Education Committee
13 June 2012
Quality Assurance Discussion Paper

Classification	Public
Purpose	For discussion
Issue	The scope of the quality assurance review.
Recommendation	To consider questions about scoping our major review of quality assurance.
Financial and resourcing implications	None at present.
Equality and diversity implications	Equality and diversity issues may arise from the proposals outlined in this paper. These would need to be explored further in a full impact assessment to be published with any consultation paper in due course.
Communications implications	None.
Annex	Annex A - *Developing an evidence base for effective quality assurance of education and training* by Colin Wright Associates (also available here) Annex B – Possible data fields from Higher Education Statistics Agency (HESA) (also available here)
Author	Fiona Browne

Background

1. In the GOsC Corporate Plan 2010-2013, we said that we would 'Outline scope for a major review of the QA process to explore the potential for accrediting providers, rather than approving individual training courses, and including a review of the funding arrangements under the current process.'

2. The 2012-2013 Business Plan states that we will: 'Develop a discussion paper on alternatives to the current system of QA, including alternatives to the current QA funding arrangements and models of quality assurance.'

3. This paper builds on the discussion at the March Education Committee meeting to start to focus the areas that we might consider in our Quality Assurance Review. The Committee is asked to consider the issues below and comment. It is planned that a draft consultation paper will be developed for approval at the next Committee meeting.

Discussion

4. In late 2011, the GMC commissioned an academic literature review about quality assurance and also sought data from surveys and from interviews with regulators (including the GOsC) with a view to understanding the evidence base for effective quality assurance of education and training. This report is particularly useful to us as we develop our thinking about how we might wish to structure our own quality assurance as we move forward. This paper, *Developing an evidence base for effective quality assurance of education and training by* Colin Wright Associates is attached at Annex A.

What is quality assurance and why is any form of monitoring necessary?

5. Undergraduate education is one of the most important ways of ensuring the maintenance and enhancement of standards for those on the Register. It is therefore necessary both to ensure that standards are met, but also to ensure that those standards are continually enhanced.

6. It follows that regulators must have a quality assurance mechanism to support the maintenance and enhancement of standards.

Possible propositions to underpin a revised General Osteopathic Council Quality Assurance process

7. The following propositions describe what our quality assurance mechanisms should look like to be effective:

    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.

Question: Are these the right propositions? Are there other propositions that should be included?

The GOsC quality assurance mechanism should contribute to the enhancement of quality in pre-registration providers and should also ensure that standards are met.

8. The philosophy sitting behind our approach to revalidation is that we should empower the practitioner to identify their own strengths and areas for development and build on these enabling them to demonstrate the quality of what they do. It is based on the compliance approach to regulation that is that most people will continue to enhance the quality of what they do for the benefit of their patients.

9. This philosophy could also be appropriate to the development of a quality assurance framework. In our discussion paper presented to the March Education Committee, we explored the different levels of quality assurance (based on the GMC's approach but adapted) as follows:

   Quality assurance is the overarching activity under which both quality management and quality control sit. It includes all the policies, standards, systems and processes that are in place to maintain and improve the quality of osteopathic education and training in the UK. Quality assurance should be concerned with the quality management processes in use at the Osteopathic Educational Institutions (OEIs) to ensure that quality control was delivered effectively and that risks were managed and mitigated rather than the actual identification and management of those risks.

   Quality management is about the systems in place to ensure that quality issues are identified and managed effectively by the OEI. It is about examining evidence that quality control is in place and working across all years and locations of delivery of training with different tutors.

   Quality control is about ensuring that local educational environments meet local and professional standards. It ensures the quality of training under supervision.

10. As our thinking about quality assurance matures and as systems mature, the GOsC role – which is currently based more on quality management or even quality control – may move more towards a lighter touch quality assurance if robust quality management systems are in place. A focus on a framework which allows robust quality management systems to develop and flourish in Osteopathic

Educational Institutions is, it is argued, most likely to contribute to the enhancement of quality and to ensure that standards are met.

