



General  
Osteopathic  
Council



**QAA**

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

## **Handbook for course providers**

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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 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 osteopathic education provider or staff working on a course seeking RQ status or on a course that already has RQ status.

### 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 us 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 *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.

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, 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. We would advise you 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, we are represented by what we refer to as visitors. There are normally three visitors, who are accompanied by a review coordinator whose role is to manage the review and support the visitors and the provider. The review coordinator is your main point of contact with us throughout the review. You can find more information about the visitors in Annex D.

At the visit, the visitors will ask questions of your teaching staff, students and senior managers. At the end of the visit, the visitors 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.

The visitors' judgement 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 needs to happen before a visit takes place
- the visit, which outlines what you should expect at a visit
- post-visit, which describes what happens 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:

- nominating someone to be your main point of contact with the review coordinator throughout the review
- giving us 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 the visitors through the protocol for 'unsolicited information'
- ensuring the visitors have an appropriate place to work during the visit
- ensuring the appropriate staff and students are available to meet the visitors
- providing comments on the draft review report
- developing an action plan to address any conditions arising from the review
- giving feedback on the review process.

We are responsible for:

- keeping you informed about our role, timelines and deadlines in relation to the review visit
- nominating and training the visitors
- arranging travel and accommodation for the visitors
- discussing the arrangements for the visit with you
- producing the visitors' report
- ensuring that the report is submitted to the GOsC on time.

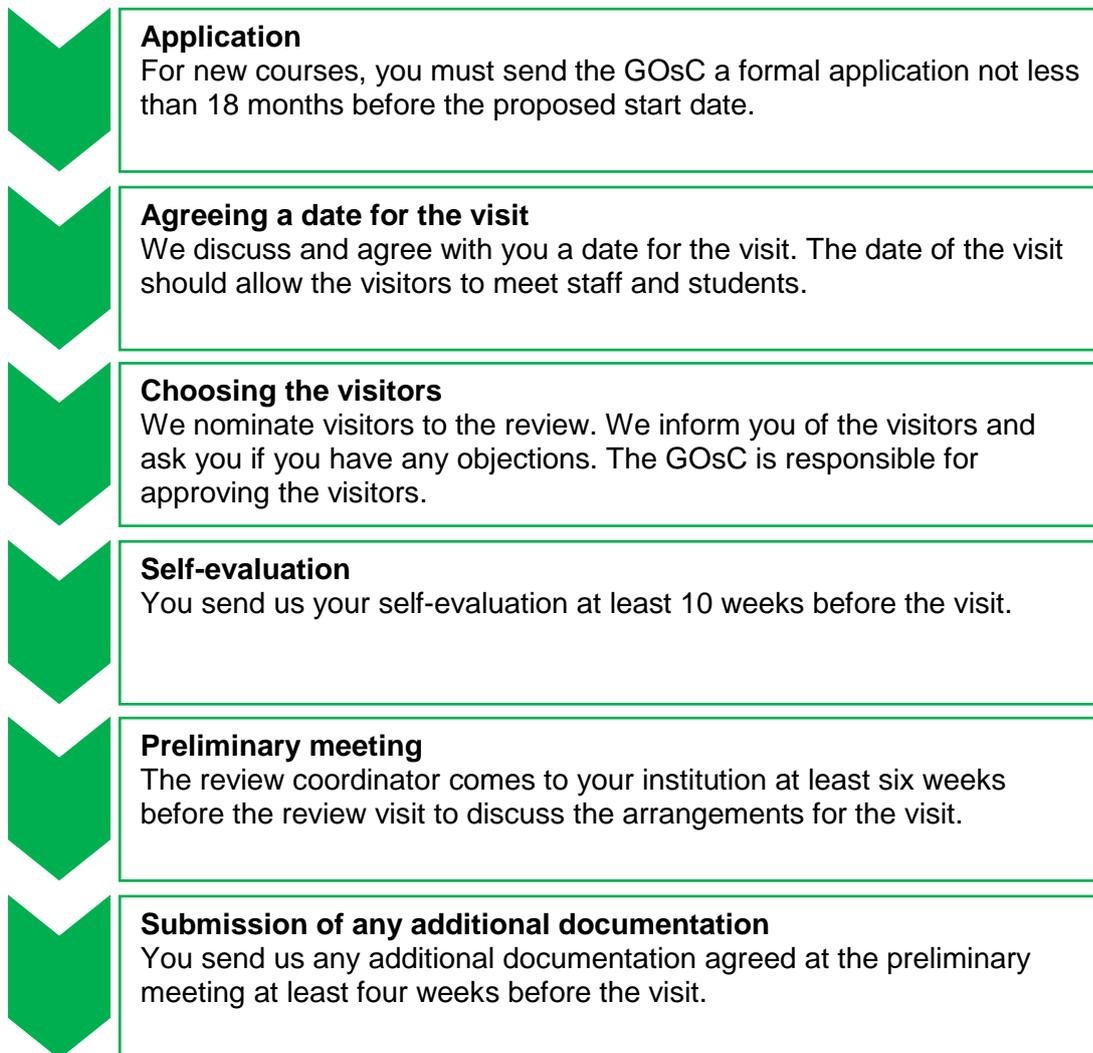
The GOsC is responsible for:

