



Policy Advisory Committee
9 March 2017
Quality assurance review

Classification	Public
Purpose	For decision
Issue	Consideration of the scope for the Quality Assurance review to inform the continuous improvement of our approach to the quality assurance of osteopathic education.
Recommendation:	To agree the scope and next steps for the quality assurance review.
Financial and resourcing implications	Consultation costs are incorporated into our 2017-18 budget. Analysis will be undertaken in house.
Equality and diversity implications	None
Communications implications	The review will be informed by ongoing stakeholder engagement and communications.
Annexes	A. Summary of issues and actions arising from the GOC visitor appraisals 2016/17 B. QAA Evaluation for 2015 to 2017
Author	Fiona Browne

Background

1. Our Business Plan 2016-17 states that the GOsC will aim to ensure that osteopathic education is of high quality and continues to evolve to reflect changes in education and healthcare. This will be delivered through a number of mechanisms including monitoring and enhancing the quality of osteopathic education, and undertaking periodic quality assurance reviews.

Context

2. The GOsC quality assurance reviews have been driven by collective goals to develop graduates who meet the *Osteopathic Practice Standards* (OPS), are committed to life long learning and becoming part of a community of osteopaths working together putting the patient first.
3. In the GOsC Corporate Plan 2010-2013, the GOsC said that it would 'outline scope for a major review of the QA process'. This initiated a series of reviews of GOsC educational quality assurance which ran over several years.
4. Previous reviews explored the concept of quality assurance, including what is it, and what seeks to achieve. The following propositions were explored by the statutory Education Committee in June 2012:
 - 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.
5. It was recognised that as institutional QA systems matured, the GOsC role – which was based more on quality management or even quality control – might move more towards a lighter touch quality assurance.
6. Through a series of reviews from 2012 onwards, the GOsC have worked with OEIs to improve partnership and dialogue, self assessment and self reflection, and a right touch approach. Resulting process changes have included
 - a. Visitor training to clearly focus conditions on supporting the delivery of the Osteopathic Practice Standards.
 - b. Increased collaborative working with the OEIs on enhancing professional standards using mechanisms such as the annual reporting to encourage the sharing of good practice. All OEIs now get feedback on their annual reports

plus the sharing of good practice via reports and a seminar. This year a thematic review is also being built into the annual reporting process.

- c. The notification of change process and course closure have been improved focussing much more explicitly on the impact of changes to delivery of students meeting the *Osteopathic Practice Standards*.
 - d. Additional support is being given to new Recognised Qualifications (RQs), for example, feedback on the self evaluations before submission.
 - e. GOsC explored various national data sets during previous QA reviews (e.g HESA). Currently GOsC asks for some data as part of the annual reporting process. This is drawn from what the providers are collecting for their own quality management purpose e.g student fitness to practice.
 - f. Reports on individual OEIs are sent to them in advance of the Committee meetings, and the relevant Committee minutes are sent soon as they are available.
7. Since 2012, the context in which the review is taking place has changed. Some of the issues raised in the June 2012 paper were specifically to inform changes to legislation on the regulation on healthcare professionals, which it was hoped would take place.
 8. In February 2014, a comprehensive discussion paper was put to the statutory education committee setting out various questions for wider consultation which would have informed GOsC thinking on how to best influence such legislation. The current GOsC business plan sets out an aim to complete engagement processes on this quality assurance discussion document, with findings reported and the development of new proposals and methods with the QAA.
 9. However since 2014 legislation on the regulation of healthcare professionals has not be considered by Government for amendment, and nor is there currently a specific timescale for doing so. If such changes are put forward again in future, then the paper from February 2014 can be bought back for further consideration and consultation. In the meantime issues included in the 2014 report that do not require legislative change have either already been taken forward as process changes or have been integrated into this paper.
 10. New policy issues have recently come to the fore including changes to national quality assurance frameworks and structures, the delivery of the Teaching Excellence Framework, and the production of a Government White Paper on Higher Education. At an appropriate stage, these matters need to be recognised within a new scope for the review to ensure osteopathic continues to evolve to reflect changes in education and healthcare. However, as timescales are still being delayed, it is suggested that our own review should proceed in the current osteopathic context but taking into consideration the changing regulation in the higher education sector more broadly.

