Education Committee
27 November 2012
Quality Assurance Review

Classification	Public
Purpose	For discussion
Issue	The scope of the quality assurance review and the process for consultation.
Recommendation	A. To agree to embark on a round of pre-consultation meetings with the key expert stakeholders based on the draft consultation document presented at Annex A (subject to amendments) and the questions outlined in paragraph 9. B. To agree the revised timescales proposed for this work outlined in paragraph 12.
Financial and resourcing implications	None at present.
Equality and diversity implications	Equality and diversity issues may arise from the proposals outlined in this paper. These would need to be explored further in a full impact assessment to be published with any consultation paper in due course.
Communications implications	None.
Annex	Annex A – Draft Quality Assurance Review consultation document
Author	Fiona Browne / Marcus Dye

Background

1. In the GOsC Corporate Plan 2010-2013, 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 2012-2013 Business Plan states that we will: 'Develop a discussion paper on alternatives to the current system of QA, including alternatives to the current QA funding arrangements and models of quality assurance.'

3. This paper builds on the discussion at the March and June Education Committee meetings which looked at the areas we might consider in our Quality Assurance Review. The Committee is asked to consider the next steps required for consultation.

Discussion

4. The Education Committee has considered the basis for the questions to be included within a potential consultation document and a draft document is presented at Annex A based on the outcomes of these discussions.

5. The Committee also discussed the following aspects of the consultation process as outlined in the minutes of the meeting held on 13 June 2012:

    a. The importance of public safety and confidence as part of the purpose of quality assurance.
    b. The need to incorporate the views of stakeholders including the public, the Osteopathic Educational Institutions (OEIs) and also to students to ensure quality education.
    c. It would be important to take into account the wide range of quality standards including, for example the European Association for Quality Assurance in Higher Education.
    d. The variability of OEIs which were situated in a variety of areas including higher education, further education, in the public or independent sector, within a multi-health care faculty or not and the differences in size meant that a diverse approach was necessary to ensure proportionality and consistency.
    e. The need to encourage OEIs to demonstrate compliance with standards rather than presenting evidence for a judgement.
    f. Consideration of the appropriate level of risk within the Committee's approach to ensure that statutory responsibilities are met in a proportionate way.
    g. The need to ensure proportionality and reduce the burden of quality assurance.
    h. Outcomes should not be considered in isolation but in the context of the mechanisms delivering the outcomes.

i. A duty to ensure that standards are met, but it also has a duty to enhance standards, therefore it may be sensible to regard quality assurance and quality enhancement as two different subjects but within one process.

6. The Committee discussion indicates a desire to really involve key stakeholders at an early stage, particularly the OEIs who will be subject to any revised quality assurance (QA) approach. It also indicates the need to seek external feedback early to shape the context for any change. Added to this, the external quality assurance environment continues to change rapidly. For example, HEFCE and the QAA were consulting on changes to the risk based quality assurance framework over the Summer, additional information about institutions is now required to be published on their website. It is important that we are clear about and take account of these changes before finalising our formal proposals.

7. With this in mind, the Committee is asked to consider whether further expert feedback should be sought to inform our consultation document prior to launching a full consultation. It would be possible to conduct a 'pre consultation' targeted at key stakeholders to help consider the shape of the main document and to identify potential areas that the GOsC may not be familiar with or had not previously considered. A similar 'preliminary consultation was undertaken in relation to the revision of the Osteopathic Practice Standards (at the time the Standard of Proficiency), whereby, Osteopathic Educational Institutions (OEIs) and the British Osteopathic Association were specifically targeted to provide feedback on the standards. The advantages of this would be to gain a wider 'external' perspective on the QA activities of the GOsC and to understand more fully the perspectives of key parties involved in the process, such as OEIs at an early stage.

8. In this particular review, the key stakeholders which could help shape the consultation document might include the following:
    a. Osteopathic Educational Institutions – pre-registration
    b. Osteopathic Educational Institutions – post-registration
    c. British Osteopathic Association
    d. Quality Assurance Agency for Higher Education
    e. Other healthcare regulators (to compare and contrast their own Quality Assurance systems)
    f. Other agencies who collect data from Osteopathic Educational Institutions or validating universities.

9. It is suggested that the GOsC now embarks on a series of meetings with the key stakeholders to get their specific input prior to consultation, based on consideration of the questions already constructed in the consultation document at Annex A. This pre consultation would ask the stakeholders identified above to consider:
    a. Whether we are asking the right questions
    b. Whether there are additional questions we should be asking
    c. Whether there are additional approaches/discussions that could be considered as part of the existing questions.

