4 - Education Quality Assurance review

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Assurance is achieved through a variety of activities

Approval
Of medical schools, postgraduate programmes and locations and postgraduate curricula

QA activity
including national/regional reviews, thematic reviews and small specialty reviews

Promotion of good practice
Monitoring of concerns

Continuous exchange of self-assessment and external evidence, including surveys

Possible sanctions include withdrawal of approval

GMC standards
We are statutorily obliged to secure our standards in medical education
Hierarchy of organisations

Quality assurance
Checks that medical schools and postgraduate organisations meet GMC standards

Quality management
Medical schools and postgraduate organisations conduct quality management activity to ensure that local education providers meet GMC standards

Quality control
Around 4,500 local education providers deliver education and training that meets GMC standards
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

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<th>Step</th>
<th>Description</th>
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| 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. |
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<th>Change</th>
<th>Benefit</th>
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<td>1 No ‘grand tour’ of regional reviews</td>
<td>They are expensive and not frequent enough to assure us</td>
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| 2 Introduction of re-declaration points | 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 | Strengthens relationships  
More frequent or continuous assurance  
Improves our ability to respond to concerns |
| 4 Take a more collaborative, flexible approach | 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 | Less duplication  
Reduces wasted administration time  
Less confusion |
| 6 Observe a broader range of quality management activities | 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 | Better use of intelligence  
Collective effect |
| 8 Regulatory activity based on triangulation of self-assessment and wider intelligence | Risk-based |