11. A 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, 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.

12. An alternative approach is the more punitive approach to regulation. The consequence of not complying is a form of sanction. Our legislative framework is currently framed or perhaps interpreted more around this form of approach. This approach means that there is a constant threat of non-compliance. The carrot for compliance, in the punitive model, is not obtaining the sanction rather than enhancement of standards. This is a challenging approach because one might argue it does not encourage the flourishing and development of an effective internal quality management process within the OEI. It is, one might argue, a disempowering model which waits for a judgment rather than one which takes responsibility and demonstrates accountability and enhancement at a more local level.

13. For example, our general 'Recognised Qualification' (RQ) conditions are not framed around how standards are met, they require the reporting of process issues which may or may not affect the delivery of the standards. The judgment about whether these issues affect the delivery of RQ standards is generally reserved to the Education Committee and responses or information submitted by OEIs currently in response to the general conditions rarely illustrates how the impact on delivery of standards has been assessed by the institution.

14. It is submitted that the underlying approach – a compliance approach or a punitive approach should be considered further along with the evidence for each type of approach. We should then be explicit on what basis we are developing our approach to a new quality assurance mechanism.

Question: What are the merits of a compliance approach to quality assurance or a punitive approach to quality assurance in osteopathy? Which is appropriate in the osteopathic context?

The quality assurance mechanism should build on the providers own internal quality assurance mechanisms.

15. We currently have a quality assurance approach which is in line with most but not all health care regulators: a multi-stage process:
    a. We set standards – these are the Osteopathic Practice Standards, the Quality Assurance Agency of Higher Education (QAA) Benchmark Statement Guidance and the Quality Assurance Handbooks (including various QAA documents such as the UK Quality Code for Higher Education). These are a mixture of both outcome and process type standards.
    b. We ask for a self-assessment.
    c. We review the self assessment using a small team of professional and lay reviewers.
    d. We triangulate the information provided in the self-assessment through a combination of some or all of observation of clinical and non-clinical teaching, private discussions with staff, private discussions with students, consideration of patient feedback, sampling of other documentation and information.
    e. We write a report which comprises a judgment – approval, approval with conditions or approval denied and a narrative about findings which includes strengths, areas of development and the evidence base for any recommended conditions.
    f. The conditions are followed up through an action plan. Conditions are often process based rather than outcome based.
    g. The OEI is also asked to report on an annual basis about responses to conditions and also areas of good practice.
    h. We can also instigate further requests for information or targeting reviews when we have information that standards may be at risk.

16. While the Self-Evaluation Document and the Annual Report are supplemented by information submitted to other bodies for example, financial accounts or external examiner reports, we do not have any other external data or metrics supplementing the data provided. This contributes to a more one off judgmental type approach rather than one which allows internal quality assurance mechanisms to develop using an ongoing continual enhancement type approach.

17. The Colin Wright and Associates report also outlines some alternative approaches to Quality Assurance which are worth considering. These are Thematic Quality Assurance, Systematic linking of QA to outcomes and ongoing data collection from other organisations or stakeholders. We have also added some other issues for consideration including the unit of approval and the question of charging for our quality assurance activities.

Thematic Quality Assurance

18. The Colin Wright and Associates report notes that the Thematic Quality Assurance approach is not used currently by health and social care regulators other that the General Medical Council (GMC) and General Social Care Council (GSCC). The Thematic approach is one which explores a particular area in detail across all providers but does not lead to a judgment. It tends to promote and share good practice whilst identifying deficiencies in provision as a whole. Quotes from the Colin Wright and Associates Report include:

    'Themed inspections have been 'invaluable' – often unearthing much that would not have been apparent from the annual monitoring reports, providing a more rigorous and focused assessment. Themed inspections have been well-received by the Universities (perhaps as it does not feel like singling out particular HEIs, but is a more helpful and constructive process of looking at practices across the board and recognising good practice as well as identifying any areas of concern). Themed inspections fit well with the need to ensure consistency across all provision especially where there is a public protection role' (General Social Care Council) see page 42 of the Report.

19. Currently it appears that this type of approach would be complementary to one that it looking at the adherence of standards across the board. However, a radical approach which looked solely at enhancement could be envisaged if this was showing a demonstrable improvement of standards.

Question: What sort of topics would be appropriate for thematic quality assurance in osteopathy? Would the thematic quality approach be proportionate in osteopathy? Should the thematic approach be complementary to the existing multi-staged approach?

