

Education Committee
18 March 2010
Public session
GOsC policy for Quality Assurance

<u>Classification</u>	Public
<u>Purpose</u>	For discussion
<u>Issues</u>	This paper discusses the GOsC policy about Quality Assurance and asks the Committee to consider a policy statement for recommendation to Council.
<u>Financial & Resourcing Implications</u>	None
<u>Equality & Diversity Implications</u>	None
<u>Communications Implications</u>	Clearer communication of GOsC statutory policy aims
<u>Annexes</u>	Annex A - QA policy statements of other healthcare regulators

Summary

1. This paper discusses the GOsC policy about Quality Assurance and asks the Committee to consider a policy statement for recommendation to Council to inform our preliminary Review of Quality Assurance.

Background

2. The GOsC is currently undertaking an preliminary review of its Quality Assurance (QA) processes. For this to be meaningful, the GOsC should be clear about the aims and purpose of its QA. Once a clear policy has been set, this will guide the interim review.
3. A number of QA policy statements from other healthcare regulatory bodies are attached at Annex A. After reviewing the policies of other regulators, the following policy is presented for consideration. The policy is split into the statutory responsibilities and aims of the QA process, similar to the format of the General Dental Council and General Medical Council. It is important to be able to distinguish between the legal duty of GOsC and what we aspire to achieve through the process.

Discussion

Statutory responsibilities of the GOsC

4. The GOsC has a statutory duty to set and monitor the standards for pre-registration osteopathic education. The GOsC also has a duty of 'promoting high standards of education and training in osteopathy.'
5. Our standards of educational delivery are set out in the publication 'Quality Assurance Agency for Higher Education (QAA) Osteopathy Subject Benchmark Statement', while the standards expected of graduating students are set out in the GOsC standard of proficiency and Code of Practice.
6. The GOsC may visit osteopathic educational institutions (OEs) to ensure that pre-registration training meets the standards we set. The GOsC may also impose conditions on the OE to ensure standards continue to be met.
7. The GOsC holds a list of qualifications offered by OEI and has the power to add and remove institutions from that list.

Aims of the GOsC Quality Assurance process

8. The GOsC quality assurance processes aim to:
 - Ensure that graduates of osteopathic educational institutions meet the standards outlined in the GOsC's standard of proficiency and Code of Practice.
 - Make sure osteopathic educational institutions meet the outcomes of the Quality Assurance Agency for Higher Education (QAA) Osteopathy Subject Benchmark Statement.
 - Identify good practice and innovation to improve the student and patient experience.
 - Identify concerns at an early stage and help to resolve them effectively without compromising patient safety or having a detrimental effect on student education.
 - Identify areas for development or any specific conditions to be imposed upon the osteopathic educational institutions to ensure standards continue to be met.

- Promote equality and diversity in osteopathic education.
- Put patient safety and patient care at the heart of all activities.

Recommendation

9. The Committee is asked to agree that the wording above outlines the QA policy aims of the GOsC. This will then be used as a basis to consider improvements to the RQ process.

QA policy statements of other healthcare regulators.

1. General Dental Council

We have a legal responsibility under the Dentists Act 1984 to check the quality of all dental and DCP education and training courses which lead to registration with us.

The aim of our quality assurance (QA) process is to check whether courses meet our training requirements, which are outlined in our curriculum documents 'The First Five Years' (for dentists) and 'Developing the Dental Team' (for DCPs). Both of these documents contain 'learning outcomes', which are important topics that a course must cover, and are available on our website.

Our QA process involves:

- reviewing proposals for new courses and qualifications from course providers and awarding bodies;
- inspecting the course providers and awarding bodies; and
- monitoring course providers and awarding bodies every year.

Our Education Committee carefully considers all applications for new courses and awards and all inspection reports. The committee decides whether we should accept these courses and awards.

2. General Optical Council

Optometrists and dispensing opticians need comprehensive and relevant training so that they can deliver good standards of eye care. One of our main functions is to assess and approve the quality and content of education provided for those training to practise optometry and dispensing optics in the UK. We do this in three ways:

- Set criteria for all higher education courses and qualifications in optics that lead to full registration with the GOC.
- Approve courses and qualifications that meet these standards.
- Carry out quality-assurance visits to check that education and examination bodies are maintaining and improving standards.

3. General Medical Council

Our statutory responsibilities

The GMC's Council has a statutory duty (Medical Act 1983) to set and maintain the standards for undergraduate medical education.

Our standards are set out in the publication [Tomorrow's Doctors](#).

The Council has the power to visit universities to make sure that undergraduate teaching is consistent with [Tomorrow's Doctors](#) and to inspect examinations to make sure that the standards expected at qualifying examinations are maintained and improved.

The GMC holds a list of universities that can award a UK medical degree (Section 8 of the Act) and has the power to add and remove universities from that list (Section 9 of the Act).

Aims of the QABME programme

The QABME processes are designed to:

- Make sure medical schools meet the outcomes in [Tomorrow's Doctors](#).
- Identify examples of innovation and good practice.
- Identify concerns and help to resolve them.
- Identify changes schools need to make to comply with [Tomorrow's Doctors](#) and a timetable for their implementation.
- Promote equality and diversity in medical education.

The aims of the QABME programme are achieved through two core QABME processes - the Annual Return Process and the Visit Process - and continuous improvement of the QABME programme.

The QABME Annual Return Process

Every year, each medical school must provide a return to the GMC that:

- Identifies significant changes to curricula, assessments or staffing.
- Highlights risks or issues of concern, proposed solutions and corrective actions taken.
- Identifies examples of innovation and good practice.
- Responds to issues of interest and debate in medical education, including promoting equality and valuing diversity.
- Identifies progress on any requirements or recommendations arising from the QABME visit process.

The GMC writes to each medical school towards the end of the calendar year to request the specific information required that year.

School returns allow the GMC Undergraduate Board to identify:

- Issues to explore with all medical schools.
- Examples of good practice that can be shared.
- Issues to be investigated with individual medical schools.

If we need to investigate an issue, for example the introduction of a new curriculum or significant changes to the curriculum or facilities, the school may be requested to submit detailed information for analysis or may be selected for the QABME visit process.

4. Nursing & Midwifery Council, General Chiropractic Council and HPC simply outline process