



Policy Advisory Committee

12 June 2019

Quality assurance: levels of assurance and risk

Classification	Public
Purpose	For discussion
Issue	The paper sets out our approach to strengthening our quality assurance process, scrutinising the levels of assurance that our current method provides and seeks feedback from the Committee to inform our approach to risk moving forward.
Recommendation:	<ol style="list-style-type: none">1. To consider and provide feedback on the Example Action Plan at Annex A.2. To consider the outcomes of the review of the role of external examiners within osteopathic education at Annex B.3. To consider the approach to making standards and processes more explicit.4. To consider and provide feedback on the contents of this paper.
Financial and resourcing implications	None arising from this paper.
Equality and diversity implications	None
Communications implications	Any changes to our quality assurance process or our standards and outcomes will be subject of engagement and consultation with our stakeholders.
Annexes	Annex A – Example Action Plan Annex B – External Examiner Thematic Analysis
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Background

1. Our draft Business Plan for 2019-20 provides that under the theme 'Assuring the quality of osteopathic education and training' our core goal is 'working with our quality assurance partner and UK osteopathic educational providers to ensure that recognised qualifications are only awarded to students who are able to practise in accordance with the Osteopathic Practice Standards (OPS).'
2. A number of activities are outlined to contribute to this goal including:
 - a. Removal of RQ expiry dates and publication of conditions and action plans for eligible osteopathic education providers.

This approach enables more flexibility for the Committee in terms of scheduling visits (so that they can coincide with for example, validation visits, changes to curricula or assessment, rather than being held within a small window). This approach also enables increased transparency in terms of the matters that are being actively monitored by the Committee as outlined in a published action plan. An update is provided in this paper.

- b. Review current levels of assurance provided by existing quality assurance method including strengths and weaknesses and explore mechanisms for enhancing assurance and informing QA activities.

This paper provides an update on the external examiner thematic review for feedback from the Committee and also our approach to making our processes more explicit and a review of our outcomes and standards.

- c. Review and update risk-based approach to quality assurance including visit and monitoring strategy 2020 to 2025.

The feedback from the Committee today will feed into our work plan for this activity.

- d. Continue to monitor and enhance the quality of osteopathic education by: ensuring appraisal and training of Education Visitors; undertaking periodic quality assurance reviews (RQ reviews); agreeing changes to Annual Reports; collecting and analysing data and disseminating findings, feedback and good practice to the sector; monitoring action plans, conditions and requirements.

Papers on appraisal and training of education visitors and annual reports are at Item 5 and 3 of this agenda. All institutions are subject to analysis of annual reports, periodic visit reports and also subject to specific scrutiny and these papers are also featured on each Committee agenda. On occasion matters are considered on the private agenda if they may contain sensitive discussion in accordance with the criteria outlined in our Standing Orders.

- e. Embed OPS (2018) (including promoting professionalism and raising understanding and awareness of regulation) within educational provision and quality assurance framework

In relation to quality assurance, the Annual Report paper at Item 3 shows that we are taking a more proactive approach in terms of the embedding of the OPS as part of the annual report monitoring. We are also undertaking a range of other activities to embed the OPS including a series of articles, case studies, resources and a programme of engagement with students, educators and osteopaths. Further detail about this work is outlined in the OPS Evaluation Paper at Public Item 3 of the Committee meeting held in March 2019 and available at: <https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pac-march-2019-item-3-osteopathic-practice-standards/?preview=true>

- f. Commence review of the Guidance for Osteopathic Pre-registration Education.

The Guidance for Osteopathic Pre-registration Education sets out the outcomes that should be demonstrated by graduates in order to demonstrate that they meet the Osteopathic Practice Standards. We plan to bring the terms of reference for the review to the Committee in March 2020. The terms of reference will include updating of the outcomes for graduates in relation to the OPS (2018) and will take account of the wider context within which osteopathy is practised perhaps with a wider focus on leadership. It is also possible, for example, that we may wish to include, within the terms of reference, an exploration of more sector specific standards for education and training as well rather than a reliance solely on the Quality Code as now. Currently these standards for education and training or 'environmental standards' are:

- Course aims and outcomes mapped to the osteopathic practice standards
 - Curricula
 - Assessment
 - Achievement
 - Teaching and learning
 - Student progression
 - Learning resources
 - Governance and management.
- g. Identify and continue to share areas of good practice in osteopathic education and training

Good practice reported as part of the annual reports by the osteopathic educational institutions is shared with them all to help promote learning. In addition, this year, we have undertaken a session facilitating the discussion of recording consent amongst the osteopathic educational institutions. The outcome of this session was a session led by the clinic leads under the

auspices of the Council of Osteopathic Educational Institutions (COEI) recognising that this was an area that may benefit from further consistency and dialogue. The meeting was positive and the next steps are to explore actual case examples and to analyse them to better articulate the characteristics of a good record and a less good record. COEI report that they will be working with the Institute of Osteopathy on this. Further examples of good practice are also outlined below.

