Executive summary
The Quality Scrutiny Group provides an annual report to the Strategy and Policy Board on its work in the scrutiny of our quality assurance activity. The last report to the Board was on 6 October 2014.

The Quality Scrutiny Group has met three times since October 2014 and continues to provide the education and standards directorate with valuable advice about our education and training quality work. In 2015, the Audit and Risk Committee undertook a review of our quality assurance activity. In light of that review, and the need to consider effective and efficient use of our quality assurance resources, we are considering how the Quality Scrutiny Group contributes to our future work.

Recommendation
The Strategy and Policy Board is asked to note the annual report of the Quality Scrutiny Group providing a summary of activity since November 2014.
Background

1 The Quality Scrutiny Group (QSG) provides consistent scrutiny of our education quality assurance activity, identifies themes and trends, and identifies process improvements. The QSG has met three times since its last report: 4 November 2014, 30 April 2015 and 28 July 2015. This paper summarises the activity, key themes and trends, and process improvements identified over the past year.

Quality assurance activity scrutiny

2 The QSG considered the following quality assurance activity:

a Undergraduate assessment review (report of checks to Bristol and Nottingham).

b Deans’ reports (plans for proportionate monitoring).

c Enhanced monitoring (internal referrals and escalation of concerns).

d Thames Valley and Yorkshire and the Humber regional visits (reports of two local education and training boards; ten local education providers; five medical schools).

e Quality Improvement Framework (following new education and training standards).

f Annual Specialty Reviews (development of reporting by colleges and faculties).

g National Training Survey (scrutiny of longitudinal data and patient safety comments pilot with colleges).

3 Overall, the QSG remains assured that our approach to quality assurance of education and training is working well. The QSG continues to identify, or provide advice on, proposed process improvements. It provides a valuable forum to receive constructive, and on occasion challenging, feedback about our work.

4 In 2015, the Audit and Risk Committee undertook a review of our QA activity. In light of that review, and the need to consider effective and efficient use of our QA resources, we are considering how the QSG contributes to our future work.

Themes

5 The QSG has identified themes and trends over the past year:

a Use of the obsolete term SHO in Local Education Providers (LEPs) as a role description, which could impact on whether the rota ensures an appropriate and safe skills mix, and doctors working within their competence.
b Tension between service and education, as reflected in the results of the National Training Survey. The QSG is supportive of new standards for medical education and training which require accountability for educational governance in the organisation at board level or equivalent.

c Workforce recruitment and retention issues that affect delivery of training. These were noted in regional reports, raising the question of whether we can, or should, do more to address these problems affecting delivery of training locally and nationally.

d Observed that we are becoming more proactive in managing and closing issues but urged us to monitor the sustainability of solutions over time.

e Continue our work to get better data from medical schools on quality of undergraduate education.

f Continue our work to assure consistency in outcomes of undergraduate education, while allowing for variation and innovation.

Process improvements

6 The QSG has identified process improvements over the past year:

a Reports are clear and show major themes across regions. We should continue to be clear about the intended audience. While our language and tone makes our reports accessible, care needs to be taken not to lose some of the technical language for our informed audiences or to soften language so that it loses impact.

b Reports of LEPs need to be clear that we are looking at the quality management processes of local education and training boards and deaneries, not just at the issues we have identified within the LEP.

c Reports could provide context and supporting data, such as other regulatory action we might be taking in a region.

d We should continue to develop our enhanced monitoring process, including where medical schools do not meet requirements.

e Supported reducing the frequency of deans’ reports and developing alternative methods for capturing and presenting information. The QSG considered that an annual report, in conjunction with enhanced monitoring and improved relationships with deans will provide assurance in most cases. However, it asked us to consider whether all Local Education and Training Boards (LETBs) and deaneries would be suitable for annual reporting.