

Education Committee**15 December 2011****Quality Assurance (QA) Review – Refreshing the Visitor Pool****Classification**

Public

Purpose

The GOsC concluded its preliminary QA Review in September 2011 in advance of a major review due to commence in 2012. At the time two further actions had been planned to take place in 2011, namely the training of existing Quality Assurance Agency (QAA) Visitors and the need for the Education Committee to consider proposals for maintaining the QAA visitor pool.

Issue

This paper reports on the outcomes of the QAA visitor training which took place in October and November 2011 and considers proposals for maintaining the QAA visitor pool.

Recommendations

The Education Committee are asked to:

1. Agree that the existing pool of QAA visitors is retained for the present time and that a recruitment exercise be undertaken by the QAA for additional visitors.
2. Agree that training and appraisal should be undertaken on an annual basis for all QAA visitors.
3. To note the evaluation of the QAA Assessor Training.

Financial and resourcing implications

The budget for appointment and training is included within the current budget and the QAA contract.

Equality and diversity implications

A further recruitment exercise would need to offer equal opportunities and comply with equality legislation.

Communications implications

The advertisement for further QAA visitors will need to be published in the osteopathic press and Times Higher Education Supplement (THES) as well as on the GOsC, QAA and British Osteopathic Association websites.

Annex(es)

Annex A – Evaluation from QAA Visitor training sessions
Annex B – Feedback from OPS session of QAA Visitor training

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Background

1. The GOsC published its Osteopathic Practice Standards (OPS) on 1 July 2011. These are due to take effect on 1 September 2012. The intervening period is to be used for the GOsC to undertake an implementation strategy to ensure that all relevant stakeholders are aware of and understand the new standards. The GOsC also needs to ensure that its own policies and procedures are in line with the OPS by 1 September 2012.

QAA visitor Pool

2. The visiting team for a GOsC review normally comprises four people: a coordinating reviewer, two specialist osteopathic visitors and one non-osteopathic lay visitor.
3. The GOsC visitors were appointed in 2005. There are currently two review coordinators (plus two reserves), 10 specialist osteopathic visitors and two lay visitors. Several visitors have stepped down since 2005, mainly due to other commitments.
4. Since the end of annual monitoring visits in 2006-07, there has been a mean average of four reviews per annum (within a range of three to six).

QAA Visitors Training

5. The QAA visitors were originally trained in July 2005. The training was a two-day residential session.
6. The visitors recently received further training from QAA and GOsC staff in two groups, with events being held on 13 October and 15 November 2011. The training included:
 - a. An overview of the GOsC recognition process and an introduction to the new Osteopathic Practice Standards, including a discussion on how this might affect the Review Process – session led by Marcus Dye, GOsC
 - b. An overview of changes to the Review Method following the consultation and agreed changes to the Review Handbook – session led by Will Naylor, QAA
 - c. A simulated review exercise including the drafting of reports and conditions and face to face meetings with the senior management team of an institution.
7. The generally positive evaluation of the training is attached at Annex A. Attached at Annex B is feedback from the discussion sessions on the new OPS which had some useful suggestions on how to take account of changes to the OPS.

Discussion

Consideration of the QAA Visitor Pool

8. The GOsC should consider whether, following the publication of new criteria for the team and individual member specifications for the QAA visitor pool, the QAA visitor pool needs to be updated.
9. Reasons for considering updating the visitor pool include the following:
 - a. Are there sufficient numbers of visitors? We currently conduct an average of four reviews a year. The QAA advises that this level of activity requires a compliment of around two review coordinators, eight specialist osteopathic visitors and four lay visitors. Therefore, the current numbers of review coordinators and specialist visitors are adequate (though within a small sector it is prudent to err on the side of caution in visitor numbers, given the disproportionately higher incidence of conflicts of interest). However, the current number of lay visitors is too low. The pool should also be large enough to allow adequate resourcing of the reviews, but not so big that visitors have few appointments and therefore de-skill between training and reviews. This effect could be mitigated by an induction refresher procedure for teams prior to each review.
 - b. To provide an opportunity for new talent to enter the pool and allow individuals outside the existing pool to develop QAA assessment skills, which will benefit them as individuals, the institutions they represent and better reflect the diversity of the profession as a whole.
10. However, account needs to be taken of the following at this stage:
 - a. The need to ensure that any process of reappointment or refreshment retains sufficient visitors to cover the next round of reviews taking place in 2012. The appointments are being made now with three major renewal reviews (potentially four) taking place between May and September 2012.
 - b. A proposal for a full reappointment exercise (i.e. effectively asking the existing Visitors to reapply for their roles) at this stage may be a waste of resources as all have recently received updated training to support the work that they undertake. There is no evidence of under performance in the pool. In the worst case scenario a re-appointment could lead to a loss of visitor numbers prior to a crucial round of reviews taking place.

QAA Advice

11. The QAA advises that 'additional ... visitors should be appointed to the existing pool to maintain optimum numbers. Given the investment in training that has already taken place and the fact that most of the existing pool will be used in the reviews scheduled for 2012, it is suggested that the existing pool is retained

for the present time and that a recruitment exercise be undertaken by the QAA for the additional ... visitors required.'

Training and appraisal

12. It is important for visitors to remain up to date and fit to assess. To ensure that the visitors continue to be up to date, it is suggested that annual training continue to take place and that appraisal is introduced. This would need to form part of any future contract for quality assurance.

