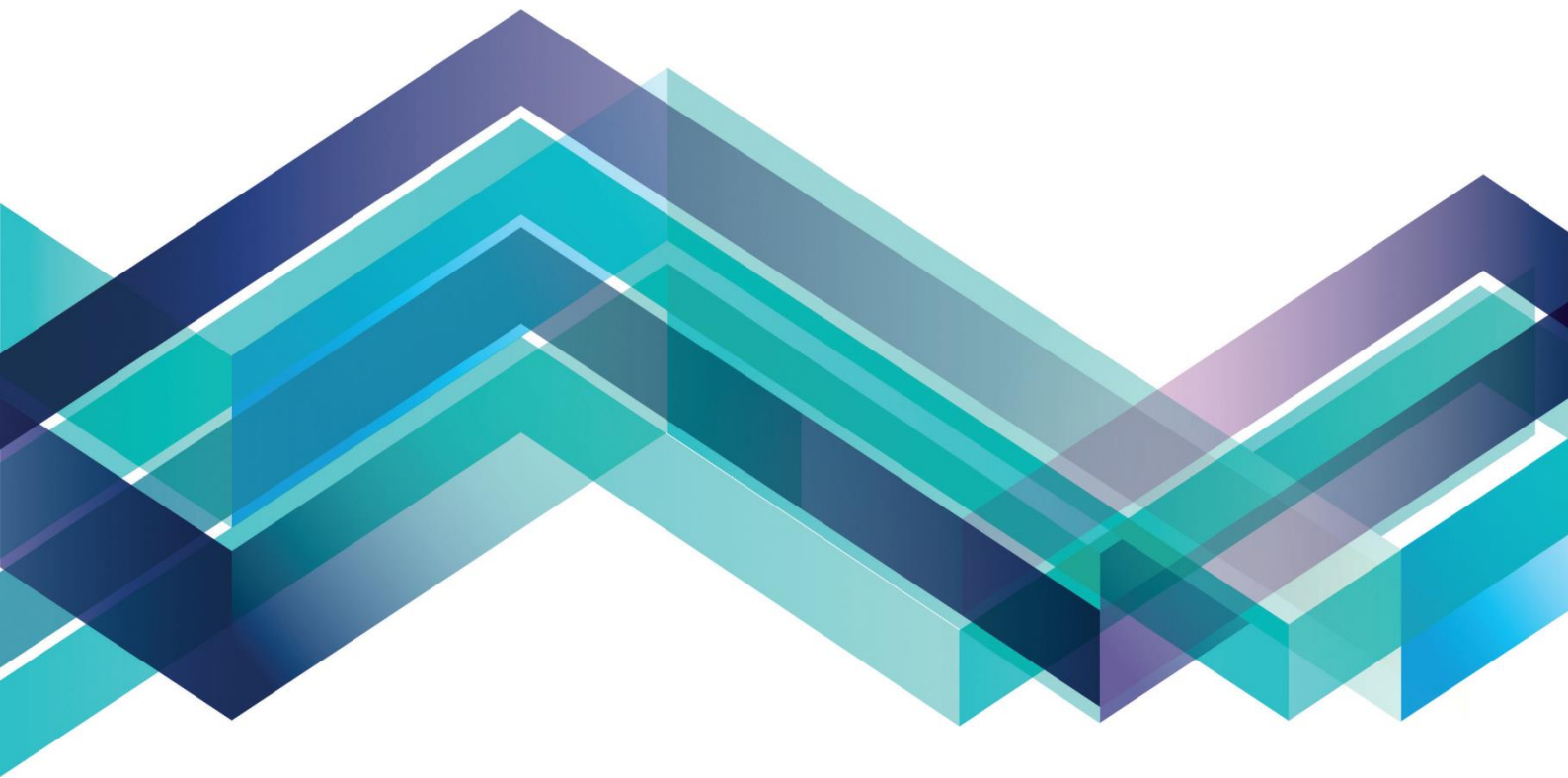


Quality assurance (QA) programme review

Internal research report – May 2018



Contents

Executive Summary	4
Aim	4
Method.....	4
Key findings.....	4
Introduction.....	5
Aims	5
Methodology	6
QA and regulation in context.....	8
Introduction	8
Guidelines and standards in other sectors.....	8
The multi-stage process of QA	8
Accountability or enhancement?	9
Right-touch regulation.....	9
Approaches to QA and regulation	9
Planning and targeting of QA.....	9
Standards and criteria used to form judgements	10
Curricula design	11
Self-assessment/evaluation	12
Visits to organisations	14
Composition of the QA team	15
Shared evidence	16
Reporting	17
Sanctions	18
Practices of disseminating good practice or enhancements	19
Further trends and issues	20
Adoption of risk-based approaches.....	20
Thematic QA.....	22
Enhancement-led QA	22
Trainee/student surveys.....	23
Consideration of E&D	24
Considerations	24
Reflections on the Research Questions	25
Future considerations	27

Executive summary

Aim

The aim of this research was to provide the GMC (General Medical Council) with a contextual evidence base which could contribute to a comprehensive review of its approach to the quality assurance (QA) of medical education and training.

Method

This was achieved by a desk-based approach, which updated a key strand of research previously carried out by Colin Wright Associates in 2012*. The 2012 research looked at QA in education and training. In total, the present research examined 10 regulators which were from different sectors and countries.

Key findings

The present research suggests that key themes that were emerging in the 2012 research have now become more central. Ideas such as risk-based QA and thematic QA are now more commonly mentioned.

Despite these changes, many of the 'nuts and bolts' elements of QA have stayed more or less the same, eg reporting, sanctions and the composition of the QA teams.

It has been six years since the last major review of the GMC's QA process and overall the present research suggests it has 'aged' relatively well in relation to those organisations reviewed for this study. In many respects the GMC is still at the cutting edge, in terms of its use of the trainee survey for example. But there are other areas such as approach to risk, enhancement, thematic QA and dissemination of good practice, where the GMC may want to think about whether developments to its approach could be made.

* <https://www.gmc-uk.org/-/media/about/developingandevidecebaseforeffectivequalityassuranceofeducationandtrainingmay2012pdf48643906.pdf?la=en&hash=B55461DB3B0F05AFF62E7E0BE415B0993E5685D4>

Introduction

The GMC is responsible for the QA of undergraduate and postgraduate medical education in the UK. Its cycle of predetermined regional/national QA reviews is scheduled to end in 2018. It has visited every region/country over the last seven years. Before it initiates another cycle, it has an opportunity to:

- a** review its thinking and that of its stakeholders
- b** examine best practice in QA
- c** better integrate its growing evidence-base into an intelligence-led model
- d** deliver the best possible model for assuring the quality of medical education and training
- e** consider whether it is focussing its resources on the right areas.

