code.

Sources of evidence about curricula may include curriculum documents, review reports, reports from professional bodies, placement reports from employers, analyses of patient feedback, course and student handbooks and module descriptors.
Assessment

Assessment addresses the effectiveness of student assessment in measuring the achievement of the intended learning outcomes of courses.

The visitors will consider:

- the extent to which the overall assessment strategy has an adequate formative function in developing student abilities, assists them in the development of their intellectual skills, and enables them to demonstrate achievement of the intended learning outcomes in all learning settings
- the assessment methods selected and their appropriateness to the intended learning outcomes, and to the type and level of work
- the criteria used to enable internal and external examiners/verifiers to distinguish between different categories of achievement, and the way in which criteria are communicated to students
- the security, integrity and consistency of the assessment procedures, the setting, marking and moderation of work in all learning settings, and the return of student work with feedback
- how employers and other professionals contribute to the development of assessment strategies, where appropriate
- to what extent the provider's arrangements for assessment reflect Chapters B6 and B7 of the Quality Code on external examining and assessment, respectively.

The sample of student work, which the visitors will see at the visit, is particularly important in enabling you to take a view about the effectiveness of the provider's arrangements for student assessment. Other sources of evidence may include annual review reports, external examiners'/verifiers' reports and statistical data.

Achievement

Achievement concerns the extent to which students achieve the learning outcomes set.

The visitors will consider:

- the evidence that students' assessed work demonstrates their achievements of the intended learning outcomes
- the evidence that standards achieved by learners meet the minimum expectations for the award as measured against the FHEQ, the GOsC's OPS and the Subject Benchmark Statement: Osteopathy, which is part of the Quality Code
- whether students are prepared effectively for their subsequent employment roles
- the levels of achievement indicated by the statistical data, whether there are any significant variations between modules and the successful progression to employment
- how the provider promotes student retention and achievement.

Again the sample of student work will be an important source of evidence. Other sources may include external examiners'/verifiers' reports, any placement or clinical practice supervisors' reports, assessment board minutes, and statistical data on achievement and career destinations.
Teaching and learning

This area reviews the effectiveness of teaching and learning, in relation to course aims, the intended learning outcomes and curriculum content.

The visitors will consider:

- the range and appropriateness of teaching methods employed in relation to curriculum content and course aims
- how staff draw upon their research, scholarship, consultancy or professional activity to inform their teaching
- the ways in which participation by students is encouraged and how learning is facilitated
- how the materials provided support learning and how students’ independent learning is encouraged
- student workloads
- how quality of teaching is maintained and enhanced through staff development, peer review of teaching, integration of part-time and visiting staff, effective team teaching and the induction and mentoring of new staff
- how feedback from patients informs teaching.

Sources of evidence may include student evaluation of their learning experience, internal review documents, staff development documents, course and student handbooks, analyses of patient feedback and discussions with staff and students. The visit will normally include direct observation of both clinical and non-clinical teaching.

Student progression

Student progression concerns the effectiveness of strategies for recruitment, admission and academic support and guidance to facilitate students’ progression and completion of the course.

The visitors will consider:

- the effectiveness of arrangements for recruitment, admission and induction, and whether these are generally understood by staff and students
- the overall strategy for academic support and its relationship to the student profile and the overall aims of the course
- how learning is facilitated by academic guidance, feedback and supervisory arrangements
- the arrangements for academic tutorial support, their clarity and their communication to staff and students, and how staff are enabled to provide the necessary support to students
- the quality of written guidance
- the extent to which arrangements are in place and effective in facilitating student progression towards successful completion of their courses
- to what extent the provider’s provision reflects Chapter B3 of the Quality Code on learning and teaching
- to what extent procedures exist for establishing student fitness to practise.

Sources of evidence might include statistical data on application, admission, progression and completion, policy statements on admission and learning support, course and student handbooks, and student evaluation of admission, induction and tutorial support.
Learning resources

This area addresses the adequacy of human and physical learning resources and the effectiveness of their utilisation. In particular, it should demonstrate a strategic approach to linking resources to intended learning outcomes at course level.

The visitors will consider:

- staffing levels and the suitability of staff qualifications and experience, including teaching and non-teaching staff
- professional and scholarly activity to keep abreast of emerging, relevant subject knowledge and technologies
- research activity
- staff development opportunities, including induction and mentoring for new staff, and whether opportunities are taken
- library facilities including relevant and current book stock
- journals and electronic media
- access times and arrangements, and induction and user support provision
- computing hardware, both general and subject-specific software availability, and currency
- accessibility, including times of opening and opportunities for remote access, and induction and user-support provision
- specialist accommodation, equipment and consumables
- adequacy, accessibility, induction, user-support and maintenance
- suitability of staff and teaching accommodation in relation to the teaching and learning strategy and the provision of support for students.

Sources of evidence may include internal review documents and minutes of meetings, equipment lists, library stocks, staff curricula vitae, external examiners'/verifiers' reports and staff development documents.

Governance and management

Governance and management encompasses financial and risk management and the effectiveness of measures taken to maintain and enhance academic standards and the quality of learning opportunities.

