



Policy Advisory Committee

16 June 2016

Removal of Recognised Qualification Expiry Dates

Classification Public

Purpose For discussion

Issue A paper to explore issues arising from a proposal to remove Recognised Qualification (RQ) Expiry Dates.

Recommendation To consider the issues arising from a proposal to remove expiry dates from Recognised Qualifications.

Financial and resourcing implications None from this paper.

Equality and diversity implications None from this paper.

Communications implications If we were minded to propose to remove expiry dates from RQs, we would need to consult on this change in policy to be sure that we had provided all stakeholders with the opportunity to respond to these proposals indicating the implications for them.

Annex Advantages and disadvantages of expiry dates on RQs

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Background

1. Our current quality assurance approach is to recognise qualifications, sometimes subject to conditions, for a period of up to 5 years (or three years for a new qualification or for a qualification where there are significant concerns). The expiry date is listed on the Privy Council RQ approval order (which approves the decision of Council on the advice of the statutory Education Committee). An expiry date on the RQ means that a renewal of that 'recognised qualification' (RQ) must be approved by the expiry date in order to ensure that students can continue to graduate with an RQ and be eligible to apply for registration with the GOsC.
2. While the Osteopaths Act 1993 provides a power to recognise qualifications for a specified period, or subject to conditions, this is not required.¹
3. Conditions can be attached to RQs following initial or renewal visits (that is generally every five years) if Visitors identify 'a small number of significant problems which ... will be resolved effectively and in an appropriate time by the application of conditions.' In practice, this means matters which, if resolved, will ensure that those graduating with the RQ will meet the *Osteopathic Practice Standards*. All RQ conditions must be approved by the Privy Council. In practice conditions must be evidenced with action plans at an appropriate time during the quality assurance cycle. There are two types of conditions attached to RQs. These are general and specific conditions.

General Conditions

4. General conditions are designed to ensure that major changes to RQ provision which may affect the quality of the course are reported at the appropriate time to the statutory Education Committee (and also that final assessments involve the participation of real patients and that Annual Reports must be submitted upon the request of the Education Committee).
5. The relevant general condition is outlined below:

'The [institution] must inform the Education Committee of the General Council as soon as practicable of any change or any proposed change likely to influence the

¹ Section 15(1) of the Osteopaths Act 1999 provides that 'A qualification **may** be recognised by the General Council under section 14 – (a) only in respect of awards of that qualification made after a specified time; (b) only in respect of awards made before a specified date; or (c) only in respect of awards made after a specified date but before a specified date. The use of the word 'may' means that this is a power and so is not required to be exercised. Section 15(4) of the Osteopaths Act 1993 provides that 'The General Council may, in recognising a qualification under section 14, direct that the qualification is to remain a recognised qualification only so long as such conditions as the General Council sees fit to impose are complied with in relation to the qualification. Section 15(5) provides that 'Any such condition may at any time be removed by the Privy Council.' Section 15(6) provides that 'The General Council shall not exercise any of its functions under subsection (4) or (5) without the approval of the Privy Council.'

quality of the course leading to the qualification and its delivery including but not limited to:

- i. Substantial changes in finance
- ii. Substantial changes to management
- iii. Changes to the title of the qualification
- iv. Changes to the level of the qualification
- v. Changes to franchise agreements
- vi. Changes to validation agreements
- vii. Changes to the length of the course and the mode of its delivery
- viii. Substantial changes in clinical provision
- ix. Changes in teaching personnel
- x. Changes in assessment
- xi. Changes in student entry requirements
- xii. Changes in student numbers (an increase or decline of 20% or more in the number of students admitted to the course relative to the previous academic year should be reported)
- xiii. Changes in patient numbers passing through the student clinic (an increase or decline of 20 per cent in the number of patients passing through the clinic relative to the previous academic year should be reported)
- xiv. Changes in teaching accommodation
- xv. Changes in IT, library and other learning resource provision.]

Specific conditions

6. Specific conditions are attached to RQs relating to specific issues in that provision.
7. Examples of specific conditions include:
 - a. The [institution] must draw up a five year rolling clinic marketing strategy for both provisions aimed at recruiting patient numbers in line with current and projected student numbers and incorporating projection of resource availability and risk analysis during the academic year 2012-13. The [institution] must report in the implementation and outcome of the marketing strategy in its Annual Reports during the period of recognition.

- b. For the duration of the recognition, the University improves its quality assurance processes by ensuring in particular that:
 - All decisions leading to the awarding of marks are transparent, clear and fully documented
 - In all future final level assessments, external examiners are involved at all stages of the assessment processes, seeing, commenting and agreeing assignments and examination papers.