The Scope of the QA Review

11. The current QA review retains the principles set out in 2012 and with further scoping added through reviewing the current GOsC system and identifying major gaps and emerging risks.
12. Although the current QA review does not intend to duplicate the findings and delivery of previous reviews, it is recognised that it should:
 - a. Take into account feedback identified in recent GOsC reviews and monitoring, and begin alignment with the emerging revised OPS and educational guidance.
 - b. Take account of any new practice or ideas emerging from the osteopathic educational sector.
 - c. Over time, align with the wider context, including strategic developments in the healthcare regulation and education sectors and any related policy and legislative change.
13. As in the case of all scopes, resulting proposals must translate into objectives that are specific, measurable, achievable, realistic and time bound (SMART). Where this is not currently possible the issue/proposal will be re-explored at a time when the SMART approach can be successfully applied.
14. The GOsC will be working with various stakeholders in order to take forward our review, and have already undertaking the following:

GOsC Council feedback

15. An initial QA seminar was held with the Council on the 12 July 2016 who prioritised the following strategic issues as needing to be at the heart of the GOsC QA system:
 - Outcomes Focus: Graduates able to meet the Osteopathic Practice Standards (OPS).
 - Robust student Fitness to Practice systems.
 - A Robust Evidence Base.
 - Teaching Quality and Professionalism.
 - Consistency in the achievement of standards across a diverse sector.
 - Alignment with institutional quality assurance.
 - Evidence of financial sustainability.
 - Wider stakeholder involvement, particularly students and patients.
 - The adequate inspection of clinical facilities.
 - Recognition of the diversity of osteopathic education institutions.
16. It was also felt that a move too far in the direction of a light touch approach could have unintended consequences. For example:

- Over-reliance on student feedback, as student satisfaction doesn't necessarily simply reflect quality.
- A move away from regular visits could impact on understanding of whether students were likely to meet OPS before they graduated; patient protection; and reduce the amount of useful comparative information available.

Osteopathic Education Institutes (OEIs) feedback

18. The OEIs have been consulted as part of previous reviews. Outstanding issues from these reviews include:
- OEIs feedback about timings of reviews has led to consideration being given to the removing the expiry dates on RQs (not the visit cycle itself) so that there are no administrative boundaries about when visits take place.
 - Several OEIs have expressed an interest in further exploring the possibility of combining RQ and validation processes. It should however be noted that the GOsC would be one partner within such an arrangement and it would be for the individual institutions to choose such an option and then work with the GOsC and validators to achieve this approach. Removal of expiry dates for RQs would go some way to enabling a more flexible approach which allowed for aligning of dates with other reviews.
19. At the GOsC/Council of Osteopathic Education Institutions (COEI) meeting on the 12 September 2016, representatives of the OEIs explored the strategic context in which they were currently operating as part of a workshop facilitated by Nina Schuller.
20. Key contextual issues included.
- Impact of the EU referendum result
 - The introduction of the Teaching Excellence Framework (TEF) for higher education, and the Government White Paper on Higher Education.
 - Online learning
 - Demographic changes
 - Changes to NHS Bursaries
 - The external quality assurance environment.
21. The QAA Evaluation for 2015 to 2017 can be found at Annex A. This evaluation seeks detailed feedback from those institutions involved in reviews during that period. The summary of the report shows that:

'The feedback received from the three reviews evaluated was overwhelmingly positive. Guidance and support from QAA was well-received and useful, and the visits themselves were conducted in accordance with the stated method. Respondents commented positively on the use of reference points.

Some respondents would like to see the method become more flexible in order to effectively accommodate differences between visits in terms of number of programmes in scope and delivery sites of the provider. It is also suggested that more attention should also be paid to the timing of the visits in order to minimise burden on the providers or repetition of activity, and ensure that

sufficient teaching sessions are available for observation. A number of points/suggestions were made to enhance the effectiveness of the method.'