Providers should be able to demonstrate that:

- academic and financial planning, quality assurance and resource allocation policies are coherent and relate to the provider's mission, aims and objectives
- there is a clarity of function and responsibility in relation to governance and management systems
- across the full range of the provider's activities, there is demonstrable strength of academic and professional leadership
- policies and systems are developed, implemented and communicated in collaboration with staff and students
- the provider's mission and associated policies and systems are understood, accepted and actively applied by staff and, where appropriate, students
- the provider is managing successfully the responsibilities vested in it by its validating university and the GOsC
- the provider monitors its operational policies and systems and changes them when required
• there is reliable information to indicate continued confidence and stability over an extended period of time in the organisation's governance, financial control and quality assurance arrangements, and organisational structure.

The visitors will also consider:

• the provider's approach to the quality assurance of the provision and the effectiveness of this approach for the courses under review
• the use made of quantitative data and qualitative feedback from students, external examiners/verifiers and other stakeholders in a strategy of enhancement and continuous improvement
• the provider's responsiveness to internal and external review and assurance processes
• the accuracy of the provider's self-evaluation.

Sources of evidence may include student and staff feedback, external examiners'/verifiers' reports, quantitative data, employers' views, previously published subject review reports and internal review reports.
Section 3: Flow charts of the review process

The following flow charts summarise the pre-visit stage and the post-visit stage. The flow charts on the left describe what the provider does, the ones on the right explain what you do. You should read the flow charts in conjunction with the more detailed guidance in section 4.

Pre-visit

- **Application**
  For new courses, the provider sends the GOsC a formal application.

- **Agreeing a date for the visit**
  We discuss and agree with the provider a date for the visit.

- **Choosing the visitors**
  We nominate visitors to the review, following a check for any conflicts of interest. The GOsC is responsible for approving the visitors.

- **Self-evaluation**
  The provider sends us the self-evaluation at least 10 weeks before the visit.

- **Preliminary meeting**
  The review coordinator goes to the provider at least six weeks before the visit to discuss the arrangements for the visit.

- **Submission of any additional documentation**
  The provider sends us any additional documentation agreed at the preliminary meeting at least four weeks before the visit.

- **Agreeing a date for the visit**
  You tell us when you are available to take part in a visit.

- **Conflicts of interest**
  You tell us if you have any conflicts of interest with the provider or the course under review.

- **Self-evaluation**
  Once we have received a suitable self-evaluation, we will send it to you and ask you to read and analyse it before the preliminary meeting.

- **Preliminary meeting**
  The review coordinator will discuss the people whom you would like to meet and any requests for additional documentation with the provider at the preliminary meeting.

- **Additional documentation**
  If you ask for any additional documentation before the visit, you should read and comment on that too.
**Post-visit**

**Draft report**
We complete the draft visitors’ report and send it to the GOsC. The GOsC sends the report to the provider.

**Draft report**
You draft your section of the report within two weeks of the end of the visit and send it to the review coordinator.

**Provider’s comments**
The provider has not less than one month in which to tell the GOsC about any factual inaccuracies in the draft report.

**Final report**
We ask the visitors to consider the provider’s comments and produce a final report.

**Final report**
We ask you to consider the provider’s comments and agree a final report.

**Action plan**
The provider produces an action plan showing how it intends to fulfil any conditions in the final report.

**Checking the action plan**
We ask the visitors to consider if the action plan is adequate to address any conditions.

**Checking the action plan**
We ask you to consider if the action plan is adequate to address any conditions.

**The GOsC Education Committee**
The final report and action plan are sent to the next available meeting of the GOsC Education Committee.

**The GOsC Council consideration**
The recommendations of the Education Committee will be put before the GOsC Council.

**Outcome**
The GOsC informs the provider of the decision of the GOsC Council on report and action plan.

**Implementing your action plan**
The provider keeps the GOsC updated on progress with the action plan. The GOsC may ask the visitors for advice on progress.

**Implementing the action plan**
The GOsC may ask you for advice on the provider’s progress with the action plan.

**Feedback**
The provider gives us feedback on GOsC review.

**Feedback**
You give us feedback on your experience of GOsC review.
Note that action plans only apply to reviews resulting in a judgement of ‘approval with conditions’.

Section 4: The visitor's role in detail

This section gives more detail about the steps in the flow charts.

Pre-visit

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<th>Agreeing a date for the visit</th>
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<tr>
<td>You tell us when you are available to take part in a visit.</td>
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GOsC review normally involves a two-and-a-half-day visit to the provider. You will spend the first two days of the visit meeting staff and students, observing teaching and reading documentation, considering analysis of patient feedback and the final half-day reflecting on the visit and agreeing your conclusions, including the judgements.

We normally hold visits at the site where the course is delivered, to allow you to meet staff and students and observe teaching.

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

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

Once we have agreed a date for the visit, we will send you an introduction pack (normally by email), which will include:

- a copy of this handbook
- the 'recognised qualification' (RQ) specification for the review agreed by the GOsC Education Committee and relevant committee papers
- a copy of the key reference documents mentioned in Section 1
- weblinks to other review support documentation
- details of how to access the electronic system you will use to communicate with the review coordinator and the other visitors
- a review schedule, showing all the key dates in the review process including the deadline for you to submit your comments on the self-evaluation.

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

Conflicts of interest

You tell us if you have any conflicts of interest with the provider or the course under review.

