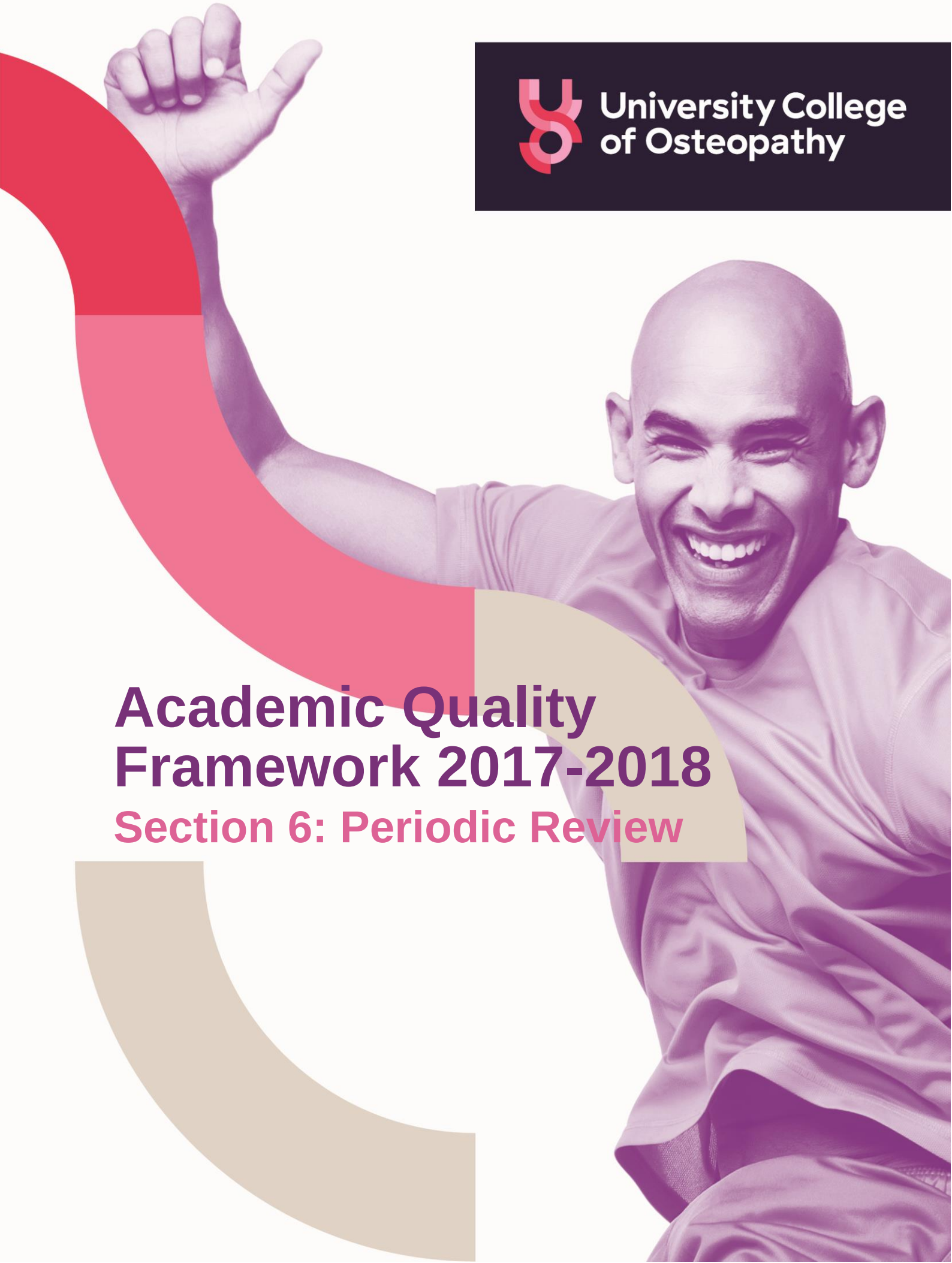
University College of Osteopathy



Academic Quality Framework 2017-2018

Section 6: Periodic Review

ACADEMIC QUALITY FRAMEWORK

SECTION 6: PERIODIC REVIEW

This Section of the Academic Quality Framework should be of particular interest to Course Leaders, Heads of Area, Unit Leaders and members of relevant UCO Committees including student representatives.

Version number	***Dates produced and approved (include committee)***	***Reason for production/ revision***	***Author***	***Location(s)***	***Proposed next review date and approval required***
V1.0	*March 2014* *Academic Council*	*To define the procedures for the management of academic quality and standards in teaching and learning at the UCO.*	*Head of Quality*	*Master Version:* *J:\0 Head of Quality – AQF* *Published Version:* *Intranet*	*Annually and on an "as required" basis.*
V2.0	*Sept 2016* *Academic Council*	*Reviewed to update staff role and policy titles and to reflect current practice.*	*Head of Quality*	*Master Version:* *J:\ Quality Team \ 0 Quality Team – AQF* *Published Version:* *Intranet*	*Aug 2017 and on an "as required" basis.*
V3.0	*Sept 2017* *Academic Council*	*Annual Review including amendments to reflect the name change of the British School of Osteopathy to the University College of Osteopathy*	*Head of Quality*	*Master Version:* *J:\ Quality Team \ 0 Quality Team – AQF* *Published Version:* *Intranet*	*Annually and on an "as required" basis.*

Equality Impact	
Positive equality impact (i.e. the policy/procedure/guideline significantly reduces inequalities)	
Neutral equality impact (i.e. no significant effect)	X
Negative equality impact (i.e. increasing inequalities)	

If you have any feedback or suggestions for enhancing this document, please email your comments to: quality@uco.ac.uk

ACADEMIC QUALITY FRAMEWORK

SECTION 6: PERIODIC REVIEW

CONTENTS

6.1 Periodic Review Introduction

6.1.1 Periodic Review (PR) focuses on how providers (i.e. the UCO and any Professional, Statutory and Regulatory Body (PSRB) or other relevant external organisation) manage the quality of provision and maintain academic standards. It is an in-depth process which enables greater reflection than single annual monitoring activity and covers progress over a longer time frame (typically the past five years).

6.1.2 Periodic reviews of subject areas, courses and institutions ensure that academic provision is subject to effective scrutiny and self-reflection with an emphasis on constructive feedback from peers such that the student learning experience and quality processes may be enhanced and promoted as appropriate.

6.1.3 The UCO holds internal PRs of its taught course provision and is itself subject to external PIRs as required by PSRBs and other external institutions as appropriate.

6.2 Internal & External Periodic Reviews

A) Internal Periodic Review

6.2.1 PR of courses within a subject area (Periodic Course Review (PCR), also known as Course Re-approval) is an internal periodic review process which enables the UCO to check the health of its course provision, identify areas for development, and disseminate good practice.

6.2.2 PCR allows for a broad and holistic consideration of courses, through a process of self-evaluation undertaken by staff working in the area in question, and involving stakeholder input (including student involvement), peer and external review. It includes the identification of good practice and strategies for enhancement.

6.2.3 Each PCR includes related provision within its scope, as appropriate.

6.2.4 PCR at the UCO provides assurance to the Academic Council that it can have confidence in the academic standards and quality of its courses and in the structures and processes that will maintain standards and quality in the future.

6.2.5 The UCO's processes for PCR align with the relevant stated Expectations of the Quality Code published by the Quality Assurance Agency (QAA) as follows:

"*Higher education providers, in discharging their responsibilities for setting and maintaining academic standards and assuring and enhancing the quality of learning opportunities, operate effective, regular and systematic processes for monitoring and for review of programmes*." [1]

6.2.6 Normally, PCRs of taught courses are undertaken by the UCO every five years from the date of Course Approval.

6.2.7 The UCO's internal PCR processes are agreed by the Academic Council and are regularly audited by the Policy, Regulations and Audit Group[2] to ensure that they are followed appropriately and remain effective.

6.2.8 Procedural support for PCRs is provided by the Head of Quality.

6.2.9 Detailed criteria guide the PCR process. These may include a review of strategic fit and viability, management of quality and standards, assessment, staffing, and learning resources. Relevant staff and PCR panel members are provided with documentation specifying procedural requirements and guidance to support development[3].

