

Education Committee
15 December 2011
Quality Assurance – International Osteopathic Educational Institutions

<u>Classification</u>	Public
<u>Purpose</u>	For discussion
<u>Issue</u>	The recognition of qualifications awarded outside the UK and the impact on policy developments around charging for quality assurance activities.
<u>Recommendations</u>	<ol style="list-style-type: none">1. To consider the arguments for further development of a policy about quality assurance of qualifications outside the UK.2. To consider questions about scoping our major review of quality assurance.
<u>Financial and resourcing implications</u>	If we were to develop a model of quality assuring education outside the UK, we would need to explore further whether we could charge for this process either at cost or for profit.
<u>Equality and diversity implications</u>	Equality and diversity issues may arise from a policy to quality assure education externally. These would need to be explored further.
<u>Communications implications</u>	None.
<u>Annex</u>	None.
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Background

1. In the GOsC Corporate Plan 2010 to 2013, we said that we would 'Outline scope for a major review of the QA process to explore the potential for accrediting providers, rather than approving individual training courses, and including a review of the funding arrangements under the current process.'
2. The 2011 -2012 Business Plan states that we will:
 - a. Develop policy exploring quality assurance for education delivered outside the UK as part of a preliminary quality assurance review.
 - b. Develop policy options for changes to the Quality Assurance Process which would require legislative change including provision for charging for quality assurance activities and approval of institutions rather than courses.

Current legislative powers and policy.

3. In order to register with the General Osteopathic Council, applicants who obtained a qualification in osteopathy outside the UK, must demonstrate individually that they have reached the required standard of proficiency in order to be registered with the General Osteopathic Council
4. In practice, this means that the applicant is assessed individually using a combination of an assessment of the qualification and the individual (via a written and practical assessment) to determine whether they have met the required standards. EU applicants are entitled to be offered a 'period of adaptation' instead of the assessment process we offer.
5. In contrast, applicants with a UK RQ are not assessed individually. The Osteopaths Act 1993 enables the Council (with the approval of the Privy Council) to 'recognise' qualifications awarded in the UK by particular osteopathic educational institutions (OEIs). In this respect assessment of whether someone has met the standards is devolved to the OEI itself. (Although, the OEI is subject to extensive quality assurance / quality management¹ processes by GOsC). An applicant presenting with a 'recognised qualification' granted by an OEI does not need to pass a further assessment of competence in order to register.
6. This means that it is much cheaper and much quicker for UK qualified applicants to register as the assessment has taken place prior to registration and is confirmed by the RQ.
7. Section 14 of the Osteopaths Act 1993 provides that 'where the General Council is satisfied that a. a qualification granted by an institution in the United Kingdom is evidence of having reached the required standard of proficiency, or b. a qualification which such an institution proposes to grant will be evidence of

¹ These terms are explained in paragraph 34 of the paper).

having reached that standard, it may, with the approval of the Privy Council, recognise that qualification for the purposes of this Act.

8. The Council recognises all current 'Recognised Qualifications' under this legislation.
9. Section 14(3) of the Osteopaths Act 1993 also provides that 'Where the General Council is satisfied that **a qualification granted by an institution outside the United Kingdom** is evidence of having reached the required standard of proficiency, or of reaching a comparable standard, it may, with the approval of the Privy Council, recognise that qualification for the purposes of this Act.'
10. Currently there are no qualifications granted by an institution outside the United Kingdom under this provision.
11. If a qualification granted by an institution outside the United Kingdom was to be 'recognised' by the Council and approved by the Privy Council, it would mean that applicants for registration would be able to register much more quickly and easily as they would not have to go through an individual assessment process. Further, this would probably also be a marketing tool for the international osteopathic educational institution about the quality of the education provision – particularly where there are no other markers of quality in the country in question.
12. There are no powers to charge for our recognition activities at present under the legislation. Whilst we could explore the impact of market forces, it is possible that we will only be able to charge for these activities if we have explicit powers to do so in legislation.
13. As well as these issues being identified for consideration in our current Business Plan, it is important to note that we have received requests from three osteopathic educational institutions based outside the UK for us to inspect and 'recognise' their qualification with the implication that we would be paid to do so.
14. We are also aware of the following – although the role and extent of involvement is not clear:
 - We understand that some UK Osteopathic Educational Institutions who award 'recognised qualifications' (OIEs) may have a role in the delivery of osteopathic education outside the UK to a greater or lesser extent.
 - We understand that some UK universities who do not validate UK Osteopathic Educational Institutions may validate international educational institutions awarding osteopathic qualifications.
 - We understand that some OIEs may accept internationally qualified osteopaths onto accelerated learning pathways consisting of a short period of teaching and assessment (based on prior qualification and experience as well as osteopathic training) before being awarded a UK Recognised Qualification.
 - We also understand that staff at some OIEs are involved in external examining work at international Osteopathic Educational Institutions.