When we nominate visitors to a review, we check to make sure that they do not have any conflicts of interest by reference to The Osteopaths Act 1993, which states that:
• no person appointed as a visitor may act as a visitor in relation to any place at which he or she regularly gives instruction in any subject or any institution with which he or she has a significant connection
• a person shall not be prevented from being appointed as a visitor merely because he or she is a member of the General Council or any of its committees.

We will check for conflicts of interest before we canvass your availability for the visit (see above). However, it may be possible that we miss a conflict of interest. So if you believe that you have a conflict of interest that we have missed, it is very important that you tell us about it.

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

**Self-evaluation**

Once we have received a suitable self-evaluation, we will send it to you and ask you to read and analyse it before the preliminary meeting.

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

Annex B to the *Handbook for course providers* gives providers detailed guidance on the format, content and length of the self-evaluation. Broadly speaking, it should contain a standard description of the provider and course under review and an account of how the provider and course reflect the expectations established by the key reference documents mentioned in Section 1, under the following headings:

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

These headings match the headings in the review report.

The self-evaluation for a monitoring review may take a different form depending on its objectives.

The review coordinator will check the self-evaluation to make sure it covers all of the areas outlined above. The review coordinator uses a standard checklist to do this, which you can find on our website.

If the review coordinator finds that the self-evaluation covers each area adequately, we will send it to you and ask you to read and comment on it. To help you do this, we will include a self-evaluation analysis template, which is also available on our website. The template is structured according to the headings above. The review coordinator may ask you to focus on particular parts of this template, depending on which areas you will be responsible for writing about.
You should submit your completed analysis template to the review coordinator before the preliminary meeting. This is normally about two weeks after you receive the self-evaluation. The coordinator will tell you exactly when this is due.

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

### Preliminary meeting

The review coordinator will discuss the people whom you would like to meet and any requests for additional documentation with the provider at the preliminary meeting.

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

Please note that the preliminary meeting is between the review coordinator and the provider, visitors are not required to attend.

### Additional documentation

If you ask for any additional documentation before the visit, you should read and comment on that too.

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

The review coordinator will discuss your requests for additional documentation, to support your lines of enquiry, with the provider at the preliminary meeting. If you ask for the documentation to be available before the visit you should read it beforehand.

### The visit

The visit gives you the opportunity to test your understanding and interpretation of the self-evaluation by reference to other sources of evidence including written documentation, meetings with staff and students and the observation of teaching and learning. This is a process called ‘triangulation’. Through triangulation, you are able to develop your understanding of the course and provider and, ultimately, judge whether or not the course and provider meet the expectations set out in the key reference documents: the GOsC’s OPS and the Quality Code.

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

During the visit you will need to see a sample of student work to determine whether:
• student achievement matches the intended learning outcomes of the course
• assessment is designed appropriately to measure achievement of the intended learning outcomes
• the assessments set provide an adequate basis for discriminating between different categories of attainment
• the actual outcomes of programmes meet the minimum expectations for the award and the requirements of the GOsC's OPS.

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

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

You will need to see a representative sample of student work that demonstrates use of the full range of assessment methods for both formative and summative assessments. To enable you to gain a full understanding of the assessment strategy, you will need to read marking guides or other assessment criteria, and any guidance on providing feedback to students through assessment.

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

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

• assist the provider in understanding any issues you are concerned about
• respond to your requests for additional information
• draw your attention to matters you may have overlooked.

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

Visitors are collectively responsible for gathering, verifying and sharing evidence in order that they arrive at a common, unanimous judgement. The visitors will, therefore, operate as a team, and not, for example, hold meetings with staff individually. The exception to this is the observation of teaching and clinics, where a single visitor will be used to minimise disruption. There is a protocol for the observation of teaching and clinics at Annex B (the same as Annex C to the Handbook for course providers). Only visitors with current experience in teaching on osteopathic courses with RQ status will be used to observe teaching and clinics.
Meetings with students are strictly confidential between the visitors and the students; no comments will be attributed to individuals. Staff are not permitted to attend meetings with students.

**Adaptation of the process**

The process for the visit should be as outlined in this Handbook. However, there may be exceptional circumstances, where by agreement the visitors and the institution may wish to alter a particular aspect of the process. To ensure consistency, proportionality, and fairness and a focus on outcomes (as outlined above), alterations to the policy may be agreed in writing by QAA and the GOsC.

**Management of confidential and sensitive information**

We recognise that the osteopathic sector is a small sector operating in a competitive market. Occasionally, there may be confidential or sensitive information that osteopathic educational institutions may feel concerned to share with visitors because of their role in another institution and the perceived value that the information gathered may have in another context. Please note that all visitors are under a strict contractual confidentiality agreement, which requires that they must not divulge or communicate any confidential information for a minimum period of five years, or to use the information for any other purpose than that of the QAA review.

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

- It is for the institution to provide the evidence for the visit.
- It is for the visitors to make clear their lines of enquiry and evidence required being attentive to the management of sensitive and confidential information.
- Dialogue between the institution and the visitors (via the review coordinator) should take place ahead of the visit to agree the nature and extent of the evidence provided (for example, redacted information).
- If the institution does not provide the requested evidence, the evidence for the report risks being weakened with subsequent impact on the findings of the report.
- It is important that these matters are agreed prior to the visit so as not to impact on the time that the visitors spend triangulating information obtained at the visit.

