Policy Advisory Committee
4 March 2020
Quality Assurance programme from 2020 to 2025
Mechanism for developing risk profiles

Classification	Public
Purpose	For decision
Issue	This paper sets out our proposal for our approach for developing the Quality Assurance Risk Profile of the nine Osteopathic Education Institutions (OEIs). It will contribute to the overarching Quality Assurance programme from 2020-2025.
Recommendation	To consider and provide feedback on the draft risk profile
Financial and resourcing implications	None
Equality and diversity implications	Equality and Diversity issues will be considered as part of the risk assessment when evaluating evidence from the Annual Reports.
Communications implications	A brief overview of the external (or internal) communications implications and requirements.
Annex	Annex A – draft risk profiles for Osteopathic Educational Institutions (private)
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Background

1. The Business Plan 2019-20 states that we will review and update our risk-based approach including our visit and monitoring strategy.

2. This paper will also contribute to activity set out in the 2020-21 Business Plan which states that we will 'Review levels of assurance provided by existing quality assurance method including strengths and weaknesses and explore mechanisms for enhancing assurance and informing QA activities and update the risk-based approach to Quality Assurance including visit and monitoring strategy 2020-2025'.

3. A paper was submitted to the Committee at its June 2019 meeting with regards to Quality Assurance and areas and levels of risk, which set out a range of activities undertaken relating to quality assurance including the removal of expiry dates and publication of conditions and actions for osteopathic education institutions.

4. The areas of discussions included the following:

   a. The results of the External Examiner Thematic Review: this highlighted variation in the appointment, responsibility and duties of external examiners appointed by OEIs. Members recognised that external examiners reports provide an important evidence regarding assessment standards even though they do not necessarily have a responsibility to ensure that the requirements of the OPS are being met;

   b. Removal of Recognised Qualification (RQ) Expiry Dates: the Committee were asked to consider the format for the Action Plan to be published for each institution and to provide feedback;

   c. Implications of the Quality Assurance Review: the Committee considered the strengths and weakness of the current quality assurance system. It was suggested that those institutions currently meeting standards should be visited less; and to consider and explore strengthening the review including stronger monitoring of OEI governance processes.

5. In relation to the activity set out in the Business Plan, the Committee discussed a paper at the June 2019 meeting which provided an update on the Implications on the Quality Assurance Review and the next steps. The Committee continued to ask questions in the area of risk-based quality assurance in order to develop our thinking further. The paper also noted that there are no clear answers as to what an innovative or risk-based approach to quality assurance looks like.

6. In relation to the consultation: changes to the quality assurance of osteopathic education, it was suggested that as part of the quality assurance review and the risk-based approach research, a benchmarking exercise would be undertaken to compare against industries and agencies who have taken risk-based approach in their organisations.

7. During the discussions at this meeting, it was pointed out that the process associated with the provision of education for an osteopathic educational institution was not clear. It was suggested that the quality control processes for each osteopathic educational institution should be established to demonstrate how they provide assurance to the decision makers about their educational provision and the delivery of the OPS. This would include a combination of academic assurance process and governance processes which would provide oversight and overall assurance.

8. It was added that the quality control process and the governance process of the osteopathic educational institutions would form part of the 2018-19 Annual Report submissions processes.

9. This paper provides:

   - a progress update on action taken with regards to understanding the academic assurance processes and governance processes for the osteopathic educational institutions;

   - an explanation of the methodology used to develop the quality assurance and risk profile for the osteopathic educational intuitions (OEIs); and

   - how the findings will feed into the quality assurance programme from April 2020 - March 2025.

Discussion

Approach to developing the Quality Assurance and Risk Profiles for osteopathic educational institutions.

10. Following the discussions at the June 2019 meeting, new sections were added to the 2018-19 Annual Report submission form. These included:

    a. Governance: Osteopathic education institutions were asked to report on their quality assurance and governance processes. The updates provided are included in the final QAA Analysis reports which will be discussed at the March 2020 PAC meeting as part of the Annual Report updates. They provide a much better background to how the institutions provide assurance about standards and their own quality approach to this.

    b. Areas for development: our focus on formal conditions on institutions was challenged because we found that some institutions demonstrated that areas of development had developed into conditions over the RQ period due to insufficient identification, management and monitoring of these issues. The Annual Reports this year have provided assurance that these areas for development are being focussed on as part of the quality management processes of the institutions, thus providing assurance about standards and providing useful information to inform a quality or risk profile.

c. Implementation of the OPS 2019: again the mechanisms for mapping, curriculum development and implementation through staff and student updates were provided

d. Data on educators: we now have a much better idea about the educators than previously. We can see that in relation to students, the number of educators appears quite high, but many of these educators work just a couple of sessions a week, illustrating the challenges of a consistent faculty. Indeed, this is evident in some institutions in terms of issues around consistency of feedback and assessment. We can also see varied approaches to staff appraisal and training which we did not have previously.

e. Equality and diversity: varying approaches to the collection, analysis and impact of the data were demonstrated across the OEIs

f. Student protection plans: these vary across institutions, again providing another data source to inform risk.