6.2.10 It is appropriate for PCRs to include consideration of new and changed provision within a subject area in line with requirements for the approval of new provision and/or modifications to

current provision (see AQF Section 4: Course and Unit Approval & Modifications[4]). Such approval must be agreed at the Review Scoping Stage.

B) External Periodic Institutional & Course Review

6.2.11 As mentioned above, the UCO is subject to external periodic review as required by PSRBs and other external institutions, such as the University of Bedfordshire (for the Professional Doctorate in Osteopathy course) and LASER (for the Access to Higher Education Diploma course).

6.2.12 The UCO adheres to the periodic review processes as required and stipulated by external organisations.

6.2.13 Periodic reviews by PSRBs are not interchangeable with internal PCRs, although some areas may be common for each review, such as a focus on the curriculum and staff expertise.

C) Alignment of Internal and External Periodic Reviews

6.2.14 The UCO's internal PCR processes and the external PIR processes may be aligned if appropriate. For example, internal assurance and preparatory events often closely resemble external events. In the case of two review requirements – for instance, a PCR and renewal review for courses seeking to renew Recognised Qualification (RQ) status by the UCO's PSRB (the General Osteopathic Council (GOsC)) – the UCO may schedule these within an appropriately close timeframe. This aims to avoid duplication of workload where possible and appropriate.

6.2.15 Similarly, in some circumstances the GOsC will undertake a combined review, such as where an application for the recognition of a new course coincides with the expiry of a different course's RQ status.

6.3 Periodic Review Process Stages

6.3.1 The stages that constitute periodic review processes are outlined in the sections for PCR and PIR processes below.

6.3.2 Periodic review documentation development involves consultation with relevant stakeholders and internal peer review through the UCO's committee structure and preparatory periodic review events before submission to the final periodic review event.

6.3.3 Periodic review events are held following the submission of documentation, to enable reviewers to meet with staff and students, and to discuss and clarify lines of enquiry to inform the outcome of the periodic review.

6.4 Periodic Course Review Process

6.4.1 Taught courses approved by the UCO are normally expected to undergo a PCR once every five years (normally from the date of course approval) using the process described below.

6.4.2 A PCR typically includes all provision within a subject area, and may include consideration of new and modified provision within a subject area, in line with requirements for the approval of new and modified provision (see AQF Section 4: Modifications to Courses & Units).

6.4.3 Where a single course is recommended for periodic review on the basis of substantial proposed modifications or concern, this will be considered and recorded as an 'approval' event, and the New Course Approval process will apply (see AQF Section 4: New Course Approval Process).

6.4.4 A Preparatory PCR Event is normally held at least three months prior to the PCR Event, which provides developmental experience to attendees and panellists, enabling staff to act on recommendations resulting from the preparatory event.

6.4.5 PCR documentation should normally be submitted at least four weeks prior to each PCR event, to provide adequate time for panellists to review the documentation and identify lines of enquiry.

6.4.6 Processes for course and partnership closure are provided in AQF Section 4: Closing a Course and AQF Section 4: Closing a Partnership.

6.5 Objectives of Periodic Course Review

6.5.1 Periodic Course Review provides an opportunity in particular for the evaluation of:

a) Subject standing and development, in the context of the UCO's strategy and sector norms and development;

b) Management of quality and standards in the provision offered within a subject, including the maintenance of core documentation (Course and Unit Information Forms) and the appropriate management of modifications to provision;

c) Academic standards and the maintenance of structures and processes designed for their support (including external examination, annual monitoring, unit and course reporting, and academic due process in the assessment and grading of student performance);

d) The quality and the student-led enhancement of the learner experience and opportunity in the context of the UCO's mission;

e) External engagement and benchmarking, e.g. with the QAA Quality Code, sector benchmarks, PSRBs (where relevant), employers, alumni and other external reference points that support the development and enhancement of provision and the learner experience;

f) Engagement and compliance with UCO policy (e.g. peer observation of teaching) and initiatives over the period of review.

6.6 Preparation & Timescales for Periodic Course Reviews

6.6.1 The Head of Quality will normally manage the PCR process at the UCO in liaison with the Vice-Principal (Education).

6.6.2 Each PCR will commence in the academic year preceding review (and no less than 9 months prior to the Final PCR Event) with a PCR Scoping Meeting between the following staff (as a minimum): the Vice-Principal (Education), Chair of the Portfolio Board, Heads of Area and Course Leaders of the provision within the review, and the Head of Quality.

6.6.3 At this scoping meeting:

a) the Periodic Course Review Form[5] will be finalised;

b) the scope of the review and of the provision within it will be finalised;

c) the date and duration of the PCR Event will be confirmed;

d) the institutional benchmark set will be confirmed;

e) the requirement for externality at the Periodic Course Review Event will be established on the basis of subject and course breadth and level;

f) the inclusion of any planned course approval within the review will be confirmed (subject to completion of the UCO's New Course Approval processes); additional approvals may be

added later, in which case the relevant form (New Course Approval Form / Course & Unit Modification Form) will be appended to the Periodic Course Review Form;

g) any relationship between the PCR and PSRB engagement will be established.

6.6.4 The Head of Quality will submit the Periodic Course Review Form to the Education Enhancement & Strategy Committee to consider and recommend for approval by the Academic Council.

6.6.5 Following the PCR Scoping Meeting relevant staff will prepare the required documentation as agreed at this meeting, which will normally be peer-reviewed by the Education Enhancement & Strategy Committee prior to being reviewed at the Preparatory PCR Review Event, which takes place no later than two calendar months prior to the proposed Final PCR Event.

6.6.6 The typical timescale for PCR's is shown in Diagram 6.1.

6.7 Appointment of Periodic Course Review Panels

6.7.1 The Head of Quality, in consultation with the Vice-Principal (Education), will appoint and invite the panel for the PCR Event, including internal panel members, external subject specialists, and student representation.

6.7.2 The initial identification of external subject specialists should be made at least six months prior to the PCR Event.

6.7.3 The Course Leader/s of the course/s being reviewed in consultation with their Course Team/s are responsible for nominating appropriate external subject specialists by completing the Periodic Course Review External Panel Member Nomination Form[6], which should be accompanied by the CV of the nominated individual.

6.7.4 Nomination forms and CVs should be submitted to the Head of Quality for approval by the Vice-Principal (Education) no later than three months prior to the PCR Event.

6.7.5 External panel member nominees should have sufficient specialist knowledge but not have been engaged in teaching, research or scholarly activity relating to the course(s) under review, including recently serving as an External Examiner for the course(s) under review. Neither should any of the Course Team putting forward the proposal be acting as an External Examiner on a course with which the external nominee is associated.

6.7.6 The typical membership for the Preparatory PCR Event Panel will be as that for the Final PCR Event (see Table 6.1) but normally without the External Panel Members.

6.7.7 The Preparatory PCR Event Panel members should be different from those for the Final PCR Event in order to ensure that there is sufficient independence and objectivity in any decision-making for both events, the exception to this being the Quality Assurance Representative and Secretary.

6.7.8 Table 6.1 shows the typical membership of a PCR Event Panel, the criteria of appointment of each panel member, and their role for this event. PCR Event panel members should not normally serve as Final PCR Event panel members for the same PCR, with the exception of the Quality Assurance Representative and Secretary.