Systematic-linking of QA to outcomes

20. The General Pharmaceutical Council (GPhC) seems to have taken the Thematic Approach one step further by explicitly focusing on particular outcomes as part of their QA approach. This has meant that 'the accreditation process for pharmacy programmes was radically redesigned on a Miller's triangle model [based on knowledge, competence and performance i.e. knows, knows how, shows how, does] As well as standard meetings about staffing, resources, etc … schools are required to demonstrate the pathway by which outcomes will be achieved. The visit core comprises several meetings where the above is explored. Visit teams will select around 15 (of around 100) outcomes per visit and the school will describe how the programme they have designed delivers those outcomes. So, rather than taking a general overview, the team undertakes selective in-depth verification of standards on a risk basis.'

21. This is an outcomes focused approach which has had interesting consequences as follows 'The regulator anticipated a greater reaction to the changes from providers that was actually initially the case. However, it has since become apparent that some providers may not have expected the rigor with which the new standards would be applied and have been surprised when challenged on the degree of integration of outcomes into the curricula. This has led to a higher than usual number of deferred accreditation decisions or decisions to accredit for a limited period of time (to enable a proper curriculum redesign to take place) … Providers reportedly find the process draining but rewarding. They accept that the clear evidence based approach is appropriate.'

22. On the one hand, this might be an appropriate and helpful way to explore the curriculum mapping to the Osteopathic Practice Standards in a meaningful way. But this may well entail a considerable amount of resources if the GPhC experience is replicated. On the other hand, integration of the relevant standards is a core role of quality assurance.

Question: To what extent would this kind of outcomes based approach be helpful in osteopathy? What would be the advantages and disadvantages of such an approach?

Ongoing data collection from a variety of sources for example students, staff, and other bodies.

23. Earlier this year, we explored what data is held by HESA and we circulated this to Committee. This is attached at Annex B for information. Some of the data fields lack clarity but some may be helpful to us in ensuring that our standards are met. We need to explore further with HESA, and other organisations (such as IPSOS / MORI and HEFCE (who run the National Student Survey), the data that they hold and the cost of accessing it and the benefits of such data to meet the aims of our quality assurance process.

24. We are also aware that the GMC runs surveys of both students and trainers to collect ongoing data to feed into the local quality management processes of the educational institutions as well as the quality assurance processes of the GMC. Feedback as outlined on the Colin Wright and Associates research is as follows:

    'Deaneries find the survey invaluable for triangulating their evidence from visits and placement questionnaires.'

    'The trainee survey is a fundamental and accepted aspect of the national QA system now.'

    'The trainee survey is brilliant – gives frontline experience that no other regulator can provide.'

25. Other sources of data which could help to inform the quality assurance process could include clinical audit of patient outcome data or the monitoring of research publications. Collecting such data would provide different information about the quality of an institution. For example, it is argued within the NHS, that good quality clinical outcomes often go hand in hand with good quality education. Is this a fair proxy? Is this or might this be reflected in the osteopathic sector? The monitoring of research publications might support a greater emphasis on publication enabling the academy in osteopathy to grow which in turn might support the quality of teaching on OEIs. Is this right? Is this appropriate for the regulator to do?

26. In line with our new quality assurance processes outlined in the QAA Handbooks, we actively seek unsolicited feedback as part of our renewal process from, for example students and others with an interest in quality assurance. This has led to particular complaints or issues being identified at the time of the review which takes place normally every five years. Such complaints could have been raised – perhaps in a more timely way - as part of an ongoing quality management system or through a more regular regulator managed survey. Such a survey could help to give a complete picture on a more regular basis. However such a survey would take resources to analyse and so we would need to be clear that any benefit outweighed any cost.

Question: What data might be useful to explore to support our quality assurance mechanisms? Who might hold such data? Should we instigate the collection of such data ourselves? What would be the advantages or disadvantages of these approaches?

Course or Provider approval

27. We currently have legal powers to 'recognise qualifications' rather than institutions. Is the right structure?

28. The benefits of recognising qualifications include:

    a. More control in terms of the delivery of a course (for example, if a course was franchised outside the UK, it could be possible to accredit that course separately.)

29. The costs of recognising qualifications include:

    a. Each new qualification requires a further review before recognition. (Disproportionate where the name of the qualification is changing but there are good internal quality management systems in place which have been recently reviewed.)