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

**General Data Protection Regulations**

The Quality Assurance Agency Privacy Notice is available at: [www.qaa.ac.uk/privacy-and-cookies](http://www.qaa.ac.uk/privacy-and-cookies).

The General Osteopathic Council Privacy Notice is at [www.osteopathy.org.uk/privacy](http://www.osteopathy.org.uk/privacy).

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

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

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

Anyone wishing to bring information to your attention should do so in writing to QAA. You cannot consider unsolicited information after the visit has ended. Further information for those wishing to disclose information in GOsC review is available in the Protocol for unsolicited information. The provider is responsible for telling its teaching staff and students about this procedure once the date for the visit has been agreed.

Information about concerns received outside a review is dealt with in accordance with the GOsC Managing of Concerns policy. This policy is outlined at Annex E of the General Osteopathic Council review of osteopathic courses and course providers: Handbook for course providers.

Findings and formal judgements

On the final half day of the visit, you will meet with the rest of the review team in private to discuss and agree your findings. The review coordinator will chair this discussion and may provide advice to make sure your conclusions are consistent with the review method. However, the coordinator does not participate directly in the formulation of the judgements, conditions, strengths, examples of good practice and areas for development.

The agenda for the final meeting is normally informal and will vary from review to review. It should allow the visitors to discuss each of the eight areas described in Section 2 (or a subset of these, where applicable), leading to the identification of any strengths, examples of good practice and areas for development.

We define ‘strengths’ as things you regard as making a particularly positive contribution to the provision of osteopathic education. ‘Good practice’ is practice that is innovative, successful in achieving positive results and sustainable in that it may be repeated or made routine. ‘Areas for development’ are areas where you consider improvement is desirable, but which do not warrant conditions.

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

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

A judgement of ‘approval without conditions’ signifies that you have not identified significant problems in any of the eight areas described in Section 2. A judgement of ‘approval without conditions’ may be accompanied by a number of ‘areas for development’.
A judgement of ‘approval with conditions’ applies where you have identified a small number of significant problems, which you are confident will be resolved effectively and in an appropriate time by the application of conditions.

A judgement of ‘approval denied’ indicates that you have identified significant problems, which you consider are too numerous and/or beyond the provider’s capacity to tackle effectively within an appropriate time.

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

In the case of a judgement of ‘approval with conditions’, you should identify the conditions you consider should accompany the RQ status. The conditions should reflect the principles of good regulation in being:

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

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

**Post-visit**

**Draft report**

You draft your section of the report within two weeks of the end of the visit and send it to the review coordinator.

The reports of recognition and renewal reviews have a standard format, which reflects the eight areas described in Section 2. The report will include your judgements, with conditions where appropriate, and highlight any strengths, examples of good practice and areas for development.

Monitoring review reports may take a different form depending on the objectives of the review.

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

**Final report**

We ask you to consider the provider's comments and agree a final report.

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

If the provider makes any comments on the draft report, we will refer these to you and ask whether the draft report should be amended. The review coordinator is responsible for preparing a formal response to the provider’s comments, to explain whether and how the visitors have responded.

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

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

**Checking the action plan**

We ask you to consider if the action plan is adequate to address any conditions.

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

The provider must send the completed action plan to us within two weeks of receiving the final report. In some circumstances, for example where a provider’s action plan suggests that it will not fulfil a particular condition within an appropriate timescale, we may ask you to consider if the action plan needs revising. In such cases we will send the action plan back to the provider for further work.

**Implementing the action plan**

The GOsC may ask you for advice on the provider’s progress with the action plan.

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

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

Normally, providers will be able to demonstrate the fulfilment of conditions through the submission of documentary evidence. Occasionally, however, the GOsC may ask us to undertake a full monitoring review to check on the fulfilment of conditions. The need for such a monitoring review should be established when the report and action plan goes before the Education Committee, although in some cases, for example where a provider fails to meet the deadlines in their action plan, the need may arise later.
If the GOsC asks us to undertake a full monitoring review to check on the fulfilment of conditions, we will normally ask some or all of the original visitors to take part. Additional fees will apply for this activity.

**Feedback**

You give us feedback on your experience of GOsC review.

Feedback helps us to evaluate and improve GOsC review. After the GOsC has made its decision on the review, we will invite you to give us feedback on your experience. There is standard format for you to provide feedback, but you can give feedback on any areas you choose. We also invite the review coordinator and the provider to give us feedback on the review.
Annex A: The GOsC Quality Assurance Policy

Purpose

1 This paper 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 our website.)

The legal framework

2 The GOsC has a statutory duty to 'develop and regulate the profession of osteopathy' (see section 1(2) of the Osteopaths Act 1993).

3 ‘The over-arching objective of the General Council in exercising its functions is the protection of the public’ (see section 1(3A) of the Osteopaths Act 1993).

4 ‘The pursuit by the General Council of its over-arching objective involves the pursuit of the following objectives:

(a) to protect, promote and maintain the health, safety and 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).