TABLE 6.1: TYPICAL PCR EVENT PANEL MEMBERSHIP, CRITERIA FOR APPOINTMENT & PANEL ROLES

Panellist	Criteria for Appointment	Role
Chair	Normally an academic member of the UCO's Academic Council or Education Enhancement & Strategy Committee not involved in the submission.	The panel chair will lead the panel and ensure that the requirements of the review process are achieved effectively. The chair approves the responses to any conditions from the event.
One or Two (depending on subject breadth) Academic External Panel Members	The Academic External Panel Members should be specialists in the field of the subject provision under review. External academic specialists will be selected on the basis of their coverage of subjects under review at an appropriate level of seniority. They will be independent of the UCO, i.e. not have been engaged in teaching, research or scholarly activity relating to the course(s) under review such as recently serving as External Examiners for the course(s) under review. Neither should any of the Course Team putting forward the proposal be acting as an External Examiner on a course with which the external nominee is associated. Where a review includes a range of subjects deemed sufficiently broad to require additional external academic input (as indicated, for example, by the range of subject benchmarks to which the provision responds), this will be specified on the Periodic Course Review Form.	The role of the external panel members is to draw upon their subject specialism and professional experience to provide an objective and independent judgement of the quality, standards and coherence of the provision under review. It is expected that external panel members will undertake the role of "critical friend" and constructively challenge viewpoints or assumptions that are held by the Course Team or institutionally.
An Industry External Panel Member	The Industry External Panel Member should be a practitioner from a practice field related to the subject provision. External practitioners must have substantial practitioner expertise relevant to graduates of the	

	provision under review. The practitioner may not be involved in the direct delivery or support of the provision under review.	
One or Two Senior Academic Internal Representatives	The senior academic representatives should be from outside of the subject provision under review.	To give an internal but independent view on general teaching and learning issues, the learning experience and environment and general resource issues.
A Student Representative (or an approved representative if a student representative is formally noted at the review panel event and documented in the final report as not available)	Student representatives must have current or recent experience as a student of UCO (within the previous two academic years).	The role of the student panel member is to contribute to the assessment of all areas of the review, but with a particular focus on the student experience.
A Quality Assurance Representative	The Quality Assurance Representative should be a member of the UCO's Quality Assurance Team.	To look at issues relating to continued compliance with UCO processes and with QAA requirements / external reference points.
A Secretary	The Secretary is normally appointed by the Head of Quality.	The Secretary's duties include liaising with the Head of Quality about the arrangements for the periodic review process, communicating with panel members, drawing up a draft programme for the panel review event and preparing the review report. The Secretary is responsible for acting as conduit between the panel and the Course Team regarding initial observations prior to the event and in the response to the outcomes of the review.

6.8 Periodic Course Review Required Documentation

6.8.1 Responsibility for preparing the PCR submission documentation resides with the Course Teams concerned in liaison with the Head of Quality.

6.8.2 It is usually expected that consultation with students and relevant staff (faculty, student support, learning resources and human resources as appropriate) will be undertaken regarding proposed modifications which arise from the review preparation process, in line with AQF Section 4: Course and Unit Approval & Modification.

6.8.3 Periodic Course Review documentation should be produced and reviewed in line with the UCO's Version Control Policy[7]. This includes using tracked changes to identify amendments and including footers to show the date and version number of the document.

6.8.4 Responsibility for the accuracy and completeness of documentation production rests with the Course Leader/s of the provision under review.

6.8.5 Documentation requires internal peer review before submission to either the preparatory or final Periodic Course Review Event.

6.8.6 Table 6.2 shows the documentation required to be produced and submitted for PCRs. In all cases coverage should normally include the period since the previous PCR or Course Approval Event unless otherwise stated.

TABLE 6.2: REQUIRED PERIODIC COURSE REVIEW (PCR) DOCUMENTATION

Document Number	Required PCR Document	Document Description
PCR01	A Critical Self-Evaluation Document (SED)[8]	The SED is a critical self-evaluation of the subject and its provision in the context of UCO benchmarks and policies, and external benchmarks and requirements. The SED should be approximately 20 pages long and provide evidence that sufficient and effective attention is being given to the enhancement of quality and the maintenance of standards. Guidance for writing the SED is provided in the PCR Self-Evaluation Document Template[9] and will essentially consist of four sections: i. Introduction ii. Subject Evaluation iii. Course Evaluation iv. Quality Assurance & Management It may include data and information in appendix form.
PCR02	Portfolio Information[10]	This document should include information about the portfolio within which the provision under review belongs as listed below using the guidance contained within the Portfolio Information Document Template[11]: • Research activity over the review period and benchmarking with competitors; • Consultancy and CPD development and provision over the period; • Sector engagement; • Staffing and resources including CVs; • Staff review and development.
PCR03	Course Information[12]	Course Information includes reports and updated course documentation since the previous internal / external periodic review or Course Approval (whichever is the most recent) as listed below: • Annual Monitoring Reports since the previous internal / external periodic review or Course Approval (whichever is

		the most recent); • Current Course Information Forms of the approved courses under review; • Updated Course and Unit Information Forms for each of the courses under review with modifications track changed; • Course Handbooks finalised for provision to the first post-review student cohort; • Unit Handbooks (if applicable) finalised for provision to the first post-review cohort; • External Examiner Annual Reports from the previous three academic years and the responses to the reports; • Any PSRB Reports from the previous three academic years and the responses to the reports or since the previous internal / external periodic review or Course Approval (whichever is the most recent), together with a statement or evidence of any action taken in response to those reports; • Outcome reports from any Course Approval Events of new courses within the subject area since the previous internal / external periodic review or Course Approval (whichever is the most recent); • The previous Periodic Course Review Outcome Report and Periodic Course Review Confirmation Form (as applicable); • Key academic committee minutes since the previous internal / external periodic review or Course Approval (whichever is the most recent); • Data from the Key Information Set (KIS), Unistats, National Student Survey (NSS) and Destination of Leavers from Higher Education (DLHE) data covering the provision under review. • A Course Information Checklist[13] should be submitted with the PCR03 documentation submission.
PCR04	Internal & External Reference Points[14]	This set of documentation should include reference to and evidence of mapping to appropriate internal and external reference points as agreed at the PCR Scoping Meeting, and will normally include: • The UCO's Strategic Plan; • QAA Quality Code Part A[15]; • PSRB requirements; • Other relevant documentation that Course Teams consider would support the PCR submission. The External Benchmark Mapping template[16] completed at Course Approval should be updated and submitted as document set PCR04. The Reference Point Mapping Checklist[17] should be submitted

		with the PCR04 documentation submission indicating which reference points have been mapped to. Copies of the reference point documentation will be supplied to the PCR Event Panel by the Quality Team.
PCR05	Preparatory PCR Event Minutes, Outcome & Response	The minutes, outcomes and response to the Preparatory PCR Event (the Portfolio Board level peer-reviewed Periodic Course Review documentation) should be provided.

6.8.7 Deadlines for Periodic Course Review submission documentation are produced by the Head of Quality in liaison with relevant Course Leader/s and the Vice-Principal (Education).

6.8.8 All Periodic Course Review documentation should normally be submitted electronically to the Head of Quality at least four weeks prior to each PCR event.

6.8.9 The Periodic Course Review documentation will be circulated to the PCR Event Panel together with guidance material and relevant benchmarking standards, to enable panel members to consider submitted documentation prior to the PCR Event and to provide them with the opportunity to put forward comments or areas for clarification to the Head of Quality.

6.9 Periodic Course Review Events

6.9.1 Two PCR Events are normally arranged:

i. The Preparatory PCR Event to peer-review the PCR submission and enhance the submission prior to the Final PCR Event.

ii. The Final PCR Event to re-approve the provision under review.

A) The Preparatory Periodic Course Review Event

6.9.2 The Preparatory PCR Event normally takes place no later than three calendar months prior to the proposed Final PCR Event.

6.9.3 The purpose of this event is peer-review of and to assure that all submitted documentation is of an adequate standard, and also to provide the Course Team/s with recommendations and the opportunity to enhance their submission prior to the Final PCR Event.

6.9.4 The Preparatory PCR Event will:

a) Confirm the quality of the self-evaluation document and make recommendations for enhancement;

b) Confirm support for course and unit modifications, and the proposed Course Information Forms (CIFs) and Unit Information Forms (UIFs);

c) Confirm that CIFs and UIFs for future delivery are complete and accurate in detail;

d) Confirm the updated FHEQ, subject benchmark, course and unit outcome mappings in relation to the proposed provision;

6.9.5 The agenda of the Preparatory PCR Event is based on that of the Final PCR Event (see Table 6.3) but may be amended as appropriate and as agreed at the initial PCR Scoping Meeting.

6.9.6 The Preparatory PCR Event will be reported on and responded to in line with that of the Final PCR Event.

6.9.7 The outcome report[18] and responses to the Preparatory PCR Event will be included in the submission documentation for the Final PCR Event.

B) The Final Periodic Course Review Event

6.9.8 The Final PCR Event normally lasts for one day, with the approval of new courses and modifications to existing courses and units occurring on the following day. The Final PCR Event Panel may, however, meet the previous afternoon if the subject is large or complex.