30. The benefits of recognising institutions include:

    a. This enables a much clearer emphasis on the institution quality management procedures

31. The costs of recognising institutions include:

    a. If an institution collaborated to deliver a course in a very different way, there would potentially be no power to review this.

32. In the Law Commission proposals it is envisaged that regulators would be able to set the unit of approval themselves. However, there is also a focus on working with others more closely. We would need to consider further the advantages and disadvantages of particular units of approval considering the roles of others.

Question: What are the advantages and disadvantage of approving qualifications or institutions? Are there any other models available? For example, approving both, or approving different clinic environments?

Charging for Quality Assurance

33. Currently the cost of the GOsC quality assurance mechanisms to assure the quality of pre-registration education are borne by the registrant. What are the arguments for retaining this position or moving to a position whereby educational institutions are charged for a quality assurance review by the GOsC?

Charges for Quality Assurance borne by the OEIs?

34. The following table outlines the advantages and disadvantages of the charging OEIs for quality assurance.

Advantages	Disadvantages
• The GOsC budget would be reduced by about £100 000 per year representing a saving to registrants of about £22 per year. • There would be a financial incentive to ensure that the quality of a course was enhanced (fewer inspections). • Those benefitting from the education – the students and the OEIs would be responsible for paying for the quality of the education. • Such an approach could support further diversity in the delivery of courses and further integration, for example, within Europe which might	• The relationship between the OEI, as a paying consumer, and the regulator would be changed. This could interfere with the relationship. • At a time when student numbers are reducing and students are being charged higher fees, charging for quality assurance activities would be an additional burden. • A loss of resources to the educational sector could have a negative effect on the quality of osteopathic education and therefore the profession as a whole – perhaps reducing the diversity of osteopathy.

be beneficial for the patient moving forward.	

35. Some further work needs to be undertaken to elaborate these arguments further, however, Committee views about these issues would be welcomed.

Question: Are these assumptions about the advantages and disadvantage charging institutions for quality assurance correct? Are there others?

The quality assurance mechanism should be proportionate

36. In relation to all the issues outlined above, any future proposals for quality assurance mechanisms should be proportionate. This would be determined in relation to the cost and benefit and in relation to the work undertaken by other regulators and other organisations as well as the osteopathy specific context. We would need to be clear about our narrative about the proportionality of any proposals moving forward. This is particularly in light of the Law Commission proposals to encourage all those involved in quality assurance to work more closely together. See 6.03 to 6.14 of the Law Commission consultation document at http://lawcommission.justice.gov.uk/docs/cp202_regulation_of_healthcare_professionals_consultation.pdf). In this context, proportionate, is about working with others to ensure that quality assurance activities do not duplicate the role of others. In the osteopathic context, for example, we need to ensure that we do not duplicate the roles of the validating university in the case of the independent Osteopathic Educational Institutions.

37. However, there are also issues about being proportionate to risk. We currently have a risk based approach in that for providers clearly meeting the standards, there is a five year approval. New providers, or providers requiring closer monitoring are given a three year approval. We also have the facility to apply different methods to different types of issues, for example, for certain matters we might require written evidence and for others, we might schedule an additional visit.

38. Some of the proposals in this paper could avoid the need for a visiting process at all. It might be possible, for example, to move to a data analysis approach and avoid the need to visit providers who are meeting all the indicators in terms of staff, student and patient feedback. And so the concept of proportionality opens up the possibility that a greater or lesser degree of scrutiny could be applied to different providers.

39. These issues will be elaborated further as we firm up our proposals for revising quality assurance mechanisms.

The quality assurance mechanisms should be transparent.

40. The quality assurance mechanisms should be transparent. We currently publish all our quality assurance reports along with information about compliance with RQ conditions on our website. We also ensure that the processes and procedures that we use are public. We would need to continue this moving forward.

Conclusions

41. This paper builds on the paper considered in March 2012 and starts to scope out some of the wider arguments in relation to a more fundamental quality assurance review requiring legislative change. Research to inform the paper is ongoing and it is offered to the Committee at an early stage of development. However, the Committee are requested to consider the outline scope of the paper and respond to the questions to inform a further draft which will come to the Committee in September.

Recommendations:

42. To consider questions about scoping our major review of quality assurance.