5 The GOsC undertakes a range of functions in order to exercise its statutory duties as outlined above by:

- keeping the registers of all those permitted to practise osteopathy in the UK
- setting, maintaining and developing standards of practice and conduct
- assuring the quality of undergraduate and pre-registration education (Quality Assurance)
- assuring that all registrants keep up to date and undertake continuing professional development
- helping patients with any concerns or complaints about registrants and using the power to remove from the register any registrants who are unfit to practise.

6 The GOsC has a wide range of legal powers related to the quality assurance of undergraduate and pre-registration education and, where appropriate, these are outlined in further detail below.

Background

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

8 The GOsC has a statutory duty to set and monitor the standards for pre-registration osteopathic education and a duty of ‘promoting high standards of education and training in osteopathy’. It has statutory powers to visit institutions (see sections 12 and 14 to 16 of the Osteopaths Act 1993) and also has wide powers to require information from osteopathic
educational institutions in order to ensure standards (see section 18 of the Osteopaths Act 1993).

Aims and purpose of the GOsC quality assurance process

9. In order to meet both our overarching and specific statutory duties as outlined above, the GOsC quality assurance processes aim to:

- put patient safety and public protection at the heart of all activities
- ensure that graduates meet the standards outlined in the OPS by meeting the reference points outlined in the Guidance for Osteopathic Pre-registration Education (2015) and the Subject Benchmark Statement: Osteopathy (2015)
- support self-sustaining quality management and governance in ensuring quality
- identify and sustain good practice and innovation to improve the student and patient experience
- identify concerns at an early stage and help to resolve them effectively without compromising patient safety or having a detrimental effect on student education
- facilitate effective, constructive feedback
- identify areas for development or any specific conditions to be imposed upon the course providers to ensure standards continue to be met
- promote equality and diversity in osteopathic education.

10. The General Osteopathic Council operates a range of policies and processes to ensure that only graduates meeting the OPS 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 osteopathic educational institution (OEI) is identifying, managing and monitoring issues impacting on quality. The information obtained enables the GOsC to respond proportionately to ensure that standards are met.

11. The quality assurance policies and processes are outlined in Figures 1 and 2 below. Figure 1 shows that information about issues potentially impacting on standards is obtained through a range of policies and processes. Some may be reported through the OEI’s own quality management processes, some may be reported from other sources.
The GOsC response to information received from a variety of sources will vary taking into account the original source of information, the response of the institution to this and the potential impact on the delivery of standards.

Figure 2 shows that taking into account the original issue, and the response of the OEI, helps the committee to assess the degree of risk arising to the delivery of standards, and to make a decision about the proportionate action to take to ensure that standards are being met. For example, if the risks arising from the implementation of new curricula are outlined and a detailed plan including risks and mitigating actions is submitted by the institution, there is no need for the committee to undertake any additional action. On the other hand, if the GOsC had received concerns from students, staff or others about the implementation of the new curricula, the GOsC may seek further information to assure itself that standards are being met. (Please note that these examples are merely illustrative. The committee response will depend on the particular circumstances of the issue and the response in the context of all the information relating to a particular OEI.)
The next sections provide further detail about the quality assurance policies and processes used to identify issues that may impact on the delivery of standards.

**Annual report analysis**

14. The purpose of Annual Reports is to confirm the maintenance of the OPS, 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.

15. The primary reference point for the content and evaluation of RQ Annual Reports is the OPS, along with the Quality Code. The Guidance for Pre-registration Osteopathic Education (2015) and the Subject Benchmark Statement: Osteopathy (2015) are also used to inform the evaluation of effective management and delivery, in themselves essential to ensuring the OPS 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'.

16. The Annual Report template is available on the GOsC website.

17. 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 institution's own annual monitoring report and action plan) about the previous academic year. Reports include an update on specific and general conditions from the institution (for example changes in management and governance, student numbers, patient numbers). Information is also requested about the management of complaints and appeals.

18. 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.

The information provided is analysed by QAA and the GOsC. If this analysis raises any questions and/or suggests any concerns about the course and/or the provider, it may be followed up directly in a range of ways, as outlined in Figure 2. The information provided may also help the GOsC to identify and address issues of general concern or interest to the osteopathic education sector.

Information is also requested about good practice and this is shared with other osteopathic educational institutions with the aim of enhancing the provision of osteopathic education. It also informs joint working between osteopathic educational institutions and the GOsC, including good practice seminars. Examples provided are usually attributed to institutions.

Annual Report templates are sent out to OEIs in October of each year and are due for submission in December of each year. The reports deal with the academic period completed prior to the submission of the report. Reports are analysed in January and February and considered by the Education Committee in March.

Visits

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.'

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.

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.

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 QAA on behalf of the GOsC to GOsC agreed standards and is carried out through triangulation of live information and evidence by speaking with staff and students, considering information from patients and the assessment of documented information to inform findings.

The operational aspects of the visit process are outlined in the GOsC/QAA Handbooks available at: www.qaa.ac.uk/reviewing-higher-education/types-of-review/general-osteopathic-council-review
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 OPS 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.

The review explores eight areas through a self-evaluation and supporting evidence prepared by the institution and the QA visit, undertaken by trained visitors, as follows:

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

After the visit a report is produced including the visitors' judgement, with one of the following outcomes:

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

The report is published on the GOsC website together with updates about the fulfilment of conditions.