22. The summary of feedback and actions from the Education Visitor appraisals is outlined at Annex B.
23. Matters identified for further consideration from this feedback include:
 - Timing and length of RQ visits – for example, how far can the outcomes set out in the Review Specifications by the Committee be delivered as part of one RQ visit over two days or so? How far are RQ Visits (and RQ Visitors) connected to other aspects of quality assurance, for example, the annual reports and also the ongoing information received in response to general conditions from institutions or from other parties.
 - Purpose of observation in teaching and clinic and the clarity in the expectation of observation of all clinics where patient care is provided– how to resolve the inevitable tension between the reliability and generalisability of an isolated teaching observation in making a judgement but also the importance of patient safety and the recognition that no other body inspects osteopathic educational clinics. (In this context, what is our role in terms of quality assurance and can it be undertaken without clinic inspections?)
24. But it is to be noted – there was considerable support for our current approach and appetite for structural change to the method is not evidenced.
25. Other matters to be considered in an updating of our current documentation includes an update of our management of concerns received from external parties about the quality of education in an institution and also the unsolicited information protocol.

Other regulators.

26. Many of our current quality assurance processes are similar to other regulators, for example other healthcare regulators will carry out the equivalent of RQ initial recognition and renewal (using trained visitors/accreditors), annual monitoring, and responding to notification of change or other information (e.g complaints).
27. At the Educational Inter-regulatory Group meeting on the 28 June 2016, it was reported that several other healthcare regulators were undertaking some form of quality assurance review including the General Dental Council (GDC), General Pharmaceutical Council (GPC), the Health and Care Professional Council (HCPC), the General Optical Council (GOC), the General Chiropractic Council (GCC), and the Nursing and Midwifery Council (NMC).
21. Meetings have been held from June 2016 between the GOsC and GOC and GPhC. Key risks identified by other regulators included:
 - Poor alignment with TEF and other changes to higher educational quality assurance at national level could result in duplication or challenge if TEF ratings are influenced by the regulators quality assurance findings.

- Providers potentially faced multiple (and sometimes conflicting demands) from their institution and regulators.
22. The GOsC also attended a QAA event on changes to Quality Assurance and the Regulatory Landscape on the 5 July 2016. Overall at national level, there are various indications of larger regulators moving towards what they consider a lighter touch model. This includes:
- The emergence of risk based, metric informed, quality assurance approaches at national level by larger regulators such as the Higher Education Funding Council England, QAA, and Care Quality Commission, and
 - Increasing interest in utilising user data/feedback within quality assurance frameworks.
23. Although putting these concepts into practice in the osteopathic context remains a challenge. Understanding metrics and the impact on quality assurance in an environment of patient safety and quality is still a developing area.

Scope of the Current QA Review

24. It is proposed that we should:
- a. Retain our current quality assurance method, comprising, Visits, annual reporting and data and information which could impact on the delivery of the Osteopathic Practice Standards.
 - b. Continue to introduce flexibility and proportionality into that method to include: review of removal of expiry dates from RQs (allowing more flexibility in terms of scheduling Visit dates) but also requiring more transparency in terms of publishing conditions or requirements and perhaps also areas of good practice and the methods of sustaining these, exploring a closer relationship between the annual reporting process and the five yearly visit (also exploring the length of time of visits to deliver outcomes specified in RQ visits).
 - c. Consider integrating discrete aspects of the process into the Quality Assurance method, for example, by streamlining the concerns and unsolicited information policies in a more integrated way as part of our quality assurance method.
 - d. Explore ways of identifying, sustaining and sharing good practice in a more effective way, for example, through Thematic Review.

Next steps

25. A proposed outline of next steps is set out below.
- Analyse potential impact of the Thematic Review on Boundaries and feed this into the Quality Assurance Review – May 2017.

- Analyse potential impact of publication of conditions and requirements and removal of RQ expiry dates to support more risk based approach to quality assurance – May 2017.
- Update QA Handbook to include updated quality assurance method taking into account proposals re removal of expiry date of RQs, place of thematic review, inclusion of policies around management of concerns and unsolicited information, inclusion of adaptations to better integrate the analysis of information from Annual Reports, other sources and the RQ Visits – September 2017.
- Consult on updated guidelines – December 2017.
- Complete analysis and publish new Quality Assurance Guidance and begin implementation of the process (alongside the roll out of the new *Osteopathic Practice Standards* is planned for publication at the same time).