Consequently, the aim of this research was to provide the GMC with a contextual evidence base which could contribute to a comprehensive review of the GMC's approach to QA of medical education and training. The research examined current QA practice from a sample of UK regulators of education and training, within and outside the health sector, and a sample of regulators from overseas and other sectors. This is an in-house research project, i.e. one that has been carried out internally by the GMC. The purpose of this project was to update a key strand of the research previously carried out by Colin Wright Associates in 2012, which looked at QA in education and training.

Aims

Within the broader objective of updating the 2012 research and identifying changes the selected regulators have made to their approach, there were a number of specific research questions that the research sought to address:

- 1** What can the GMC learn from other QA frameworks/ models/ programmes to improve its own?
- 2** What, if any, areas of overlap are there between the GMC's approach to QA and that of other organisations? Does this offer the potential opportunity to collaborate?
- 3** In what ways do other regulators work collaboratively with partner organisations to increase efficiency and effectiveness of their collective assurance programmes?
- 4** Does the GMC's approach to QA maintain its position as best practice, industry-leading and world class, as identified by the research undertaken in 2012? If not, which models have overtaken it and why?

This research links to strategic aims 2, 3 and 4 of the GMC's corporate strategy, but most specifically all five outcomes of strategic aim 2 are relevant.

- 1** The data and insight that we share with others (and they exchange with us) contribute to a fuller understanding of, and response to, risk and trends across the health systems.
- 2** Better coordination of activity among professional and systems regulation to identify and act on indicators of emerging and known concerns.
- 3** More effective targeting of regulatory action where training systems for doctors are under pressure.
- 4** Regulatory interventions happen in the right place at the right time.

Methodology

In contrast to the 2012 research, which used a mixed methods approach, the present research used a desk-based methodology. This involved systematically researching the websites of other regulators and identifying their relevant QA documents and web pages. This information was used in two different ways.

- a** Firstly, it was used to create an overview of current practice with regards to QA.
- b** Secondly, and where possible, it was used to contrast the current approach of each organisation with what they were doing in 2012.

There were many possible regulators that the research could have included, from different countries and different sectors (eg medical education, higher education, healthcare providers, prisons etc.). Primarily, regulators were selected from the list of those examined in the 2012 research. The reasons for this were twofold. Firstly, many of these regulators were most similar to the GMC (in terms of role and context) and consequently likely to be the most valuable to look at. Secondly, this meant that not only could current practice be identified, but it was easier to compare the current QA landscape to what was the norm in 2012 which could highlight where a number of organisations had made similar changes in the interval.

It's worth noting that, due to resources, it was beyond the scope of this research to analyse all of the regulators included in the 2012 research. Consequently, a purposive sample was selected.

The target list of organisations was chosen in collaboration between the in-house researcher and the internal policy clients. Those selected were:

- 1** Nursing and Midwifery Council (NMC)

- 2** General Dental Council (GDC)
- 3** General Optical Council (GOC)
- 4** Australian Medical Council (AMC)
- 5** Ofsted is the Office for Standards in Education, Children's Services and Skills (Ofsted)
- 6** Education and Training Inspectorate for Ireland (ETINI)
- 7** Quality Assurance Agency Scotland (QAA Scotland)
- 8** Ontario Universities Council on Quality Assurance (OUCQA)
- 9** HM Inspectorate of Prisons (HMI Prisons)
- 10** Care Quality Commission (CQC)

Various types of document were identified that were relevant to this research across these organisations' websites, with no two regulators approach to organising these documents being the same. Broadly speaking, most regulators tended to have a 'QA framework' document, or some form of 'QA handbook'. The former outlining the organisations broad approach to QA and its governing principles, while the latter tending to be a more practical guide, for either the inspector themselves, or the organisations being inspected. Alongside these, many regulators had other relevant documents. These included documents regarding the publication process of reports, appeals processes, guides involving post-inspection follow-up and guides for pre-inspection preparation, among others.

Additionally, some regulators didn't have large formal documents detailing the above information, but some used specific sections of their websites. Or in other cases, they used FAQ documents, or short mini-guides covering some or all of the above aspects.

In addition, it should be noted that some regulators appeared to be in the process of updating their documents, as some of their documents were quite old, while others were relatively new. Every effort was made to identify all of the most recent and most relevant documents publicly available. Ultimately, the combination of documents analysed differed from regulator to regulator, but generally all relevant documents were analysed in depth. The exception being if an initial scan indicated that a given document was unlikely to give further insight compared to the documents already reviewed for any given regulator. A full list of the primary documents reviewed is available in Annex A.

An analysis framework was devised which facilitated systematic analysis of the data. It was designed partly by 'reverse engineering' key themes from the 2012 research report, but also by brainstorming current key areas of interest in relation to how the GMC is considering updating its QA framework with the internal policy clients. The draft

framework was then sent for internal review to make sure that there were no inconsistencies or oversights. All relevant documents/webpages identified from the selected organisations were then read in full and the relevant information entered into the analysis framework.

The main body of this report will serve to update the findings from the 2012 research, structured by the themes discussed in the previous paragraph. Partly by summarising the current QA landscape and then comparing/contrasting it to the QA landscape in 2012 as captured by the 2012 research. The specific research questions will be addressed towards the end of the report, drawing together all of the information discussed in the main part of the document.

QA and regulation in context

Introduction

As the 2012 research highlighted, the QA landscape is continually evolving. Even over the last six years there have been various shifts in both theory and practice. The following contextual factors will help to orientate the reader and highlight some of the key areas which have seen development. It is also important to highlight that the pace and scope of the changes has differed from sector to sector, country to country and regulator to regulator. While it is beyond the scope of this research to pinpoint all of these differences, a range of regulators have been chosen to maximise potential learnings. Where possible, any key differences between these regulators will be highlighted.

Guidelines and standards in other sectors

While the research is intended to be broad in scope, (so as to improve the chances of gaining insight from other sectors), certain industries will be of more or less relevance to the day to day business of the GMC. Consequently, the focus on specific logistical practices (eg inspections) will be on the regulators that have the greatest similarity to the GMC. However, interesting practices from other GMC sectors will be highlighted where an organisation's approach contrasts with the GMC's in a way that will aid critical reflection.

The multi-stage process of QA

The 2012 research identified that there exists a broadly standard formula in terms of most organisations' approaches to QA. Namely:

- a** setting standards/criteria
- b** self-assessment
- c** external assessment/validation

d report and decision.

