

4 - Education Quality Assurance review

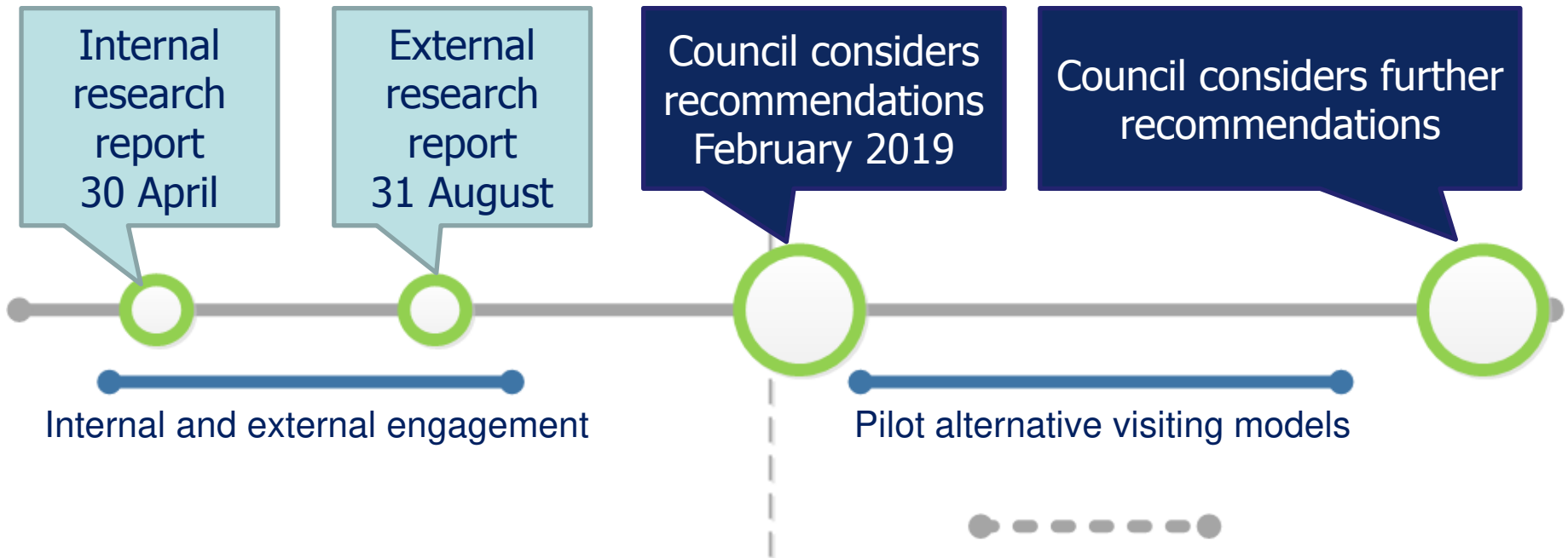
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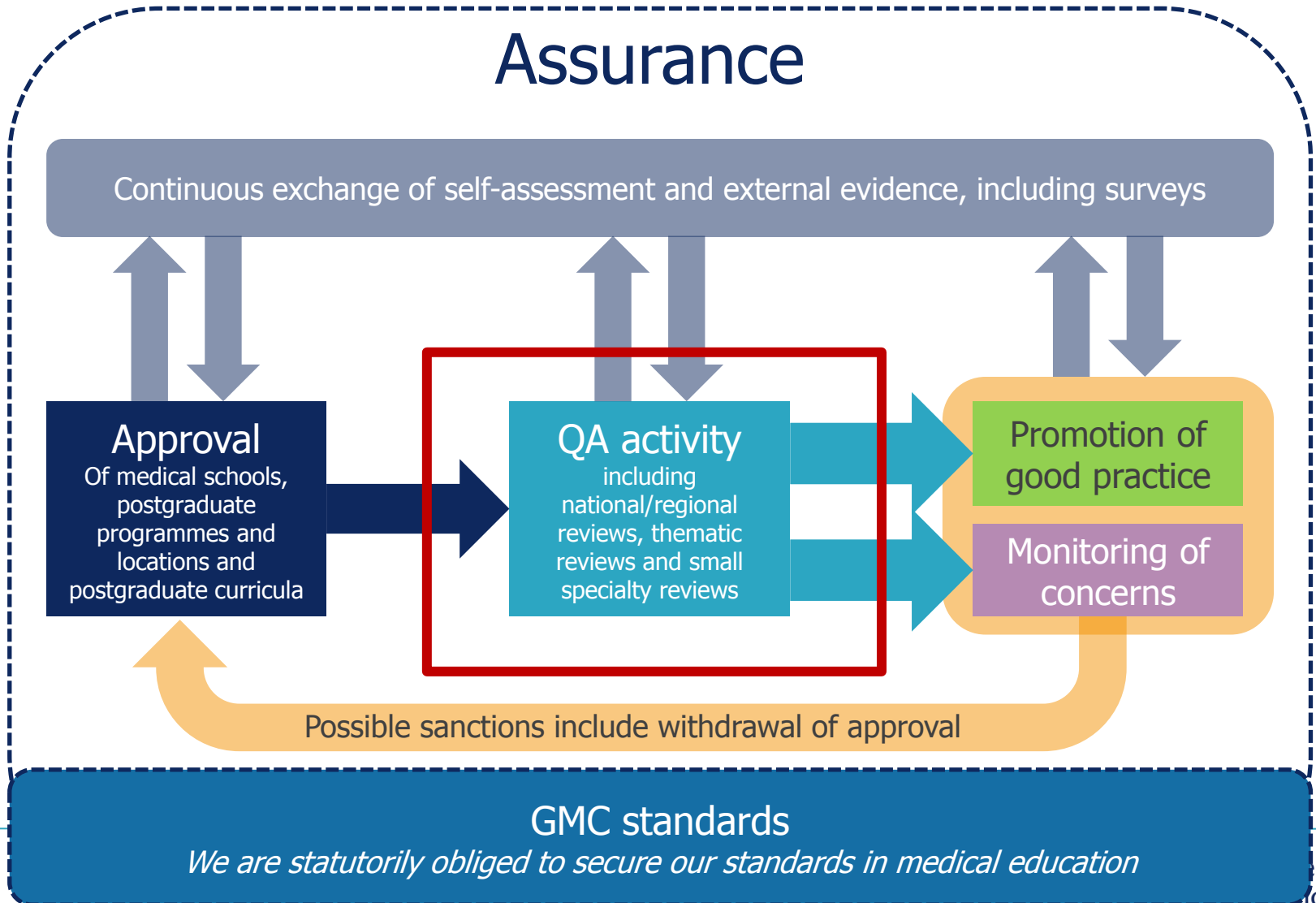
Working with doctors Working for patients