Recommendation: to agree the scope and next steps for the quality assurance review.



OVERVIEW OF RESPONSES
Evaluation questionnaire
General Osteopathic Council

Introduction

During the academic year 2015-16 and early 2016-17, three GOSC visits (two renewal visits and one recognition visit) were undertaken. This report presents the outcomes of the post review evaluation process for these visits, based on the analysis of the questionnaire used.

The aim of the evaluation questionnaire was to ask all parties involved for feedback on the method and the performance of the visitors and coordinator. The questionnaires have been redeveloped for this cycle of visits, aligning them more closely with evaluations for QAA's other methods. Respondents were asked for feedback on the method, the visit, their own performance, and the performance of their team members.

Feedback on the method is passed to the QAA method coordinator to be used to evaluate its effectiveness. Feedback on the visitors is discussed as part of their appraisal and may be used in their contract management. Feedback is also used in the appraisal and contract management of the review coordinators. It is also used to evaluate QAA's programme of reviewer training.

Response rates

Questionnaire Group	Number sent	Number completed
Contract Reviewers (CR)	3	3
Visitors	9	8
Providers	3	2
Totals	15	13

Response rates to questionnaire survey by respondent groups

Outcomes from the questionnaires

This analysis is based on a very small response group (13). Response rates continue to be high. Respondents were overwhelmingly positive about their involvement with GOSC visits.

Method and QAA

Visit team respondents agreed that the combination of the Handbook and training provided sufficient information for them to carry out their roles and they were generally able to work effectively using QAA's Review Extranet. Respondents were asked if there is any further support or guidance they might need to participate more effectively in the review process. Three respondents indicated areas where they felt they would benefit from additional support or guidance – report writing, the use of SharePoint and time with the team to provide context outside of the documentation provided by the institution. The review coordinators commented positively about the support they received from QAA's method coordinator, finding him to be helpful and supportive.

Overall, respondents indicated that the visit met its stated purposes with 12 of the 13 respondents stating that the aims were completely met or met to a large extent. In terms of how the visits could be

enhanced to better meet the stated purposes, or feedback about the method for QAA to consider, a few areas were mentioned by more than one respondent.

- Visitors would benefit from more extensive training in the type of review used by QAA as an organisation.
- The recognition visit was the first that most of the team had undertaken and it was felt that the information provided and training could give more detail on recognition.
- The process could be improved with more flexibility to meet the needs of all types of provider. It was felt that a week-long visit to a smaller provider over two sites was disproportionate when a larger provider could have a shorter visit.
- In terms of the timing and length of the visits, it was felt that there would be benefit in scheduling time for a team meeting prior to the visit and timing the review so that visitors can observe a sufficient number of teaching sessions.
- One visit took place shortly after a university revalidation event and the visitors noticed overlap in the areas covered by these two events. It was suggested that the review method run by QAA should be cognisant of periodic review or revalidation activity to avoid over-burdening providers.

Providers were asked if there was any further support or guidance that QAA could provide to help them through the review process. Both provider respondents indicated that there was nothing further that QAA could offer.

Visits

All respondents agreed (12 'totally', one 'partially') that the visit they had been involved in had sufficient opportunities for evidence to be presented. All but one respondent also agreed (11 'totally', one 'partially') that there were sufficient opportunities for appropriate discussion during the visit. The remaining respondent partially disagreed with this statement.

The majority of respondents (6/8) agreed that they had had sufficient opportunity to observe both clinical and non-clinical teaching and learning. The two respondents who indicated that they had not had sufficient opportunity to observe teaching and learning were on two different visits. All respondents were given the opportunity to comment on the conduct of the teaching and learning observations. The following comments were given.