This is essentially still the model used. However, as previously identified, each regulator tends to customise their specific approach to fit their sector and circumstances. There does also seem to be a gradual shift towards a less linear approach, one that relies more on risk identification, thematic QA and non-cyclical review. This will be discussed in more detail in later sections.

Accountability or enhancement?

The 2012 research also identified a shift away from an 'audit-based QA' towards 'lighter touch quality systems allowing for greater autonomy and innovation in the provision of learning'. In other words, an approach to QA that places less emphasis on how a provider is currently operating, and whether it meets certain criteria/follows the given standards, towards one which places greater emphasis on how the provider is able to improve and learn from good practice elsewhere. The present research suggests that this shift has continued. This will be discussed in greater depth later in the report.

Right-touch regulation

Right-touch regulation was seen as an emerging theme in the 2012 research, with the specific term being popularised by the PSA (Professional Standards Authority)*. For example, the NMC now specifically uses the phrase 'right touch regulation' when referring to their approach to QA. While other regulators outside professional regulation don't appear to use the term verbatim, there is a sense that the wider concept of proportional QA is of growing significance. For example, the gradual move away from cyclical reviews towards risk-based models and thematic QA, show that regulators are trying to take a more proportionate approach to QA. Each of these topics will be discussed later in the report.

Approaches to QA and regulation

Planning and targeting of QA

Broadly speaking, regulators' approaches to the planning and targeting of QA are similar to what was reported in the 2012 research. This approach is succinctly summarised by the 2012 research as follows:

'The planning of QA for undergraduate programmes is typically based on initial programme approval/accreditation followed by a cycle of re-approvals. While there are some exceptions, the period of time before re-approval [is on average five years].

* <https://www.professionalstandards.org.uk/what-we-do/improving-regulation/right-touch-regulation>

Monitoring between full re-approvals is typically annual and self-reported.

The format for full approval and re-approval tends to be submission of self-assessment, followed by a team visit to verify and gather soft data, followed by a decision on approval or re-approval (and any recommendations for further actions where required).

Regulators will also make triggered visits in response to risk, concerns or significant curriculum change and, where they are lightening their touch, are working to improve means to identify occasions where such visits are necessary.^{r*}

What is clear is that the emerging patterns identified in the 2012 research are now becoming more embedded. Namely, thematic QA and noncyclical QA based on risk assessment. Each will be discussed in a dedicated section later in the report.

Standards and criteria used to form judgements

The previous research suggested that there were two key ideas that underpinned the standards and criteria regulators use as part of their QA processes. The first of these was that most regulators tended to focus their standards on either processes or outcomes. Secondly, that most regulators varied with regards to what extent they were accountability and enhancement focussed. The perception was that there was a shift from a more traditional processes/accountability approach, towards a more outcomes/enhancement led approach.

It was also suggested that some regulators may have indicated that they were moving in this direction, but hadn't at the time taken particularly overt steps towards achieving that goal.

The present research suggests that this is still the direction of travel most regulators are taking. For example, HMI Prison's approach is described as 'We will ensure that evidence from our inspections informs policy and practice and contributes to improving outcomes...'[†] and QAA Scotland refers to, '...enabling whole-sector enhancement and developmental activity to be conducted, drawing on thematic information about strengths and challenges of the institutions reviewed.'[‡]

However, as with the previous research, it is not always as clear from the available documentation to what extent these stated intentions have been translated into practice.

* <https://www.gmc-uk.org/-/media/about/developingandevidencebaseforeffectivequalityassuranceofeducationandtrainingmay2012pdf48643906.pdf?la=en&hash=B55461DB3B0F05AFF62E7E0BE415B0993E5685D4>

† <https://www.justiceinspectorates.gov.uk/hmiprison/wp-content/uploads/sites/4/2014/02/1.-INSPECTION-FRAMEWORK-May-2017-1.pdf>

‡ <http://www.qaa.ac.uk/en/Publications/Documents/ELIR-4-Handbook-2017.pdf>

Equally, as with the 2012 research different regulators are still at different stages of adoption and have slightly different interpretations of what an outcomes/enhancement led approach looks like, eg some have presently rejected a wholesale move towards outcomes/enhancement and keep elements of process/accountability.

Some are fairly explicit regarding their move towards an outcomes focus, so for example the NMC says, 'We focus on the outcomes of education as a means of being assured that the public are protected rather than on specifying how those outcomes should be achieved.'^{*}

While others, for example OUCQA, take a slightly different view, 'Outcome measures of student performance and achievement are of particular interest, but there are also important input and process measures which are known to have a strong association with quality outcomes'.[†] They go on to cite numerous examples of input and process measures, including rates of graduation, employment six months and two years after graduation, postgraduate study, class sizes, percentage of classes taught by permanent or non-permanent (contractual) faculty members etc.

While ETINI, for example, clearly refer to both the notion of enhancement and outcomes, 'The main emphasis of the inspection and of the report will be on the education training provision and outcomes, as seen in the quality of the learners' recent standards and achievements and of the learning and teaching. There is also an emphasis on the leadership and management of the whole organisation and how this contributes to improvement.'[‡]

Curricula design

The previous research highlighted the risk that if regulators (of education) moved away from being process orientated and towards an outcomes focus, they may start to impact on the design of the curricula to a greater extent than was previously the case.

Where explicitly mentioned in the reviewed documents, the position of the regulators included in this research is that they do not want to unnecessarily impact the development and evolution of curricula as they see that as beyond their remit. They do however typically have two requirements with regards to curricula design and improvement.

- a That it is in line with their standards

^{*} <https://www.nmc.org.uk/globalassets/sitedocuments/edandqa/nmc-quality-assurance-framework.pdf>

[†] <http://oucqa.ca/wp-content/uploads/2017/10/Quality-Assurance-Framework-and-Guide-Updated-Guide-Oct-2017-Compressed-Version.pdf>

[‡] <https://www.etini.gov.uk/>

- b That the organisation puts in place relevant safeguards to make sure that the curricula is regularly assessed and found to be in line with those standards

The NMC is very specific in this regard, We are a professional regulator and not an educational regulator. It is not within our remit to go beyond our standards into the verification of academic standards. That is the responsibility of the providers themselves through their own internal quality assurance and of the Quality Assurance Agency for Higher Education (QAA).^{*}

The OUCQA takes a similar, if slightly less explicit approach, 'The primary responsibility for the design and quality assurance of new programs lies with institutions, and their governing bodies. The institution is responsible for curriculum design, the development of program objectives, the determination of learning outcomes, and generally for the assembly of human, instructional and physical resources needed.'[†]

Equally, the AMC says, 'The advisory group does not give detailed advice on curriculum development, planning, or delivery; it is expected that the education provider will engage appropriate staff or consultants if such expertise is required...'[‡]

The broad position then tends to be one of setting broad overarching principles, at a strategic level, that specify specific outcomes and then allowing freedom for educators to act within those requirements.