- h. Work with educational providers to understand and develop best practice for the involvement of patients in osteopathic education (working in partnership with the General Chiropractic Council)

We have been working with the General Chiropractic Council to develop a survey for the osteopathic and chiropractic educational institutions which aims to explore the extent and methods used to involve patients in education. The survey examines the overall level of patient involvement in teaching and assessment (including patient panels), curricula and governance structures, mechanisms for seeking patient feedback, patient involvement in research, challenges or barriers identified in involving patients in education (including consent, confidentiality, blurring of professional boundaries, and identification of resources to support patients). The survey went live on 14 May 2019 with each osteopathic educational institution designating an appropriate programme manager to complete the survey and the results will be analysed and shared during the summer/autumn 2019. Next steps will be developed in partnership with the educational institutions and patients.

- i. Work with the Council of Osteopathic Educational Institutions and educational providers to support the development of osteopathic educators.

We have been supporting the Council of Osteopathic Educational Institutions on a steering group to begin to develop an Association of Educators. A further paper about this is at Item 12 of this Agenda.

- 3. This paper outlines how we are working to strengthen our policy in key areas including:
 - a. Monitoring – through annual reports and through plans to explore and develop clear and consistent processes which will make explicit how the executive manages the quality assurance processes and plans for exploring standards for quality assurance.
 - b. Good practice – including a progress update of the public and patient involvement thematic review (see above)
 - c. Reliance on external mechanisms of assurance – the findings from the External Examiner thematic review
- 4. The Committee are asked to consider the contents of this paper and to provide feedback including other areas that should be considered as part of our quality assurance approach.

Discussion

Removal of RQ expiry dates and publication of conditions and action plans for eligible osteopathic education providers.

5. At its meeting on 12 March 2019, the Committee was able to determine the osteopathic educational institutions which were eligible for removal of the expiry dates based on the criteria outlined in paragraphs 11 and 12 of the QAA / GOsC Handbook available at: <https://www.qaa.ac.uk/reviewing-higher-education/types-of-review/general-osteopathic-council-review#>
6. On 29 April 2019, the GOsC and the osteopathic educational institutions discussed the format of the proposed action plan to be published at the same time that the expiry date is removed. The format considered by the osteopathic educational institutions is attached at Annex A.
7. The Committee are asked to consider the format of the Action Plan to be published for each institution and to provide feedback. Once this has been considered, the team will work with the osteopathic educational institutions on the action plan and the revised RQ Order. This will be brought back to the Committee in due course.

External Examiner Thematic Review

8. The Committee has noted from the analysis of the Annual Reports, that the role of the external examiner is different at different osteopathic educational institutions. Therefore we undertook a thematic review of the external examiner analysis. The Committee are asked to consider and feedback on the findings of this analysis which are attached at Annex B to this paper.

Implications for the Quality Assurance Review and next steps

9. At its meeting of 17 July 2018, Council considered the evidence base derived from the 2018 consultation on changes to the quality assurance of osteopathic education, and agreed in principle to the removal of expiry dates for recognised qualifications and the approach of publication of 'conditions'.
10. In relation to the consultation responses regarding risk based quality assurance, it was reported that there was a call to continue to ask questions in this area in order to develop policy further, but there is little consensus as to how to enhance the approach that the GOsC currently takes. Some responses to the consultation identified potential areas of risk, including:
 - a. Poor standards of teaching
 - b. The diverse nature of osteopathic education providers
 - c. Educational institutions failing to report substantial changes