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.

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.

The outcome of the visit is a report which informs the committee's recommendations to Council about whether to award, renew or withdraw an RQ.

General conditions and triggers

A set of general conditions are currently attached to RQs which are published on the GOsC website at: [http://www.osteopathy.org.uk/training-and-registration/becoming-an-osteopath/training-courses](http://www.osteopathy.org.uk/training-and-registration/becoming-an-osteopath/training-courses). In due course, it is expected that OEs 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 OPS. Therefore, OEs are expected to monitor and report on these changes, and assess the risk to delivery of the OPS and report on mitigating actions being undertaken. (Further guidance is provided in the RQ Change Notification Form which is available at [www.osteopathy.org.uk/training-and-registration/information-for-education-providers](http://www.osteopathy.org.uk/training-and-registration/information-for-education-providers).)
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).

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 OPS, in order to make a decision about how to respond, as outlined in Figure 2.

Concerns or other information

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 that relates to the delivery of the OPS, which may arise either during a visit or at any other time.

The concerns procedure is a method for any person (patient, student, staff or other) to provide GOsC with information that may be relevant to our statutory duty to ensure that only those graduates who meet the OPS are awarded an RQ.

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 OPS. It is not, however, a mechanism for resolution of individual concerns between an individual and an institution.

The purpose of the concerns procedure is to ensure patient safety and the delivery of the OPS. The procedure outlines how processes are considered and managed, and how decisions are made and brought to the attention of the committee.

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

If the concern is relevant to the OPS, it is reported to the statutory Education Committee and the issue is managed as part of the committee’s quality assurance process. An appropriate response in accordance with Figure 2 is agreed.
Supporting sharing of good practice

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.

Ongoing dialogue

Through a series of reviews from 2012 onwards, the GOsC has worked with osteopathic educational institutions 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.

It is important for the GOsC QA approach to maintain ongoing relationships through regular discussion, including one-to-one 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
- avoiding regulatory capture - ensuring independence.

Good relationships with osteopathic educational institutions 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.

It is usually the case that ongoing and transparent dialogue between an institution and the GOsC will not require any additional intervention, but each case will depend on the particular context for an appropriate and proportionate response.

Conclusion

This policy has set out the variety of mechanisms used by the GOsC to ensure that RQs deliver the OPS and also deliver the aims of the quality assurance process.
Annex B: Observation of teaching and learning

The observation of teaching and learning is part of any recognition or renewal review, (unless the recognition review is of a new provider and the review is taking place before students have begun the course). In monitoring review, observation will only take place if it is relevant to what the GOsC has asked us to investigate.

Observation gives visitors further insight into the students' experience of the course and provider, in order to help them determine whether the provision meets the expectations set out in the key reference documents. Observation is not an appraisal of the teacher or lecturer.

Visitors normally undertake the observation alone in order to minimise disruption. Only visitors with current experience in teaching on osteopathic courses with RQ status will be used to observe teaching and clinics.

The review coordinator will discuss the arrangements for observation at the preliminary meeting. Before the observation takes place, the visitor will meet the lecturer to discuss the overall objectives of the session and what the lecturer intends the students to gain from it. It is essential that the visitor understands the purpose of the session; for example, a lecture with the express purpose of transmitting information will be designed differently from a class aimed at developing practical clinical skills.

The visitor should not make comments during a session and should not engage directly in the activity. On occasion, the visitor may talk with students engaged in practical activities or independent learning, to ask about their experiences and how the activity fits into their wider programme of study. Visitors must seek the agreement of the member of staff before talking to students.

The visitor must always comply with legislation relevant to practical classes observed, such as health and safety laws. The visitor should be as unobtrusive as possible when observing a class. For sessions lasting more than one hour, the visitor should agree a suitable period of observation beforehand, usually no more than one hour.

Visitors will not see individual patient records.

Whenever a visitor observes teaching, he or she should complete a teaching observation note. An example appears below.

After the session has finished, the visitor must offer oral feedback to the lecturer. Oral feedback is confidential to the lecturer and should be given privately. The purpose of the feedback is to offer constructive comment rather than to recommend preferred practice.

The visitors will preserve the anonymity of observed lectures in the review report and in discussion with other staff in the institution.
**Teaching and learning observation note (for both clinical and non-clinical sessions)**

Please complete one form for each teaching or learning session observed.

<table>
<thead>
<tr>
<th>Provider:</th>
<th>Subject:</th>
<th>Programme:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Module/Unit title:</th>
<th>Level:</th>
<th>Type of activity, for example lecture, tutorial, practical:</th>
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</table>

<table>
<thead>
<tr>
<th>Topic:</th>
<th>Mode, for example FT/PT/Sandwich:</th>
<th>Composition of the student group: M/F</th>
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</table>

<table>
<thead>
<tr>
<th>Length of session:</th>
<th>Length of observation:</th>
<th>Visitor: Date:</th>
</tr>
</thead>
</table>

**Purpose of observation:**

How are the students intended to benefit from this session? That is, what are the overall learning objectives planned for this session (for example knowledge and understanding, key skills, cognitive skills, and subject-specific, including practical/professional, skills)?