15. Clarity about the environment within which international osteopathic education is delivered is relevant to help us to consider the ways in which the agreed policy aims may be best achieved.
16. The purpose of this paper is to provide some background information and some preliminary questions to help develop our thinking around purpose and options in relation both to the notion of quality assuring qualifications granted by institutions outside the UK and the impact on the ways in which we might develop options for charging UK Osteopathic Educational Institutions for quality assurance. There are no decisions in this paper, but plenty of questions for consideration.
17. The intention is to further refine the issues once the Committee has had an opportunity to develop their thinking based on the content of this paper.

Discussion

Purpose of regulation

18. The General Osteopathic Council has the remit to 'develop... and regulate the profession of osteopathy'. The purpose of healthcare regulation is to protect patients.
19. We might consider exercising powers to recognise qualifications awarded by institutions outside the UK if:
 - a. It was consistent with our statutory duty to 'develop...and regulate the profession of osteopathy.
 - b. It was consistent with our duty to protect patients.
 - c. It was not inconsistent with a. and b. but helped us to diversify our income streams to better carry out a. and b.

Question: What other considerations of principle might guide our thinking about whether to recognise qualifications granted by institutions outside the UK?

Identification of the policy aims

20. We have been approached this year by three international educational institutions based in Europe asking us to recognise their qualifications under Section 14(3) of the Osteopaths Act 1993 above.
21. The aims of international institutions seeking GOsC recognition of their qualifications might be three fold:
 - a. Enabling international educational institutions to meet UK standards of competence, conduct and ethics which are recognised as being at the forefront of osteopathy across the world.

- b. Contributing to international consensus on osteopathic standards and promoting international collaboration on standards
 - c. Providing a more efficient registration process for graduates of such international educational institutions.
22. All of these aims could be consistent with the development of the profession and also our primary purpose of protecting patients through mechanisms to support and raise standards through our quality assurance activities.
23. Should we explore our existing powers within the Osteopaths Act 1993 to consider the arguments for development of a process for 'recognising qualifications' rather than assessing individuals with international qualifications?
24. Should we explore alternative ways to achieve some of these aims? For example it is possible to envisage a situation where UK educational institutions might be approved to award qualifications.
25. The arguments for involving the GOsC in the setting of standards and quality assuring of internationally delivered osteopathic education are as follows:
- a. Both osteopaths and patients are internationally mobile yet osteopathy is statutorily regulated in very few countries. (Osteopathy is not regulated outside the UK with the exception of Malta, Australia, New Zealand, Finland France, Switzerland, Iceland and South Africa.) A few other countries have systems of voluntary regulation.

This poses challenges for the standards of osteopathy internationally on terms of expectations and consistency. The GOsC has shared expertise in the setting of standards in Europe through the Forum for Osteopathic Regulation in Europe. This work is particularly important because the development of consensus around standards of osteopathic competence and conduct helps to protect patients where those standards are not in place. This work is continuing by the commitment of many states through their national standardisation bodies to develop a European Standard for Services of Osteopaths. GOsC has been a primary facilitator through FORE of this work to raise standards outside the UK in the absence of statutory frameworks for professional regulation.

- b. Almost 10% of our registrants practise outside the UK. They maintain registration with us as a marker of the quality of their practice and commitment to maintaining the standards of competence, conduct and ethics that we set particularly where no other markers exist locally. This means that around 10% of our income comes from osteopaths outside the UK. There is thus an argument for us to maintain involvement in internationally delivered osteopathy.