6.9.9 The purpose of the Final PCR Event is to:

a) Provide assurance to the UCO about the quality and standards of the provision concerned.

b) Consider the effectiveness with which UCO policies are being implemented, including approaches to teaching, learning and assessment.

c) Confirm that research, advanced professional development, and scholarly activities are impacting the provision at FHEQ Levels 6 and 7.

d) Identify good practice and particular strengths and strategies for quality enhancement.

e) Approve new courses and / or approve modifications to existing courses and units that are confirmed to occur as part of the PCR process, in line with the UCO's course and unit approval and modification processes as documented in AQF Section 4: Course and Unit Approval & Modifications.

6.9.10 The Final PCR Event Panel will achieve this by considering and questioning the documentation submission, meeting with Course Team members, students, teaching staff, senior and support staff and, where possible, alumni of the provision under review. A tour of the UCO may also be undertaken to review the facilities.

6.9.11 An indicative agenda for PCR events (both Preparatory and Final) is provided in Table 6.3.

6.9.12 Any variation to the agenda or to the duration of the Periodic Course Review Event, other than that produced by the addition of the approval of new courses and modifications to existing courses and units, must be agreed at the PCR Scoping Meeting or by the Vice-Principal (Education).

6.9.13 The agenda for Periodic Course Review Events has at least three components:

i. ***Meeting senior staff (including faculty)*** to clarify issues such as staffing strategies and effectiveness in the management of academic quality, student support, and learning resources. Particular focus will be placed on the academic and administrative arrangements where the provision includes collaborative, distance-learning, work-based learning or mentoring agreements.

ii. ***Meeting lecturers and other staff not employed in a managerial capacity*** to review staff engagement in teaching, learning and assessment, provision of student services, resources and support.

iii. ***Meeting students currently on the courses under review or cognate courses, and where possible alumni***, to obtain a learner perspective on teaching quality, the nature of student support, and students' satisfaction with their experience of the course, the UCO, and the wider student experience. The panel will normally meet a representative sample of 6 to 10 students.

6.9.14 The panel will not normally observe teaching.

6.9.15 The Final PCR Event Panel will be offered a formal tour of the UCO's facilities related to the provision under review. Where this is confirmed the tour will be provided by the Quality Team and will normally take place the day before the Final PCR Event.

TABLE 6.3: INDICATIVE AGENDA FOR FINAL PERIODIC COURSE REVIEW EVENTS

Time	Individuals Involved	Agenda Item & Areas of Discussion
0900	Final PCR Event Panel	**Confirmation of Event Agenda & Identification of Lines of Questioning** • Confirmation of Event Agenda. • Identification and prioritisation of key questions and matters to discuss with staff teams and students.
1000	Final PCR Event Panel Senior Staff Course Management Staff Quality Staff	**Introduction to the Event & Meeting with UCO Management, Quality & Academic Staff** • Ten-minute introductory presentation and discussion covering: ○ Strategic issues for the subject and courses within the internal and external strategic context; ○ Perceived strengths and weaknesses of the subjects and courses; ○ Management issues related to the subject, courses, and staff.
1030	Final PCR Event Panel	**Review of Meeting with UCO Management, Quality & Academic Management Staff** • Review of discussions. • Review of lines of questioning. • Review of event agenda as required.
1100	Final PCR Event Panel Course Management Staff Academic Staff Student Support Staff	**Meeting with Course Management, Academic and Student Support Staff** • The production of Document PCR01 (Critical Self Evaluation) and exploration of issues arising from it; • Issues arising from Course Information Forms; • Student performance, retention and graduate outcomes.
1230	Final PCR Event Panel	**Review of Meeting with Course Management, Academic Management and Student Support Staff** • Review of discussions; • Review of lines of questioning; • Review of event agenda as required.
1300	Final PCR Event Panel Students Graduates	**Lunch & Meeting with Students:** • The applicant, student and graduate experience.
1400	Final PCR Event Panel	**Review of Meeting with Students** • Review of discussions; • Review of lines of questioning; • Review of event agenda as required.
1430	Final PCR Event Panel	**Meeting with Course Management, Academic and**

	Course Management Staff Academic Staff Student Support Staff	**Student Support Staff** • The curriculum; • Teaching and learning; • Resources for learners; • Assurance and enhancement of provision and the student experience; • Staff engagement with research and professional practice; • External engagement in the provision and its development; • Staff development and expertise.
1530	Final PCR Event Panel	**Review of Meeting with Course Management, Academic and Student Support Staff** • Review of discussions; • Review of lines of questioning; • Review of event agenda as required.
1600	Final PCR Event Panel UCO Management Staff Quality Staff Academic Staff	**Meeting with UCO Management, Quality and Academic Staff** • Final questions and queries; • Opportunity for academic staff to put forward any additional information.
1645	Final PCR Event Panel	**Conclusions of the Event** • Conclusions finalised.
1700	Final PCR Event Panel UCO Management Staff Course Management Staff	**Provisional Feedback** • Provision of provisional feedback regarding the event.

6.10 Final Periodic Course Review Event Outcomes

6.10.1 The outcome of the Final PCR Event will be made based on the considerations and judgements of the Final PCR Event Panel regarding Academic Standards and the Quality of Provision as outlined below.

A) Judgements on Academic Standards

6.10.2 The panel will reach a single judgement on academic standards that is based on consideration of the specified outcomes of provision (in relation to relevant external benchmarks), including the content and design of the curriculum, and the design and effective implementation of assessments as a means of testing the outcomes. Exceptionally, different areas of provision may be subject to different judgements, although normally one judgement will be made across the provision.

6.10.3 The judgement will normally be one of the following:

a) **Confidence**; i.e. re-approve provision subject to further annual and periodic review; i.e. the panel was satisfied with current management of academic standards and quality and the prospect of these being maintained in the future.

b) **Confidence subject to specified conditions**; the panel may identify issues with some/all provision and require the Course Team/s to provide progress reports on these, normally at six-monthly intervals, until the issues are completed.

c) **No Confidence**; i.e. this judgement should only be reached if there are fundamental and very significant weaknesses that had not been identified in the Critical Self Evaluation document with appropriate plans in place to address within a suitable time-frame with appropriate arrangements for the management of any required suspension of provision.

B) JUDGEMENTS ON THE QUALITY OF PROVISION

6.10.4 The outcome of the Final PCR Event will include judgements on the quality of provision in respect of:

a) **Academic strength and viability** (i.e. the effective understanding and focus on the academic position and strategic development of the subject area and its provision, its effective use of benchmarks, staff development and external engagement, and evidence of the effective integration of its academic activities including research and teaching);

b) **Learning opportunities and resources** (i.e. the evidence that the provision and the portfolio and Course Teams provide their students with opportunities to achieve and develop);

c) **Student focus and support** (i.e. evidence that the portfolio and Course Teams are both proactive and responsive in their management and enhancement of the learner experience).

6.10.5 The judgement will normally be one of the following:

a) **Commendable**; i.e. the provision is approved; the majority of elements are of good quality, with identifiable areas of excellence. Some areas for improvement may be noted.

b) **Approved**; i.e. the provision is approved; most elements are of good quality, with identifiable, but not significant, areas for improvement.

c) **Approved, subject to the following time-limited conditions**; i.e. some identifiable and significant weaknesses that can be addressed. The nature of the weaknesses should be clearly identified and the conditions should be time-bound so that they can be effectively monitored.

d) **Failing**; i.e. the provision is inadequate, and a recovery plan is required, to include arrangements for the management of any suspension of provision.

6.10.6 The panel may also identify as commendable or failing specific areas of activity or provision within the judgements on quality of provision.

6.10.7 Recommendations may be made in respect of all judgements other than those of 'failing'. These should be monitored through the normal Annual Monitoring and Reporting processes (AQF Section 5: Annual Monitoring & Reporting).

6.10.8 In addition to the above possible outcomes, the panel may set 'approval conditions' and 'delivery conditions' in relation to specific courses, in accordance with AQF Section 4: Course and Unit Approval & Modification[19]. These will be differentiated from judgement conditions and will require a response and completion prior to the next commencement of the operation of the course to which they pertain using the approach to approval conditions specified in relation to the approval process[20].