Transition period

13. There will be a transition period from now until 1 September 2012 where the new GOsC Review Method and the new Osteopathic Practice Standards have been published and are available. During this period, any reviews should in theory be performed against the existing GOsC Review Method and the Standard of Proficiency – Standard 2000/Code of Practice 2005. However, given that the recognition granted to any institution which is reviewed during this transition period will extend past 1 September 2012, the ideal process and standards to use for the review will be those that will be effective from this time.
14. There are currently three renewal reviews due to take place during this transition period. The GOsC has approached the three institutions in question to ask if they are happy to be assessed against the new OPS and the new GOsC Review Method. All institutions have agreed to this. It will therefore be important that the visitors undertaking these reviews are clear about the standards and review method they are using before the first review.
15. A short induction for new Visitors could take place ahead of Visits and a further training session will be planned for Summer 2012 ahead of the revised OPS coming into effect.

Consideration of the feedback from the visitor training

16. During the training sessions, the Visitors fed back the following points which we will take on board as part of our OPS implementation strategy more broadly.
 - a. 'The OPS is not vastly different from the existing standards and OEIs should not have a huge task in mapping this to curricula and learning outcomes. However, some OEIs may need to have this approved by the Validating University which may take time.'
 - b. 'Some OEIs may find it more difficult to embed the new emphasis on professionalism within the institution due to the nature of the staff. If there is a large part-time contingent then the message might not always be consistent.'

For both a and b, the OEIs should be asked what support they require from the GOsC to implement the new standards. This was undertaken

at the OEI meeting which took place on 17 November 2011. The main support requested and offered by the GOsC was to be available to talk about the new OPS to OEI staff at staff training days and events.

- c. 'Need to have a module to teach professional behaviour to students, but also need to have these professional values within the staff teams at OEIs, so that students can see how they are expected to behave in a professional way on a daily basis.'

Most OEIs have now introduced a professional behaviour module in response to the emphasis placed on the Code of Practice as well as the Standard of Proficiency. It was helpful to have this emphasis on Code of Practice issues in the QAA Assessor training. The GOsC Regulation department also present to all students at the point that they enter clinical education to inform them of the GOsC standards.

The issue of ensuring that part time staff are on board with the OPS is slightly more complicated. As a starting point, the GOsC has offered to present for staff at all institutions to emphasise the relationship between clinical teaching and the OPS. But we also need to consider further how to support the OEIs to do this for themselves.

- d. Professionalism is a 'difficult area to assess. The tick box of matching the curricula to the standards and seeing that the OEI has a professionalism module is easy, but seeing if it is part of the culture is more difficult for a snap shot review.' Suggestions on a new approach were:
 - i. Reviews would benefit from having an element of 'unexpected' visit to the institution to cut through the overly preparation by some institutions. This might give a more accurate view of the institution.
 - ii. Reviews may also benefit from being longer so that these areas of the OPS can be explored more fully and would allow a less structured visit approach to take place.

These issues can be explored further as we evaluate the revised QA Methods next year.

Recommendations:

The Education Committee is asked to:

17. Agree that the existing pool of QAA visitors is retained for the present time and that a recruitment exercise be undertaken by the QAA for additional visitors.
18. Agree that training and appraisal should be undertaken on an annual basis for all QAA visitors.

19. To note the evaluation of the QAA Assessor Training.

ANNEX A**Evaluation of the QAA Visitor Training Events – Will Naylor (QAA)**

'The GOsC hosted two training events for GOsC reviewers, on 13 October and 15 November. The overall aims of each event were threefold: to explain the recent changes to the GOsC review method; to explain the GOsC's new Osteopathic Practice Standards; and to provide an opportunity for visitors to refresh and develop their review skills. The latter was achieved primarily through a simulated review, for which the participants were required to prepare beforehand.

All the participants completed and returned a standard, anonymous evaluation form at the end of the event, in order to identify their views on various elements including whether they felt the event met its stated aims (as described above). Most of the forms reported that the event had 'completely' met its stated aims; two indicated it had met its aims 'well' and none that it had met these aims 'insufficiently'.

Participants were also invited to make a judgement on the overall quality of the event on a scale of one to three (with three being the highest quality). All but one of the forms gave an overall judgement of three; the other circled the space between two and three.

Finally, participants were invited to provide their suggestions on how the training could be improved. Suggestions from the forms submitted on 13 October were used to inform the November event (these were the distribution of additional evidence for the simulated review and the provision of more laptop computers). The suggestions from the November event will be used to inform future training.'

ANNEX B

Feedback from OPS section of the QAA training session

The OPS is not vastly different from the existing standards and OEIs should not have a huge task in mapping this to curricula and learning outcomes. However, some OEIs may need to have this approved by the Validating University which may take time.

Some OEIs may find it more difficult to embed the new emphasis on professionalism within the institution due to the nature of the staff. If there is a large part-time contingent then the message might not always be consistent.

Need to have a module to teach professional behaviour to students, but also need to have these professional values within the staff teams at OEIs, so that students can see how they are expected to behave in a professional way on a daily basis.

Difficult area to assess. The tick box of matching the curricula to the standards and seeing that the OEI has a professionalism module is easy, but seeing if it is part of the culture is more difficult for a snap shot review.

Reviews would benefit from having an element of 'unexpected' visit to the institution to cut through the overly preparation by some institutions. This might give a more accurate view of the institution.

Reviews may also benefit from being longer so that these areas of the OPS can be explored more fully and would allow a less structured visit approach to take place.