



General  
Osteopathic  
Council



**QAA**

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

## **Handbook for visitors**

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## 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.

Decisions concerning the granting, maintenance and renewal of RQ status are made following reviews of osteopathic courses and course providers. These reviews are conducted by the Quality Assurance Agency for Higher Education (QAA), under contract from the GOsC. The review method is known as GOsC review. The purpose of this handbook is to describe how 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.

### 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, such as where an application for the recognition of a new course coincides with the expiry of a different course's RQ status, 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 practice osteopathy in accordance with the GOsC's *Osteopathic Practice Standards* 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 two key reference points that help our review teams to determine how osteopathic courses and their providers are performing in the eight areas set out above. These are:

- the GOsC's *Osteopathic Practice Standards*
- 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.

Over the course of 2012-13 the Quality Code will expand into new areas, such as learning resources. As new sections of the Code are published, they will be used as reference points in GOsC review. You will need to keep abreast of developments within the Code by subscribing to QAA updates via the QAA website.

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.

At the visit, you will ask questions of the staff, students and senior managers. 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
- reading and commenting on the provider's self-evaluation
- making requests, via the review coordinator, for further documentation
- advising the review coordinator about arrangements for the visit, including the people whom 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
- 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 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
- telling us when monitoring reviews are required.

## Section 2: What the visitors are responsible for considering

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 *Osteopathic Practice Standards* 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.

### 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 *Osteopathic Practice Standards* and *The framework for higher education qualifications on England, Wales and Northern Ireland* (FHEQ - part of the UK 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 *Osteopathic Practice Standards*
- 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

Curricula 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 UK Quality Code for Higher Education..

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 UK Quality Code for Higher Education 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 *Osteopathic Practice Standards* and the *Subject benchmark statement: Osteopathy*, which is part of the UK Quality Code for Higher Education.
- 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 UK Quality Code for Higher Education 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:

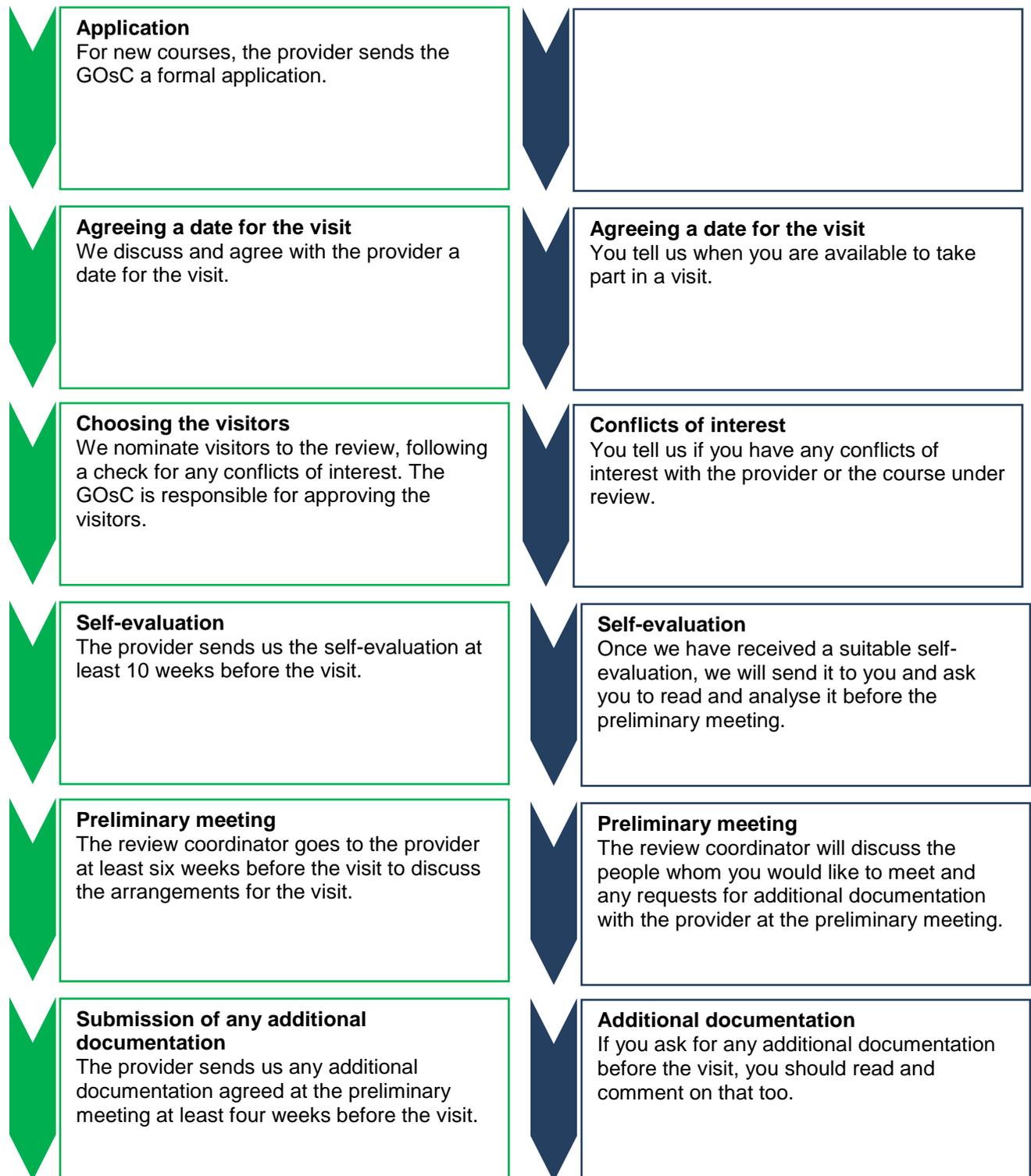
- the provider's approach to the quality assurance of the provision and the effectiveness of this approach for the courses under review
- the use made of quantitative data and qualitative feedback from students, external examiners/verifiers and other stakeholders in a strategy of enhancement and continuous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