6.11 Periodic Course Review Reporting and Responding to the Outcome

6.11.1 The Periodic Course Review and Course Approval processes enable the UCO to demonstrate public accountability for the standards achieved by its courses. Peer groups' academic judgements, and the evidence on which they are based, must be substantiated and accessible through reports.

6.11.2 The secretary to the Final PCR Event Panel will draft a formal Periodic Course Review Outcome Report[21], normally within two weeks of the Final PCR Event, and circulate this to the members of the panel for confirmation. The secretary then circulates the confirmed outcome report to the Course Leader(s), Vice-Principal (Education), and Head of Quality (as a minimum).

6.11.3 The outcome report will identify and confirm continued approval (or otherwise) for all provision within the review, and any approved variations to this process. It will also confirm the date of operation in post-review form of the courses reviewed. Where the panel requires essential action other than as approval conditions, it will report these as conditions, identifying responsibilities and a timescale. Other suggested actions may be reported as recommendations and should be responded to as part of the normal annual monitoring process. Approval conditions will be identified in relation to specific courses and have separate timeframes for response and completion.

6.11.4 The outcome report will provide a clear indication of the discussions to explain the panel's conclusions and any conditions and recommendations, together with the dates by which they should be met.

6.11.5 In respect of judgement conditions, specified arrangements for monitoring, review and sign-off will be specified in the outcome report.

6.11.6 Where it is found that a course requires suspension, the External Examiners for that course will be informed of the start and end dates of the suspension and provided with a copy of the outcome report.

6.11.7 The Course Team, in consultation with the Vice-Principal (Education), is required to respond to the Periodic Course Review Outcome Report using the Periodic Course Review Outcome Response Form[22] within an agreed timeframe.

6.11.8 The Course Team's response should be submitted to the Head of Quality who will forward it on to the Chair of the panel for review and approval.

6.11.9 The Chair of the Final PCR Event Panel must be satisfied with the Course Team's responses to their conditions and recommendations, and will confirm that the response is satisfactory by signing the Periodic Course Review Outcome Response Form and returning this to the Head of Quality.

6.11.10 The Head of Quality will forward the signed response form to Course Leaders and the Vice-Principal (Education), with confirmation that this together with the Periodic Course Review Outcome Report will be considered by the Education Enhancement & Strategy Committee prior to being submitted to the Academic Council for final and formal re-approval of the course as recommended by the Chair of the panel.

6.11.11 Further to the Academic Council approving the outcome report and response, a Periodic Course Review Confirmation Form[23] is produced and signed by the Chair of the Academic Council. The confirmation form details the outcome of the PCR Event, the length of time for which the course is approved, and the date of the next periodic review of the course. It also serves as confirmation that the Periodic Course Review process is concluded, and that the

submitted course documentation is approved for implementation as specified in the Periodic Course Review Outcome Report.

6.11.12 The signed confirmation form and approved course documentation is then circulated to Course Leaders, Vice-Principal (Education), and other relevant staff by the Head of Quality as confirmation of course re-approval and conclusion of the PCR.

6.11.13 Monitoring of ongoing approval conditions and recommendations is overseen by the Education Enhancement & Strategy Committee in respect of educational matters and the Senior Management Team in respect of institutional matters.

6.12 Periodic Course Review Process Tasks & Responsibilities

6.12.1 The normal Periodic Course Review process stages, tasks, and their associated responsibilities are outlined in Table 6.4. Tasks should be undertaken in numerical order. Those listed under the same Stage Number take place concurrently.

6.12.2 The Quality Assurance Committee will monitor the completion of PCR stages via update reports from the Head of Quality.

Table 6.4: Periodic Course Review Stages, Tasks & Responsibilities

Stage No.	Periodic Course Review Process Task	Responsibility
1	Arrangement of the initial PCR Scoping Meeting PCR Scoping Meeting between the Vice-Principal (Education), Chair of the relevant Portfolio Board, Heads of Area and Course Leaders of the provision within the review no less than 9 months before the Final PCR Event.	Head of Quality
2	a) Confirmation of the PCR timeline and details. b) Completion of the PCR Review Form.	Head of Quality at the PCR Scoping Meeting
3	Preparation and production of required PCR submission documentation in liaison with faculty, finance, learning resources, student support, human resources and other departments, students, committees (for example, Student-Staff Liaison & Consultation Groups, Equalities Committee) External Examiners and PSRBs etc. as appropriate.	Course Team/s
4	Peer-review of the PCR submission documentation by relevant Portfolio Boards and the Education Enhancement & Strategy Committee as appropriate.	Relevant Portfolio Boards Education Enhancement & Strategy Committee
5	Submission of the PCR documentation to the Head of Quality normally no later than four weeks before the Preparatory PCR Event.	Course Team/s

6	Circulation of the PCR documentation submission to the Preparatory PCR Event Panel normally four weeks before the Preparatory PCR Event.	Head of Quality
7	**Preparatory PCR Event** a) Peer review of the PCR documentation. b) Agreement of recommendations to the Course Team/s & relevant staff to enhance the submission.	Preparatory PCR Event Panel
8	Preparatory PCR Event Outcome Report prepared and circulated to the Portfolio Board for confirmation within two weeks of the event.	Preparatory PCR Event Panel Secretary
9	Confirmation and sign-off of the Preparatory PCR Event Outcome Report.	Preparatory PCR Event Panel Chair
10	Circulation of the confirmed Preparatory PCR Event Outcome Report to the Course Teams, Vice-Principal (Education) and Head of Quality along with the PCR Event Outcome Response Form for Course Teams to complete by a requisite deadline.	Preparatory PCR Event Panel Secretary
11	a) Completion of the PCR Event Outcome Response Form and revision of PCR documentation as recommended in the PCR Event Outcome Report. b) Submission of the response and revised documentation to the Portfolio Board Chair for approval and sign-off.	Course Leader/s in consultation with the relevant Portfolio Board Chair and Heads of Areas
12	a) Approval and sign-off of PCR Event Outcome Response Form. b) Circulate approved and signed response form to Course Leaders, the Vice-Principal (Education) and Head of Quality.	Preparatory PCR Event Panel Chair
13	Submission of the revised PCR documentation to the Head of Quality normally no later than four weeks before the Final PCR Event.	Course Team/s
14	Circulation of the PCR documentation submission to the Final PCR Event Panel normally four weeks before.	Head of Quality
15	**Final PCR Event** a) Review of the PCR documentation. b) Agreement of outcome, conditions and	Final PCR Event Panel

	recommendations of the event.	
16	Final PCR Event Outcome Report prepared and circulated to the Final PCR Event Panel for confirmation within two weeks of the event.	Final PCR Event Secretary
17	Confirmation and sign-off of the Final PCR Event Outcome Report.	Final PCR Event Panel Chair
18	Circulation of the confirmed Final PCR Event Outcome Report to the Course Teams, Vice-Principal (Education) and Head of Quality along with the PCR Event Outcome Response Form for Course Teams to complete by a requisite deadline.	Final PCR Event Secretary
19	a) Completion of the Final PCR Event Outcome Response Form and revision of PCR documentation as recommended in the Final PCR Event Outcome Report in consultation with the Portfolio Board. b) Submission of the response and revised documentation to the Head of Quality.	Course Leader/s
20	Submission of the Course Teams' response and revised documentation to the Final PCR Event Panel Chair for approval and sign-off.	Head of Quality
21	a) Approval and sign-off of Final PCR Event Outcome Response Form. b) Circulate approved and signed response form and revised documentation to Course Leaders, the Vice-Principal (Education) and Head of Quality.	Final PCR Event Panel Chair
22	Submission of approved and signed Final PCR Event Outcome Report and Final PCR Event Outcome Response Form to the Education Enhancement & Strategy Committee for review and to recommend the outcome to the Academic Council.	Head of Quality
23	Review and recommend approval of the Final PCR Event Outcome Report and Final PCR Event Outcome Response Form by the Academic Council.	Education Enhancement & Strategy Committee
24	**Formal Re-Approval** The approved Final PCR Event Outcome Report and Final PCR Event Outcome Response Form are considered and the provision is formally re-approved.	Academic Council