- maintaining a schedule of reviews, which tells us which courses need reviewing and when
- advising us when monitoring reviews are required
- approving the visitors
- sending you the draft report after the visit and receiving your comments on it
- sending you the final report
- informing you of the GOsC's and Privy Council's final decision on the review
- publishing reports, action plans and Privy Council's final decision.

## Section 2: Flow charts of the review process

The following flow charts summarise the pre-visit stage and the post-visit stage. They identify which parts of the process are our responsibility and which are yours. You should read them in conjunction with the more detailed guidance in section 3.

### Pre-visit



## Post-visit



### **Draft report**

We complete the draft visitors' report and send it to the GOsC. The draft will include the visitors' judgement and any conditions. The GOsC sends the report to you within five weeks of the end of the visit.



### **Provider's comments**

You have four weeks in which to tell the GOsC about any factual inaccuracies in the draft report and any misinterpretations arising from these.



### **Final report**

We ask the visitors to consider your comments and produce a final report. We send the final report to the GOsC within two weeks of receiving your comments. The GOsC sends the final report to you.



### **Action plan**

You produce an action plan showing how you intend to fulfil any conditions in the final report and send it to the GOsC within two weeks of receiving the final report.



### **Checking your action plan**

We ask the visitors to consider if your action plan is adequate to address any conditions. If they consider that it is inadequate, we will send it back to you for further work.



### **The GOsC Education Committee**

The final report and action plan are sent to the next available meeting of the GOsC Education Committee. The Committee will consider the report and make recommendations on approval to the GOsC Council.



### **The GOsC Council consideration**

The recommendations of the Education Committee will be put before the GOsC Council, which has the legal responsibility to 'Recognise' the qualification and to recommend approval to the Privy Council. The report and action plan are then published on the GOsC's website.



### **Outcome**

GOsC informs you of the decision of the GOsC Council. The GOsC sends its recommendations to the Privy Council, requesting the Privy Council to formally approve the recognition and informs you of the outcome.



### **Implementing your action plan**

You should keep the GOsC updated on progress with your action plan. The GOsC may ask the visitors for advice on progress. In some cases, the GOsC may ask us to undertake a monitoring review to check.

**Feedback**

You give us feedback on your experience of GOsC review.

Note that the fourth, fifth and ninth stages of this process - 'Action plan', 'Checking your action plan' and 'Implementing your action plan' - only apply to reviews resulting in a judgement of 'approval with conditions'.

## Section 3: The process in detail

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

### Pre-visit

**Application**

For new courses, you must send the GOsC a formal application not less than 18 months before the proposed start date.

For new courses, you should send the GOsC a formal application using the standard form supplied by the GOsC. The completed application must reach the GOsC at least 18 months before the proposed start date, to allow both the review to take place and the GOsC to progress the review outcomes through the Privy Council. However, the GOsC cannot guarantee that applications made at 18 months before the proposed start date will result in a decision by the Privy Council within that period.

For recognition and renewal reviews, we will contact you at least 24 weeks before the proposed date of the visit (see 'Agreeing a date for the visit' below). Renewal review visits should take place at least 9 months before the current RQ is due to expire.

For monitoring reviews, the GOsC will contact you before we do to discuss the reason and objectives for the review.

There are no fees for GOsC review. We will take responsibility for all of the visitors' costs and related expenses including travel and accommodation. The visitors will not accept invitations to social functions with you during the review.

In some circumstances, such as where an application for a new course coincides with the expiry of another course's RQ status at the same provider, the GOsC may ask us to undertake a combined review, in order to minimise costs and disruption. Combined reviews may combine any of the three different types of review.

**Agreeing a date for the visit**

We discuss and agree with you a date for the visit. The date of the visit should allow the visitors to meet staff and students.

GOsC review usually involves a two-and-a-half-day visit to the provider and we normally hold visits at the site or sites where the course is delivered, to allow the visitors to meet staff

and students and observe teaching. Monitoring reviews are likely to be shorter than two-and-a-half days; combined reviews may be longer.