Self-assessment/evaluation

The previous research highlighted that there was a growing use of self-assessment/evaluation (terms used interchangeably), which was attributed in part to the move towards a greater focus on enhancement. It also highlighted that while self-assessment was well established outside healthcare, there was a gradual movement towards it within healthcare.

This is definitely a trend that has continued. It would appear that the concept of self-assessment is now more firmly embedded within the healthcare sector and continues to be substantially used outside healthcare.

Many regulators are very explicit in how clearly they associate self-assessment with enhancement. For example, QAA Scotland says, '[the purpose of self-assessment] is to maximise the value of the exercise to individual institutions and to the sector, building on the strength of support for ELIR [Enhancement-led Institutional Review] to continue being

* <https://www.nmc.org.uk/globalassets/sitedocuments/edandqa/nmc-quality-assurance-framework.pdf>

† <http://oucqa.ca/wp-content/uploads/2017/10/Quality-Assurance-Framework-and-Guide-Updated-Guide-Oct-2017-Compressed-Version.pdf>

‡ https://amc-cms-prod.s3.amazonaws.com/files/fcf8463b34fe055adc8e948e10556a3c4abac59d_original.pdf

enhancement-led, and acknowledging the importance placed on evidence-based self-evaluation.^{r*}

In some respects this may demonstrate an attitudinal shift given that, when interviewed in 2012, some regulators had misgivings about the quality and importance of self-assessment.

Now many regulators are publicly highly supportive of self-assessment, for example QAA Scotland highlights the importance of self-assessment: ‘...considerable confidence can be derived from an institution that has systematic arrangements in place for evaluating its strengths, and identifying and addressing potential risks to quality and academic standards. In an enhancement-led approach, institutions identify ways in which the student learning experience could be improved, even when threshold quality is secure. The enhancement culture in Scotland places emphasis on engaging well beyond the threshold, inspiring excellence.’^{r†}

This shift may go some way to explain why the GOC in particular is quite forthright stating the importance of an internal QA process. ‘The provider must demonstrate that a robust internal monitoring and review process is in place to ensure continuous evaluation and quality enhancement of the route to registration. Criteria that must be demonstrated in order to meet this requirement: The provider must have a clear framework for receiving feedback on programme quality from a variety of sources including patients, students, staff, supervisors and employers. The views of external stakeholders must inform the future development of programme design, content and delivery.’^{r‡}

It also means that some regulators are trying to work with providers to actively promote and improve their internal QA process, as is the case with ETINI. ‘As part of the inspection process, the Education and Training Inspectorate (ETI) evaluate safeguarding and school governance and in promoting improvement, support organisations in implementing rigorous and effective self-evaluation processes as part of their own quality assurance arrangements.’^{r§}

Further, some regulators explicitly link self-assessment with the identification of good practice. For example, the NMC says, ‘We also expect to be informed of any instances of notable practice that may be worthy of dissemination...’^{r**}

While QAA Scotland suggests that the nature and scope of internal QA can actually shift the focus of external QA to some extent, in terms of the topics included in the review visit and to some extent the topics covered in the subsequent report.

* <http://www.qaa.ac.uk/en/Publications/Documents/ELIR-4-Handbook-2017.pdf>

† <http://www.qaa.ac.uk/en/Publications/Documents/ELIR-4-Handbook-2017.pdf>

‡ https://www.optical.org/en/Education/Approving_courses/index.cfm (Handbook)

§ <https://www.etini.gov.uk/>

** <https://www.nmc.org.uk/globalassets/sitedocuments/edandqa/nmc-quality-assurance-framework.pdf>

The growing use of self-assessment has led some regulators to explicitly state that they consciously try to request as little information as possible, to reduce the burden on providers. For example, the NMC states, 'Every effort is made to keep requests for documentary evidence and data to a minimum'.^{*}

Ofsted goes one step further and goes to great lengths to explain in their handbook the information that they don't need to be provided. Further, they also try to be flexible in terms of how the information is provided to them, for example... 'Ofsted does not require self-evaluation to be graded or provided in a specific format. Any assessment that is provided should be part of the school's business processes and not generated solely for inspection purposes'.[†]

Visits to organisations

In general, the scope and purpose of visits to organisations is broadly very similar to what was observed in 2012. The below quote neatly summarises their purpose.

'... to verify the provider's self-assessment, validate monitoring submissions, and/or to verify claims of practice made during the earlier approval process. Visits are also made for a new approval and in response to major changes or risk-based monitoring'.[‡]

Similarly to 2012, non-healthcare sector regulators tend to give shorter notice of inspections, eg HMI Prisons can give as little as 30 minutes prior to an unannounced inspection, while Ofsted normally announces the afternoon before, but will sometimes do so 15 minutes before. An exception in healthcare is the CQC, which uses unannounced inspections for the majority of the types of services they inspect, while other healthcare regulators tend to give significantly more notice.

Generally visits tend to be highly inclusive in terms of who is spoken to, making sure that all levels of staff, service users, or other relevant stakeholders, such as patients, carers, parents and governors, are spoken to. There is some evidence that the weight given to the opinions of service users is increasing, for example QAA Scotland now give, 'increased emphasis on student involvement in the annual discussions'.[§] They also now use students' feedback to help shape the topics explored during the main review.

The length of visits varies greatly between regulators. For example, HMI Prisons states, visits can last a couple of weeks, whereas other regulators state they are over several days.

^{*} <https://www.nmc.org.uk/globalassets/sitedocuments/edandqa/nmc-quality-assurance-framework.pdf>

[†] <https://www.gov.uk/government/publications/school-inspection-handbook-from-september-2015#content>

[‡] <https://www.gmc-uk.org/>

[/media/about/developingandevidencebaseforeffectivequalityassuranceofeducationandtrainingmay2012pdf48643906.pdf?la=en&hash=B55461DB3B0F05AFF62E7E0BE415B0993E5685D4](https://www.gmc-uk.org/media/about/developingandevidencebaseforeffectivequalityassuranceofeducationandtrainingmay2012pdf48643906.pdf?la=en&hash=B55461DB3B0F05AFF62E7E0BE415B0993E5685D4)

[§] <http://www.qaa.ac.uk/en/Publications/Documents/ELIR-4-Handbook-2017.pdf>

Interestingly, and of importance to resource considerations, there is some evidence that regulators are using a more targeted approach. So for example, QAA Scotland will vary the length of the review, the size of the team and the composition of the team based on the outcome of their planning visit (an initial meeting with the provider that takes place ahead of the main inspection).