**Summary of evaluation**

Please summarise the effectiveness of this session in relation to curriculum and programme aims.

<table>
<thead>
<tr>
<th>Does this observation provide information to be considered in relation to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standards: Student Learning progression: resources:</td>
</tr>
</tbody>
</table>

Please comment on strengths and areas for improvement of the session in relation to the learning objectives:

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Areas for improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarity of objectives</td>
<td></td>
</tr>
<tr>
<td>Planning and organisation</td>
<td></td>
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<tr>
<td>Suitability of teaching method used</td>
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<tr>
<td>Delivery (e.g. breadth, depth, pace, challenge)</td>
<td></td>
</tr>
<tr>
<td>Content (subject matter, currency, accuracy, relevance, use of examples, level, match to student needs, use of staff)</td>
<td></td>
</tr>
<tr>
<td>Research/Scholarship/Professional Activity</td>
<td></td>
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<td>--------------------------------------------------</td>
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<tr>
<td>Effectiveness of engagement with and participation by students</td>
<td></td>
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<tr>
<td>Quality and use of teaching materials to support learning</td>
<td></td>
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<tr>
<td>Transmission of intellectual knowledge and skills</td>
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<tr>
<td>Development of practical knowledge and skills (if relevant)</td>
<td></td>
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<tr>
<td>Effectiveness of development of transferable skills</td>
<td></td>
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<tr>
<td>Use of accommodation and other learning resources</td>
<td></td>
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Annex C: Code of Conduct for GOsC/QAA Review visits

Introduction

1. The purpose of the GOsC/QAA review is to ensure that only students meeting the OPS are awarded a 'recognised qualification' (RQ).

2. The GOsC/QAA review visit should be undertaken within a context of dialogue, respect and trust recognising the commitment of both osteopathic educational institutions and visitors to support high quality education and patient care.

3. This guidance applies to all GOsC review method visitors. GOsC review method visitors are also subject to the Code of Conduct set out in the GOsC Governance Handbook which is available at: www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/governance-handbook

Conduct during visits

4. Visitors must uphold the highest professional standards in their work and treat everyone they encounter during visits fairly and with respect and sensitivity.

5. Visitors will:
   - evaluate objectively, be impartial and review without fear or favour
   - uphold and demonstrate the values outlined in the GOsC Governance Handbook namely:
     I act in good faith
     II act in accordance with the GOsC's statutory objectives, both as individuals and collectively
     III act in the best interests of the GOsC and patients
     IV act in accordance with the seven principles of public life (also known as the Nolan Principles) namely selflessness, integrity, objectivity, accountability, openness, honesty and leadership
     V treat others equally, fairly and with respect.
   - evaluate provision in line with frameworks, national standards or regulatory requirements
   - base all evaluations on clear and robust evidence
   - declare all actual and perceived conflicts of interest and have no real or perceived connection with the provider that could undermine objectivity
   - report honestly and clearly, ensuring that judgements are fair and reliable
   - carry out their work with integrity, treating all those they meet with courtesy, respect and sensitivity
   - take all reasonable steps to prevent undue anxiety and minimise stress
   - act in the best interests and well-being of patients, prioritising the safeguarding of children and learners at all times
   - maintain purposeful and productive dialogue with those being visited and communicate judgements sensitively but clearly and frankly

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• respect the confidentiality of information, particularly about individuals and their work
• respond appropriately to reasonable requests
• take prompt and appropriate action on any safeguarding or health and safety issues
• use their title (GOsC/QAA reviewer) only in relation to their work for the GOsC review.

6 At all times, visitors must act in accordance with the GOsC Governance Handbook.

Expectations of providers

7 It is important that visitors and institutions establish and maintain a positive working relationship based on courteous and professional behaviour.

8 The GOsC expects providers to:

• be courteous and professional, treating visitors with respect and sensitivity
• apply their own codes of conduct in their dealings with visitors
• enable visitors to conduct their visit in an open and honest way
• enable visitors to evaluate the provision objectively against the frameworks, standards or regulatory requirements
• provide evidence that will enable the visitor to report honestly, fairly and reliably about their provision
• respond appropriately to reasonable requests
• work with visitors to minimise disruption, stress and bureaucracy
• ensure the good health and safety of visitors while on their premises
• maintain a purposeful dialogue with the visitor or the visitor team
• draw any concerns about the visit to the attention of visitors promptly and in a suitable manner
• recognise that sometimes visitors will need to observe practice and talk to staff and users without the presence of a manager or registered person.

Introduction

1 The General Osteopathic Council (GOsC) was established in 1997, as the regulator of osteopathy in the United Kingdom, following the passage of the *Osteopaths Act 1993*.

Statutory role

2 The GOsC’s statutory role, set out in the *Osteopaths Act 1993* (as amended) is to ‘develop and regulate’ the profession of osteopathy. Members of the GOsC’s governance structure (Council, committees, fitness to practise panellists and ad hoc working groups), both as individuals and collectively, have a duty to ensure these functions are effectively discharged in the interests of the public.

3 This Code provides guidance for members and others, acting on behalf of the GOsC, on carrying out these functions in line with currently accepted standards of public service. It applies to:

- members of the Council
- members of committees, both statutory and non-statutory
- members of working groups
- any other individuals who may from time to time act on behalf of the GOsC in a non-executive capacity.