For recognition and renewal reviews, we will normally contact you at least 24 weeks before the proposed date of the visit to discuss exactly when the visit should take place. We will ask you to suggest three possible dates for the visit within a period of two or three weeks. We will then choose one of these, based on the availability of visitors and the review coordinator, and confirm it with you. We will also ask you to confirm who will be your main point of contact with the review coordinator. This person is known as the 'institutional contact'. From this point on all our correspondence will be addressed to your institutional contact.

For monitoring reviews a shorter notice period than 24 weeks may be appropriate, depending on the review's scope and objectives. In all cases a minimum notice period of 10 weeks will be given, which may be waived by agreement with you. The GOsC will discuss the notice period for a monitoring review with you when they inform you of the reason for it (see 'Application' above).

Once we have confirmed 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 1
- weblinks to other review support documentation
- a review schedule, showing all the key dates in the review process including the deadline for you to submit your self-evaluation
- the names of the visitors (see 'Choosing the visitors' below).

Soon after we have sent the introduction pack, the review coordinator will contact your institutional contact to introduce themselves and confirm the date for the preliminary meeting. From then on, the review coordinator is your main point of contact with us and all communication between you and the visitors must be through the review coordinator.

As soon as the date for the visit is confirmed, the GOsC will announce the date on its website. We will send you a standard email about the protocol for bringing unsolicited information to the visitors' attention, which you should circulate to teaching staff and students. We will also send you a standard poster about the protocol, which you should display in the clinic for the attention of any patients who come into contact with students. Annex B contains further details about the protocol for unsolicited information.



### **Choosing the visitors**

We nominate visitors to the review. We inform you of the visitors and ask you if you have any objections. The GOsC is responsible for approving the visitors.

There are normally three visitors. In a combined review it may be necessary to add an extra visitor; a monitoring review may have only two visitors.

We nominate visitors to the review, following a check to make sure that they do not have any conflicts of interest with you or your courses. We will inform you of the visitors and ask if you have any objections. If you have an objection which we consider to be legitimate, we will appoint another visitor or visitors. This may affect the timing of the visit. Annex D describes the grounds on which you may object to a visitor.

The GOsC is ultimately responsible for approving the visitors.



### **Self-evaluation**

You send us your self-evaluation at least 10 weeks before the visit.

The self-evaluation is the keystone of GOsC review. The visitors will refer to your self-evaluation throughout the review for information about you and your courses and for evidence that you evaluate and improve your effectiveness in providing osteopathic education.

Annex B gives detailed guidance on the format, content and length of your 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 focus on a subset of the areas outlined above depending on its objectives. We will discuss this with you before we agree a date for the visit.

You should develop your self-evaluation as far as possible by reference to existing documentation, rather than by producing new material for the review. Thus, the self-evaluation can be seen as series of signposts, helping the visitors to navigate through your existing documentation for the evidence they need. If you have any questions about developing your self-evaluation, contact your review coordinator.

You should send five hard copies and one electronic copy of your self-evaluation to us at least 10 weeks before the visit. For the hard copies, it is helpful to the visitors if you append hard copies of the key supporting evidence; the remainder of the supporting evidence can be supplied electronically on a datastick or similar, or through weblinks. All of the evidence you refer to in your Self Evaluation should be available to the visitors in hard copy at the visit.

The review coordinator will check your self-evaluation to make sure it covers all of the areas specified in Annex B (or, in the case of a monitoring review, to ensure it covers all the areas we have agreed). The review coordinator uses a standard checklist to do this, which you can find on our website.

If the review coordinator finds that your self-evaluation covers each area adequately, we will send it to the visitors and ask them to begin working. If the coordinator finds that it is not adequate, we will tell you why and ask you to revise it. You must resubmit your 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 comes to your institution at least six weeks before the review visit to discuss the arrangements for the visit.

The visitors will read your self-evaluation and send their comments to the review coordinator. The coordinator will then visit your institution for the preliminary meeting.

The preliminary meeting is an opportunity for you to meet your review coordinator in person and discuss the arrangements for the review and visit. The things you will discuss at the preliminary meeting include:

- the staff and students whom the visitors wish to meet at the visit
- any additional documentation the visitors wish to see at the visit, including the sample of student work
- arrangements for the visitors' observation of teaching and learning.

The review coordinator will probably not give you the names of people whom the visitors wish to meet; it is more likely they will give you a list of criteria. It is your responsibility to ensure that the attendees fulfil these criteria.



### **Submission of any additional documentation**

You send us any additional documentation agreed at the preliminary meeting at least four weeks before the visit.

At the preliminary meeting the review coordinator may ask you to provide some additional documentation. If so, you should send us this documentation at least four weeks before the visit. The coordinator will explain how you should send this documentation; if it exists in electronic format you will be able to send it directly to the electronic system that the visitors use to communicate with one another.