10. In addition the GOsC should undertake further research with the other healthcare regulators to understand more clearly the approach that each takes to QA which could help inform our own discussion.

11. This initial pre-consultation could take place during Winter 2013 in order to allow feedback to be put to the new Education, Standards and Registration meeting in May 2013.

Revised Timetable

12. In light of the proposals in this paper, we propose to amend the timetable for this project as follows:
    - Winter 2013: Pre-consultation
    - May 2013 – Revised document for consultation approved by Education, Standards and Registration Committee.
    - July 2012 – Revised document approved for consultation by Council
    - Autumn 2013 - Consultation

Recommendations:

A. To agree to embark on a round of pre-consultation meetings with the key expert stakeholders based on the draft consultation document presented at Annex A (subject to amendments) and the questions outlined in paragraph 9.
B. To agree the revised timescale proposed for this work outlined in paragraph 12.

Annex A to 6B

Quality Assurance Review – Consultation document

Introduction

What is the General Osteopathic Council?

1. The General Osteopathic Council (GOsC) regulates the practice of osteopathy in the United Kingdom. By law osteopaths must be registered with the GOsC in order to practise in the UK.
   - The GOsC keeps the Register of all those permitted to practise osteopathy in the UK.
   - We work with the public and osteopathic profession to promote patient safety by registering qualified professionals and we set, maintain and develop standards of osteopathic practice and conduct.
   - We help patients with any concerns or complaints about an osteopath and have the power to remove from the Register any osteopaths who are unfit to practise.
   - We also assure the quality of osteopathic education and ensure that osteopaths undertake continuing professional development.

What are its functions with regard to quality assurance of osteopathy courses in the UK?

2. The GOsC quality assures the standards of osteopathy education in the UK as directed by Sections 11 to 18 of the Osteopaths Act 1993 (as amended). To fulfill its obligations under the Act, the GOsC has worked with the Quality Assurance Agency for Higher Education to develop a process by which osteopathy qualifications are assessed. Details of this process can be found at http://www.qaa.ac.uk/InstitutionReports/types-of-review/Pages/GOsC-review.aspx

What is the purpose of this consultation document?

3. This consultation document considers the fundamental aspects of the current review system and asks for feedback on each of these areas to ensure that the QA approach employed by the GOsC

What is quality assurance and why is any form of monitoring necessary?

4. One of the most important ways of ensuring the maintenance and enhancement of standards of osteopaths in the UK is through the quality assurance of the osteopathy training courses which led to registration. It is therefore necessary both to ensure that standards are met, but also to ensure that those standards are continually enhanced.

5. It follows that as the regulator of osteopathy in the UK, the GOsC must have a quality assurance process which supports the maintenance and enhancement of standards.

What should our Quality Assurance process look like to be effective?

6. The GOsC considers the following statements outline an effective quality assurance process:

   a. The GOsC quality assurance process should contribute to the enhancement of quality in pre-registration course providers[1] and should also ensure that standards are met.

   b. The quality assurance process should build on the course providers own internal quality assurance mechanisms.

   c. The quality assurance mechanism should be proportionate.

   d. The quality assurance mechanisms should be transparent.

Question 1: Do you agree with these statements? Should we consider or include any other statements?

7. The GOsC quality assurance process should contribute to the enhancement of quality in pre-registration course providers and should also ensure that standards are met.

8. It is submitted that empowering osteopaths and osteopathy education providers to identify their own strengths and areas for development and building on these to enable them to meet standards and demonstrate the quality of what they do in a way that is useful to them is a helpful way of ensuring and enhancing standards. This is the compliance approach to regulation where people and institutions will continue to enhance the quality of what they do for the benefit of their patients.

9. This philosophy should also be the basis for our quality assurance framework. Below we explore three aspects of a quality assurance framework (based on the GMC's approach but adapted):

   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 Osteopathic Educational Institutions (OEIs) to ensure that quality control was delivered

[1] Pre-registration course providers refers to those institutions offering osteopathy courses that could lead to registration with the GOsC.

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 for the entire duration of the course as well as, at different locations of delivery of training, for all different delivery methods and with different tutors.

Quality control is about ensuring that local educational environments, such as clinics and practice placements meet local and professional standards through close scrutiny.