General guidance

4 Members and other non-executive persons acting on behalf of the GOsC will comply with the following general guidelines at all times:

- act in good faith
- act in accordance with the GOsC’s statutory objectives, both as individuals and collectively
- act in the best interests of the GOsC
- act in accordance with the seven principles of public life (set out below)
- treat others equally, fairly and with respect.

5 The principles, as set out by the Committee on Standards in Public Life [www.public-standards.gov.uk](http://www.public-standards.gov.uk), are:

**Selflessness:** Holders of public office should act solely in terms of the public interest.

**Integrity:** Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

**Objectivity:** Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

**Accountability:** Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.
Openness: Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

Honesty: Holders of public office should be truthful.

Leadership: Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

Specific guidance

6 In addition to complying with the general guidance, those covered by the Code should observe the following specific guidance in carrying out their various functions.

a) Confidentiality and information security

Members and others covered by the Code will sometimes be party to discussions or information of a confidential nature. They may also receive confidential information from other bodies.

It is the duty of all members to ensure that all such information, whether in electronic or paper form, is held and disposed of securely. Any loss or accidental disclosure, and the circumstances leading to the loss or disclosure, must immediately be notified to the Chair and the Chief Executive. Confidential information also must not be disclosed without the consent of a person authorised to give it or where there is a legal requirement to do so. In any cases of uncertainty about handling confidential information, the Chair or the Chief Executive should be consulted.

b) Media, public-speaking engagements and communications with external organisations

Media contact should be discussed, if possible, in advance with the Chair, the Chief Executive or the Head of Communications and Engagement who are the appointed spokespersons of the GOsC. In speaking or writing about the work of the GOsC, those covered by the Code should ensure they reflect current policies of the GOsC. This applies in any dealings with the media, or when in a public forum or in an informal discussion. Members should make sure their comments are accurate, well-considered and well-informed and that they do not undermine confidence in the GOsC.

c) Collective decision making

Members of Council, committees and ad hoc working groups must recognise any decisions made by the majority even if they personally disagree with them. This does not preclude a member from expressing a dissenting view but he/she should not, by commenting in public or by other means, attempt to frustrate the implementation of decisions properly made.

d) Personal behaviour

Members and others covered by the Code must not act in a way which would bring the GOsC into disrepute, and their behaviour must demonstrate the standards expected of holders of public office. Where a member or other person covered by the Code has been charged with, or has been convicted of, a criminal offence, or has been the subject of a disciplinary procedure by another regulator, the member must inform the Chair at the earliest opportunity. Where any other matter involving a member has the potential to undermine confidence in the GOsC, the member should consult the Chair or Chief Executive at the earliest opportunity.

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e) Roles of executives and non-executives

Those covered by the Code must recognise that staff members are part of a line management structure responsible to the Chief Executive for the implementation of corporate decisions, and not to any individual non-executive. Care must be taken to ensure that the distinctive roles and responsibilities of executives and non-executives are respected.

f) Equality and diversity

Individuals covered by this Code will be expected to follow best practice on equality and diversity issues, defined as complying fully with the GOsC’s responsibilities under anti-discrimination legislation and ensuring the GOsC’s equality and diversity policy is implemented.

g) Conflicts of interest

Individuals covered by this Code are free to engage in political activities or to maintain associations with professional organisations provided that such activity does not conflict with the essential purpose of the GOsC in protecting the public. They must declare, in writing to the Chief Executive, any professional, personal or business interests, which may, or might be seen to, conflict with their GOsC responsibilities. The Chief Executive will be responsible for keeping the Register of Members’ Interests, which will be a public document. Individuals covered by this Code will be invited to update their entries in the spring of each year but, in any case, changes in circumstances necessitating amendments to the Register should be notified to the Chief Executive as soon as they arise.

h) Testimonials

Individuals covered by this Code should avoid providing testimonials, references or acting as character witnesses for individuals who are applicants for registration with the GOsC or who are subject to fitness to practise proceedings within the GOsC.

i) Attendance

Members of Council, committees and working groups will be expected to make the time commitment necessary to attend meetings and discharge their duties, absenting themselves only for compelling personal or professional reasons.

Details of expected attendance levels are set out in the GOsC’s Standing Orders.

j) Performance and development review

Members of Council, committees and working groups will be expected to participate constructively in periodic performance and development reviews (see details of the GOsC Performance and Development Review Scheme in Annex 3).

k) Gifts and hospitality

Members and those covered by this Code are required to adhere to the Bribery Act 2010, which explicitly prohibits bribery. Further guidance on the Bribery Act 2010 can be found on the Ministry of Justice website under www.justice.gov.uk/guidance/making-and-reviewing-the-law/bribery.htm. Members and those covered by this Code must not accept gifts, hospitality or benefits offered in relation to GOsC business, which might be seen to compromise their personal judgement or integrity. In case of uncertainty, the Chief Executive should be consulted. Any gifts, hospitality or benefits accepted as a consequence of GOsC business must be formally registered on the GOsC’s gifts and hospitality register within 15 days.
Complaints

Any complaints made against anyone covered by this Code will be handled in accordance with the GOsC's procedure for handling such complaints.