Requests for additional documentation will be confined to material which the visitors need to complete the review effectively. The review coordinator will be able to tell you why the visitors are asking for a particular piece of additional information.

## **The visit**

The visit provides the opportunity for the visitors to test their 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 we call 'triangulation'. Through triangulation, the visitors are able to develop their 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 should be discussed at the preliminary meeting. Normally a visit will last two-and-a-half days. During the first two days, the visitors will meet groups of staff and students, observe teaching and learning and spend time in private reading documentation and discussing their findings. The visitors may also wish to meet employers

and/or clinical placement providers. On the final half day, the visitors will meet in private to discuss and agree their conclusions.

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 observation of teaching), depending on the objectives of the visit. Combined reviews may be longer than two-and-a-half days. We will confirm the duration of the visit to you when we discuss the visit dates (see 'Agreeing a date for the visit' above).

The visitors will normally spend the entire visit on site and you should consider this when thinking about the date of the visit. In our experience, the ideal accommodation for the visitors comprises two separate rooms: one for quiet working and private meetings; and a separate room for meeting your staff and students. We understand, however, that the provision of two separate rooms is not always possible.

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

- assist the provider in understanding any issues the visitors are concerned about
- respond to visitors' requests for additional information
- draw the visitors' attention to matters they 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, with your agreement, depending on its progress.

You will discuss the provision of documentation for the visit with the review coordinator at the preliminary meeting. Normally, you will be required to provide hard copies of all the evidence you refer to in your self-evaluation and a sample of student work. Annex B provides further guidance on the provision of documentation for GOsC review.

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 C.

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.

On the final half day of the visit, the visitors will meet in private to discuss and agree their findings. Further information about how the visitors reach their conclusions is available in a separate *Handbook for visitors*, which you can find on our website.

At the end of the visit, after we have gathered all the information we need, the review coordinator will provide you with informal feedback. The informal feedback must be considered non-binding, as the visitors may amend their conclusions after further

deliberation. However, the visitors will not normally set conditions about issues that have not been discussed during the visit.

## Post-visit

The time between the end of the visit and the GOsC's decision on the review report is about 20 weeks. The exact time depends on the dates of the GOsC Education Committee and Council meetings. You can see the dates of these meetings on the GOsC website.



### **Draft report**

We complete the draft visitors' report and send it to the GOsC. The draft will include the visitors' judgement and any conditions. The GOsC sends the report to you within five weeks of the end of the visit.

We write the reports of recognition and renewal reviews in a standard format, which reflects the headings in your self-evaluation. The report will include the visitors' judgement, expressed as one of the following:

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

In the case of a judgement of 'approval with conditions', the report will include the conditions the visitors consider should be attached to the recognition of the qualification. The conditions should reflect the principles of good regulation in being targeted at a specific issue, proportionate to the scale of the perceived problem and transparent in specifying what should be done and by when.

The report will also highlight any strengths, examples of good practice and areas for development. We define 'strengths' as things which the visitors regard as making a particularly positive contribution to your 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. By publishing the review reports, the GOsC aims to disseminate examples of good practice across the osteopathic education sector. We define 'areas for development' as areas where the visitors consider improvement is desirable, but which do not warrant conditions.

Monitoring review reports may take a different form depending on the objectives of the review. For example, a monitoring review report may focus entirely on learning resources.

The GOsC will send the draft report to you within five weeks of the end of the visit.



### **Provider's comments**

You have four weeks in which to tell the GOsC about any factual inaccuracies in the draft report and any misinterpretations arising from these.

After the GOsC has sent you the draft report, you have four weeks in which to tell the GOsC about any factual inaccuracies in the draft report and any misinterpretation arising from these. You should make your comments to the GOsC in writing. Even if you decide not to make any formal comments, you are still entitled to the full four weeks and we will not take any further action until this time has passed.

Your 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.



### **Final report**

We ask the visitors to consider your comments and produce a final report. We send the final report to the GOsC within two weeks of receiving your comments. The GOsC sends the final report to you.

If you make any comments on the draft report, we will refer these to the visitors and ask them whether the draft report should be amended. The review coordinator will prepare a formal response to your comments, to explain whether and how the visitors have responded.

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



### **Action plan**

You produce an action plan showing how you intend to fulfil any conditions in the final report and send it to the GOsC within two weeks of receiving the final report.

If the final report contains a judgement of 'approval with conditions', you need to produce an action plan showing how you intend to fulfil those conditions. The action plan should be in a standard format, stating how and by when you propose to fulfil each condition. Normally providers will be able to demonstrate the fulfilment of conditions through the submission of documentary evidence. The GOsC will send you a template for the action plan with the final report. The action plan will form part of the final report published by the GOsC.