Quality Assurance vs Quality Management/Quality Control

10. As our thinking about quality assurance matures and as systems mature, the GOsC role – which is currently based more on quality management or even quality control – may move more towards a 'lighter touch' or right touch quality assurance provided that robust quality management systems are in place. A focus on a framework which allows robust quality management systems to develop and flourish in Osteopathic Educational Institutions is, it is argued, most likely to contribute to the enhancement of quality and to ensure that standards are met.

11. A framework which allows such internal quality management systems to flourish is also seen as more effective and consistent by Colin Wright and Associates on behalf of the General Medical Council[2] This review concluded that the following factors are significant in the delivery of 'effective quality assurance':

    - Partnership with providers and dialogue – the QA process is then owned by the sector.
    - A balance between an advisory and regulatory role.
    - The role of the regulator is characterised by relationship building and being enhancement led.
    - Independent scrutiny coupled with self-assessment and self-reflection.
    - Effective quality assurance needs to encourage the internalisation of quality and support the sustenance of a quality-aware culture in the institutions concerned.
    - Ensuring that it is risk-based and proportionate.

12. An alternative approach is the more punitive approach to regulation. The consequence of not complying is a form of sanction. Our legislative framework is currently framed or perhaps interpreted more around this form

[2] *Developing an evidence base for effective quality assurance of education and training* by Colin Wright Associates

of approach. This approach means that there is a constant threat of non-compliance. In the punitive model, the 'carrot' for compliance is simply not obtaining a sanction, rather than the enhancement of standards. This is a challenging approach because one might argue it does not encourage the flourishing and development of an effective internal quality management process within the OEI. It is, one might argue, a disempowering model which waits for a judgment rather than one which takes responsibility and demonstrates accountability and enhancement at a more local level.

13. For example, our general 'Recognised Qualification' (RQ) conditions are not framed around how standards are met, they require the reporting of process issues which may or may not affect the delivery of the standards. The judgment about whether these issues affect the delivery of RQ standards is generally reserved to the Education Committee and responses or information submitted by OEIs currently in response to the general conditions rarely illustrates how the impact on delivery of standards has been assessed by the institution.

14. It is submitted that the underlying approach – a compliance approach or a punitive approach should be considered further along with the evidence for each type of approach. We should then be explicit on what basis we are developing our approach to a new quality assurance mechanism.

Question 2: What are the advantages and disadvantages of a compliance approach to quality assurance or a punitive approach to quality assurance in osteopathy? Which is appropriate in the context of osteopathy education?

The quality assurance process should build on the course providers own internal quality assurance mechanisms.

13. We currently have a quality assurance approach which is in line with most but not all healthcare regulators: a multi-stage process:
    a. We set standards – these are the *Osteopathic Practice Standards*, the Quality Assurance Agency of Higher Education (QAA) Benchmark Statement Guidance and the Quality Assurance Handbooks (including various QAA documents such as the UK Quality Code for Higher Education). These are a mixture of both outcome and process type standards.
    b. We ask for a Self-Evaluation in writing from the course provider being reviewed.
    c. We review the self assessment using a small team of professional and lay reviewers.
    d. We triangulate the information provided in the self-assessment through a combination of some or all of the observation of clinical and non-clinical teaching, private discussions with staff, private discussions with students, consideration of patient feedback, sampling of other documentation and information.

e. We write a report which comprises a judgment – approval, approval with conditions or approval denied and a narrative about findings which includes strengths, areas of development and the evidence base for any recommended conditions.
f. The conditions are followed up through an action plan. Conditions are often process based rather than outcome based.
g. The OEI is also asked to report on an annual basis about responses to conditions and also areas of good practice.
h. We can also instigate further requests for information or targeting reviews when we have information that standards may be at risk.

14. The Self-Evaluation Document and the annual report are supplemented by some external date collected by or for other organisations, i.e. financial accounts or external examiner reports from Degree Validating University. However, we do not have any other external data or metrics which contributes to a more one off judgmental type approach rather than one which allows internal quality assurance mechanisms to develop using an ongoing continual enhancement type approach.

15. Some alternative approaches to Quality Assurance are discussed below. These are Thematic Quality Assurance, Systematic linking of QA to outcomes and ongoing data collection from other organisations or stakeholders.