25	A Periodic Course Review Confirmation Form is produced.	Head of Quality
26	The Periodic Course Review Confirmation Form and re-approved CIF and UIFs are signed off.	Chair of the Academic Council
27	a) The signed Periodic Course Review Confirmation Form is circulated to Course Leaders, the Vice-Principal (Education) and Quality Assurance Committee as confirmation of course re-approval and the end of the PCR Process.	Head of Quality
	b) The signed and re-approved CIF and UIFs and Course Handbook are circulated to Course Leaders, Recruitment & Marketing Team, Admissions Team, Academic Registry and Core Documentation Holder as appropriate.	
28	a) The CIF, UIFs and Course Handbook are stored as Core Documents.	Core Documentation Holder
	b) The Institutional Calendar is updated to record the outcome of the PCR and to record the date of the next PCR event.	Head of Quality
	c) Uploading of re-approved course documentation to the UCO's website and production of marketing materials in consultation with the Course Leader.	Recruitment & Marketing Team
	d) Updating of Admissions Database to reflect the re-approved course in consultation with the Course Leader.	Admissions Team
	e) Updating of Student Information Management System with new unit codes and assessment data in consultation with the Course Leader as appropriate.	Academic Registry
29	Ongoing monitoring of any recommendations.	Education Enhancement & Strategy Committee (for academic matters) Senior Management Team (for institutional matters)

6.13 Recognised Qualification Review: General Osteopathic Council / Quality Assurance Agency

A) Introduction

6.13.1 Under the Osteopaths Act 1993 the General Osteopathic Council (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. Approved courses are 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 status is subject to approval from the Privy Council.

6.13.2 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), on behalf of the GOsC. The review method is known as the "General Osteopathic Council Review".

6.13.3 The UCO may schedule a developmental or assurance event (a UCO-level GOsC Review Event) in advance of the GOsC Review, as agreed by the Academic Council.

6.13.4 This section of the UCO's Academic Quality Framework has been informed in detail by the information made available on the QAA's website and their Handbook for course providers[24].

B) Objectives of the GOsC Review

6.13.5 There are three different forms of GOsC Review:

i. Recognition review, for new courses seeking RQ status.

ii. Renewal review, for courses seeking to renew RQ status.

iii. 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.

6.13.6 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 the QAA to undertake a combined review. Combined reviews may combine any of the three different types outlined above.

6.13.7 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[25], and capable of evaluating and enhancing their programmes of study.

6.13.8 In this context, the GOsC review addresses the following eight areas:

i. course aims and outcomes

ii. curricula

iii. assessment

iv. achievement

v. teaching and learning

vi. student progression

vii. learning resources

viii. governance and management.

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

C) Preparation for a GOsC Review

6.13.10 For new courses, the GOsC should receive a formal application from the course provider not less than 18 months before the proposed start date.

6.13.11 Renewal review visits should take place at least 9 months before the current RQ is due to expire.

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

6.13.13 The Head of Quality will identify a GOsC Review Co-ordinator, who will be the main point of contact with the GOsC and QAA when agreeing the documentation requirements and their deadlines; these will normally be confirmed at least six weeks before the visit.

6.13.14 Preparation of documentation should commence at least 5 months before the UCO level event is held (should this be scheduled).

D) Appointment of GOsC Review Panels

6.13.15 The Head of Quality will identify and invite UCO-level GOsC Review Event panel members (should this event be scheduled) as shown in Table 6.5.

6.13.16 The QAA nominates the GOsC Review panel members and will ask the UCO to raise any objections or concerns regarding conflicts of interests. Further to this the GOsC will normally confirm the GOsC Review Panel.

Table 6.5: UCO-level GOsC Review Event Panel Members (as a minimum)

Panellist	Criteria for Appointment	Panel Role
Chair	The Chair is a senior member of academic staff who has not had direct involvement with the GOsC review submission.	The Chair of the panel is expected to ensure that discussions during the event are developmental and enhance the review submission. The Chair should use the initial private meeting of the panel to agree who will lead on which themes, which areas should be highlighted for clarification as well as the order of topics. The Chair will open the event by clarifying the aims and objectives of the event and will close the event by summarising the conclusions and outcomes. Issues which are not fully clarified should be pursued and any areas of concern should be shared with the Education Enhancement & Strategy Committee.

		The Chair approves the response to any conditions arising from the event.
Two Internal Senior Academic Representatives.	The Internal Academic Representative should not have had direct involvement with the GOsC review submission.	The role of the academic representative is to draw upon his/her experiences within his/her own academic area to provide an objective and independent view of the quality of the submission.
A Student Representative	The Student Representative should be a student within the same subject area as that of the review submission and to have been a student for at least one year.	The role of the student panel member is to contribute to the assessment of all areas of the submission, but with a particular focus on the student experience.
A Quality Assurance Representative	The Quality Assurance Representative should be a member of the UCO's Quality Assurance Team.	The role of this representative is to advise on quality assurance and regulatory issues and to confirm that the submission considers UCO regulations, policies and other quality matters.
Secretary	The Secretary is usually the assigned Course Approval Co-ordinator.	The role of the Secretary includes liaising with the Education Enhancement & Strategy Committee about the arrangements for the consideration of the submission, communicating with panel members, drawing up a draft agenda for the Event and preparing the report of the event. The Secretary also makes the logistical arrangements for the event.

E) GOsC Review Documentation

6.13.17 Responsibility for preparing the GOsC Review submission documentation resides with the identified staff and faculty in liaison with the GOsC Review Co-ordinator.

6.13.18 The submission documentation requires internal peer review before submission to either a UCO-level or GOsC Review Event.

6.13.19 Version control processes should be used (as documented in the UCO's Version Control and Management of Core Documentation Policy[26]. This includes using tracked changes to identify amendments and including footers to show the date and version of documents.

6.13.20 The documentation required to be submitted by the UCO for GOsC Reviews is outlined below.

6.13.21 The QAA (or the Head of Quality in UCO-Level preparatory events) will ensure that submission documentation is passed to the Review Panels in a timely manner to allow enough opportunity for lines of enquiry to be identified. Accompanying this will be a copy of the agenda for the event and copies of any guidance notes.

F) The Self-Evaluation Document

6.13.22 The UCO's Self-Evaluation Document (SED) is the keystone of GOsC Reviews. The QAA visitors will refer to the SED throughout the review for information about the UCO and its

courses, and for evidence that the UCO evaluates and improves its effectiveness in providing osteopathic education.

6.13.23 The GOsC provides detailed guidance on the format, content, and length of the SED. 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 (the GOsC's Osteopathic Practice Standards and the QAA's Quality Code).

6.13.24 In total, the SED for a recognition or renewal review should not exceed 6,000 words (not counting the accompanying evidence). The SED for a combined review may need to be longer than this, particularly where more than one course is under review. The SED for a monitoring review may be shorter and take a different form, depending on the objectives of the review.

6.13.25 Five hard copies and one electronic copy of the SED are normally submitted to the QAA. For the hard copies, appending hard copies of the key supporting evidence is required; the remainder of the supporting evidence can be supplied electronically.

6.13.26 The SED should be submitted at least 10 weeks before the visit. Any additional documentation agreed at the preliminary meeting should be submitted at least four weeks before the visit.

6.13.27 Section outlines of the SED are as follows:

a) Section 1: Describing The Course And The Provider: Section 1 should include a description of the course and provider and statistical data for the last three student intakes which should address the following areas:

i. recruitment and admissions;

ii. entry profile (including qualifications, age, gender and ethnicity);

iii. rates of progression from one year to the next;

iv. student achievement in summative assessment;

v. progression of completing students to employment and further study.

b) **Section 2: Meeting the expectations of the key reference documents and demonstrating evaluation and improvement of the provision:** Section 2 should be organised under the following headings that match the headings in the review report:

i. course aims and outcomes (including student fitness to practise);

ii. curricula;

iii. assessment;

iv. achievement;

v. teaching and learning;

vi. student progression;

vii. learning resources;

viii. governance and management.

6.13.28 The SED for a monitoring review may focus on a subset of the areas outlined above depending on its objectives.

6.13.29 The SED should be developed as far as possible by reference to existing documentation, rather than by producing new material for the review. Thus, the SED can be seen as series of signposts, helping the QAA visitors to navigate through existing documentation for the evidence they need.