QA review timeline

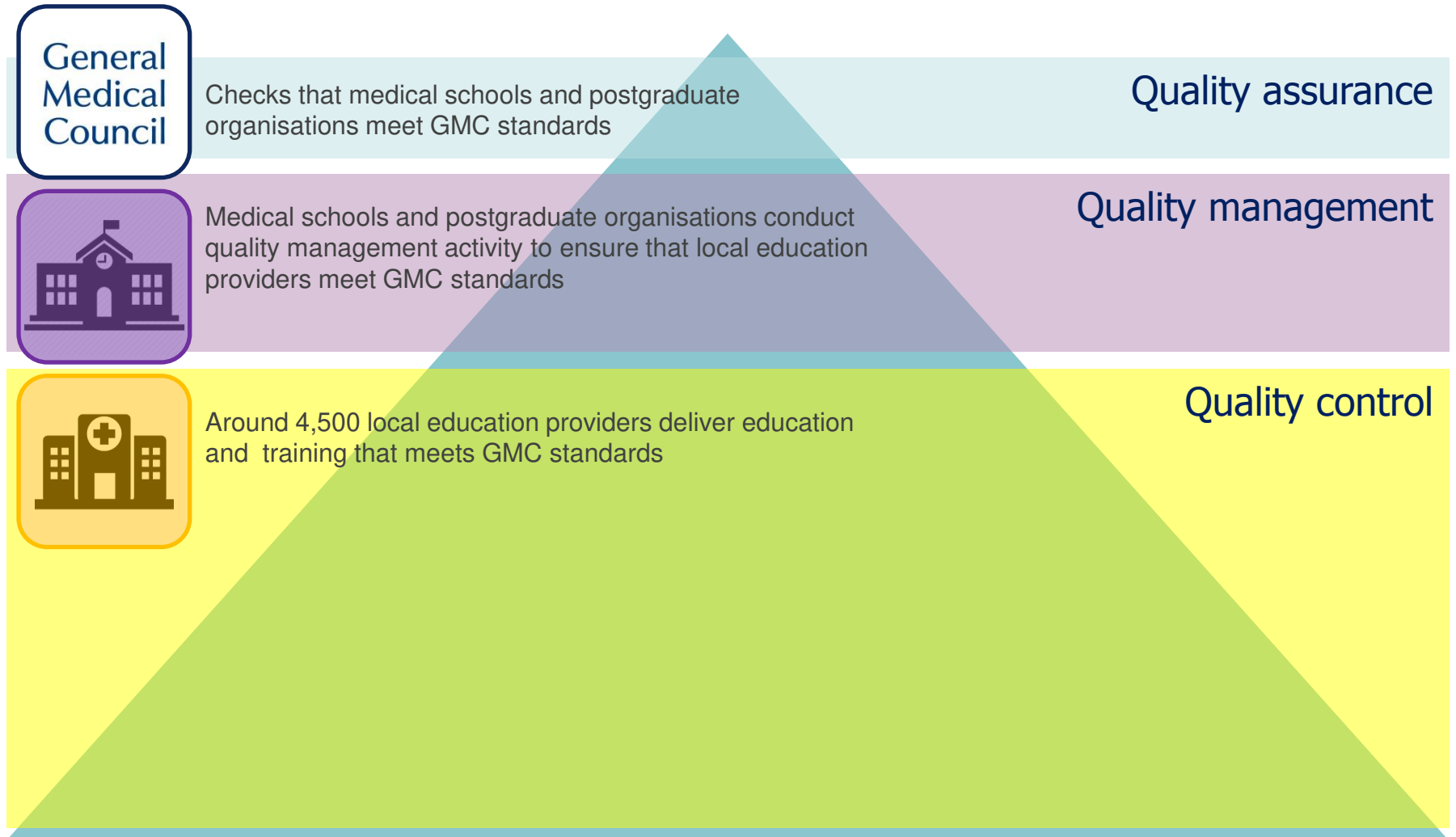
2018 | 2019



Assurance is achieved through a variety of activities



Hierarchy of organisations



Research

1. Literature review: what can we learn from worldwide, multisector QA?
2. UCL interviews: what do other regulators (worldwide, multisector) and stakeholders think of our QA?

General findings

QA across sectors and around the world now has more emphasis on:

- Risk-based QA
- Thematic QA
- Co-operation with other regulators

Positive findings

The GMC education QA process is still among the best in the world. It has:

- Overall robust practices
- Good, clear standards
- Proportionate to the risks involved

Negative findings

- Too much overlap between bodies
- Heavily data driven approach

Factors important for the future

- Strengthening relationships
- Taking a more flexible approach
- Giving timely feedback
- Focussing on promoting good practice
- Strengthening self-assessment

QA steps

1

Re-declaration
against standards

- Medical schools and postgraduate organisations make a periodic re-declaration against the standards every four years (time period TBC).
- We will work with each organisation to then assure us they meet each standard over the QA period.

2

Self-assessment to
assure the GMC

- Organisations complete an annual questionnaire to tell us what evidence they hold and what activity they'll be undertaking.
- They can also tell us if opportunities arise in-year. For example if another regulator is visiting or they are undertaking some unplanned activity that we can observe.

3

Triangulation and gap
analysis

- We use our extensive data, evidence and intelligence to identify areas of concern and good practice, including information from other sources, such as other regulators.
- We have strong signalling mechanisms from students, doctors in training and trainers through our surveys and other reporting channels.