'Very difficult to assess all aspects of a given teaching session within the short time available, and very difficult to make global judgments about the quality of teaching and learning across the provision based on the small sample observed. This review encompassed not one but five different programmes (Bachelor of Osteopathy – four years full-time and five years part-time, Master of Osteopathy – four years full-time and five years part-time, Pre-Reg Master of Science in Osteopathy) and therefore I think the review schedule should be extended to reflect this, to enable reviewers to observe a sample from each programme and to talk to students enrolled on each.'

'In some instances it was obvious that the lecturers had been primed for the visit and so an increased Hawthorne Effect was likely.'

'The review team was challenged by staff because we observed teaching in clinic. Although this matter was resolved by the review coordinator, the experience was not pleasant. The other issue was timing of the visit. During the visit, students at both sites were preparing for final exams and therefore most teaching sessions were 'revision sessions'.'

'Due to the time of the academic year, the non-clinical teaching sessions were predominantly those of revision with the students working in pairs in preparation for their practical exams. Whilst the quality of the tutor support was high, there was no real significant opportunity to gauge the quality, delivery and content of teaching.'

Annex A to 5

Teams test the use of the Osteopathic Practice Standards and other external reference points by providers when reaching their conclusions. Ten respondents felt that these reference points were used appropriately, one felt they were to some extent. This one respondent commented that 'the use of reference points was picked up by the review team and was included as a condition in the report.' Other respondents commented positively on the use of these reference points by the provider and their own consideration of them throughout the visits.

'The reference points featured strongly in the provider's SED and the deliberations of the review team (e.g. the QAA Quality Code). Professional reference points were used throughout by osteopathic members of the team. I was very aware of the updated Subject Benchmark Statement (July 2015) and the new themes within it. However, there are also key reference points for governance that should have greater prominence (e.g. the guidance on good practice produced by the Charity Commission).'

'Students reflected that the OPS were emphasised ad nauseum.'

'Reference points were uppermost in the minds of the whole team and reflected in the various guidance and documentation used effectively throughout the review process. These had been usefully reiterated at the refresher training held in March 2016.'

'The review team made especial regard to the OPS.'

'The provider's documentary evidence was explicitly mapped to the Benchmark Statement Osteopathy 2015 and the Osteopathic Practice Standards. There was no explicit reference to GOPRE. This was considered to be due to the timelines relating to the publication of GOPRE and the provider's documentary preparation for re-validation in April 2016.'

'These were used appropriately and generally well understood by the college.'

'There seemed to be a well-developed understanding of the UK Quality Code and other guidelines for good practice.'

'The OPS was primary focus for the visitors along with the GOPRE, benchmarks and QC. The conditions formulated at the end of the visit reflect the team's full awareness and consideration of the wider range of external reference points and when complied with will assure that the full range is addressed.'

Summary

The feedback received from the three reviews evaluated was overwhelmingly positive. Guidance and support from QAA was well-received and useful, and the visits themselves were conducted in accordance with the stated method. Respondents commented positively on the use of reference points.

Some respondents would like to see the method become more flexible in order to effectively accommodate differences between visits in terms of number of programmes in scope and delivery sites of the provider. It is also suggested that more attention should also be paid to the timing of the visits in order to minimise burden on the providers or repetition of activity, and ensure that sufficient teaching sessions are available for observation. A number of points/suggestions were made to enhance the effectiveness of the method.