11. In addition to this we also have a range of ongoing information that we collect from institutions to help to inform our risk profile including:

a. reporting of any major changes;
b. external examiner reports;
c. stakeholder feedback (students, patient and staff);
d. annual monitoring plans;
e. Maybe add in here a list of things such as stakeholder feedback;
f. annual monitoring plans, external examiner reports, reporting of major changes etc;
g. Validation reports.

12. An explanation of the key factors which contributed to the development of the individual OEI profiles, the rationale for their selection and the type of information that was extracted is provided below.

13. The feedback of the Committee is sought on the proposed model which we will then develop further. It is hoped that following on from this, we will also be able to develop more detailed risk profiles of institutions which will then feed into the draft visit and activity schedule.

14. It is intended that the Quality Assurance Processes (the Processes) which are set out in the GOsC Quality Assurance Policy (the Policy) will form the major core for sourcing the required information required which will include the requirements of the GOsC risk-based response. These policies and process interlink and collectively enable the GOsC to understand how the provider (OEI) is identifying, managing and monitoring issues impacting on quality. Our risk-based response will thus help the Committee to assess the degree of risk arising to the delivery of standards, and to make a decision about the proportionate actions to be

taken to ensure that standards are being met, in a consistent and transparent way.

Method

15. A number of key areas were considered and contributed to the OEI risk profiles. These are listed below with an explanation of why they were considered and how the information was used to determine the level of risk.

    a. Outcome of Policy Advisory Committee meetings (Education Committee): this approach involved a holistic overview which considered the outcomes from PAC meetings between March 2017 and October 2019. The Committee undertake the statutory functions that are reserved to the Education Committee as referred to in the Osteopath Act 1993. The Act states that 'The Education Committee shall have the general duty of promoting high standards of education and training in osteopathy and keeping the provision made for that education and training under review'.

    The Committee provides an extra layer of scrutiny by reviewing of information submitted and makes decisions based on the requirements of the quality assurance policies and processes. The discussions and decisions they have made in relation to each OEI between the periods stated above are significant in developing the individual risk profiles. Issues and concerns that pose a risk to the delivery of the OPS and areas of positive progress on actions were reported to and discussed by PAC. The majority of the discussions and decisions made by the Committee are based on the information gathered from the quality assurance and risk-based response processes.

    b. Findings from Annual Reports Submissions from 2017 to 2019: The findings from the QAA analysis reports for the 2016-2017, 2017-2018 and 2018-19 Annual Report submissions will form the majority of the other risk areas. These provide comprehensive, constant, and most current sources of information. The review of the past three submissions has contributed to the development of the individual risk profiles, not least because it has enabled us to assess a wide range of factors that have contributed to the OEI's approach to quality assurance and enhancement.

    The key sources of information within the annual report submissions which have contributed to the development of the risk profiles include:

    - Any major/significant changes over the past five years, the risks posed to the OPS; actions taken to mitigate the risks and how the institutions have reported and responded to these changes;
    - Student numbers;
    - Student progression rates;
    - Finances;
    - Governance and management;

- External sources e.g. external examiner reports, validation reports, The Office for Students (OfS);
- Internal Sources; including annual monitoring reports/student feedback.
- Response to specific conditions or other requirements identified by the Committee (see also c below).

c. RQ Visit Reports from RQ Visits from between 2017-2019: Seven OEIs have had RQ Visits within the past three years, and one is due to have an RQ Visit within the next two years. The key findings from the RQ Visit reports, including the specific conditions; areas for development and strengths and good practice identified were considered in developing the profile. The findings for governance and management will also be specifically considered. This source will interlink with the annual report submissions to assess what progress has been made with regard to the specific conditions imposed (if any), and the OEI's level of engagement with the GOsC. The progress made on the areas for development was considered as part of the 2018-19 annual report submissions.

d. Concerns and other information received between 2017 and 2019: Any concerns and information received from different sources within the past three years will be considered. The GOsC will consider the seriousness of the concerns and what risks it posed to the delivery of the OPS, the OEI's response to the concerns and management of any risk identified. This will contribute to determining the strengths of the OEI's quality assurance and governance processes.

e. General Conditions or triggers: These will be considered in isolation and in conjunction with the findings from the annual report submissions. The specific aspects considered include (but are not limited to) the reported change, the reporting method, the OEI's response and any impact on the OPS. The GOsC response and the subsequent actions that are taken will also contribute to the development of the profiles.

f. Ongoing dialogue: Consideration will be given to how institutions engaged directly with the Executive and indirectly with the Committee with regard to RQ Conditions/Action plans; requests for further information; attendance at GOsC/OEI meetings etc.