Composition of the QA team

As with the research in 2012, the size and composition of the QA team tends to be directly proportionate to the size and complexity of the institution being reviewed. For example, the CQC state the size of their inspection team can vary to a large extent. ‘...when we inspect an NHS trust, the inspection team can have up to 50 members, including clinical and other experts. When we inspect a care home, a single inspector and an Expert by Experience is often enough.’^{r*}

The composition of the inspection team is sometimes based on previous assessments of the size and complexity of the organisation. However, in the case of QAA Scotland they carry out very specific contextualisation activities (including an initial meeting with the provider and analysis of their self-evaluation), which decide on the content to be explored and consequently the size/composition of the team required.

As might be expected, the type of experts selected tend to be relevant to the field of inspection. However the range of relevant expertise can be broad, for example in the case of HMI Prisons, Inspectors are drawn from a range of backgrounds, including seconded or former prison managers with operational experience working in custodial establishments, and social care, probation, police and legal backgrounds.^{r†}

The number of lay people used in inspection continues to be similar, as was the case in 2012. Typical examples include QAA Scotland’s use of students which they consider to bring a ‘learner perspective’, whilst the GDC typically uses a ‘lay chair’ (ie a non-medical professional). The CQC uses what they call ‘Experts by Experience’. These are people who have personal experience of care, either because they have used care services or because they have cared for someone who has.[‡]

A novel feature of the AMC’s approach is that some of their inspectors have been nominated by external organisations, they state: ‘The AMC maintains a database of

* http://www.cqc.org.uk/sites/default/files/documents/cqc_prep_for_inspection_-_quick_guide_-_final_0.pdf

† <https://www.justiceinspectorates.gov.uk/hmiprison/wp-content/uploads/sites/4/2014/02/1.-INSPECTION-FRAMEWORK-May-2017-1.pdf>

‡ <http://www.cqc.org.uk/about-us/jobs/experts-experience>

potential team members, based on nominations from stakeholder organisations. The AMC includes a mix of new and experienced members on each team.’^{*}

It’s noteworthy that not all inspection activities are carried out in house by the regulators. For example the NMC has used Mott McDonald for five years to ‘deliver our QA operational activity’.[†] Equally, the GOC also uses third party services. The use of external suppliers wasn’t referenced in the 2012 report so it appears that this is a relatively new phenomena.

Shared evidence

The 2012 research suggested that the sharing of evidence and joint inspections proved problematic. There was however an acknowledgement that it was desirable, where possible, to minimise the burden on providers. While the present research did not carry out interviews with regulators, so there was perhaps less opportunity for these problems to be raised, there did seem to be a slightly more positive attitude towards data sharing/joint inspection in regulators’ publicly available documents.

It was still the case that some regulators collaborate extensively, for example, HMI Prisons collaborates with a number of other organisations. HM Inspectorate of Prisons works jointly with other inspectorates such as HM Inspectorate of Constabulary, Ofsted, HM Inspectorate of Probation, Care Quality Commission and the Royal Pharmaceutical Society. This joint work ensures expert knowledge is deployed on inspections and avoids multiple inspection visits.[‡]

The AMC works very closely with the Medical Council of New Zealand, as they put it, ‘[we] work collaboratively to assess education providers delivering programs across Australia and New Zealand against the approved accreditation standards.’[§]

Equally, the CQC is very in favour of working with other regulators. They state that they have dozens of MOUs with a huge range of organisations, even including local/community groups for example. What is more, they explicitly state that they are keen to use both national and local data.

The NMC are also very positive about joint QA events and data sharing. As part of this they place special emphasis on reducing the burden on the providers. They state that they work in response to risk with the GMC, the Health and Care Professions Council (HCPC), as well as the CQC. They will also undertake joint inspections where extraordinary monitoring review visits are required (ie ad hoc inspections carried out in response to extremely

^{*} https://amc-cms-prod.s3.amazonaws.com/files/fcf8463b34fe055adc8e948e10556a3c4abac59d_original.pdf

[†] <https://www.nmc.org.uk/globalassets/sitedocuments/edandqa/nmc-quality-assurance-framework.pdf>

[‡] <https://www.justiceinspectorates.gov.uk/hmiprison/wp-content/uploads/sites/4/2014/02/1.-INSPECTION-FRAMEWORK-May-2017-1.pdf>

[§] https://amc-cms-prod.s3.amazonaws.com/files/fcf8463b34fe055adc8e948e10556a3c4abac59d_original.pdf

serious risks being identified). Further they describe themselves as actively working to improve existing communication channels with other regulators.

However, other regulators don't specifically mention sharing data or joint inspections. Or in the case of the GOC, for example, they state some of the perceived practical barriers to joint inspection, eg that they wouldn't carry out a joint inspection where it might compromise their own inspection activities.

There is also some distinction between regulators who describe themselves as more proactively looking for opportunities to collaborate, eg the NMC, compared to those who are more reactively willing to consider it.

Reporting

Most regulators' approaches to reporting are similar to what was found in 2012. In as much as they assess the providers against their formal criteria, the majority give recommendations/feedback in their reports, the providers are offered an opportunity to review and the report is typically published on the regulators website within a set timeframe.

What does seem to have changed slightly is that there is now a greater focus on recommendations or suggested improvements, which is likely linked to the greater focus now placed on enhancement by regulators more generally.

The majority of regulators examined allocated some sort of rating or grading to the providers. However, one noteworthy exception was the GDC, who clearly specify that 'The GDC does not rank or grade programmes or dental schools.'^{*}

While the GOC on the other hand has three outcomes:

- a** approve or reconfirm continuing approval of the programme for five years with no conditions
- b** approve or reconfirm continuing approval of the programme for between one to five years with conditions and / or recommendations
- c** Withdraw approval.

This is very similar to what is used by the NMC:

- a** standards are met
- b** standards are partially met (with conditions and recommendations)

^{*} <https://www.gdc-uk.org/professionals/education> (QA process for BDS (2015))

- c** standards not met.

While the CQC uses the same wording as Ofsted:

- a** outstanding
- b** good
- c** requires improvement
- d** inadequate.

There are numerous other examples, HM Prisons uses:

- a** outcomes for prisoners are good
- b** outcomes for prisoners are reasonably good
- c** outcomes for prisoners are not sufficiently good
- d** outcomes for prisoners are poor.

While QAA Scotland uses:

- a** effective
- b** limited effectiveness
- c** not effective.