Please note that it is not necessary for providers to produce an action plan to address the general conditions on RQ status, which apply to all qualifications recognised by the GOsC Council. Action plans apply to specific conditions only.



### **Checking your action plan**

We ask the visitors to consider if your action plan is adequate to address any conditions. If they consider that it is inadequate, we will send it back to you for further work.

You should 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 the visitors to consider if the action plan needs revising. In such cases we will send the action plan back to you for further work.



### **The GOsC Education Committee**

The final report and action plan are sent to the next available meeting of the GOsC Education Committee. The Committee will consider the report and make recommendations on approval to the GOsC Council.

The final report (including the action plan), your comments on the draft report and the review coordinator's formal response to your comments are sent to the next available meeting of the GOsC Education Committee. Normally the review coordinator attends the meeting to present these documents, though this is not always necessary.

The Education Committee has discretion over whether it accepts the visitors' findings. It may endorse the report as it is presented, add or remove conditions or make a different judgement entirely on the basis of the visitors' findings.



#### **The GOsC Council consideration**

The recommendations of the Education Committee will be put before the GOsC Council, which has the legal responsibility to 'Recognise' the qualification and to recommend approval to the Privy Council. The report and action plan are then published on the GOsC's website.



#### **Outcome**

The GOsC informs you of the decision of the GOsC Council. The GOsC sends its recommendations to the Privy Council, requesting the Privy Council to formally approve the recognition and informs you of the outcome.

The RQ is not approved until the Privy Council has agreed the RQ Order. This will be sent to the GOsC which in turn issues it to you. The Privy Council may require further amendments to the wording of the GOsC Council recommendations and you will also be notified if this is the case.



#### **Implementing your action plan**

You should keep the GOsC updated on progress with your action plan. The GOsC may ask the visitors for advice on progress. In some cases, the GOsC may ask us to undertake a monitoring review to check.

If the qualification is subject to 'approval with conditions', you are responsible for keeping the GOsC informed of progress with your action plan. The GOsC may ask the visitors for advice on progress, for example if it needs 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.



#### **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 visitors to give us feedback on your review.

We analyse the feedback annually and report back to the GOsC. This may include suggestions for improvements to the review method.

If you feel that the review has been badly managed or run, or that it has departed from the process described in this handbook, then you may consider raising a formal complaint with us. Please refer to our website ([www.gaa.ac.uk/complaints/pages/default.aspx](http://www.gaa.ac.uk/complaints/pages/default.aspx)) for more information about raising a complaint.

# 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: Documents for GOsC review, including the self-evaluation and a sample of student work**

The GOsC visitors depend on written documentation for evidence that osteopathic education providers and courses are meeting the expectations set out in the GOsC's *Osteopathic Practice Standards* and the UK Quality Code for Higher Education. It is imperative, therefore, that visitors can access all the documentation they need when they need it. This annex gives further details about the documentation you are expected to make available to the visitors, beginning with the self-evaluation.

### **Self-evaluation**

The self-evaluation is the keystone of GOsC review. The visitors will refer to your self-evaluation throughout the review for information about you and your courses and for evidence that you evaluate and enhance your effectiveness in providing osteopathic education. It is essential that you give the appropriate time and consideration to producing your self-evaluation.

The purposes of the self-evaluation are broadly threefold:

- to describe the course and provider under review
- to demonstrate how the course and provider meet the expectations of the key reference documents
- to show that the provider is engaged in a continuous process of evaluating and improving its effectiveness in providing osteopathic education.

The structure of the self-evaluation should reflect these broad purposes, as follows.

#### **Section 1: Describing the course and the provider**

The self-evaluation should begin with a short, precise description of the course and provider under review. This should include a clear statement of the overall aims of the course, which will be reproduced at the beginning of the review report. The visitors will use this statement to assess whether the course achieves its broad aims.

Section 1 should also include statistical data for the last three student intakes. Given that different providers collect and hold such data in different ways, we do not prescribe how it should be presented. But we do expect the data to address the following areas:

- recruitment and admissions
- entry profile (including qualifications, age, gender and ethnicity)
- rates of progression from one year to the next
- student achievement in summative assessment
- progression of completing students to employment and further study.

The data should distinguish between those students in the first-year entry cohort, those joining directly at subsequent stages, withdrawals (including reasons for withdrawal), referrals (showing those subsequently failing and those passing), failures, and those achieving the award. Under 'Governance and management' below, the visitors will be interested to know how you use the data you have provided in this section to evaluate, manage, plan and improve your provision.

If you are undergoing a recognition review for a new course and you already provide another course or courses with RQ status, you should provide statistical data for the existing course(s). This will help the visitors to determine if there is anything about your existing provision that may have implications for the new course.