4

Quality activity

- Our aim is to be as light touch as possible, only asking for evidence where required.
- We will observe QM activity where possible, rather than looking at documents
- For areas we aren't assured, we will select activities from our QA toolkit, such as GMC-led visits, audits of QM decisions, surveys, thematic reviews.

What is different?

Change	Benefit
1 No 'grand tour' of regional reviews	<ul style="list-style-type: none"> • They are expensive and not frequent enough to assure us
2 Introduction of re-declaration points	<ul style="list-style-type: none"> • Limits risks of indefinite approval • Positive assertion from bodies
3 Build a supportive, ongoing dialogue with postgraduate organisations and medical schools, meaning more, frequent, but lighter-touch contact	<ul style="list-style-type: none"> • Strengthens relationships • More frequent or continuous assurance • Improves our ability to respond to concerns
4 Take a more collaborative, flexible approach	<ul style="list-style-type: none"> • Works in all contexts and locations
5 Require less information and evidence to be submitted, and be clearer about how we will use what we do ask for	<ul style="list-style-type: none"> • Less duplication • Reduces wasted administration time • Less confusion
6 Observe a broader range of quality management activities	<ul style="list-style-type: none"> • Broader assurance against full range of standards (particularly at UG level) • More opportunity to promote good practice
7 Incorporate more of the GMC's evidence base and external evidence into assurance process	<ul style="list-style-type: none"> • Better use of intelligence • Collective effect
8 Regulatory activity based on triangulation of self-assessment and wider intelligence	<ul style="list-style-type: none"> • Risk-based