Sanctions

Regulators' options in terms of sanctions were broadly similar to those that the 2012 report identified. Options include:

- a** carrying out ad hoc inspections/investigations
- b** bringing forward the date of an inspection
- c** carrying out a more in-depth/ longer inspections
- d** requiring some form of corrective action plan
- e** delaying/refusing approval of new programme/school
- f** withdrawing approval (although in practice, across countries/sectors this rarely happens).

There didn't appear to be any noticeable differences in terms of the frequency of use of any given sanction type or changes in the way they were used.

Often sanctions are enforced by some form of distance monitoring, self-reporting or additional inspections, for example the GOC reports using 'annual monitoring to enforce action'. In the event of serious breaches of standards, commonly the provider will be given set deadlines to respond. This pattern is consistent with what was identified in 2012.

Practices of disseminating good practice or enhancements

Regulators' approaches to dissemination of good practice vary considerably. There are many examples of different approaches, some of which are very light touch while others are considerably more hands on.

At one end of the spectrum there are regulators who don't specifically mention sharing good practice in the available documents reviewed. In the case of HMI Prisons, for example, discussion of the QA inspections tends to focus on giving the supplier the opportunity to ask questions about the report and offer an opportunity to challenge findings.

While ETNI helps share good practice within providers, by encouraging leaders to join observations in order to discuss good (and bad) practice.

Other organisations seem to be in the process of expanding the degree to which they disseminate good practice. So for example, the NMC asks providers to think about examples of good practice, that they identify when doing their self-evaluations, that may be worthy of dissemination. The NMC have recently been reviewing their approach to self-evaluation, so it is likely that their approach to dissemination will change.

The OUCQA already have quite an active approach to sharing good practice. So for example their framework document has a 'guide' section that goes to great lengths to explain how some universities have approached QA and what other regulators may be able to learn from this.

At the other end of the spectrum, QAA Scotland have perhaps the most innovative approach to sharing good practice, a program called Focus On centres on specific enhancement themes. As they explain on their website:

'Each year, QAA Scotland determines a topic for the Focus On project in collaboration with the Scottish Higher Education Enhancement Committee (SHEEC). Focus On topics are drawn directly from the outcomes of Enhancement-led institutional Review (ELIR) to support the enhancement of policy and practice in the sector and provide a link between the outcomes of ELIR and the enhancement of practice. At the start of each year, we invite all Scottish higher education institutions (HEIs) and students' associations to tell us in what ways we can best provide support around the theme identified to ensure that what we deliver is useful, relevant and timely.

We also want to ensure that the work we do in Focus On helps institutions to shape policy, enhance partnership between HEIs, students' associations and sector agencies and make a positive impact on practice in the sector.^{*}

Following QAA Scotland's analysis of the enhancement theme they hold an event where examples of good practice can be shared with the providers. This happens on an annual basis.

It's worth noting that the above examples were given by regulators in their QA documents. There may be other examples of good practice sharing that they have either mentioned elsewhere or which may be done on a more informal basis and are not publically recorded.

Further trends and issues

Adoption of risk-based approaches

The further move towards risk-based QA has been perhaps one of the clearest shifts since the 2012 research. Different regulators are at different stages of adoption in terms of integrating risk into their QA processes. However, the intention for further integration of risk is clear.

Some regulators are quite advanced already. For example, HMI Prisons uses a 'dynamic risk assessment',[†] which is based across a number of factors. Similarly, the CQC has made it a key part of their current strategy, 'One of our priorities in our strategy for 2016 to 2021 is to make greater use of intelligence in the way we regulate services.' This will build on work they have already done, which is relatively significant, for example they state on their website, 'We look at over 300 indicators to help us monitor acute and specialist NHS trusts'.[‡]

Another key theme is the concept of proportionality and how risk can help regulators be more proportionate. For example, Ofsted 'uses risk assessment to ensure that its approach to inspection is proportionate and so that it can focus its efforts where it can have the greatest impact'.[§]

Use of risk is by no means uniform, with different regulators using it in different ways. Most commonly it is used to identify major issues, which often require some sort of

* <http://www.qaa.ac.uk/en/Publications/Documents/ELIR-4-Handbook-2017.pdf>

† <https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2014/02/1.-INSPECTION-FRAMEWORK-May-2017-1.pdf>

‡ <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-nhs-acute-hospitals>

§ <https://www.gov.uk/government/publications/school-inspection-handbook-from-september-2015#content>

intervention from the regulator, such as an unscheduled inspection. Often, as the NMC notes, this can be in response to self-reported risk raised by a provider.

Risk is also starting to be used more either to increase or decrease the frequency of inspections, or to specifically target when an inspection should take place within a broad time period.

For example, HMI Prisons now uses an entirely unannounced system of inspections, which are based on a minimum frequency depending on institution type (varying between one - five years). In this system risk is used to judge how quickly, within the minimum time frequency, an unannounced visit should be made. This model considers numerous factors, everything from establishment size, time since last visit, **changes in leadership** and reports of serious incidents.

Risk is also starting to be used more to **adjust the depth** with which inspections are carried out, as currently done by QAA Scotland. Or in other cases it is being used to target specific themes which require attention (thematic QA). For example, the GDC are currently examining proposals which would see, '...the frequency, duration, scope and depth of inspections of established programmes is determined by an assessment of risk-based on a range of factors.'^{*}

Risk could also have an impact on the way in which new programmes are assessed. This is something that the GDC have recently been discussing.

In some respects, the purest form of a risk-based approach is removing cyclical reviews altogether and only inspecting providers when there are deemed to be sufficient risks. This is not the approach used currently by the regulators sampled in this research, but as confidence using risk continues to develop, it is possible it will be more widely adopted.

It is likely that risk will continue to encourage regulators to work together more closely to share data about any given provider. This is something which the GDC mention in their council proposal (which was reviewed as part of this research). However, it is also noted that a move towards a more risk-based approach will increase complexity and require specialist skills. As the GDC's council proposal says, 'An increased range of decisions will need to be made and these may be more complex than at present. Expert input may be necessary...'[†]

^{*} <https://www.gdc-uk.org/about/who-we-are/council-meetings/2018> (07 Risk-based and thematic QA paper, Council Paper – Feb 2018)

[†] <https://www.gdc-uk.org/about/who-we-are/council-meetings/2018> (07 Risk-based and thematic QA paper, Council Paper – Feb 2018)

Thematic QA

The previous research was very explicit that while thematic QA was used substantially outside healthcare, it was not used at all within healthcare. In this respect there has now been a substantial change. Thematic QA is now used in healthcare and the direction of travel would appear to be that it will become of greater importance.