Thematic Quality Assurance

16. The Colin Wright and Associates report notes that the Thematic Quality Assurance approach is not used currently by health and social care regulators other that the General Medical Council (GMC) and General Social Care Council (GSCC). The Thematic approach is one which explores a particular area in detail across all providers but does not lead to a judgment. It tends to promote and share good practice whilst identifying deficiencies in provision as a whole. Quotes from the Colin Wright and Associates Report include:

> 'Themed inspections have been 'invaluable' – often unearthing much that would not have been apparent from the annual monitoring reports, providing a more rigorous and focused assessment. Themed inspections have been well-received by the Universities (perhaps as it does not feel like singling out particular HEIs, but is a more helpful and constructive process of looking at practices across the board and recognising good practice as well as identifying any areas of concern). Themed inspections fit well with the need to ensure consistency across all provision especially where there is a public protection role' (General Social Care Council) see page 42 of the Report.

17. Currently it appears that this type of approach would be complementary to one that it looking at the adherence of standards across the board. However, a radical approach which looked solely at enhancement could be envisaged if this was showing a demonstrable improvement of standards.

Question 3: What sort of topics would be appropriate for thematic quality assurance in osteopathy? Would the thematic quality approach be proportionate in osteopathy? Should the thematic approach be complementary to the existing multi-staged approach?

Systematic-linking of QA to outcomes

18. The General Pharmaceutical Council (GPhC) seems to have taken the Thematic Approach one step further by explicitly focusing on particular outcomes as part of their QA approach. This has meant that 'the accreditation process for pharmacy programmes was radically redesigned on a Miller's triangle model [based on knowledge, competence and performance i.e. knows, knows how, shows how, does] As well as standard meetings about staffing, resources, etc … schools are required to demonstrate the pathway by which outcomes will be achieved. The visit core comprises several meetings where the above is explored. Visit teams will select around 15 (of around 100) outcomes per visit and the school will describe how the programme they have designed delivers those outcomes. So, rather than taking a general overview, the team undertakes selective in-depth verification of standards on a risk basis.'

19. This is an outcomes focused approach which has had interesting consequences as follows 'The regulator anticipated a greater reaction to the changes from providers that was actually initially the case. However, it has since become apparent that some providers may not have expected the rigor with which the new standards would be applied and have been surprised when challenged on the degree of integration of outcomes into the curricula. This has led to a higher than usual number of deferred accreditation decisions or decisions to accredit for a limited period of time (to enable a proper curriculum redesign to take place) … Providers reportedly find the process draining but rewarding. They accept that the clear evidence based approach is appropriate.'

20. On the one hand, this might be an appropriate and helpful way to explore the curriculum mapping to the Osteopathic Practice Standards in a meaningful way. But this may well entail a considerable amount of resources if the General Pharmaceutical Council experience is replicated. On the other hand, integration of the relevant standards is a core role of quality assurance.

Question 4: To what extent would this kind of outcomes based approach be helpful in osteopathy? What would be the advantages and disadvantages of such an approach?

Ongoing data collection from a variety of sources for example students, staff, and other bodies.

21. The Higher Education Statistics Agency (HESA) collects data in relation to all Higher Education courses, which could potentially help inform whether our standards are being met. We need to explore further with HESA, and other

organisations (such as IPSOS / MORI and Higher Education Funding Council for England (who run the National Student Survey), the data that they hold, the cost of accessing it and the benefits of such data to meet the aims of our quality assurance process. The impact of the Key Information Sets also needs to be explored.

22. We are also aware that other healthcare regulators such as the General Medical Council (GMC) runs surveys of both students and trainers to collect ongoing data to feed into the local quality management processes of the educational institutions as well as the quality assurance processes of the GMC.

23. Other sources of data which could help to inform the quality assurance process could include clinical audit of patient outcome data or the monitoring of research publications. Collecting such data would provide different information about the quality of an institution. For example, it is argued within the NHS, that good quality clinical outcomes often go hand in hand with good quality education. Is this a fair proxy? Is this or might this be reflected in the osteopathic sector? The monitoring of research publications might support a greater emphasis on publication enabling the academy in osteopathy to grow which in turn might support the quality of teaching on OEIs. Is this right? Is this appropriate for the regulator to do – assuming that standards require the development of research expertise?

24. In line with our new quality assurance processes outlined in the QAA Handbooks, we actively seek unsolicited feedback as part of our renewal process from, for example students and others with an interest in quality assurance. This has led to particular complaints or issues being identified at the time of the review which takes place normally every five years. Such complaints could have been raised – perhaps in a more timely way - as part of an ongoing quality management system or through a more regular regulator managed survey. Such a survey could help to give a complete picture on a more regular basis. However such a survey would take resources to analyse and so we would need to be clear that any benefit outweighed any cost.

Question 5: What data might be useful to explore to support our quality assurance mechanisms? Who might hold such data? Should we instigate the collection of such data ourselves? What would be the advantages or disadvantages of these approaches?