- c. There is a market of at least three international osteopathic educational institutions who would like to receive 'recognised qualification' status as a marker of the quality of their qualifications.

What are the arguments for GOsC developing a role in the quality assurance and recognition of qualifications granted by institutions outside the UK?

Ethical considerations

26. However, we should also be mindful of the effect on other stakeholders if we were to start quality assuring education outside of the UK. The GMC have considered these very points when approaching the question of quality assuring medical schools outside the UK. Whilst medicine and osteopathy are not the same, it is worth considering the ethical and practical points made by the GMC as follows:

- 'Curricula taught and assessed in English in locations where patients do not necessarily speak English. This becomes a more significant issue in the clinical years of the programme.' Standard J of the Standard of Proficiency sets standards in relation to the 'identification and evaluation of the needs of the patients.' See also the standards within the theme 'Communication and patient partnership' in the revised Osteopathic Practice Standards which come into effect on 1 September 2012.
- The difficulty of ensuring that students gain an equivalent understanding of the working, organisational and economic framework in which medicine is practised in the UK.' This is a requirement in our current Standard of Proficiency which states that osteopaths should be able to demonstrate: 'an appreciation of the evolution and the current development of the NHS with particular reference to the primary healthcare arena'. See also the Professionalism Theme in the revised Osteopathic Practice Standards.
- Differences in ethical and legal issues between the UK and other jurisdictions.
- The view of disability and the rights of people with mental and physical disabilities may be very different between the UK and other jurisdictions.
- Differing views of social deprivation and other sociological factors, including the social and cultural environment.
- The need for different approaches in teaching clinical skills of examination as, depending on the student's culture, they may not be comfortable examining patients of the opposite sex.'
- The appropriateness of regulation for patient safety coming from another country. Would our resources be better served encouraging local forms of regulation in other countries to meet the aim of patient safety?

27. These issues require some consideration as to whether the current standards and from 1 September 2012, the Osteopathic Practice Standard requires review in relation to education delivered internationally.

What other ethical considerations should be developed when considering the impact of quality assuring qualifications granted by institutions outside the UK?

Practical considerations

28. It is important to explore the outline costs as well as the benefits of quality assuring education internationally compared to the current system. The tables below give some broad information about the numbers of osteopaths with international qualifications registering with us. Please note the slightly different time periods.

Date	Number of international applicants applying for registration	Numbers of EU qualified applicants passing Assessment of Clinical Performance	Number of internationally qualified applicants who passed the Assessment of Clinical Performance	Notes
1 December 2010 to 30 November 2011	13 (7 outside Europe) (6 inside Europe)	1 – qualified from a course delivered in the EU by a UK university which also offers UK recognised qualifications.	6 – all from qualified at Victoria University, Melbourne, Australia.	Please note that some applicants are only part way through the process hence the numbers do not match exactly.

Date	Total UK qualified registrants	Total EU qualified registrants	Total internationally qualified registrations (non UK and non EU)

1 April 2010 to 31 March 2011	300	0	3
1 April 2009 to 31 March 2010	300	1	3

29. The costs of assessment of international qualifications are as follows:

Stage	Actual cost	Charge to applicant (where permitted)
Assessment of qualification	Up to £200	£0
Written portfolio assessment	£200	£100
Assessment of clinical performance	£1060 per day	£330 (up to four per day)

30. The cost of a QAA review under the current process in the UK is approximately £30k allowing for costs of the review. There are also additional variable costs in relation to unscheduled reviews, follow up advice on conditions, and pro rata staffing and training costs. Additional costs for reviews taking place outside the UK may include additional transport and accommodation costs, translation costs (or recruitment of visitors with appropriate language skills).
31. The total cost of the registration process for international applicants is less than £6000 pa even allowing for staffing costs.
32. There are also opportunity costs to factor in. If we were to be undertaking policy development on the recognition of qualifications granted by institutions outside the UK, this would take staff time away from other aspects of the GOsC's work. Thus, the costs of this international work may require additional resourcing over and above that currently in GOsC.
33. Whilst these figures are approximations, it is clear that undertaking the quality assurance of international osteopathic qualifications would not generate any savings to us and would probably not be viable unless we charged for this. There may also be additional questions about the need for us to offer services to all who wish to take advantage.