If you are undergoing a recognition review for your first osteopathic course, you should provide statistical data for a cognate course or group of courses and say how you expect the new course to reflect this data.

Finally in this section, if you already provide a course or courses with RQ status, you should explain how you have addressed any conditions from your last GOsC review.

## **Section 2: Meeting the expectations of the key reference documents and demonstrating evaluation and improvement of your provision**

Section 2 of the self-evaluation should aim to meet its second and third purposes, which are:

- to demonstrate how the course and provider meet the expectations of the key reference documents
- to show that the provider is engaged in a continuous process of evaluating and improving its effectiveness in providing osteopathic education.

It should be organised according to 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.

This section should be developed as far as possible by reference to existing documentation, rather than by producing new material for the review. Thus, section 2 of the self-evaluation can be seen as a series of signposts, helping the visitors to navigate through your existing documentation for the evidence they need.

### **Course aims and outcomes**

Your self-evaluation should address 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 in England, Wales and Northern Ireland* (FHEQ - part of the UK Quality Code for Higher Education). It should discuss 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.

The evidence you submit about aims and outcomes may include the definitive course document or programme specification, module or unit descriptors and student handbooks.

## **Curricula**

Your self-evaluation should review the effectiveness of curriculum design and content in enabling the intended learning outcomes to be achieved.

The visitors will consider:

- how you plan 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 you ensure that the design and organisation of the curricula provide appropriate academic and intellectual progression and are effective in promoting student learning and achievement of the intended learning outcomes
- to what extent your arrangements for designing, monitoring and reviewing the curricula 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, analyses of patient feedback, course and student handbooks and module descriptors.

## **Assessment**

Your self-evaluation should address 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 and professional 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 your 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 review coordinator will discuss with you at the preliminary meeting, is particularly important in enabling the visitors to take a view about the effectiveness of your arrangements for student assessment. Other sources of evidence which could be appended to your self-evaluation may include annual review reports, external examiners'/verifiers' reports and statistical data.

### **Achievement**

Your self-evaluation should review evidence of 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 professional 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 you promote student retention and achievement.

Again the sample of student work will be important to the visitors. Other sources of evidence 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**

The self-evaluation should review 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**

Your self-evaluation should evaluate 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 your 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 you might consider appending to your self-evaluation 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**

Your self-evaluation should review 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**

The self-evaluation should evaluate your governance and management, including financial and risk management, and the effectiveness of measures taken to maintain and enhance academic standards and the quality of learning opportunities.

You should be able to demonstrate that:

- your academic and financial planning, quality assurance and resource allocation policies are coherent and relate to your mission, aims and objectives
- there is a clarity of function and responsibility in relation to your governance and management systems
- across the full range of your activities there is demonstrable strength of academic and professional leadership
- policies and systems are developed, implemented and communicated in collaboration with staff and students
- your mission and associated policies and systems are understood, accepted and actively applied by staff and, where appropriate, students
- you are managing successfully the responsibilities vested in you by your validating university and the GOsC
- you monitor your operational policies and systems and change 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:

- your approach to the quality assurance of your 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
- your responsiveness to internal and external review and assurance processes
- the accuracy of your 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.

In total, the self-evaluation for a recognition or renewal review should not exceed 6,000 words (not counting the accompanying evidence). The self-evaluation for a combined review may need to be longer than this, particularly where more than one course is under review. The self-evaluation for a monitoring review may be shorter and take a different form depending on the objectives of the review. We will discuss this with you before we agree a date for the visit.

If you have any questions about developing your self-evaluation, you should contact your review coordinator.

### **Submitting your self-evaluation**

You should send five hard copies and one electronic copy of your self-evaluation to us at least 10 weeks before the visit. For the hard copies, it is helpful to the visitors if you append hard copies of the key supporting evidence; the remainder of the supporting evidence can be supplied electronically on a datastick or similar or through weblinks. All of the evidence you refer to in your self-evaluation should be available to the visitors in hard copy at the visit.

The review coordinator will check your self-evaluation to make sure it covers all of the areas specified above (or, in the case of a monitoring review, to ensure it covers all the areas we have agreed). The review coordinator uses a standard checklist to do this, which you can find on our website.

If the review coordinator finds that your self-evaluation covers each area adequately, we will send it to the visitors and ask them to begin working. If the coordinator finds that it is not adequate, we will tell you why and ask you to revise it. You must resubmit your 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.

### **Providing other documentation before the visit**

At the preliminary meeting the review coordinator may ask you to provide more documentation in addition to that appended to your self-evaluation. If so, you should send us this documentation at least four weeks before the visit. The coordinator will explain how you should send this documentation; if it exists in electronic format you will be able to send it directly to the electronic system that the visitors use to communicate with one another.