Action plan

Issue	Action	Who/when
Visitor experience of wider review work	Ensure visitors are included in QAA calls for reviewers and other roles, and they are aware of email news/ mailing lists etc	DG by April 2017
Further support with report writing	Include in visitor training. Review guidance 'Writing guide'	DG/March 2017 visitor training. Review guidance by June 2017
Visitors preparedness for initial RQ visits as this is an infrequent type of review	Further guidance and training for visitors. Learning from recent RQ experience could be shared with other visitors	DG to draw up guidance to share with GOsC and visitors involved in [new institution quality assurance]. Guidance to be finalised by September 2017
Further support on the use of SharePoint	Include in visitor training. Ensure visitors have access to user guides through their Home page. Share any good practice generated from other areas of QAA reviews	DG/March 2017 visitor training DG/ensure access to general QAA guidance and any good practice to be shared on discussion forum June 2017
Time with the team to discuss context of institution	To discuss possible options with GOsC (webinar/teleconference)	DG/GOsC by April 2017
Timing and length of RQ visits in relation to: type of provision, other external events (e.g. external revalidation) and observation of teaching sessions	To discuss as part of wider QA review	QAA/GOsC
Time available for and purpose of teaching/clinic observations	To discuss as part of wider QA review and purpose of observations/timing of visit	QAA/GOsC
Access to clinic teaching observations	Discuss with review coordinators and guidance given at preliminary meetings Discuss option of provider briefings as part of QA review	DG by June 2017 QAA/GOsC
Lengths of RQ visits in relation to multiple sites	Discuss as part objectives of QA review	QAA/GOsC
Consider whether to provide guidance on additional reference points that could be used in management and governance	QAA to discuss with GOsC	QAA/GOsC
Guidance on the implementation of new/revised reference points and the timing of an RQ	QAA to provide guidance note	DG by April 2017

Summary of issues and actions arising from the GOsC visitor appraisals 2016/17

Issue	Action	Who/when
IT training including consistency in reporting/editing changes to documentation, handling and managing documents, file naming conventions	Consider developing guidance and training material	Visitor training March 2017
	Explore lessons learned/guidance from other QAA methods	DG/July 2017
Informing visitors (both team and others) when final report agreed and published	QAA/GOsC to send alert to visitors. Discuss whether updates can be provided after PAC/Council meetings etc.	QAA/GOsC May 2017
Providing visitors with feedback on the experiences of other reviews	Encourage discussion on the method discussion board	Raise at visitor training March 2017
	Consider summary report from online evaluations	
Opportunity for visitors to confirm their findings and drafting of conditions once they have drafted their report text, e.g. 2 weeks after the visit to give time to reflect and share further thoughts	Discuss with visitors on feasibility (discussion board)	DG/April 2017
	Discuss practicalities with GOsC on report production	QAA/GOsC May 2017
Timing of the visit in relation to the academic year and availability of students	Issue to discuss as part of QA review	GOsC/QAA May 2017
Ensuring the provider has effectively communicated clinic/teaching observations with staff/students	Remind RCs importance of this.	DG/May 2017
	Consider guidance in handbook and whether further guidance needs to be drafted	DG/July 2017
Timing issue in relation to validation	Ensuring there is sufficient time between the RQ visit and revalidation event. Issue for GOsC to discuss as part of specification etc	QAA/GOsC May 2017
Management of expectations of the final feedback meeting at the RQ visit	Explore experiences with visitors (possibly at training)	DG/June 2017
	Draft guidance and consult with visitors and RCs	DG/July 2017
Report writing and wording of conditions: further support for both new and existing visitors	Include in visitor training	DG March 2017
Support for new visitors	Provide shadowing opportunities	DG to discuss with GOsC, April 2017

Annex B to 5

Issue	Action	Who/when
Length of the visit to provide enough time to accomplish everything (identify good practice, observations against number of programmes, meetings with students)	QAA and GOsC to discuss how best to recommend length of review visit	QAA/GOsC May 2017
Contribution of other data, information, reviews, annual reporting, completion of past condition, etc held/undertaken by GOsC	Discuss as part of revised QA framework	QAA/GOsC May 2017
Amount of time taken to complete the work far exceeds the number of days paid	To consider as part of revised QA framework/renewal of contract	QAA/GOsC May 2017
Evaluation form: facility to save/print responses and to be able access later would help in reflective practice and appraisal process	QAA to discuss internally initiatives to develop questionnaire evaluations	DG to discuss with PH May 2017 Implement changes by Oct 2017
Disseminating good practice between OEIs from RQs reviews	QAA to discuss possible mechanisms with GOsC	May 2017
Teaching observation form in need of review and guidance on how to give effective feedback. Exemplars useful for new visitors	Share practice at visitor training. Consider drafting feedback guidance Review form Develop exemplars to add to review templates	March 2017 Guidance and exemplars, if appropriate, by July 2017
Regular updates on the review method	Regular newsletters	6 monthly (next issue April 2017)