16. An explanation of the risk levels and Level of Monitoring is provided below, these will contribute to determining our approach to the quality of each individual osteopathic education institution between 2020 and 2025.

Explanation of the risk levels

Risk Level	Explanation
High Risk: Level 6 **Concern: Very High** **Assurance: Very Low**	• There are confirmed concerns that pose immediate/imminent risk the delivery of the OPS and there is high or very risk that students who graduate from these institutions may fail to meet the requirements of the OPS. • There is no assurance that the issues/risk will be sufficiently addressed • Options: Removal of RQ status from programme; and/or Accelerated RQ Visit • RQ Programme Requires Intensive/Rigorous Monitoring and Reporting. Extensive GOsC Support is required
High Risk: Level 5 **Concern: High** **Assurance: Low to Medium**	• There are confirmed concerns that pose immediate/imminent risk the delivery of the OPS and there is high risk that students who graduate from these institutions may fail to meet the requirements of the OPS. • There is limited assurance that that the issues/risk will be effectively managed and addressed • Options: Early RQ Visit and/or submission of an enhanced short- and medium-term Action Plan • RQ Programme Requires Enhanced/Rigorous Monitoring and Reporting
Medium Risk: Level 4 **Concern: Medium** **Assurance: Medium**	• There are confirmed/potential concerns that pose a risk to the delivery of the OPS in the medium and short term if immediate remedial/corrective action(s) are not implemented. This could develop into a high risk resulting in students graduating from these institutions failing to meet the requirements of the OPS. • There is some assurance that that the

	issues/risk will be or is being effectively managed and addressed. There is potential the RQ programme could develop into high risk category if not effectively managed, reported on and monitored • Options: Submission of short- or medium-term Action Plan • RQ Programme Requires Continual/Frequent monitoring and reporting
Medium Risk: Level 3 **Concern: Medium/Low** **Assurance: Medium to High**	• There are confirmed/potential concerns that pose a risk to the delivery of the OPS in the medium and short term. Remedial/corrective actions have been or in progress of being implemented. There is evidence that these should effectively mitigate the potential of developing into a high risk resulting in students from these institutions failing to meet the requirements of the OPS. • There is a satisfactory level of assurance that the issues/risk is being effectively managed and addressed. • Option: Submission of updated action plan/ ongoing monitoring and reporting on action plan • RQ Programme Requires Regular monitoring and reporting
Low Risk: Level 2 **Concern: Low** **Assurance: High**	• There is a concern that does not pose a risk to the delivery of the OPS. Effective action has been implemented the potential risk of developing into a risk that would result in students of these institutions failing to meet the requirements of the OPS have been effectively mitigated. • There is a high level of assurance that any issues or risks have been or are being effectively addressed and probability of serious concerns arising on these programmes are low. • Option: Consideration for Removal of Expiry

	Date with Action Plan. • The RQ Programme requires standard monitoring and reporting
Low Risk: Level 1 **Concern: Very Low** **Assurance: Very High**	• There are no concerns that pose a risk to delivery of the OPS. • There is a very high level of assurance that any issues or risks have been or are effectively addressed and probability of serious concerns arising on these programmes are low. • Option: Consideration for the Removal of Expiry Date with Action Plan • The RQ Programme requires limited or standard monitoring and reporting.

Risk Levels Ladder

- High Risk Level 6
- Concern: Very High
- Assurance : Very Low

- High Risk Level 5
- Concern:High
- Assurance: Low to Medium

- Medium Risk Level 4
- Concern: High
- Assurance: Medium

- Medium Risk Level 3
- Concern :Medium/Low
- Assurance: Medium to High

- **Low Risk Level 2**
- **Concern: Low**
- **Assurance: High**

- **Low Risk Level 1**
- **Concern: Very Low**
- **Assurance: Very High**

17. Annex A (private and so restricted to just members of the committee) shows how the draft risk profile has been applied to each of the OEIs as an illustration to show how this kind of model might be applied in practice. Members will have the opportunity to discuss the Annex on the private agenda.

18. The individual risk profiles will be used to map out the next visit date for each individual institution based on the level of risk. Based on the proposed risk model, institutions in the green category have visits in year 5-6. Institutions in the red category may have more frequent and potentially targeted visits.

Recommendation

1. To consider and provide feedback on the draft risk profile.