For example, the NMC make specific reference to their use of thematic QA, During 2016-2017, AEIs reported on particular themes through self-assessment and explored themes through review in order to provide evidence on particular aspects of public protection.^{*†}

Equally the GDC are in the process of introducing it, as referenced in their February 2018 council documentation, 'The option to undertake thematic reviews is introduced. These will focus on a particular area, rather than on a specific programme. We may seek agreement from providers and others in the sector to undertake elements of a thematic review as a joint exercise.'[†]

Equally, the CQC will often carry out themed inspections. 'A themed inspection looks at specific themes that are set nationally in response to current issues or concerns.'[‡]

As thematic QA continues to embed itself within healthcare regulation, it appears to now overlap more with other elements of QA. As we have seen earlier in the report, themed inspections may be in response to risks identified by national regulators at a local level, national priorities/risks and in response to local QA processes/self-assessment.

What is more, the notion of thematic QA may also be shaping the multi-stage approach to QA (eg a less cyclical, more themed approach to inspections), feeding into the concept of 'right touch' regulation (by encouraging more targeted QA) and also being used as a vehicle to encourage enhancement (eg QAA Scotland's Focus On initiative).

Enhancement-led QA

The concept of 'enhancement' has featured at numerous points in this report, which is partly due to the fact that it overlaps with other elements of QA.

At the highest level, there is a continuing shift in attitudes that is gradually moving away from accountability based QA towards enhancement led QA. This is practically reflected in terms of the criteria/standards that regulators use when carrying out QA activity.

* <https://www.nmc.org.uk/globalassets/sitedocuments/edandqa/nmc-quality-assurance-framework.pdf>

† <https://www.gdc-uk.org/about/who-we-are/council-meetings/2018> (07 Risk-based and thematic QA paper, Council Paper – Feb 2018)

‡ http://www.cqc.org.uk/sites/default/files/documents/cqc_prep_for_inspection_-_quick_guide_-_final_0.pdf

This has consequently had knock on effects in terms of influencing how regulators expect providers to carry out self-evaluation and what the purpose of self-evaluation is.

What is more, it is encouraging a shift from looking at institutions in isolation, to encouraging them to share and learn from other providers. In this regard, as in 2012, QAA Scotland seems to have made the greatest leap forwards with their Focus On initiative.

Further, the focus on enhancement led QA works alongside the concept of thematic QA. Isolating specific areas which can be improved or sharing specific examples of good practice that can help others improve, best typified again by QAA Scotland's Focus On initiative.

Trainee/student surveys

The previous research highlighted that the GMC was unique among healthcare sector regulators in terms of the use of its trainee/trainer surveys. No other healthcare regulator had a similar arrangement in place. Outside healthcare, survey methods did seem to be used more commonly. However, none of the other regulators examined had a centrally organised survey that comprehensively targeted the service user population as the GMC's trainee survey did.

The present research suggests that the GMC is still unique with regards to its use of such a large scale survey and the resulting insight it helps provide, in terms of pathway mapping for example.

Other regulators still use surveys. For example, they are still seen as very important by the HMI Prisons, 'A crucial component of the first inspection week is the completion of the Inspectorate survey.' These are used fairly extensively with a selection of 'service users' from the prison being inspected.*

And equally there was evidence of fairly extensive use by ETNI, 'The ETI provides an opportunity for pupils, parents/carers, teaching and support staff to complete a confidential online questionnaire prior to the inspection.'[†]

There was also a sense that surveys might be growing in use among healthcare regulators, for example the GOC encourages providers to seek feedback from numerous stakeholders. Equally, the CQC encourages providers to encourage patients to give feedback online.

* <https://www.justiceinspectors.gov.uk/hmiprison/wp-content/uploads/sites/4/2014/02/1.-INSPECTION-FRAMEWORK-May-2017-1.pdf>

† https://www.etini.gov.uk/sites/etini.gov.uk/files/publications/inspection-guidance-post-primary_2.pdf

However, across the organisations looked at in this review, it would still seem that the GMC is in a unique position in terms of the size and scope of its trainee survey.

Consideration of equality and diversity

A new area of focus for the present research was to look specifically at how other regulators approach equality and diversity (E&D) within their QA frameworks. The analysis suggests that there is a fairly mixed picture in terms of approach.

For example, the NMC thoroughly cover the subject, stating that providers must show their E&D strategy reflects current legislative requirements. This includes having an E&D policy, providing student support services and having a fair recruitment policy.

Other organisations are slightly more general, for example, QAA Scotland states, [we consider] how effectively the institution manages equality and diversity within its student population'.^{*} While the GDC states, 'Equality and diversity requirements are integrated across the standards.'[†]

HM Inspectorate when discussing E&D in its publicly available documents focuses more on itself as an organisation and the representativeness of its inspection teams.

Ofsted focuses on looking at transgressions with relation to E&D. For example, prior to inspection they request, records and analysis of bullying, discriminatory and prejudicial behaviour, either directly or indirectly, including racist, sexist, disability and homophobic bullying, use of derogatory language and racist incidents.[‡]

There are also some regulators who don't appear to specifically reference E&D within their QA frameworks or associated documents/web pages.

Considerations

The present research suggests that key themes that were emerging in the 2012 research have now become more central. Ideas such as risk-based QA and thematic QA are now more commonly mentioned. While this does demonstrate a shift in aspiration, it is beyond the scope of this research to comprehensively assess the scale of practical change. Many regulators state the intention to work differently (eg by cooperating more with other regulators), but it is not always clear from their websites as to what extent they are actually doing so at the present time.

^{*} <http://www.qaa.ac.uk/en/Publications/Documents/ELIR-4-Handbook-2017.pdf>

[†] <https://www.gdc-uk.org/professionals/education>

[‡] <https://www.gov.uk/government/publications/school-inspection-handbook-from-september-2015#content>

It is also worth considering that while many things have changed and concepts have developed, many of the 'nuts and bolts' elements of QA have stayed the same since the 2012 research. Broadly speaking, reporting, sanctions and the composition of the QA teams have remained very similar for example.

As identified, it is also important to remember that many of the emerging themes in QA (eg risk, thematic QA, enhancement, outcomes focus, sharing, 'right touch regulation' etc.) are not happening in isolation. In reality many of them overlap and cross fertilise with one influencing or changing the other. Indeed it would have been impossible to write this report by discussing these concepts completely in isolation, hence why many sections refer to other sections. This is an important point for any reader of this report who is looking to inform change. It would be impractical to think about these concepts in isolation and much more beneficial to consider them holistically.

Reflections on the research questions

- 1 What can the GMC learn from other QA frameworks/ models/ programmes to improve its own?

As identified above it will be important for the GMC to consider how best to conceptualise emerging themes. Specifically in terms of how they can work alongside each other, as in QAA Scotland's use of Focus ON, where sharing, enhancement and thematic QA are combined.