'Quasi' conditions

8. However, also in practice, other forms of quality assurance are undertaken which also identify 'issues' to be managed and monitored through the institutions' own quality management process. In most cases, these issues are identified by the institutions themselves or through, for example, their external examiners.
9. Section 18(3) of the Osteopaths Act 1993 provides that 'Whenever required to do so by the Education Committee, any such institution shall give to [the Committee] such information as [the Committee] may reasonably require in connection with the exercise of its functions under this Act. This is an extensive general power applying to the Committee's quality assurance functions.
10. It is through this power that the Committee exercises its ability to request Annual Reports (incorporating third party reports from external examiners and feedback from patients, staff and students) and other information to satisfy issues previously identified ensuring that the *Osteopathic Practice Standards* continue to be met.
11. The Committee is also able to undertake 'monitoring reviews' which are visits which take place between five yearly Visits where there are specific triggers for doing so.
12. Issues identified through these aspects of the quality assurance process may also result in matters which are recorded and monitored and evidenced on an ongoing basis throughout the duration of the RQ period in the same way as conditions. To all intents and purposes, these matters (sometimes called 'monitoring conditions' (if attached to a Monitoring Report), requirements (if attached to an Annual Report) or recommendations, also contribute to the quality assurance in the same way as conditions, but they are simply not recorded on the face of the RQ approval order. They are in effect, 'quasi conditions' and the example below shows that there is not often substantial difference between these quasi conditions and the conditions attached to an RQ. We record these quasi conditions in a spread sheet which informs our communications with the OEIs and papers to the statutory Education Committee. It is of note that this spread sheet is not currently in the public domain.
13. An example of this type of 'quasi' condition is:

- a. Monitoring condition 3 – ‘regularly monitor, analyse and report patient numbers to ensure that patient numbers and their diversity is sufficient to meet actual demand of ... students, while ensuring continuity for postgraduate practitioners and osteopathy services to patients are not compromised when student demand for patients falls’.
14. This paper explores the issues arising from putting expiry dates on RQs and from their removal, and looks at alternative ways to ensure quality, whilst minimising bureaucracy and burden. We have shared an early version of this paper with the osteopathic educational institutions at a meeting on 23 May 2016. The institutions felt that the arguments in the paper were valid and they were warm to the idea of a further exploration of the opportunities to remove RQ dates so that RQ visits could be scheduled at a more useful time both to the institution and to the GOsC.

Discussion

The problem

15. Due to the length of time taken for an RQ to successfully navigate the governance process of the statutory Education Committee, the Council and the Privy Council, the window within which typically five yearly Visits can take place is extremely narrow. This means that it is difficult to tie Visits into validation events (or not if preferred), key changes to curricula or assessment, the closing or opening of particular clinical provision and other matters which both the institutions and ourselves may wish to coincide with an RQ visit. Visits often need to be scheduled earlier or later than would be optimally useful. This means that there is an unhelpful impact in terms of burden to institutions and but also it limits the valuable contribution to the quality process (for example, it would be more useful to delay a visit if a new curriculum is about to be implemented).
16. The current structure also highlights that there is a distinction between information in the public domain and information that is not – both of which contribute to the ‘quality picture’ of the institution.
17. Over the course of the last tranche of RQ reviews we have noted that the review timings may have benefitted from being more closely aligned with the particular stage of development of the course, rather than because of an arbitrary date that a Privy Council approval for an RQ expires. For example, RQ reviews may benefit from being more closely aligned to validation events (or not – depending on the view of the institution), with the opening up or closing down of specific clinic provision, or to coincide with major changes to courses.
18. This has led us to explore our legislative framework and the purpose of expiry dates in the context of the aims and objectives of our quality assurance scheme.

Aims and objectives of the quality assurance scheme

19. The current GOsC/QAA Quality Assurance Policy is outlined in our GOsC/QAA Handbook for providers (see <http://www.qaa.ac.uk/en/Publications/Documents/GOsC-handbook-providers.pdf>) and is as follows:

'The GOsC quality assurance processes aim to:

- put patient safety and public protection at the heart of all activities
- ensure that graduates meet the standards outlined in the GOsC's *Osteopathic Practice Standards*
- make sure graduates meet the outcomes of the Subject benchmark statement: Osteopathy, published by QAA
- 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 course providers to ensure standards continue to be met
- promote equality and diversity in osteopathic education.

20. One of our early discussion documents explored the aims of the quality assurance process in a broader way stating:

- a. The GOsC quality assurance mechanism should contribute to the enhancement of quality in pre-registration providers and should also ensure that standards are met.
- b. The quality assurance mechanism should build on the providers own internal quality assurance mechanisms.
- c. The quality assurance mechanism should be proportionate.
- d. The quality assurance mechanisms should be transparent.

21. That same discussion paper also noted that a quality assurance 'framework which allows such internal quality management systems to flourish is also seen as more effective and consistent with the literature review carried out by Colin Wright and Associates for the GMC (2012), and also by respondents interviewed

by the researchers. For example at page 41 of the review, the following factors are thought to be 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 characterized 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.

22. This approach also appears consistent with our more recent research from Gerry McGivern which supports the concept of 'relational regulation' based in communications and dialogue².