Requests for additional documentation will be confined to material which the visitors need to complete the review effectively. The review coordinator will be able to tell you why the visitors are asking for a particular piece of additional information.

### **Providing documentation during the visit**

All of the evidence you refer to in your self-evaluation should be available to the visitors in hard copy at the visit. During the visit the visitors may ask for additional evidence, for example if a document which the visitors have not seen is referred to by a member of staff in a meeting. Again, requests for additional evidence will be confined to material which the visitors need to complete the review effectively. All requests for additional evidence will be conveyed by the review coordinator to your institutional contact.

## **Student work**

During the visit the visitors 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 GOsC's *Osteopathic Practice Standards*.

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

Where student work reveals the identity or detailed image of a patient, the provider should have obtained the consent of the patient for its disclosure to the visitors following the principle of informed consent and in conformity with legislation in force.

The visitors will not repeat or second-guess the work of external examiners or verifiers and they will not normally expect to see work that is currently under consideration by external examiners or verifiers. You should 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.

The visitors 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 them to gain a full understanding of the assessment strategy, the visitors will need to see marking guides or other assessment criteria, and any guidance on providing feedback to students through assessment.

## **Unsolicited information**

There may be other stakeholders in GOsC review, such as teaching staff, students or patients, who wish to bring information about you and your courses to the visitors' attention. We call this 'unsolicited information'.

GOsC review will consider unsolicited information from any individual or organisation, as long as it is relevant to GOsC review and submitted before the review has ended.

Anyone wishing to bring information to the visitors' attention should do so in writing to QAA. To make sure teaching staff and students are aware of the existence of this facility and of the benefits of raising any issues in advance, we will send you a standard email which you should circulate to staff and students as soon as the date for the visit is agreed. We will also send you a standard poster about the protocol, which you should display in the clinic for the attention of any patients who come into contact with students.

If QAA receives any unsolicited information which is relevant to GOsC review, then QAA will forward a copy to the visitors and ask them to consider it. The visitors are obliged to corroborate any unsolicited information they receive with other sources of evidence,

QAA will also forward a copy to the GOsC and to you, with an invitation for you to respond to the visitors. If the information is not relevant to GOsC review, then QAA will still forward a

copy to the GOsC and the GOsC may share it with you, but it will not affect the review outcomes.

The visitors are unable to consider unsolicited information submitted after the visit has ended.

Further information for people wishing to disclose information to GOsC review can be found 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).

## **Annex C: 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		

## **Annex D: Team composition, roles and person specifications**

A GOsC review team normally comprises a review coordinator and three visitors. In a combined review it may be necessary to add an extra visitor; a monitoring review may have only two visitors. In exceptional circumstances we may appoint a specialist visitor to provide expert advice on financial matters.

### **The review coordinator**

The role of the review coordinator is to manage the review and support the visitors and the provider. The coordinator's responsibilities include:

- acting as the main point of contact with the provider throughout the review
- checking whether the self-evaluation provides all the necessary information
- leading the preliminary meeting
- making sure that the provider makes the appropriate arrangements for the visit, including ensuring that the relevant students and staff attend meetings with the visitors
- ensuring that the visit proceeds effectively and that the visitors obtain all the information they need
- providing informal feedback to the provider at the end of the visit
- coordinating the production of the draft report
- preparing a formal response to the provider's comments on the draft report, based on the visitors' advice
- coordinating any other advice the GOsC needs from the visitors, such as advice on the fulfilment of conditions.

The review coordinator will also chair the visitors' discussion on the final day of the visit, which leads to the judgements, and may provide advice to the visitors to make sure their 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 visitors**

Collectively, the visitors combine expertise in the practice and teaching of osteopathy with experience in the management of academic standards and quality in higher education. Their role is to determine whether the course and provider under review meet the expectations established by the key reference documents. In broad terms, this role entails:

- 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 the visitors wish to meet
- playing a full part in the visit, including gathering, verifying and sharing evidence, meeting staff and students and, for the specialist visitors, observing teaching and learning
- contributing sections of the draft report
- considering changes to the draft report based on the provider's comments
- commenting on the provider's action plan
- considering the fulfilment of conditions.

We provide more detailed guidance to visitors about their role in a separate *Handbook for visitors*, which you can find on our website.

## Team competencies

The qualities required in both visitors and review coordinators are:

- a commitment to the principles of quality assurance in educational provision
- an enquiring disposition
- powers of analysis and sound judgement
- personal authority coupled with the ability to act as an effective team member
- good time-management skills
- experience of chairing meetings
- a recognition that there are legitimate differences among educational providers in their management of standards and quality
- high standard of oral and written communication, preferably with experience of writing formal reports for publication to deadlines.