## Post-visit

 <p><b>Draft report</b> We complete the draft visitors' report and send it to the GOsC. The GOsC sends the report to the provider.</p>	 <p><b>Draft report</b> You draft your section of the report within <b>two</b> weeks of the end of the visit and send it to the review coordinator.</p>
 <p><b>Provider's comments</b> The provider has four weeks in which to tell the GOsC about any factual inaccuracies in the draft report.</p>	
 <p><b>Final report</b> We ask the visitors to consider the provider's comments and produce a final report.</p>	 <p><b>Final report</b> We ask you to consider the provider's comments and agree a final report.</p>
 <p><b>Action plan</b> The provider produces an action plan showing how it intends to fulfil any conditions in the final report.</p>	
 <p><b>Checking the action plan</b> We ask the visitors to consider if the action plan is adequate to address any conditions.</p>	 <p><b>Checking the action plan</b> We ask you to consider if the action plan is adequate to address any conditions.</p>
 <p><b>The GOsC Education Committee</b> The final report and action plan are sent to the next available meeting of the GOsC Education Committee.</p>	
 <p><b>The GOsC Council consideration</b> The recommendations of the Education Committee will be put before the GOsC Council.</p>	
 <p><b>Outcome</b> The GOsC informs the provider of the decision of the GOsC Council on the report and action plan.</p>	
 <p><b>Implementing your action plan</b> The provider keeps the GOsC updated on progress with the action plan. The GOsC may ask the visitors for advice on progress.</p>	 <p><b>Implementing the action plan</b> The GOsC may ask you for advice on the provider's progress with the action plan.</p>
 <p><b>Feedback</b> The provider gives us feedback on GOsC review.</p>	 <p><b>Feedback</b> You give us feedback on your experience of GOsC review.</p>

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



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

You tell us when you are available to take part in a visit.

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, 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
- a copy of the key reference documents mentioned in section one
- 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 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 one, 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 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 *Osteopathic Practice Standards* and the UK Quality Code for Higher Education.

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 *Osteopathic Practice Standards*.

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.

### **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 may 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*, available at: [www.qaa.ac.uk/InstitutionReports/types-of-review/pages/GOsC-review.aspx](http://www.qaa.ac.uk/InstitutionReports/types-of-review/pages/GOsC-review.aspx). The provider is responsible for telling its teaching staff and students about this procedure once the date for the visit has been agreed.

### **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. But it should allow the visitors to discuss each of the eight areas described in section two (or a subset of these, where applicable), leading to the identification of any strengths, examples of good practice and areas for development.

We define 'strengths' as things which you regard as making a particularly positive contribution to the provision of osteopathic education. 'Good practice' is practice which is innovative, successful in achieving positive results and sustainable in that it may be repeated or made routine. 'Areas for development' are areas where 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 two. 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.

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 two. 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 four weeks, following receipt of the draft report from the GOsC, in which to tell the GOsC about any factual inaccuracies in the draft report and any resulting misinterpretation. Even if the provider decides not to make any formal comments, it is entitled to the full four weeks and 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 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 like. We also invite the review coordinator and the provider to give us feedback on the review.

# Annex A: The GOsC Quality Assurance Policy

## Statutory responsibilities of the GOsC

The GOsC has a statutory duty to set and monitor the standards for pre-registration osteopathic education. The GOsC also has a duty of 'promoting high standards of education and training in osteopathy'.

Our standards of educational delivery are set out in the *Subject benchmark statement: Osteopathy*, published by QAA, while the standards expected of graduating students are set out in the GOsC *Osteopathic Practice Standards*.

The GOsC may visit course providers to ensure that pre-registration training meets the standards we set.

The GOsC may also impose conditions on the course to ensure standards continue to be met.

The GOsC holds a list of qualifications offered by the course provider and has the power to add and remove courses from the list.

## Aims of the GOsC quality assurance process

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 GOsC's *Osteopathic Practice Standards*
- make sure graduates meet the outcomes of the *Subject benchmark statement: Osteopathy*, published by QAA
- identify 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
- 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.

## **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.

Provider:	Subject:	Programme:
Module/Unit title:	Level:	Type of activity, eg lecture, tutorial, practical:
Topic:	Mode, eg FT/PT/Sandwich:	Composition of the student group: M/F
Length of session:	Length of observation:	Visitor: Date:
Purpose of observation:		
How are the students intended to benefit from this session? That is, what are the overall learning objectives planned for this session (for example knowledge and understanding, key skills, cognitive skills, and subject-specific, including practical/professional, skills)?		

## Summary of evaluation

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

Does this observation provide information to be considered in relation to:		
Standards:	Student progression:	Learning resources:
Please comment on strengths and areas for improvement of the session in relation to the learning objectives:		
	Strengths	Areas for improvement
Clarity of objectives		
Planning and organisation		
Suitability of teaching method used		
Delivery (eg breadth, depth, pace, challenge)		
Content (subject matter, currency, accuracy, relevance, use of examples, level, match to student needs, use of staff		

research/scholarship/professional activity)		
Effectiveness of engagement with and participation by students		
Quality and use of teaching materials to support learning		
Transmission of intellectual knowledge and skills		
Development of practical knowledge and skills (if relevant)		
Effectiveness of development of transferable skills		
Use of accommodation and other learning resources		

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