A possible solution

23. We suggest that the status quo of scheduling RQ dates rigidly every five years is not sustainable for the reasons outlined in paragraphs 15 to 17. The status quo is also out of kilter with all other regulators that we are aware of. Advice from the Quality Assurance Agency is that most accreditations do not have expiry dates on them. The only example they could provide was engineering accreditation which accredits by cohort rather than by time.

24. Our initial analysis of the legislative framework suggests that it is possible to award RQs for an indefinite period without the need for conditions to be specified on the face of the RQ whilst still retaining the current safeguards in relation to quality that are in place through expiry dates.

25. Legislation is also in place to allow RQs to go through an active removal process should standards not be met.³ However, it is noted that this power has never

² See McGivern G, Exploring and explaining the dynamics of osteopathic regulation, professionalism and compliance with standards in practice: final report (2015) available at <http://www.osteopathy.org.uk/news-and-resources/research-surveys/gosc-research/research-to-promote-effective-regulation/> and accessed on 7 June 2016. See, for example, p6.

³ See section 16 of the Osteopaths Act 1993 which provides 'Where, as a result of any visitor's report or other information acquired by the Education Committee, the Committee is of the opinion (a) that a recognised qualification is no longer, or will no longer be, evidence of having reached a required standard of proficiency...it shall refer the matter to the General Council.... (2) If the General Council is satisfied that the circumstances of the case are as mentioned in subsection (1) ... it may, with the

had to have been activated in relation to any educational institution. We expect that quality assurance issues are managed through appropriate and effective dialogue between the GOsC and the osteopathic educational institution.

26. This solution or RQs without expiry dates and specific conditions would require a fresh look at how we publish conditions and 'quasi' conditions in a way that is fair and proportionate to all our stakeholders.
27. If, following consultation to explore all the issues, we felt that removal of expiry dates from RQs was the appropriate way forward, we would need to explore options for implementation. For example, a change to all RQs on one date removing conditions and expiry dates or a rolling implementation which implemented on each renewal of RQ.
28. Taking this context into account in achieving an effective quality assurance framework it would be helpful to explore the initial views of the Committee about the advantages and disadvantages of expiry dates on RQs from the perspective of OEIs, students, GOsC and any other relevant perspectives to feed into policy development in this area.
29. Some discussion questions are outlined below for consideration:
 - What are the advantages of RQ expiry dates?
 - What are the disadvantages of RQ expiry dates?
 - Are there any other options that sit between no expiry dates and expiry dates. (For example expiry dates linked to cohorts of students)?
 - What is the most effective way of promoting ongoing dialogue between institutions and the GOsC on conditions and 'quasi conditions'?
 - If we decided we wished to remove expiry dates, what are important matters to consider in terms of implementation? (For example, should implementation follow a rolling cycle of removal when each RQ is renewed? Or should there be a single application to amend all RQs at once? If the latter was not possible, what other mechanisms for implementation might exist?)
30. The annex provides initial thoughts about some of these questions.

Next steps

31. If the Committee are content for us to further explore this issue, we will prepare a paper for consultation and open discussions with the Department of Health

approval of the Privy Council, direct that the qualification is no longer to be a recognised qualification for the purposes of this Act)

about how we might implement such a change should it be supported in consultation.

Recommendation: to consider the issues arising from a proposal to remove expiry dates from Recognised Qualifications.

Advantages and disadvantages of expiry dates on RQs

Perspective	Advantages of expiry dates on RQs	Disadvantages of expiry dates on RQs
OEIs		RQ reviews cannot be scheduled at 'useful times' e.g. to coincide with or avoid validation events, to coincide with planned changes to curricula or assessment etc.
GOsC	The expiry date provides a lever to 'encourage' co-operation with particular issues and short cuts going through an explicit removal process. (Although, we suspect that the reality is the ongoing dialogue with the OEI).	The quality of the information provided at a review which is scheduled due to administrative convenience (rather than coinciding with a planned change to curricula) may result in lower quality information to the Committee. Some thought may need to be given to publishing all requirements/ conditions in a way that works for all parties. Not in line with peers - expiry dates are not in use at other health regulators and so removal will bring us in line with peers.
Students	Reassurance of external oversight of course (although this could still be provided with publication of the quality assurance processes).	A perceived lack of certainty about whether the RQ will still be in place at graduation if an expiry date is in place (although note the Engineering Council approach which has expiry dates linked to cohorts which provides additional confidence for students that even if their accreditation is withdrawn, their personal situation will not be affected and they will still graduate with an accredited degree).
Public/ patients		If there is an issue over patient safety, the length of time to remove an RQ could put patient safety at risk. Although the reality is that we could convene extra-ordinary meetings of Committee and Council if necessary and the Department of Health would expedite removal should patient safety be at issue. Patients would want to be assured that all relevant information was in the public domain.
Other?		