What other practical considerations are relevant to the consideration of the recognition of qualifications granted by institutions outside the UK.

Alternative scenarios and options

34. There may also be alternative scenarios for us to consider further to enable us to meet the policy aims identified in paragraphs 20 to 25 above. The scenarios below use the following terms based on terminology in use by the GMC but adapted for the osteopathic context as follows:

Quality assurance is the overarching activity under which both quality management and quality control sit. It includes all the policies, standards, systems and processes that are in place to maintain and improve the quality of osteopathic education and training in the UK. Quality assurance should be concerned with the quality management processes in use at the OEIs to ensure that quality control was delivered effectively and that risks were managed and mitigated rather than the actual identification and management of those risks.

Quality management is about the systems in place to ensure that quality issues are identified and managed effectively by the OEI. It is about examining evidence that quality control is in place and working across all years and locations of delivery of training with different tutors.

Quality control – This is about ensuring that local educational environments meet local and professional standards. It ensures the quality of training under the supervision of an individual tutor.

As our thinking about quality assurance matures and as systems mature, the GOsC role – which is currently based more on quality management may move more towards a lighter touch quality assurance if robust quality management systems are in place.

Is this the right sort of framework to develop osteopathic quality assurance? What are the alternatives?

Scenario 1 – The status quo – GOsC continues to assess the qualifications of internationally qualified applicants and to assess performance via the current registration process. International Qualifications are not recognised.

35. The advantages of this scenario are:

- a. Maintenance over assessment of competence in a consistent and controlled way.
- b. Allows for diversity and locally appropriate provision of education.

36. The disadvantages are:

- a. The current approach does not continually assess competence over a period of time like the current assessment strategies in OEIs. Whilst based on a final examination of clinical competence there are many other assessment strategies in place across the course which can help to ensure that students meet the required standards by the time they are awarded an RQ.

Scenario 2 – GOsC accredits UK OEI (Rather than qualifications). In turn, UK OEIs accredit both UK delivered and internationally delivered qualifications. This would require a change of legislation. Quality assurance activities could be focused on any aspect of delivery – UK and international?

37. The possible advantages of such a scenario are as follows:

- a. Such an approach supports the goals of our involvement in international osteopathic education namely the increased competence and quality of care for patients outside the UK.
- b. Such an approach could support the effective development of UK osteopathy by generating an income stream.
- c. It could encourage effective quality management approaches in UK OEIs.
- d. UK OEIs are better placed to ensure consistency in standards and assessment if they are closer the delivery of the course. This could be a better form of assessment than the GOSc registration assessment.

38. The possible disadvantages of such a scenario include:

- a. There is no evidence of a business case for such an approach. Current figures suggest that whilst we have a large proportion of registrants based overseas (around 8%) less than 0.5% qualified outside the UK.
- b. Imposing UK standards outside the UK could be culturally challenging. We may not know whether the standards in place locally outside the UK are appropriate for the local healthcare context. In a worst case scenario this might not protect patients at all (if for example, patients had different expectations in relation to healthcare provision in that country).
- c. Lack of clarity about whether sufficiently developed effective quality management systems are in place at all Osteopathic Educational Institutions.
- d. Possible lack of evidence about how effective 'arms – length' validation is.
- e. A loss of regulatory control over ensuring that standards are met. Not all applicants for registration would come through such a route and so there would remain a need for GOSc to continue to assess applicants for registration.

Charging for Quality Assurance

39. The implications of policy development in relation to international institutions, the different possible models and the development of quality assurance, quality management and quality control all have relevance to the options for GOSc charging for quality assurance.

40. It is proposed that the discussion today will better inform the options for moving forward with charging for our quality assurance in a further paper.

Next steps

41. The Committee are invited to discuss the issues set out above in this paper to inform a more detailed scoping exercise on the purpose, options, practical and ethical considerations

Recommendations:

1. To consider the arguments for further development of a policy about quality assurance of qualifications outside the UK.
2. To consider questions about scoping our major review of quality assurance.