G) Key Supporting Evidence

6.13.30 The SED is supported by accompanying key evidence; this includes all of the documents that are referenced in the SED. In addition the QAA's Review Co-ordinator may request further documentation.

6.13.31 It would be expected to include information such as:

a) past accounts, current balance sheet, financial projections;

b) articles of governance, insurance schedules;

c) strategic plans, diagrams of committee and staff management reporting lines (organograms);

d) external reports on the institution and osteopathy provision;

e) market research reports, programme development committee minutes, programme specification;

f) validation documents, validation reports, unit or module syllabuses;

g) arrangements for the appointment and training of external examiners;

h) arrangements for the involvement of external examiners in the assessment of student clinical performance;

i) student course handbook(s);

j) staff CVs;

k) statements of library holdings, statements of information technology (IT) provision;

l) plans/photographs of clinical facilities.

6.13.32 Requests for additional documentation will be confined to material which the QAA visitors need in order to complete the review effectively. The QAA's Review Co-ordinator will explain why the visitors are asking for a particular piece of additional information.

6.13.33 For the hard copy submissions, appending hard copies of the key supporting evidence is required; the remainder of the supporting evidence can be supplied electronically. All of the evidence referred to in the SED should be available to the visitors in hard copy during the visit.

6.13.34 During the visit the QAA visitors will need to see a sample of student work to determine whether:

a) student achievement matches the intended learning outcomes of the course;

b) assessment is designed appropriately to measure achievement of the intended learning outcomes;

c) the assessments set provide an adequate basis for discriminating between different categories of attainment;

d) the actual outcomes of programmes meet the minimum expectations for the award and the requirements of GOsC's Osteopathic Practice Standards.

6.13.35 The QAA's Review Co-ordinator will discuss the range and nature of student work to be provided at the preliminary meeting.

H) GOsC Review Process Tasks & Responsibilities

6.13.36 The normal GOsC Review process stages, tasks & responsibilities are outlined in the Table 6.6.

6.13.37 The Quality Assurance Committee monitor the GOsC Review process stages via reports from the UCO's GOsC Review Co-ordinator.

TABLE 6.6: THE NORMAL GOSC REVIEW PROCESS STAGES, TASKS & RESPONSIBILITIES

Stage No.	GOsC Review Process Task	Responsibility
1	Timelines are confirmed by the GOsC/QAA in liaison with the GOsC Review Co-ordinator.	GOsC/QAA Point of Contact GOsC Review Co-ordinator
2	Co-ordination that identified staff prepare UCO-level review documentation in liaison with the finance, learning resources, student support, human resources and other departments, students (e.g. through the Student-Staff Liaison Consultation Groups), External Examiners, and others (e.g. the Equality Committee) as appropriate.	Head of Quality
3	**Peer Review of UCO-Level GOsC Review Event Documentation** Peer review and recommended approval of UCO-level GOsC Review documentation.	Education Enhancement & Strategy Committee (Noted by the Quality Assurance Committee)
4	a) Identification and appointment of UCO-Level GOsC Review Event Panel. b) UCO-Level GOsC Review Event convened.	Head of Quality
5	**UCO-Level GOsC Review Event** a) Review of the submission documentation. b) Agreement of recommendations to enhance the submission.	UCO-Level GOsC Review Event Panel
6	a) Production of UCO-Level GOsC Review Event Outcome Report[27].	UCO-level GOsC Review Event Panel Secretary
	b) Confirmation of the report.	UCO-level GOsC Review Event Panel
	c) Sign-off of the report.	UCO-level GOsC Review Event Panel Chair
7	a) Production of the response[28] to conditions and recommendations of approval identified in the UCO-Level GOsC Review Event Outcome Report. b) Revision of submission documentation. c) Submission of responses and revised submission documentation to the Academic Council and Senior Management Team to approve.	Staff identified by the Head of Quality with Education Enhancement & Strategy Committee and Quality Assurance Committee oversight
8	Approval of the UCO-Level GOsC Review Event report and response and revised submission documentation.	Academic Council Senior Management Team

8	a) Approval and sign off of the UCO-Level GOsC Review Event responses and revised submission documentation. b) Forward signed-off and approved submission documentation to the GOsC Review Co-ordinator.	UCO-level GOsC Review Event Panel Chair
9	**GOsC Review Panel Event (convened by the QAA)** a) Production of event outcome report. b) Forward the report on to the GOsC Review Co-ordinator.	QAA Review Team
10	a) Production of responses to conditions and recommendations of approval identified in the GOsC Review event outcome report. b) Revision of submission documentation as appropriate. c) Submission of responses and revised submission documentation to the Academic Council and Senior Management Team to approve.	Vice-Principal (Education) (In consultation with appropriate Staff and Education Enhancement & Strategy Committee and Quality Assurance Committee oversight)
10	a) Approval of GOsC Review event outcome report responses and revised submission documentation.	Academic Council Senior Management Team
	b) Submission of the approved outcome responses and revised submission documentation to the QAA.	GOsC Review Co-ordinator
11	a) Approval and sign off GOsC Review Event responses and revised submission documentation. b) Forward signed-off and approved submission documentation to the GOsC Review Co-ordinator.	QAA Review Team
12	a) Approved submission documentation and GOsC Review outcome report stored and Core Documentation Register updated in liaison with the Core Documentation Holder. b) Inform and provide Admissions and Registry departments with approved course documentation and requests these departments to update UCO systems as appropriate.	Head of Quality
13	a) End of Periodic Course Review Process is confirmed to all involved in the process and to: • The Education Enhancement & Strategy Committee	GOsC Review Co-ordinator

	• The Quality Assurance Committee • Academic Council • Senior Management Team	
14	Monitoring of ongoing actions not required to have been completed for approval to be granted.	Education Enhancement & Strategy Committee in respect of educational matters Quality Assurance Committee regarding institutional matters Both should include dissemination of strengths.

I) UNSOLICITED INFORMATION

6.13.38 There may be other stakeholders involved in the GOsC Review, such as teaching staff, students, or patients, who wish to bring information to the QAA visitors' attention. This is called 'unsolicited information'.

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

6.13.40 The QAA visitors are obliged to corroborate any unsolicited information they receive with other sources of evidence. The QAA will also forward a copy of the unsolicited information to the GOsC and to the UCO with an invitation for a response. If the information is not relevant to the GOsC Review, the QAA will still forward a copy to the GOsC, and the GOsC may share it with the UCO, but it will not affect the review outcomes.

6.13.41 The UCO is required to circulate a QAA-standard email to staff and students as soon as the date for the visit is agreed regarding the unsolicited information facility. The UCO should also display a standard poster about the protocol in the clinic for the attention of any patients who come into contact with students.

J) GOsC REVIEW EVENTS

6.13.42 The GOsC Review Event provides the opportunity for the QAA visitors to test their understanding and interpretation of the SED by reference to other sources of evidence, including written documentation, meetings with staff and students and the observation of teaching and learning.

6.13.43 There are two key reference points that help the QAA visitors to determine how osteopathic courses and their providers are performing in the eight areas identified in Section 2 of the SED. These are:

i. the GOsC's Osteopathic Practice Standards[29]

ii. the UK Quality Code for Higher Education[30]

6.13.44 The GOsC Review Event usually involves a two-and-a-half-day visit to the course delivery sites to allow the visitors to meet staff and students and observe teaching. If it is a combined review, the review period may be longer.