- d. Adjunctive therapies being taught at pre-registration level
11. We will also continue to focus on these areas of potential as part of our existing quality assurance processes which explore student, staff and patient feedback, our focus on supporting the Council of Osteopathic Educational Institutions to develop the Association of Educators and increased engagement with faculty, more focus on governance of institutions and the updating of the Guidance for Pre-registration Education both in terms of outcomes but also exploring the case for more sector specific standards for education and training.
 12. We noted, however, that there are no clear answers as to what an innovative or risk based approach to quality assurance looks like. As part of our programme of work this year, we will explore further quality assurance models both with and external to healthcare regulation. We are engaging further with the Office for Students, the new regulator for higher education in England to see if there is more to be learned about our approach to quality assurance.
 13. At its meeting on 18 October 2018, the Committee considered our quality assurance processes, as outlined in our quality assurance policy (See Annex A to the QAA / GOsC Handbook at https://www.qaa.ac.uk/docs/qaa/guidance/gosc-handbook-2019-.pdf?sfvrsn=51edc281_2), the GMCs approach and also the approach from the Office for Students. In this context, the Committee were able to explore the strengths and weaknesses of the current system. A range of matters were explored including:
 - There did appear to be discrimination in the award of 'recognised qualifications' as students do fail. Institutions have fall back awards which are not 'recognised qualifications' for students who do not meet the Osteopathic Practice Standards.
 - There was a recognition of the advantages and disadvantages of possible different assessment mechanisms providing assurance that students meet the Osteopathic Practice Standards. The discussion included:
 - a (single) standardised assessment process undertaken by all students with advantages of being consistent and reliable, but disadvantages in terms of assessment of performance and professionalism over time and therefore validity. Also noted that this type of assessment was not provided for in our current legislation.
 - a process which relies on a blueprint of a mixture of assessments over time ensuring that all aspects of the curriculum and the Osteopathic Practice Standards are assessed which is sampled as part of the current visit process, with advantages of validity assessing performance and professionalism over time with a range of different assessors, but disadvantages of consistency and reliability.
 - Other mechanisms to strengthen consistency were explored too, for example a closer examination of the external examiner process and how consistency of external scrutiny might be strengthened within a system which was entirely owned by the higher education institutions themselves.

- Allocation of resources on institutions which required more scrutiny and less resources on institutions that required less scrutiny. We noted that as now, more time and resource was spent on institutions requiring more scrutiny. The issue is, for those institutions which are currently meeting standards, should we visit these less, or perhaps reduce the level of scrutiny in the annual report. This approach would assume that once an institution is meeting standards, the quality will not decrease. How reliable is that assumption?
- Timing of visits – these are currently planned up to six months to a year in advance. Should we instead move to more unplanned OFSTED style visits to understand more about the reality of what is going on? Again, there were advantages and disadvantages to these options.
- Triangulation of data during visits. It was noted that students were spoken to during visits, feedback could also be sampled and in some circumstances, NSS data was also available. Thus findings can triangulated.
- Governance – are we assured that boards of institutions ensure that only students meeting the Osteopathic Practice Standards are awarded 'recognised qualifications' and do our current processes scrutinise governance sufficiently. Governance is one of the key areas that we look at as part of our current processes, but does this need strengthening?

Next steps

14. As part of our commitment to transparency and to enhance communications between GOsC staff, Committee members and osteopathic educational institutions we are exploring how we might better record and evidence the quality processes for example:
 - a. Development of quality manual (which will include:
 - The role of the Professional Standards Team and who is responsible for what
 - Internal document management and quality control – to have a defined, consistent, and effective system for managing our documents on Sharepoint (GOsC internal system)
 - Quality management processes and internal quality assurance processes and procedures – How we manage key processes to reduce risk and make effective use of resources and how we ensure that preparations for Committee and Council are clear and transparent to osteopathic educational institutions, also effective management of the QAA contract and deliverables to ensure a smooth and streamlined service to the Committee and to osteopathic educational institutions
 - Stakeholders – who our stakeholders are and key contacts for particular processes
 - Standard Operating Procedures – How we process information that feeds into the quality assurance activities including timelines
 - Key documentation – Summary of objectives, key documentation and how we use this

- Templates – This section will provide templates for all documentation including annual reports, self-evaluation documents, templates for visits, templates for reporting general conditions changes, Committee paper templates, RQ orders etc.
 - b. Review of annual reporting processes
 - c. Development of individual processes and work instructions
 - d. Development of published action plans and examples of conditions
 - e. Development of annual report (including more specific monitoring of quality management plans – including, for example, areas of development identified in RQ reviews or matters noted by the Committee)
 - f. Document control procedures
 - g. Development of stakeholder profiles
 - h. Updating and publishing QA templates particularly for the Annual Report and RQ processes
 - i. Standard processes for recording OEI communications and response times
15. In addition to this, we are also considering whether we need to look at more specific quality standards to inform our quality assurance reviews and our identification of matters which could impact on the delivery of the Osteopathic Practice Standards. This is an approach which exists in most of the other regulators, and examples of these environmental standards include: <https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/promoting-excellence> and https://www.pharmacyregulation.org/sites/default/files/document/gphc_future_pharmacists_may_2011.pdf. As we have already identified, there may be a need, in our sector, to have more specific standards and guidance in the area of governance and perhaps in other areas too.
16. It is hoped that work in these areas will support the strengthening of the assurance required by the Committee in order to make decisions and we welcome further feedback on this approach from the Committee.

Recommendations:

1. To consider and provide feedback on the Example Action Plan at Annex A.
2. To consider the outcomes of the review of the role of external examiners within osteopathic education at Annex B.
3. To consider the approach to making standards and processes more explicit
4. To consider and provide feedback on the contents of this paper.