

**Education Committee**  
**20 September 2012**  
**Council for Healthcare Regulatory Excellence (CHRE) Performance**  
**Review Report**

<b><u>Classification</u></b>	Public
<b><u>Purpose</u></b>	For noting
<b><u>Issue</u></b>	Publication of the 2011-12 CHRE Performance review and relevance to the work of the Education Committee.
<b><u>Recommendation</u></b>	To note the content the 2011-12 CHRE Performance Review of relevance to the work of the Committee.
<b><u>Financial and resourcing implications</u></b>	No additional budget commitments arise from this paper.
<b><u>Equality and diversity implications</u></b>	None.
<b><u>Communications implications</u></b>	The outcome of the Performance Review has been communicated to registrants and more widely. Progress against these recommendations will be reported to CHRE as part of the next Performance review which commences later in the Autumn.
<b><u>Annexes</u></b>	None
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## Background

1. The Council for Healthcare Regulatory Excellence (CHRE) publishes an annual Performance Review of all the healthcare regulators.
2. Written evidence was presented to the CHRE in December 2011 with a follow up visit from CHRE in March 2012. The final report for 2011-12 was published on 29 June 2012.
3. The full report is available at [http://www.chre.org.uk/img/pics/library/120620\\_CHRE\\_Performance\\_review\\_report\\_2011-12\\_Vol\\_II\\_\(Colour\\_for\\_web\\_-\\_PDF\)\\_1.pdf](http://www.chre.org.uk/img/pics/library/120620_CHRE_Performance_review_report_2011-12_Vol_II_(Colour_for_web_-_PDF)_1.pdf).

## Discussion

4. The overall assessment of the GOsC is that 'it has continued to perform effectively against the Standards of Good Regulation across all four of its regulatory functions.' Of the nine regulators, eight either do not meet one or more of the standards, or it has concerns about the consistency of their performance against one or more of the standards. The GOsC is not one of these eight regulators.
5. The report highlighted some areas where CHRE has indicated that it intends to follow up in next year's performance review. These issues, as they relate to the work of the Education Committee, and how we intend to address them, are set out in the table below.

Follow-up issue	Action
Follow-up about the results of 'developing guidance on osteopathic pre-registration education, aimed at developing revised specific educational outcomes and guidance that will tie in with the new OPS.' (para 14.8)	We have now agreed the terms of reference and the membership of this group. It is anticipated that the first meeting of the group will take place before the end of 2012.
Follow-up about the results of 'a pilot study of its continuing fitness to practise scheme which is due to complete in December 2012.' (para 14.8)	<p>The revalidation pilot is due to complete in 2012, with folders submitted by the end of October and assessed by the end of November and an evaluation and impact assessment due at the end of December 2012.</p> <p>The CPD Discussion Document consultation closes on 30 September 2012 and we expect to have the draft consultation analysis available for the</p>

	end of 2012.
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6. There were also other issues mentioned in the report which, while not directly mentioned as part of the follow up, still require progress including:

<b>Follow-up issue</b>	<b>Action</b>
'The final strand of the [adverse events] projects will be to assimilate all the findings and recommendations from the four projects in order to provide a summary of the key implications for osteopathic training and practice by the end of 2012.' Para 14.5	As part of this work, we are facilitating a seminar with the Osteopathic Educational Institutions (OEIs) to consider the implications of the adverse events projects and their strategic implications for osteopathic education and training in the GOSc / OEI seminar on 12 September 2012.

7. We have also taken the opportunity to review the whole report to draw from the good practice and activities of other regulators with a view to enhancing our own regulatory activities and outcomes. The following table outlines some aspects that we may wish to consider exploring further as we begin to shape our work plan for the next few years.

<b>Activity</b>	<b>Possible Action</b>
As part of their work to develop learning outcomes-based curricula for all members of the dental team, the GDC has recently held workshops to explore the following challenging areas:  'i. how 'difficult' learning outcomes could be assessed; ii. the draft standards for education (which will be applied across all stages of the quality assurance process); iii. a risk based approach to quality assurance of education and training; iv. To ensure that there is a shared understanding of the requirements of the outcomes and the timeframe for implementation before the start of the 2012-13 academic year.' (para 11.6)	It will be interesting to explore with the GDC the methods and outcomes of these seminars to see if there is any learning that could be applied in our own sector.
The GMC has been regarded as demonstrating excellence in the areas	Examples of the ways in which they have ensured that standards are

<p>of Standards and Guidance by: 'ensuring that standards of competence and conduct by doctors (along with any supporting or additional guidance) continue to prioritise patient safety, address any areas of current concern in doctors' practice, reflect current issues and are easily accessible to stakeholders; assessing the value and relevance of its guidance material, with a view to continuous improvement; maintaining and expanding avenues of engagement with a wide variety of stakeholders to encourage their involvement in developing and revising GMC guidance and standards.' (para 12.2)</p>	<p>updated, reflect current issues and involve stakeholders are set out in para 12.3. The focus on continual evaluation and improvement is an area that we could learn from. We will focus on evaluation for all our projects over the course of the next year and will take steps to learn further from the GMC's experiences in this area.</p>
<p>The GMC's methods of quality assurance are also an area of interest. The CHRE report notes the publication of additional supplementary guidance in areas that have been challenging to medical schools including patient and public involvement and developing teachers and trainers in undergraduate education. (para 12.5)</p>	<p>These pieces of guidance have been circulated to the OEIs and are likely to be key areas of interest for us as we look to develop Guidance for Osteopathic Pre-registration education over the next year.</p>
<p>Using a student survey ahead of a quality assurance visit has been piloted by the GMC. (para 12.5) The GPhC has also piloted surveys with students and new graduates of all institutions to gain feedback about the quality of training. (para 15.4)</p>	<p>This is an interesting concept and ties into our own draft Quality Assurance Paper considered at the June 2012 Education Committee where we explored ideas around direct data collection to support the quality management of the institutions and the available data to inform the quality assurance process. We will explore these ideas further as we look at ways in which our existing scheme might be enhanced.</p>
<p>The GOC, over the next year, is exploring the standards in use across the other regulators with a view to ensuring consistent language between their own standards and the standards in use in other professions. (para 13.5)</p>	<p>The review of the standards in use in other regulators is always an important part of the review of standards generally. However, it will be important for the GOsC to keep abreast of this work to ensure it informs our own</p>

	development of guidance and supplementary guidance where appropriate.
The GOC has also published research into the preparedness for practice of new graduates. Findings indicate that whilst students feel prepared there are areas where they would benefit from further support including 'clinical scenarios...and unusual conditions' (para 13.7)	It will be important to review the findings of the GOC and actions taken as this may help to support our own research and work in this area where similar findings have arisen.
The GOC is developing a risk based approach to QA visits to institutions based on available information (including that from other agencies). (para 13.7)	It will be interesting to explore the GOC revised approach to quality assurance to inform our own review of QA.
The HPC has held seminars linking the outcomes of their professionalism research and practice placements. (para 16.7)	Whilst we do not have many practice placements in osteopathy currently, role modelling of professional behaviours is an area of importance highlighted by our preparedness to practise research and we are likely to be exploring this theme in a variety of work over the next few years.
The GMC and CHRE are both interested in research looking at the factors that influence a professional's decision to follow or not follow regulatory guidance (para 19.5)	We too are interested in this area as it is especially crucial for a profession which has no employers or teams to understand how behaviour is influenced. This is the subject of a separate paper on the Education Committee agenda.

**Recommendation:** To note the content the 2011-12 CHRE Performance Review of relevance to the work of the Committee.