It will also be important for the GMC to consider how best to approach risk and if this can be better utilised. Could a greater use of thematic QA, for example, reduce burden on providers? Could it help identify key themes that could improve enhancement (as QAA Scotland does)? It will be important for the GMC to consider how far it wishes to go down this route and what the potential investment will be in terms of time, skills and greater complexity and risks there might be (eg not picking optimal themes), vs. potentially improved outcomes, enhancement and reduced provider burden.

Another key consideration for the GMC is to what extent self-assessment is being optimally utilised. Is this being used to full benefit, eg to foster enhancement, as it is being done by other regulators?

The GMC must also consider the extent to which it is currently sharing good practice. Could more proactive steps be taken? Other regulators are finding practical ways of doing this, so there are potential avenues for the GMC to explore. Equally, is there greater opportunity for inter-regulator sharing of good practice?

Given the shift towards an enhancement/outcomes led approach to QA, it will be important for the GMC to reflect on several key questions. Do the GMC's standards and criteria encourage an enhancement and outcomes led QA approach and how far has the GMC gone down this road to date? And, perhaps more importantly, how far does the GMC want to pursue this approach?

In terms of E&D, regulators take different approaches. Some explicitly refer to E&D in their QA documents, while others embed it in more generally within their standards documents. It will be important for the GMC to reflect what is proportionate in terms of content and where this information is best displayed.

- 2** What, if any, areas of overlap are there between the GMC's approach to QA and that of other organisations? Does this offer the potential opportunity to collaborate?

In terms of potential opportunities for collaboration, there seems to be relatively little 'low hanging fruit'.

Sharing data on risk does happen. However, as identified, the more data that is considered, the more this increases complexity which presents its own challenges. It will be important for the GMC to consider how developed its own sources of data are and whether there is further scope for the utilisation of in-house data, vs. the potential gains of data sharing. Although that is not to say that the GMC could not share its data with others.

What might be more practical in the short to medium term is the sharing of higher level data and considering what ways there are to further enhance this. This could be sharing, for example, specific themes/areas of concern that have been identified through thematic risk-based QA. Or potentially highlighting specific geographic areas/schools etc where they appear to be emerging issues (or conversely where there seems to be exceptionally good practice that may require less active monitoring).

As identified some regulators do carry out joint inspections, HMI Prisons, for example, works with numerous partner organisations. However, what the GMC must consider is whether the hypothetical benefits of such an approach outweigh any practical challenges. It is possible that if inspection approaches are not complimentary this could negatively affect the quality of the inspection.

Another area of potential collaboration could be to identify and then subsequently share good practice. This could be done through joint meetings, or made into a virtual conference, for example. Topics could be thematically based around current risks, or could be focussed on improvement themes or good practice with regards to self-assessment. Regulators could even consider staff exchanges, to foster a better understanding of each others' processes and foster good practice sharing.

- 3** In what ways do other regulators work collaboratively with partner organisations to increase efficiency and effectiveness of their collective assurance programmes?

As mentioned, there are some examples of regulators working together, eg HMI Prisons doing joint inspections, or regulators sharing risk data (especially with regards to providers who are experiencing particularly challenging circumstances).

However, as identified these forms of working are not without their challenges. It will be important for the GMC to fully weigh up potential benefits and risks before trying to emulate/build on these practices.

- 4 Does the GMC's approach to QA maintain its position as best practice, industry leading and world class, as identified by the research undertaken in 2012? If not, which models have overtaken it and why?

It has been six years since the last major review of the GMC's QA process and overall the present research suggests it has 'aged' relatively well.

In many respects the GMC is still at the cutting edge, in terms of its use of the trainee survey for example. But there are other areas such as approach to risk, enhancement, thematic QA and dissemination of good practice, where the GMC may want to consider how the other regulators' practices covered in this report could inform its own approach.

Future considerations

Further research may wish to address some of the key areas highlighted above. Direct consultation with some of the regulators would enable better understanding about what actions other regulators are actually taking on the ground and what the perceived direction of travel is with regards to some of these areas.

Annex A

List of organisations and primary documents reviewed (accessed between March and May 2018)

Health sector regulators of education and training (UK)
NMC
Quality assurance framework – Sep 2017 https://www.nmc.org.uk/globalassets/sitedocuments/edandqa/nmc-quality-assurance-framework.pdf
General Dental Council
07 Risk-based and thematic QA paper, Council Paper – Feb 2018 https://www.gdc-uk.org/about/who-we-are/council-meetings/2018
Quality Assurance Process BDS – Aug 2015 https://www.gdc-uk.org/professionals/education
General Optical Council
Accreditation and Quality Assurance Handbook: Routes to Registration in Optometry – 2015 https://www.optical.org/en/Education/Approving_courses/index.cfm
Visit Process Policy and Procedure – Sep 2009 https://www.optical.org/en/Education/Approving_courses/index.cfm
Health sector regulators of education and training (overseas)
Australian Medical Council
Procedures for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2018 – Feb 2018 https://amc-cms-prod.s3.amazonaws.com/files/fcf8463b34fe055adc8e948e10556a3c4abac59d_original.pdf

Non-health sector regulators of education and training (UK)
Ofsted
School Inspection Handbook – April 2018 (updated), originally published June 2015 https://www.gov.uk/government/publications/school-inspection-handbook-from-september-2015#content
Education and Training Inspectorate for Ireland
Post-Primary Inspection Guidance https://www.etini.gov.uk/sites/etini.gov.uk/files/publications/inspection-guidance-post-primary_2.pdf Various relevant website sections https://www.etini.gov.uk/
QAA Scotland
Enhancement-led Institutional Review Handbook - April 2017 http://www.qaa.ac.uk/en/Publications/Documents/ELIR-4-Handbook-2017.pdf
Non-health sector regulators of education and training (overseas)
Ontario Universities Council on Quality Assurance (OUCQA)
Quality Assurance Framework – October 2016 http://oucqa.ca/wp-content/uploads/2017/10/Quality-Assurance-Framework-and-Guide-Updated-Guide-Oct-2017-Compressed-Version.pdf
Organisations from other UK sectors with a regulatory/QA function
HM Inspectorate of Prisons
Inspection framework – May 2017 https://www.justiceinspectors.gov.uk/hmiprisons/wp-content/uploads/sites/4/2014/02/1.-INSPECTION-FRAMEWORK-May-2017-1.pdf
CQC

Relevant sections on website – Various, mainly 2017

<http://www.cqc.org.uk/what-we-do>

Preparing for CQC inspection

http://www.cqc.org.uk/sites/default/files/documents/cqc_prep_for_inspection_-_quick_guide_-_final_0.pdf