Review coordinators will also be able to demonstrate:

- wide experience of academic management and quality assurance at institutional level in UK higher education
- experience of leading external quality assurance reviews in higher education
- personal and professional credibility with heads of institutions and senior managers in higher education
- an understanding of the GOsC's *Osteopathic Practice Standards* and of the UK Quality Code for Higher Education
- the ability to identify, plan and allocate lines of investigation to visitors according to the requirements of the review method; to assimilate and interpret a large amount of disparate information in order to support those lines of investigation; and to draw reliable conclusions based thereon
- ability to lead effective meetings with a range of staff and students.

Collectively the visitors will be able to demonstrate:

- current experience in teaching on osteopathic programmes with RQ status
- wide experience of academic management and quality assurance at institutional level in UK higher education
- a detailed working knowledge of the GOsC's *Osteopathic Practice Standards* and of the UK Quality Code for Higher Education
- experience of external examining or verification in higher education
- the ability to identify, plan and follow lines of investigation according to the requirements of the review method; to assimilate and interpret a large amount of disparate information in order to follow those lines of investigation; and to draw reliable conclusions based thereon
- the ability to conduct effective meetings with a range of staff and students.

## Recruitment and training

We recruit visitors by inviting nominations from all course providers and by advertising. We select visitors by reference to the person specifications below, and train them to ensure they are capable of carrying out their duties effectively. Visitors who undertake reviews are expected to:

- possess the knowledge and skills described in the person specifications below
- have completed successfully our training programme
- be committed to completing all aspects of a review.

Review coordinators are members of QAA staff with experience of GOsC review and/or other quality assurance methods, or independent contractors with the same experience. Review coordinators undergo the same training as visitors and additional training focused on the particular responsibilities of the role.

## Conflicts of interest

When we allocate 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.

When we inform you of the visitors, we will ask if you have any objections. If you have an objection, which by referring to the criteria above we consider to be legitimate, we will appoint another visitor or visitors.

## Person specifications

We select visitors and review coordinators using the following person specifications.

### Visitors

Attributes	Essential	Desirable
Experience	<ul style="list-style-type: none"> <li>• experience of chairing meetings.</li> </ul>	<ul style="list-style-type: none"> <li>• current experience in teaching on osteopathic programmes with RQ status</li> <li>• wide experience of academic management and quality assurance at institutional level in UK higher education</li> <li>• experience of external examining or verification in higher education.</li> </ul>
Knowledge, skills and abilities	<ul style="list-style-type: none"> <li>• a commitment to the principles of quality assurance in educational provision</li> <li>• an enquiring disposition</li> <li>• powers of analysis and sound judgement</li> <li>• personal authority coupled with the ability to act as an effective team member</li> <li>• good time-management skills</li> <li>• a recognition that there are legitimate differences among</li> </ul>	<p>a detailed working knowledge of the GOsC's <i>Osteopathic Practice Standards</i> and of the UK Quality Code for Higher Education.</p>

	<p>educational providers in their management of standards and quality</p> <ul style="list-style-type: none"> <li>• high standard of oral and written communication, preferably with experience of writing formal reports for publication to deadlines</li> <li>• the ability to identify, plan and follow lines of investigation according to the requirements of the review method; to assimilate and interpret a large amount of disparate information in order to follow those lines of investigation; and to draw reliable conclusions based thereon</li> <li>• the ability to conduct effective meetings with a range of staff and students.</li> </ul>	
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### Review coordinators

Attributes	Essential
Experience	<ul style="list-style-type: none"> <li>• wide experience of academic management and quality assurance at institutional level in UK higher education</li> <li>• experience of leading external quality assurance reviews in higher education</li> <li>• experience of chairing meetings.</li> </ul>
Knowledge, skills and abilities	<ul style="list-style-type: none"> <li>• a commitment to the principles of quality assurance in educational provision</li> <li>• an enquiring disposition</li> <li>• powers of analysis and sound judgement</li> <li>• personal authority coupled with the ability to act as an effective team member</li> <li>• good time-management skills</li> <li>• a recognition that there are legitimate differences among educational providers in their management of standards and quality</li> <li>• high standard of oral and written communication, preferably with experience of writing formal reports for publication to deadlines</li> <li>• personal and professional credibility with heads of institutions and senior managers in higher education</li> <li>• an understanding of the GOsC's <i>Osteopathic Practice Standards</i> and of the UK Quality Code for Higher Education.</li> <li>• the ability to identify, plan and allocate lines of investigation to visitors according to the requirements of the review method; to assimilate and interpret a large amount of disparate information in order to support those lines of investigation; and to draw reliable conclusions based thereon</li> <li>• ability to lead effective meetings with a range of staff and students.</li> </ul>

**QAA 399 08/2011**

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