6.13.45 An indicative agenda for the review visit is outlined in Table 6.7.

6.13.46 The Review Panel is comprised of QAA visitors.

TABLE 6.7: INDICATIVE GOSC REVIEW EVENT AGENDA

Time	Individuals involved	Topics for discussion
		Day 1
8.45	Review Panel Senior Staff	Short introduction to the provision
9.00	Review Panel	Private panel meeting
10.00	Review Panel Senior Staff Course Leaders	Initial Meeting: Discussion of recent developments (validation process, development of new courses)
11.00	Review Panel (Lay Visitors) Senior Staff	Meeting to discuss corporate management and governance issues.
11.00	Review Panel (Osteopathic Visitors) Teaching Staff Students	Class visits / clinic visits / documentation
12.30	Review Panel Students	Lunch meeting with students
13.30	Review Panel Senior Staff	Tour of facilities
14.30	Review Panel Course Leaders Course Delivery Staff	Meeting to discuss aims and intended learning outcomes and curricula for all the programmes
15.30	Review Panel	Class visits / documentation review
17.00/17.15	Review Panel Senior Staff	Feedback to key staff on progress to date
		Day 2
9.00	Review Panel Senior Staff	Meeting with key staff to confirm agenda
9.30	Review Panel (Osteopathic Visitors) Teaching Staff Students	Class visits / clinic visits / documentation
9.30	Review Panel (Lay Visitors) Senior Staff	Meeting to discuss management and enhancement of standards and quality
10.30	Review Panel	Team in base room/class visits
11.30	Review Panel Course Leaders	Meeting to discuss teaching and learning, student progression/support and learning resources

	Student Support Staff Learning Resources Staff Academic Registry Staff	
12.30	Review Panel	Lunch
13.15	Review Panel Clinic Staff	Observation of moderation process for clinical assessment
14.30	Review Panel Teaching Staff Clinical Staff	Meeting with teaching and clinical staff
15.30	Review Panel	Panel meeting
16.00	Review Panel Course Leaders Academic Registry Staff	Meeting to discuss assessment and achievement
17.00	Review Panel Senior Staff	Feedback from second day
Day 3		
8.45	Review Panel Senior Staff	Meeting with key staff to confirm agenda for the day
9.00	Review Panel	Panel drafts initial paragraphs
10.30	Review Panel	Panel meeting to agree findings
12.00	Review Panel Senior Staff Course Leaders	Final feedback (outlining areas of strength and good practice and areas for development and any serious concerns)
12.30	Review Panel	Panel departs

K) GOsC Review Outcomes

6.13.47 At the end of the review visit, the Review Panel makes a judgement about whether, and to what extent, the course reflects or continues to reflect the expectations established by the key reference documents identified above. The judgement will be expressed as one of the following:

a) Approval without conditions

b) Approval with conditions

c) Approval denied.

6.13.48 The Review Panel's decision will be sent to the GOsC, which retains discretion over whether it accepts the findings.

6.13.49 Initial feedback is offered to the UCO at the end of the review visit, though it is non-binding.

L) GOsC Review Reporting and Responses

6.13.50 The time between the end of the review visit and the GOsC's decision on the review report is typically 20 weeks.

6.13.51 In the case of a judgement of 'approval with conditions', the report will include the conditions the Review Panel considers should be attached to the recognition of the qualification. The report will also highlight any strengths, examples of good practice, and areas for development.

6.13.52 The GOsC will send the draft report to the UCO within five weeks of the end of the visit; this will be initially disseminated to the Principal, Vice-Principal (Education) and the UCO's GOsC Review Co-ordinator (as a minimum).

6.13.53 The report will be reviewed by the Quality Assurance Committee and Education Enhancement and Strategy Committee, and an action plan will be developed to address any conditions arising from the review, which should be produced on a template (as supplied in the appendices). The action plan is approved by Academic Council prior to submission to the GOsC.

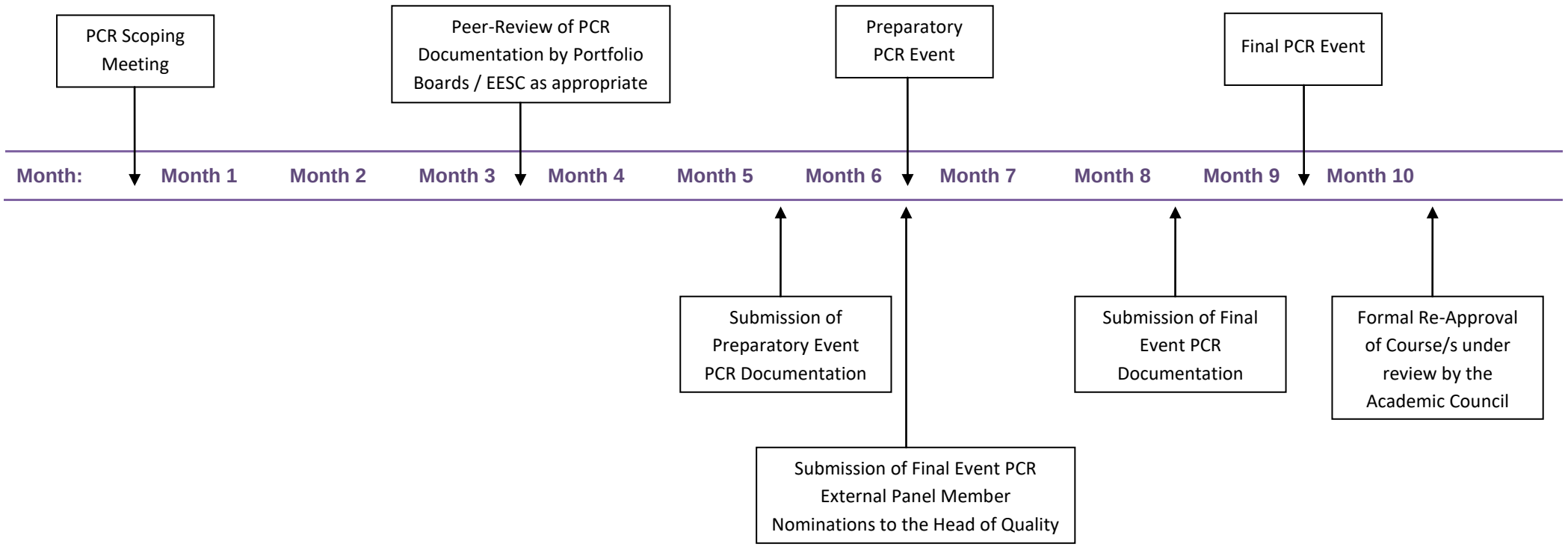
6.13.54 Whilst the UCO is not required to respond to any identified areas for development, it is considered good practice to do so where relevant; therefore the UCO's own action plan may include actions to address areas for development and also means to disseminate identified strengths.

6.13.55 Monitoring of the action plan is undertaken by the Education Enhancement and Strategy Committee in respect of educational actions, and the Quality Assurance Committee in respect of institutional matters.

6.13.56 To enable approval of modified documentation, version control processes should be used (as documented in the UCO's Version Control Policy. This includes using tracked changes to identify modifications and including footers to show the date and version of documents.

6.13.57 Further information about the Periodic Course and Institutional Review processes by the QAA on behalf of the GOsC can be found on the QAA's website[31].

DIAGRAM 6.1: TYPICAL TIMESCALE FOR PERIODIC COURSE REVIEW EVENTS



AQF06: FORMS & TEMPLATES

Form / Template Reference Number	Form / Template Title
AQF06_01	Periodic Course Review Form
AQF06_02	Periodic Course Review External Panel Member Nomination Form
AQF06_03	Periodic Course Review Self-Evaluation Document Template
AQF06_04	Periodic Course Review Portfolio Information Template
AQF06_05	Periodic Course Review Course Information Checklist
AQF06_06	Periodic Course Review Reference Point Mapping Checklist
AQF06_07	Periodic Course Review Outcome Report Template
AQF06_08	Periodic Course Review Outcome Response Form
AQF06_09	Periodic Course Review Confirmation Form
AQF06_10	GOsC Review UCO-Level Event Outcome Report Template
AQF06_11	GOsC Review UCO-Level Event Outcome Response Form
AQF06_12	Guidance for External Panel Members of Course Review Events
AQF06_13	Guidance for Student Panel Members of Course Review Events

AQF06: ENDNOTES

[1] http://www.qaa.ac.uk/assuring-standards-and-quality/the-quality-code/quality-code-part-b: Chapter B8: Programme Monitoring and Review

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[10] AQF06_04_PCR02_Portfolio_Information_Document_Template

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[12] AQF06_05_PCR03_Course_Information_Checklist

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[18] AQF06_07_PCR_Outcome_Report_Form & AQF06_08_PCR_Outcome_Report_Form

[19] AQF04_12_Course_Approval_Outcome_Report_Template

[20] AQF04_13_Course_Approval_Event_Response_Template

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