Course or Provider approval

25. We currently have legal powers to 'recognise qualifications' rather than institutions. Is the right structure?

26. The benefits of recognising qualifications include:

a. More control in terms of the delivery of a course (for example, if a course was franchised outside the UK, it could be possible to accredit that course separately.)

27. The costs of recognising qualifications include:

a. Each new qualification requires a further review before recognition. (Disproportionate where the name of the qualification is changing but there are good internal quality management systems in place which have been recently reviewed.)

28. The benefits of recognising institutions include:

a. This enables a much clearer emphasis on the institution quality management procedures

29. The costs of recognising institutions include:

a. If an institution collaborated to deliver a course in a very different way, there would potentially be no power to review this.

30. In the Law Commission proposals it is envisaged that regulators would be able to set the unit of approval themselves. However, there is also a focus on working with others more closely. We would need to consider further the advantages and disadvantages of particular units of approval considering the roles of others.

Question 6: What are the advantages and disadvantage of approving qualifications or institutions? Are there any other models available? For example, approving both, or approving different clinic environments?

Charging for Quality Assurance

31. Currently the cost of the GOsC quality assurance mechanisms to assure the quality of pre-registration education are borne by the registrant. What are the arguments for retaining this position or moving to a position whereby educational institutions are charged for a quality assurance review by the GOsC?

Charges for Quality Assurance borne by the OEIs?

32. The following table outlines the advantages and disadvantages of the charging OEIs for quality assurance.

Advantages	Disadvantages
• The GOsC budget would be reduced by about £100 000 per year representing a saving to registrants of about £22 per year.	• The relationship between the OEI, as a paying consumer, and the regulator would be changed. This could interfere with the relationship.

• There would be a financial incentive to ensure that the quality of a course was enhanced (fewer inspections). • Those benefitting from the education – the students and the OEIs would be responsible for paying for the quality of the education. • Such an approach could support further diversity in the delivery of courses and further integration, for example, within Europe which might be beneficial for the patient moving forward.	• At a time when student numbers are reducing and students are being charged higher fees, charging for quality assurance activities would be an additional burden. • A loss of resources to the educational sector could have a negative effect on the quality of osteopathic education and therefore the profession as a whole – perhaps reducing the diversity of osteopathy.

33. Some further work needs to be undertaken to elaborate these arguments further, however, Committee views about these issues would be welcomed.

Question 7: Are these assumptions about the advantages and disadvantages of charging institutions for quality assurance correct? Are there others?

The quality assurance process should be proportionate

34. In relation to all the issues outlined above, any future proposals for quality assurance mechanisms should be proportionate. This would be determined in relation to the cost and benefit and in relation to the work undertaken by other regulators and other organisations as well as the osteopathy specific context. We would need to be clear about our narrative about the proportionality of any proposals moving forward. This is particularly in light of the Law Commission proposals to encourage all those involved in quality assurance to work more closely together. See 6.03 to 6.14 of the Law Commission consultation document at http://lawcommission.justice.gov.uk/docs/cp202_regulation_of_healthcare_professionals_consultation.pdf). In this context, proportionate, is about working with others to ensure that quality assurance activities do not duplicate the role of others. In the osteopathic context, for example, we need to ensure that we do not duplicate the roles of the validating university in the case of the independent Osteopathic Educational Institutions.

35. However, there are also issues about being proportionate to risk. We currently have a risk based approach in that for providers clearly meeting the standards, there is a five year approval. New providers, or providers requiring closer monitoring are given a three year approval. We also have the facility to apply different methods to different types of issues, for example, for certain matters we might require written evidence and for others, we might schedule an additional visit.

36. Some of the proposals in this paper could avoid the need for a visiting process at all. It might be possible, for example, to move to a data analysis approach and avoid the need to visit providers who are meeting all the indicators in terms of staff, student and patient feedback. And so the concept of proportionality opens up the possibility that a greater or lesser degree of scrutiny could be applied to different providers.

37. These issues will be elaborated further as we firm up our proposals for revising quality assurance mechanisms.

The quality assurance processes should be transparent.

38. The quality assurance mechanisms should be transparent. We currently publish all our quality assurance reports along with information about compliance with RQ conditions on our website. We also ensure that the processes and procedures that we use are public. We would need to continue this moving forward.

Question 8: Do you agree with our view in relation to the proportionality and transparency of the Quality Assurance process?

Other thoughts or comments:

Please complete and return to: