

4. The professional regulators' role in education and training

Chapter summary

- 4.1 This chapter looks at the regulators' role in education and training. Our work has included reviewing similarities and differences in approach across the regulators, examining a range of current and emerging issues within health and higher education and considering how these may affect the regulators' role in education and training in the future.
- 4.2 Key findings include:
- There is variation between the regulators' responsibilities and approaches to education and training
 - There are multiple agencies with regulatory influence over higher and further education, some with overlapping remits and data requirements and the evolving roles of different bodies is likely to complicate this picture
 - Workforce pressures and Government policies pose a number of challenges to regulators, including in relation to the way that they assure the competence of those joining the register
 - A significant amount of progress has been made within the current legislation to reduce burden, streamline processes and pursue a more risk-based approach
 - The regulatory structure of higher education in England is going through a period of substantial change alongside increasing divergence in approach to education and training across the four countries which may have implications for quality assurance of education and training
 - Any agreement reached when leaving the EU may have an impact on how the regulators assure competence of EU/EEA staff or wider objectives around increased training of UK staff.
- 4.3 Building on the characteristics of good practice which we identified in our previous 2009 review of the regulators' role in quality assuring undergraduate education, we have laid out some principles. We hope these will be helpful in guiding changes in this area across the regulators in the short term and also in the event of more long term legislative change in this area. These principles are detailed in the paragraph below.
- 4.4 The approach:
- Is underpinned by a legislative framework which is based on the duty to protect the public and is sufficiently flexible to allow a risk-based approach to assuring different professional groups and to meet future challenges

- Builds on other quality assurance activities and seeks to actively review and, where appropriate, withdraw activity where other agencies can provide sufficient assurance
- Promotes the benefits of Interprofessional education and supports the development of shared values across professional groups to ensure a consistent approach to patient safety
- Actively involves and seeks perspectives of students, patients and other members of the public in quality assurance processes and the development of training courses
- Ensures processes, criteria and procedures are consistently applied and, along with outcomes and rationale, are publicly available and clearly explained
- Actively encourages the sharing and use of data to ensure that education and training programmes are fit for purpose
- Supports flexibility in training and allows development of new roles where required to address wider workforce challenges.

4.5 Our recommendations for the professional regulators, other bodies involved in health and care education and training and those in a position to make changes to the system include:

- Any changes to quality assurance processes should be considered against the principles we have outlined
- Further opportunities to share best practice and reduce duplication of requirements should be explored
- An exercise to clarify the regulatory approach and responsibilities amongst the bodies involved in the quality assurance of education and training should be carried out
- Opportunities should be explored to simplify and improve regulators' legislation in this area with reference to the 2014 recommendations from the Law Commissions to allow a more streamlined and coordinated approach. This would enable regulators to reduce activity or stop carrying out specific tasks where unnecessary or where other bodies are carrying out similar activity
- There should be consideration of the implications for the regulators' approach to education and training of a move towards shared regulatory functions and/or the impact of an introduction of a common statement of professional practice across all professions on the development of learning outcomes.

Background and purpose

- 4.7 It is one of the core statutory responsibilities of the health professional regulators to ensure that those qualifying from education and training courses are fit to practise and join the register for their profession. Quality assuring the courses that prospective registrants undertake to ensure that they adequately prepare them for practice is one of the primary ways that regulators ensure they meet this statutory requirement.
- 4.8 This chapter focuses mainly on the regulators' quality assurance activities in education and training that leads to initial registration as a healthcare professional. We recognise that regulators also undertake additional roles in relation to education and training. These include among others: the quality assurance of postgraduate specialty training; the accreditation of independent prescriber programmes; oversight of pre-registration training periods for certain healthcare professionals; assessment of overseas healthcare professionals; and guidance for, and interaction with, students and trainees on professionalism and fitness to practise matters.
- 4.9 The Authority assesses the performance of the regulators against the *Standards of Good Regulation*.²⁰¹ There are 24 standards divided between four different areas: guidance and standards; education and training; registration; and fitness to practise. The standards for education and training include:
- Standards for education and training are linked to standards for registrants. They prioritise patient and service user safety and patient and service user centred care. The process for reviewing or developing standards for education and training should incorporate the views and experiences of key stakeholders, external events and the learning from the quality assurance process
 - The process for quality assuring education programmes is proportionate and takes account of the views of patients, service users, students and trainees. It is also focused on ensuring the education providers can develop students and trainees so that they meet the regulator's standards for registration
 - Action is taken if the quality assurance process identifies concerns about education and training establishments
 - Information on approved programmes and the approval process is publicly available.²⁰²
- 4.10 Our role also includes setting standards for registers of occupations that are not regulated by law and accrediting the registers that meet these standards. We do this so that the public, employers and commissioners can choose practitioners

²⁰¹ The Authority is currently reviewing the *Standards of Good Regulation* and anticipates publishing revised standards in 2018.

²⁰² Professional Standards Authority, *Standards of Good Regulation*. Available at <http://www.professionalstandards.org.uk/publications/detail/standards-of-good-regulation> [Accessed 2 November 2017]. The Authority is currently carrying out a review of the Standards of Good Regulation and learnings from this report may be reflected in any changes made in the future.

from voluntary registers that we have independently vetted and approved. Accredited registers must meet our demanding standards, which includes commitment to protecting the public, governance, education and training, risk management and complaints-handling. Practitioners on accredited registers meet requirements set by the register including approved levels of education and training, engagement in continuing professional development and commitment to codes of conduct. They are also subject to disciplinary processes if something goes wrong.²⁰³

- 4.11 As highlighted in Chapter 1, ongoing discussion on the need for reform to the system for professional regulation has led to reflection about the way that statutory regulators carry out their statutory functions and how these methods contribute to the overall objective of public protection.
- 4.12 In *Regulation rethought*, where the Authority laid out proposals for reform, we commented: ‘We consider ... that the current arrangements for the regulation of undergraduate and other pre-registration training tend to duplication of regulatory responsibilities between professional regulators and other regulators in education, and this may be resulting in unnecessary expense and regulatory burden on higher education and training institutions’, and called for ‘a review of regulatory approach and responsibilities in this area.’^{204 205}
- 4.13 The Authority last carried out a review on this topic in 2009 when we published the report *Quality assurance of undergraduate education by the healthcare professional regulators*²⁰⁶ following a commission from the Department of Health. In that report, we outlined the approach taken by the regulators to quality assurance, the differences and similarities, outlined characteristics of good practice and made some recommendations.
- 4.14 For this chapter, we have sought to carry out an initial review of the current arrangements in place for quality assurance of education and training and provide a snapshot of the range of current and emerging issues which are driving change. Whilst we do not seek to lay out firm recommendations for what a future approach to education and training might look like, the principles of right-touch regulation have been a useful framework to keep in mind when considering regulatory approach in this area. They state that regulation must be:
- proportionate
 - consistent
 - targeted

²⁰³ Professional Standards Authority. *Accredited Registers - Our Standards*. Available at <http://www.professionalstandards.org.uk/publications/detail/accredited-registers---our-standards> [Accessed 2 November 2017].

²⁰⁴ Professional Standards Authority 2016, *Regulation rethought*. Available at <http://www.professionalstandards.org.uk/docs/default-source/publications/regulation-rethoughtd6c718f761926971a151ff000072e7a6.pdf?sfvrsn=0> [Accessed 2 November 2017].

²⁰⁵ We recognise that this is not the case for all professions, for example osteopathy where the GOsC are the only regulator or body that visits osteopathic educational institution patient clinics.

²⁰⁶ Professional Standards Authority, 2009. *Quality assurance of undergraduate education by the healthcare professional regulators*. Available at <http://www.professionalstandards.org.uk/docs/default-source/publications/advice-to-ministers/quality-assurance-of-undergraduate-education-2009.pdf> [Accessed 2 November 2017].

- transparent
 - accountable
 - agile.²⁰⁷
- 4.15 In addition, in *Regulation rethought*, when laying out our proposals for wider reform, we highlighted that reforms should also be:
- simple to understand and operate, and
 - efficient and cost-effective.²⁰⁸
- 4.16 Paragraphs 4.19-4.93 of this chapter cover:
- The purpose of quality assurance of education and training, the regulators' role in this area and the differences and similarities in approach
 - Progress made against the recommendations from the Authority's last report
 - Key themes around quality assurance emerging from the Performance Reviews.
- 4.17 In paragraphs 4.94-4.180 we look at current and emerging issues relating to education and training, challenges these may present for the regulators and how these may affect the future development of the regulators' role in this area.
- 4.18 We are grateful to all of those who we have spoken to as part of this project or who have contributed advice and expertise. We would welcome feedback on this chapter and the issues we have highlighted to feed into any further review of the work of regulators in education and training that takes place in the future.

The professional regulators' role in quality assurance

- 4.19 As highlighted, the role of statutory professional regulators in this area is to ensure that those qualifying from education and training courses are fit to practise and join the register for their profession. They do this by quality assuring the institutions providing education and training and/or the courses themselves to ensure that prospective registrants are fit to practise and join the register. For regulators, being able to control access to the register is fundamental to being able to ensure public protection.
- 4.20 The different regulators' approaches to education and training are influenced by a number of factors. Some regulatory bodies such as the General Medical Council (GMC), General Chiropractic Council (GCC), and General Osteopathic Council

²⁰⁷ Professional Standards Authority, 2015. *Right-touch regulation*. Available at <http://www.professionalstandards.org.uk/what-we-do/improving-regulation/right-touch-regulation> [Accessed 2 November 2017].

²⁰⁸ Professional Standards Authority, 2016, *Regulation rethought*. Available at <http://www.professionalstandards.org.uk/docs/default-source/publications/regulation-rethoughtd6c718f761926971a151ff000072e7a6.pdf?sfvrsn=0> [Accessed 2 November 2017].

(GOsC) regulate only one profession whilst others like the General Dental Council (GDC) and General Optical Council (GOC) regulate different professions within the same field of healthcare. The Health and Care Professions Council (HCPC) currently regulates 16 professions including some of the allied health professions, practitioner psychologists and hearing aid technicians.

- 4.21 In addition, whilst some professions enter the register after a prescribed period of undergraduate study, this is not the case for all and many professions require a postgraduate level qualification or further training to specialise or pursue specific areas of practice before being permitted to join the register, or to broaden their scope of practice if already registered. Quality assurance activity therefore may cover undergraduate and postgraduate qualifications as well as further training such as specialty training and prescribing courses.

Example: Once medical students have successfully completed an undergraduate degree they will receive provisional registration whilst completing the foundation training. Full registration is granted after successful completion of the first year of this two-year programme. During foundation training, individuals will be working within the clinical environment in hospital, GP and community settings but are closely supervised. After foundation training, most junior doctors enter specialty training or train to become a GP.

- 4.22 Nevertheless, whilst the range of activities which the different regulatory bodies are required to assure varies due to their legislation, there are three main aspects of quality assurance activity which all regulatory bodies fulfil:

- Setting the outcomes for students²⁰⁹ to be achieved by those who complete the relevant training
- Setting the standards for education and training providers to meet when designing and delivering courses to ensure that students will achieve the relevant outcomes and will be prepared to join the register
- Assessing the performance of the institution against the standards for education and training providers and/or specific courses and ensuring that the quality management system of the institution has processes in place to identify, manage and monitor issues that may impact on quality.

- 4.23 The standards for education and training and the outcomes for students developed by the regulators provide a framework against which they can assess the delivery of education and training to ensure it will produce prospective registrants who are safe and adequately prepared to join the register for their profession.

Other organisations involved in quality assurance and regulatory oversight of higher and further education

- 4.24 For the majority of professions, the professional regulators are one group amongst a range of organisations that have a role in the quality assurance of

²⁰⁹ Outcomes describe the knowledge, skills and attitudes/behaviours that prospective registrants should have to ensure they are fit to join the register. These may also be referred to as learning outcomes or standards of proficiency but in this report we will refer to 'outcomes for students'.

education and training provision.²¹⁰ These organisations include bodies such as the Royal Colleges and professional associations as well as the Skills Councils and system regulators such as the Care Quality Commission (CQC) alongside the education institutions themselves.

- 4.25 In addition, there are a number of other bodies which, whilst they may not all be regulators in the formal sense, have some form of regulatory oversight of higher or further education institutions or gather data or information from institutions. Whilst we have not sought to identify every organisation with involvement in this area, in relation to the higher and further education sector in England, the key bodies and their general remit and responsibilities are outlined below, along with alternative or equivalent bodies in the other countries of the UK where they exist:²¹¹

Table 7: Key oversight bodies

Area	Organisations	Further information
Funding	The Higher Education Funding Council for England (HEFCE), ²¹² the Department for the Economy in Northern Ireland, ²¹³ the Scottish Funding Council ²¹⁴ and the Higher Education Funding Council for Wales. ²¹⁵	HEFCE has been responsible for the distribution of government funding to higher education institutions since 1992. As part of this role it is responsible for assessing the financial health of publicly funded institutions. It also contracts the QAA to assure the quality of education provision within the higher and further education providers that it funds. The Charities Act 2010 also makes HEFCE the 'principal regulator' of HEIs that are exempt charities. (Some HEIs are registered charities and are therefore regulated directly by the Charity Commission.)
Academic standards and education quality	The Quality Assurance Agency (QAA) ²¹⁶ works across all four nations. The QAA tailors its approach across the four countries and includes a dedicated team for Scotland: QAA Scotland.	The QAA is responsible for producing and maintaining the UK Quality Code, which sets out the standards that higher education providers are required to meet. It no longer carries out subject level reviews but carries out a range of

²¹⁰ It should be noted that whilst this is the case for many professions it is not for all. For example, for some areas of osteopathic training, the professional regulator is the only organisation with regulatory oversight.

²¹¹ Higher Education Funding Council, *Roles and responsibilities of organisations in the operating framework*. [Online] Available at <http://www.hefce.ac.uk/reg/of/organisations/> [Accessed 2 November 2017].

²¹² Higher Education Funding Council, *Our role*. [Online] Available at <http://www.hefce.ac.uk/reg/of/organisations/> [Accessed 2 November 2017].

²¹³ Department for the Economy, *Higher Education Division*. [Online] Available at <https://www.economy-ni.gov.uk/articles/higher-education-division> [Accessed 2 November 2017].

²¹⁴ The Scottish Funding Council, *About us*. [Online] Available at <http://www.sfc.ac.uk/about-sfc/about-us/about-us.aspx> [Accessed 27 October 2017].

²¹⁵ The Higher Education Funding Council for Wales. [Online] Available at http://www.hefcw.ac.uk/about_he_in_wales/higher_education_institutions/he_institutions.aspx [Accessed 27 October 2017].

²¹⁶ The Quality Assurance Agency, *About us*. [Online] Available at <http://www.qaa.ac.uk/about-us> [Accessed 2 November 2017].

		institution level reviews of higher education institutions (HEIs) where contracted to by other organisations in the sector, including HEFCE.
NHS education and training	Health Education England (HEE), the Department of Health in Northern Ireland, ²¹⁷ NHS Education for Scotland ²¹⁸ and a new body, Health Education and Improvement Wales (HEIW) which is due to come into being in April 2018 and which will lead on strategic workforce planning, workforce design and education commissioning. ²¹⁹	HEE was set up in 2012 and is responsible for ensuring ongoing improvement in the quality of health education and training in England, primarily in the NHS. The organisation has been responsible for publishing an education outcomes framework for the healthcare workforce and in 2016 published a Quality Framework for education and training which sets standards for education providers and work placement providers and seeks to ensure the creation of a flexible workforce, excellence in training and a better educational experience for all staff. ²²⁰
Access to education	The Office for Fair Access (England) (OFFA). ²²¹	Promoting and safeguarding access to higher education for under-represented groups. The position regarding tuition fees is different for home students in the other nations which did not implement the 2012 increase meaning there is not the same imperative to ensure that fair access is monitored.
Complaints handling	The Office of the Independent Adjudicator (England and Wales), ²²² the Northern Ireland Public Services Ombudsman ²²³ and the Scottish Public Services Ombudsman. ²²⁴	The OIA's role is to promote good practice in complaints handling and to review individual and group complaints against HEIs which are required by law to join the OIA scheme. Whilst the OIA doesn't have powers to implement fines or sanctions they will gather information and review whether the HEI properly applied its internal procedures and

²¹⁷ Northern Ireland Department of Health. [Online] Available at <https://www.health-ni.gov.uk/topics/health-workforce-policy-and-management> [Accessed 2 November 2017].

²¹⁸ NHS Education for Scotland. [Online] Available at <http://www.nes.scot.nhs.uk/> [Accessed 2 November 2017].

²¹⁹ Health Secretary announces plans for new organisation - Health Education Wales (HEW). [Online] Available at <http://gov.wales/newsroom/health-and-social-services/2016/161111hew/?lang=en> [Accessed 2 November 2017].

²²⁰ Health Education England, *Commissioning for Quality*. [Online] Available at <https://www.hee.nhs.uk/our-work/planning-commissioning/commissioning-quality> [Accessed 2 November 2017].

²²¹ Office for Fair Access. *About OFFA*. [Online] Available at <https://www.offa.org.uk/about/> [Accessed 2 November 2017].

²²² Office of the Independent Adjudicator. *About us*. [Online] Available at <http://www.oiahe.org.uk/about-us.aspx> [Accessed 2 November 2017].

²²³ The Office of Northern Ireland Public Services Ombudsman. *Who we are*. [Online] Available at <https://nipso.org.uk/nipso/> [Accessed 2 November 2017].

²²⁴ The Scottish Public Services Ombudsman. [Online] Available at <https://www.spsso.org.uk/> [Accessed 2 November 2017].

		<p>whether the outcome was reasonable and will make recommendations on remedies which may include compensation to students who have been disadvantaged or suffered stress or inconvenience.</p> <p>A similar role is carried out by the Public Service Ombudsman in Scotland and Northern Ireland.</p>
Other	<p>Education and training providers may also need to provide information to, and meet the regulatory requirements of, a range of other bodies, such as the Universities and Colleges Admissions Service (UCAS), UK Visas and Immigration, the Higher Education Statistics Agency, the Student Loans Company and Research Councils UK in relation to the funding they receive for research projects.</p>	
Further education	<p>The bodies relevant to further education differ across the UK.^{225 226 227}</p> <p>Funding: The majority of colleges in England fall under the requirements of the Charities Act. Further education and sixth form colleges are classified as 'exempt' charities so are regulated by the Department for Education (DfE) rather than by the Charity Commissioners. The majority of further education in England is publicly funded through the Education and Skills Funding Agency (ESFA).</p> <p>In Scotland funding of further education falls to the Scottish Funding Council, alongside Higher Education, in Wales from the Welsh Government and the Department for the Economy in Northern Ireland.</p> <p>Academic standards and quality:</p>	<p>Funding bodies undertake regular audits to satisfy themselves that funds have been properly applied.</p> <p>Ofsted is an independent inspectorate reports directly to Parliament and inspects all colleges on a cyclical basis.</p>

²²⁵ The Association of Colleges. *The national framework*. [Online] Available at <https://www.aoc.co.uk/funding-and-corporate-services/governance/induction-governors/the-national-framework> [Accessed 2 November 2017].

²²⁶ Department for the Economy Northern Ireland, *DfE's role in further education*. [Online] Available at <https://www.economy-ni.gov.uk/topics/further-education/dfes-role-further-education> [Accessed 2 November 2017].

²²⁷ Welsh Government, Further Education. [Online] Available at <http://gov.wales/topics/educationandskills/learningproviders/further-education/?lang=en> [Accessed 2 November 2017].

	<p>Colleges in England are inspected by the Office for Standards in Education (Ofsted).²²⁸</p> <p>Colleges that provide courses of higher education are also inspected by the Quality Assurance Agency for Higher Education (QAA).</p> <p>Qualifications: The Office of Qualifications and Examinations Regulation (Ofqual) regulates qualifications, examinations and assessments in England.²²⁹</p> <p>Scotland has its own regulatory and qualifications development body, the Scottish Qualifications Authority (SQA)²³⁰ as does Wales, Qualifications Wales.²³¹ In Northern Ireland the Council for the Curriculum, Examinations and Assessment carries out this role.²³²</p>	
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- 4.26 Table 7 is intended to demonstrate the range of bodies who place requirements on education and training providers, and to demonstrate the different roles and purposes in the regulatory activity that these bodies carry out.
- 4.27 Due to the passing of the Higher Education and Research Act in April 2017, the soon to be created body, the Office for Students (OfS), will take on most of the functions of HEFCE and OFFA alongside a new focus and responsibility for overseeing the regulatory landscape for higher education in England. UK Research and Innovation will take over HEFCE’s research and knowledge exchange functions. The implications of these changes will be assessed in paragraphs 4.94-4.180 of the chapter.

²²⁸ Ofsted, *About us*. [Online] Available at <https://www.gov.uk/government/organisations/ofsted/about> [Accessed 2 November 2017].

²²⁹ Ofqual, *What we do*. [Online] Available at <https://www.gov.uk/government/organisations/ofqual> [Accessed 2 November 2017].

²³⁰ Scottish Qualifications Authority, *About us*. [Online] Available at <http://www.sqa.org.uk/sqa/5656.html> [Accessed 2 November 2017].

²³¹ Qualifications Wales, *About us*. [Online] Available at <http://qualificationswales.org/about-us/?lang=en> [Accessed 2 November 2017].

²³² Council for the Curriculum, Examinations and Assessment, *What we do*. [Online] Available at http://ccea.org.uk/about_us/what_we_do [Accessed 2 November 2017].

Comparing the professional regulators' approaches to quality assurance

4.28 As highlighted, there are many variations between the regulators' systems for quality assurance. This is based both on differences between the number and variety of professions they regulate, the threshold for entry to the profession and also the different educational environments within which pre-registration training is offered. There are also differences in the regulators' legislation and how they interpret their responsibilities in this area. This chapter is intended to give an overview of some of these differences; further detail is available in the table at Appendix III.

Scale of quality assurance operations and range of education and training in scope

- 4.29 There is wide variation in the scale of the regulators' quality assurance operations. At one end of the scale, the Pharmaceutical Society of Northern Ireland (PSNI) in conjunction with the General Pharmaceutical Council (GPhC) under a Memorandum of Understanding accredits pharmacy courses in the two Northern Ireland Universities and accepts the GPhC accreditation of Universities in GB.²³³
- 4.30 At the other end of the scale, the HCPC quality assures courses from around 145 different providers.²³⁴ This is partly related to the number of professions covered by the regulator in question but also the complexity of the training route for each profession and the type of provider. For example, the HCPC and GOsC and some of the other regulators work with a range of providers which are predominantly higher education institutions but an increasing number are collaborative, professional body, employer or private provider led, some of which fall outside the broader regulatory framework around education.
- 4.31 As highlighted, quality assurance activities pursued by the regulators also depend on the variety and complexity of different kinds of training under their remit. For example, the GMC is responsible for quality assuring the full range of medical training for doctors from undergraduate study through to the foundation and specialty or GP training which follows.²³⁵
- 4.32 In contrast, students in professions such as dental nursing carry out training on the job whilst completing an approved training programme.²³⁶ Most courses involve some element of practical training but the risks to be managed, and therefore the requirements of the quality assurance process, may vary depending on how much of the training this constitutes or where it falls within the course. Within dentistry, hygiene and therapy, the student undertakes procedures on a

²³³ Pharmaceutical Society of Northern Ireland. *Accredited MPharm degrees (website)*. [Online] Available at <http://www.psni.org.uk/education-2/> [Accessed 2 November 2017].

²³⁴ Available at <http://www.hcpc-uk.org/education/programmes/> [Accessed 2 November 2017].

²³⁵ General Pharmaceutical Council. *Our role in education and training*. [Online] Available at <https://www.pharmacyregulation.org/education/approval-courses> [Accessed 2 November 17].

²³⁶ General Dental Council. *What defines a student/trainee dental nurse or dental technician?* [Online] Available at <https://gdc-uk.org/newsarticle?id=263> [Accessed 2 November 2017].

patient, some of which will be irreversible, in the pre-registration environment. This makes supervision key, as is assessment within a simulated environment. Trainee pharmacy technicians will work in a pharmacy under the supervision of a registered pharmacist or pharmacy technician whilst completing their training. The GPhC's standards for providers of initial training for pharmacy technicians therefore also emphasise the importance of supervision to ensure adequate public protection.²³⁷ Pharmacists are also required to complete a pre-registration training year and pass an exam with the GPhC or PSNI before they are able to practise unsupervised.

- 4.33 For regulators with more than one profession in their remit their powers in relation to education and training for the different groups may vary significantly, for example the GDC has very different requirements under its legislation for dentists than it has for dental care professionals (DCPs).

Length and complexity of approval process

- 4.34 All regulators have mechanisms to review and approve the undergraduate level education and training that will lead to registration but there are also differences in the way that they carry out this process. A specific difference, driven largely by legislative variations, is that some of the regulators, including the Nursing and Midwifery Council (NMC), have the powers to approve both the education provider as well as courses.²³⁸ Others, including the GOsC and GCC only have powers to approve courses.²³⁹ ²⁴⁰ For those regulators that do not approve the education provider it is usual to have a more in-depth process for initial approval of a course than for subsequent re-approval. Both the HCPC²⁴¹ and the GPhC²⁴² have the flexibility under their legislation to approve institutions as well as courses but both choose to structure their process to carry out just programme approval and incorporate requirements for the education and training provider into this process.
- 4.35 The GMC, in contrast only has the powers to decide which organisations can award UK primary medical qualifications (PMQs). While it will monitor how courses are run and ensure that medical schools are meeting standards, approval covers all of the programmes which a medical school may offer,

²³⁷ General Pharmaceutical Council. *Standards for the initial education and training of pharmacy technicians*. Available at

<http://www.pharmacyregulation.org/sites/default/files/Standards%20for%20the%20initial%20education%20and%20training%20of%20pharmacy%20technicians.pdf> [Accessed 2 November 2017].

²³⁸ Nursing and Midwifery Council. *Our role in education*. [Online] Available at

<https://www.nmc.org.uk/education/our-role-in-education/> [Accessed 2 November 2017].

²³⁹ General Chiropractic Council. *Approvals Undergraduate Education*. [Online] Available at

<https://www.gcc-uk.org/education/assuring-quality-in-chiropractic-education/approvals-undergraduate-education.aspx> [Accessed 2 November 2017].

²⁴⁰ General Osteopathic Council. *Recognition of osteopathy qualifications*. [Online] Available at <http://www.osteopathy.org.uk/training-and-registration/information-for-education-providers/> [Accessed 2 November 2017].

²⁴¹ Health and Care Professions Council. *Approval process*. [Online] Available at <http://www.hcpc-uk.org/education/processes/approval/> [Accessed 2 November 2017].

²⁴² General Pharmaceutical Council. *Approval process for education and training providers (website)*. [Online] Available at <https://www.pharmacyregulation.org/education/approval-courses> [Accessed 2 November 2017].

potentially including undergraduate programmes run in other countries.²⁴³ This has similarities with the system which the GDC operates under although they are not able to decide which organisations are designated dental authorities which is a decision reserved to the Privy Council. As noted, there is different legal standing for dentistry and DCPs. For DCPs the course is approved not the provider.

- 4.36 The duration of the approval process is another area of difference. Whilst some regulators carry out approval over a relatively condensed period, for example the HCPC generally approves new programmes within nine months,²⁴⁴ a number of the other regulators, including the GMC, GPhC, and GDC will not grant approval/accreditation of new courses until the first cohort of students have graduated. The GOC and the NMC will grant provisional approval for new programmes until the first cohort has graduated, following which full approval will be granted provided the standards and requirements are met.
- 4.37 It should also be noted that the time taken may be dependent on the ‘readiness’ of the proposed programme submission documentation. For example, the NMC generally requires requests for an approval event at least 12 weeks before the proposed date of the event, however in practice they often have to accommodate a shorter lead in time, for example when commissioning models are in place.

Example: *The GMC aims to engage with potential new medical schools or undergraduate programmes run by existing medical schools at least two to three years before the course will start. Approval isn't granted until the GMC is happy that the standards have been met once the first cohort of students graduate, usually after four to six years.*

Following an application from a new medical school, if the GMC decides that the new school is on track to meet standards, it will enter the quality assurance review, a process of annual visits from GMC visitors and staff will begin. The aim is to assess whether the new school is meeting the GMC standards for medical education and training.

Once the first cohort of students has graduated, if the provider has been successful in meeting the requirements of the standards, then the institution will be added to the GMC list of bodies entitled to award a UK medical degree.

- 4.38 As part of the approval process most regulators will request information from the education provider in advance to demonstrate how the course they wish to run meets the regulator's standards of education and to demonstrate how students completing the relevant programme will meet the outcomes for students required. They will then carry out a visit to the institution to compare the evidence received from the education provider with information gathered on the ground from staff, students and members of the public. To carry out visits, regulators put together a

²⁴³ General Medical Council. *Approvals*. [Online] Available at <http://www.gmc-uk.org/education/approvals.asp> [Accessed 2 November 2017].

²⁴⁴ Health and Care Professions Council. *Approval process: Supplementary information for education providers*. [Online] Available at <http://www.hcpc-uk.org/education/processes/approval/> [Accessed 2 November 2017].

panel usually including individuals with academic expertise of the qualification being approved, lay members and sometimes current registrants in the profession.

- 4.39 The size and composition of visitor panels varies widely. The HCPC has three visitors on their panels, accompanied by a member of staff. The GDC in general has panels of around four to five visitors/inspectors for the dentistry programmes, accompanied by a relevant member of GDC staff,²⁴⁵ whereas GMC visit panels can include up to eight people, depending on the size of the institution under review. The HCPC's legislation requires the inclusion of a registrant, and it also chooses to include someone with academic expertise on all visit panels.

Example: *The accreditation or recognition of pharmacy qualifications and/or providers is undertaken by an accreditation team drawn from the GPhC's accreditation and recognition panel.*

The size and composition of the team varies depending on the type of course being approved but generally includes qualified professionals e.g. pharmacist or pharmacy technician, those with academic expertise and includes recently registered members of the pharmacy team to ensure a viewpoint from the perspective of someone who has recently gone through the education system. It also includes lay members who represent the views of patients and the public.

- 4.40 The average length of approval visits also varies from one regulator to another but averages around two days. This is subject to a range of factors and, along with panel size, is not always down to the complexity of the process alone. Depending on the composition of the course in question, it may be necessary for the visit panel to observe exams or practical assessments and this may have an impact on when visits are held or the length of the visit. Although there is variation between regulators on the type of panel and length of visit, this also depends on the scale or complexity of the visit, for example a wider range of expertise may be needed when reviewing more than one course or a larger institution.

Example: *Where possible or where requested by education institutions in line with their own academic regulations the NMC seeks to carry out re-approval of multiple courses. For example, pre-registration nursing and midwifery courses may wish to be assessed at the same time to demonstrate the inter-professional aspects of their curricular design.*

Where this occurs, this may involve longer visits and larger panels with a more diverse range of expertise to ensure specialist knowledge of all the courses under review. This may also be the case where joint visits are carried out e.g. for programmes that are seeking approval with more than one regulator – for example non-medical prescribing programmes.

²⁴⁵ General Dental Council. *Quality Assurance Process BDS - A guide for providers of education and training programmes of dental students*. Available at <https://gdc-uk.org/professionals/education> [Accessed 2 November 2017].

Example: The HCPC works closely with the professional bodies for each of the professions that it regulates through its quality assurance processes. Whilst the HCPC is responsible for ensuring that those graduating from approved courses are fit and eligible to join the register, professional bodies take more of a development and improvement role. This can include setting curriculum guidance and frameworks which may go beyond the HCPC's threshold standards and include new areas of practice as well as examples and expectations of best practice.

The HCPC standards of education and training aim to tie in with the frameworks and documentation produced by the profession and may require education providers to declare how they fit in with any other frameworks or curriculum guidance. Whilst the regulator has the role of officially approving the course, a professional body may also accredit the course as being in line with their requirements.

Ongoing monitoring and re-approval

- 4.41 Following approval of a provider or undergraduate course, the regulators have a range of different processes to monitor ongoing compliance with the standards and ensure that students qualifying from the relevant courses continue to achieve the necessary outcomes for students to join the register.
- 4.42 The majority of regulators currently carry out re-approval of approved courses or institutions either to a fixed or flexible timetable. The periods for re-approval vary with the NMC,²⁴⁶ the GPhC²⁴⁷ and the PSNI reaccrediting courses every six years (for the MPharm degree, other pharmacy courses every three years) and re-approval every five years for the GOsC unless it is a new course, or there is a particular concern in which case it can be a shorter period.²⁴⁸ The NMC will permit one year deferral of re-approval for valid reasons or may delay if there is any change due to the standards which would require reassessment of curricula.²⁴⁹ The HCPC provides open ended approval²⁵⁰ and the GCC is moving to an open-ended approval system for existing programmes. This is also an option which the GOsC is exploring. The HCPC carries out visits to institutions based on any issues or concerns arising from their scrutiny of annual monitoring reports submitted, or through issues identified through their major change and concerns processes.²⁵¹ They can suspend or withdraw approval if they are

²⁴⁶ Nursing and Midwifery Council. *Quality assurance of education*. [Online] Available at <https://www.nmc.org.uk/education/our-role-in-education/> [Accessed 2 November 2017].

²⁴⁷ General Pharmaceutical Council. *Approval process for education and training providers*. [Online] Available at <https://www.pharmacyregulation.org/education/approval-courses> [Accessed 2 November 2017].

²⁴⁸ General Osteopathic Council. *Policy Advisory Committee papers, 9 March 2017 - Quality assurance review*. Available at <http://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pac-march-2017-item-5-quality-assurance-review/?preview=true> [Accessed 2 November 2017].

²⁴⁹ http://www.nmc.mottmac.com/Portals/0/Rebranding%20documents_March%202017/QA_Handbook_A4%20version_2016-17_rebranded_Final.pdf?ver=2017-03-31-085124-287 [Accessed 2 November 2017].

²⁵⁰ Health and Care Professions Council. *Approval process*. [Online] Available at <http://www.hcpc-uk.org/education/processes/approval/> [Accessed 2 November 2017].

²⁵¹ Health and Care Professions Council. *Major change process*. Available at <http://www.hcpc-uk.org/education/processes/majorchange/> *Raising a concern about an approved education and training*

concerned that a course is no longer meeting the relevant standards or there is a risk to patient safety.²⁵² The GDC is required under their legislation to offer open-ended approval to dentistry programmes and have adopted the same approach for DCP programmes. They carry out inspections every five to six years and can remove approval if they have serious concerns on petition the Privy Council to do so where necessary.

- 4.43 All regulators require institutions to submit an annual paper based monitoring report. This is intended to provide an update on how the course is being delivered against the regulator's standards, and provide any supporting evidence along with information about any relevant changes. Evidence and information submitted may include documentation from internal quality assurance processes and any external examiners reports along with the institution's response to these reports.
- 4.44 Outside of visits carried out for approval or re-approval purposes the regulators have varied patterns of visits to monitor institutions and courses. In between their six yearly approval visits, the GPhC and the PSNI carry out interim three yearly monitoring visits to check up on delivery of the course and talk to students and patient groups involved in the design and/or delivery of courses. Both the GMC and the NMC carry out a schedule of thematic and regional visits to educational institutions and healthcare providers that deliver education and training and also carry out risk-based monitoring visits to those where issues of concern have been identified through monitoring.

Example: Thematic and regional reviews

The GMC carries out cyclical reviews of medical education institutions on a regional basis. This means that it visits all medical schools in a particular geographic area as well as the organisations responsible for postgraduate training and some NHS trusts or boards which provide training in a region. The aim of a regional review is to pick up on key challenges for medical education and training institutions across the region as a whole. Visits to each organisation will aim to identify and share good practice as well as identifying and managing areas of risk.

Alongside regional reviews, the GMC also carries out thematic reviews including of medical specialties, risk based checks and reviews based on areas requiring further exploration such as bullying and undermining in medical education and training.

The NMC and GOsC have also made use of thematic reviews. The NMC asks accredited institutions to report on key themes and publish their findings on specific themes in their annual report. The GOsC has carried out a thematic review relating to professional boundaries as part of their quality assurance process and have made the recommendations available to

programme. [Online] Available at <http://www.hcpc-uk.org/education/processes/concerns/> [Accessed 2 November 2017].

²⁵² Health and Care Professions Council. *Approval process: Supplementary information for education providers.* [Online] Available at <http://www.hcpc-uk.org/education/processes/approval/> [Accessed 2 November 2017].

osteopathic education institutions to enable sharing of good practice.

Assuring the competence of non-UK students

- 4.45 Under the Mutual Recognition of Professional Qualifications Directive (MRPQ), the UK automatically recognises equivalent qualifications from the EEA/EU/Switzerland for nurses, midwives, doctors (including general practitioners and specialists), dental practitioners and pharmacists wishing to come and practise in the UK. This means that beyond English language checks permitted for doctors, nurses, dentists and pharmacists, regulators are unable to implement any additional initial training requirements for EEA professionals from these groups. All other health and care professionals fall under a separate provision which enables those qualifying in the EU/EEA/Switzerland to have evidence of their qualifications, training and experience taken into account for registration in the relevant profession. In this case, where there is a substantial difference between training and experience and UK standards, compensation measures (which could include a period of adaptation, for example) may be required.
- 4.46 For professionals wishing to join the register from countries outside of the EU/EEA, the regulators have a range of approaches to assuring the competence of applicants. Some regulators like the NMC require professionals trained outside the EU/EEA to take a test of competence which includes both a written element and a structured clinical examination.²⁵³ Others, such as the GPhC, carry out quality assurance of Overseas Pharmacist Assessment programmes (OSPAP) designed to ensure that those who have qualified overseas receive the appropriate education and training to prepare them for UK practice and entry to pre-registration training. All providers are universities already accredited to deliver the MPharm degree. With a view to avoiding duplication, the PSNI cooperates with the GPhC in this area and make use of their system of accreditation for overseas pharmacists.²⁵⁴
- 4.47 The HCPC runs separate processes for EU/EEA and international applicants which generally means that applicants are assessed on a case by case basis and may be required to undertake further training or workplace experience before being admitted to the register. Where appropriate to do so, they also run tests of competence as part of the applications process.²⁵⁵
- 4.48 The GMC has a range of different routes for international medical graduates (IMGs) to become registered and gain a licence to practise in the UK. These include taking a test to demonstrate that they have the necessary skills and knowledge, providing evidence of an acceptable postgraduate qualification abroad or receiving assurance from a UK sponsoring body that they possess the

²⁵³ Nursing and Midwifery Council. *Trained outside the EU/EEA*. [Online] Available at <https://www.nmc.org.uk/registration/joining-the-register/trained-outside-the-eueea/> [Accessed 16 May 2017].

²⁵⁴ General Pharmaceutical Council. *Overseas pharmacists' assessment programme*. [Online] Available at <https://www.pharmacyregulation.org/education/pharmacist/overseas-pharmacists-assessment-programme> [Accessed 2 November 2017].

²⁵⁵ Health and Care Professions Council, International. [Online] Available at <http://www.hcpc-uk.org/apply/international/>, <http://www.hcpc-uk.org/apply/emr/> [Accessed 27 October 2017].

knowledge, skills and experience for practising as a fully registered medical practitioner in the UK.²⁵⁶

Differences in legislation

- 4.49 The legislative framework which governs each regulator's involvement in education and training varies according to the piecemeal development of the legislative frameworks and the different roles fulfilled by the regulators in this area historically. There are further differences due to the way that the regulators interpret their respective legislation, for example the NMC and the HCPC have broadly the same legislative framework but have different approaches to processes followed. Variations in interpretation may be based on the specific risks related to the different professional groups each body regulates.
- 4.50 The GOsC legislation requires Privy Council approval of decisions made by the GOsC Council to approve or withdraw Recognised Qualification status from any osteopathic courses.²⁵⁷ The same is true for the GDC for dental qualifications. In contrast, GPhC legislation is more flexible and through power delegated from Council the Registrar alone can sign off approval/accreditation of qualifications, however withdrawal of approval is reserved to the GPhC Council.²⁵⁸ This is the same system that the GDC has in place for DCPs.
- 4.51 The NMC's legislation has considerable detail on the process of withdrawing approval from institutions and programmes but comparatively little on granting approval. In addition, it is relatively prescriptive on the process for appointing visitors to participate in review panel events, due to efforts when the Order was drafted which attempted to mitigate against conflicts of interest occurring.²⁵⁹
- 4.52 In relation to the cost of quality assurance activity, the GPhC is currently the only regulator which carries out cost recovery for certain quality assurance activities carried out for GB-based courses. The GPhC also has powers to recover costs of quality assurance for courses for overseas. Although the GMC carries out significant monitoring of programmes abroad run by UK medical schools that issue UK degrees, they have no specific powers to charge for this activity and also limited powers to enforce decisions on compliance with the standards as the only action would be to withdraw approval from the entire institution; this would be a major step and has never been done. This is an issue that has also arisen for the GDC and could also arise if a dental authority franchised their degree awarding powers to another institution, for example a private provider.

²⁵⁶ General Medical Council, *Registration with a licence to practise for international medical graduates*. [Online] Available at http://www.gmc-uk.org/doctors/registration_applications/routeG.asp [Accessed 2 November 2017].

²⁵⁷ General Osteopathic Council, *Information for education providers (website)*. [Online] Available at <http://www.osteopathy.org.uk/training-and-registration/information-for-education-providers/> [Accessed 2 November 2017].

²⁵⁸ General Pharmaceutical Council. *The accreditation of foundation degrees leading to direct entry into Year 2 of an accredited MPharm degree*. Available at <https://www.pharmacyregulation.org/sites/default/files/GPhC%20Accreditation%20Methodology%20-%20UK%20MPharm%20+%20FD.pdf> [Accessed 2 November 2017].

²⁵⁹ Nursing and Midwifery Council, *The Nursing and Midwifery Order 2001 (SI 2002/253) Unofficial consolidated text*. [Online] Available at <https://www.nmc.org.uk/globalassets/sitedocuments/legislation/the-nursing-and-midwifery-order-2001-consolidated-text.pdf> [Accessed 2 November 2017].

Other variations and rationale for differences in approach

- 4.53 Alongside the differences in the structure of the regulators' processes for quality assurance of relevant courses, there are a number of other variations across the regulatory bodies. The GOsC and the NMC are the only regulators who currently contract out operational delivery of quality assurance activities to external bodies, the GOsC to the QAA²⁶⁰ and the NMC to contractor Mott McDonald.²⁶¹ In practice this means that approval and monitoring visits and most liaison with education providers is organised and carried out by the external bodies on behalf of the regulators.

Example: *The QAA has been carrying out quality assurance on behalf of the GOsC for over 10 years. Reviews of osteopathic courses and course providers, are conducted by the QAA using a panel of visitors which includes lay governance and management experts as well as osteopathic expertise.*

Visitors are appointed by the GOsC but the QAA trains individuals and plans and executes the visits and provide a report to the GOsC Education Committee with a recommendation on the granting, maintenance or renewal of Recognised Qualification status. The Education Committee may endorse the report as it is presented, add or remove conditions or make a different judgement entirely based on the panel's findings.

The recommendations of the Education Committee will go to the GOsC Council, which is required to recognise the qualification and to recommend approval to the Privy Council. The report for the programme will then be published on the GOsC's website.

- 4.54 The GPhC primarily accredits education programmes for pharmacist training which are then delivered by Universities who must meet the GPhC standards for education and training. In relation to training for pharmacy technicians, they have taken a flexible approach for the different training routes on offer. As well as accrediting certain providers to offer knowledge based training they also recognise national qualifications delivered country wide by EdExcel, City and Guilds and the Scottish Qualifications Authority (SQA). These courses are mapped to the quality credit framework and to agreed national occupational standards. This means that GPhC recognises the quality assurance activity carried out by these awarding bodies and do not directly accredit the specific providers.²⁶² The GDC has a similar approach to approval of training for DCPs.
- 4.55 As highlighted at the beginning of this chapter, it is the regulators' duty to assure the competence of those they allow onto the register. However, it is clear that the legislative framework across the regulators ensures that this is carried out in a

²⁶⁰ Quality Assurance Agency. *General Osteopathic Council Review*. [Online] Available at <http://www.qaa.ac.uk/reviews-and-reports/how-we-review-higher-education/general-osteopathic-council-review> [Accessed 2 November 2017].

²⁶¹ Mott McDonald website. [Online] Available at <http://www.nmc.mottmac.com/> [Accessed 2 November 2017].

²⁶² General Pharmaceutical Council. *Approval process for education and training providers*. [Online] Available at <https://www.pharmacyregulation.org/education/approval-courses> [Accessed 2 November 2017].

specific way which is reflected by the processes in place across the regulators which have broad similarities as well as differences.

- 4.56 With reference to the variation in approach across the regulatory bodies, whilst this is often driven by differences in legislation, it is also related to the range of professions that are regulated and the different risks associated with practice. It would be helpful to establish where key differences are related to the risks of different professions or legislative or historic variation. Regulation being proportionate to risk is a key element of right-touch regulation and therefore must be a key consideration in any approach to assuring education and training.

Progress made since 2009

- 4.57 In 2008, we were commissioned by the Department of Health to provide advice on the approaches to quality assurance of undergraduate education and training taken by the health professional regulators. In the report produced and published in 2009 we reached several conclusions and recommendations which included:
- Different approaches are inevitable given the current legislative framework for healthcare professional regulation
 - As programmes are subject to scrutiny by the different agencies, including the NHS, greater clarity and understanding is needed about their respective roles, including regulatory bodies
 - All regulators must be willing and able to demonstrate how their processes link proportionately to patient safety and public protection, maintaining the focus on being fit to join the register. Demonstrating the contribution of quality assurance to the main duty to protect the public would be valuable, both in continuing improvements in education and in assuring the public of the competency of newly qualified healthcare professionals.²⁶³
- 4.58 We also highlighted some key characteristics of good practice. Whilst these primarily related to quality assurance of undergraduate education, they have wider relevance and our conclusions, recommendations and findings from the 2009 report helped to inform changes to our *Standards of Good Regulation* in relation to education and training. We are aware that a number of the regulators have made significant changes to their processes in the intervening period or are currently reviewing their approach to education and training. It therefore seemed sensible to review developments made during this time, under the areas identified in our previous report.
- 4.59 The Authority's performance reviews carried out since 2009 have provided information on some of the changes that have taken place and we have had helpful conversations with those involved in quality assurance at the regulators. We have also referred to published materials on the regulatory bodies' websites including consultation documents, press releases, revised standards, quality assurance framework documents, guidance and monitoring and thematic reports.
- 4.60 This section is not an exhaustive list of all the changes made by the different regulators but to illustrate progress in certain areas and highlights significant change and good practice in the area of quality assurance. The characteristics of good practice are highlighted in grey, followed by examples of where changes have occurred.

Builds on other quality assurance activities, including the processes adopted internally by the education provider, and other external interests to

²⁶³ Professional Standards Authority, 2009. *Quality assurance of undergraduate education by the healthcare professional regulators*. Available at <http://www.professionalstandards.org.uk/docs/default-source/publications/advice-to-ministers/quality-assurance-of-undergraduate-education-2009.pdf> [Accessed 2 November 2017].

minimise impact, and works to coordinate visits with other bodies with an interest wherever possible

- 4.61 One of the key areas identified in relation to the regulators' role in education and training was the potential for duplication with the other agencies and organisations active in this area. Whilst the regulators have a specific remit to ensure public safety and ensure that those qualifying from approved courses are fit to join the register, as highlighted in 4.24-4.27 there are many others who also set requirements for, and collect, data and information from education and training providers. These include amongst others, external examiners, the Quality Assurance Agency and also professional bodies who may have an interest in the content or delivery of courses. Education providers will also have their own internal quality assurance processes.
- 4.62 Following concerns that the large number of bodies involved in the regulation of health and care programmes could be a burden on some education providers, there have been a range of developments in this area with the majority of regulators reviewing their processes and seeking to streamline where possible. The GOC has worked with education providers to carry out joint visits as part of the internal review process where possible and to ensure that they are using other agencies' reports and action plans as evidence of compliance with standards to avoid duplication. To aid this collaboration they have agreed and implemented Memoranda of Understanding with the QAA and the Office of Qualification and Examinations Regulation to enable these organisations to share information and reports with the GOC.
- 4.63 When implementing their new standards for education, the GDC carried out workshops with educators and awarding bodies to ensure a shared understanding of the requirements of the outcomes and the timeframe for implementation and also to provide support on how to assess difficult learning outcomes and discuss how to ensure a risk based approach to QA. In their recently published discussion document on a new approach to dental regulation, *Shifting the Balance*, the GDC is proposing to review its QA methods to identify risk areas and use them to target its QA activity in 2018-19.²⁶⁴
- 4.64 Following an assessment that their previous system of quality assurance had the potential to duplicate other quality monitoring systems the NMC carried out work in 2012/13 to ensure their standards for education providers were more outcomes focused and to seek to collaborate with other regulators on approval where possible. They have more recently commissioned an independent review of their education quality assurance function, which commenced in May 2016. This will look at options for shaping the quality assurance process to meet the future challenges.²⁶⁵
- 4.65 In relation to post-graduate training, the GMC has worked to develop better engagement and cooperation with the wide range of other bodies involved in medical education, including the Royal Colleges and Faculties, and better utilise

²⁶⁴ General Dental Council, 2017. *Shifting the Balance*. Available at <https://gdc-uk.org/about/what-we-do/regulatory-reform> [Accessed 2 November 2017].

²⁶⁵ Professional Standards Authority, *Annual Review of Performance 2015/16 – Nursing and Midwifery Council*. Available at <http://www.professionalstandards.org.uk/publications/performance-review-detail/nmc-annual-review-of-performance-2015-16> [Accessed 2 November 2017].

the information they all produce. This has included the use of risk-profiling to assist with quality assurance of medical education institutions by collating risks associated with each education provider's performance that have been identified through means such as the National Training Survey, monitoring reports from Postgraduate Deans, Royal College annual specialty reports, and information shared with the GMC by individuals within or associated with the institutions themselves. It has also developed a data-sharing agreement with CQC and other healthcare service regulators to identify risks from training environments.

- 4.66 The GOsC has also carried out work to streamline their quality assurance process and reduce the burden. As part of a review of quality assurance activity, the GOsC is also looking at introducing more flexibility in visit dates to enable them to coordinate with institutions' internal assessment where possible and desirable. Currently their process is tied to a fixed re-approval timetable.
- 4.67 The HCPC worked with The British Psychological Society and The College of Social Work when those professions came onto their register to streamline and coordinate requirements, for example by creating joint mapping documents, aiming for joint approval visits, and in the case of social work, holding joint seminars for education providers in the lead up to the opening of the Register.

Actively involves and seeks perspectives of students, patients and other members of the public

- 4.68 The involvement of students, patients and members of the public in education and training is an area which has seen significant change and development in recent years. Alongside the direct involvement of patients and the public in the regulators' quality assurance visits, there has also been an increase in the requirements on education providers to actively involve patients and members of the public in the design and delivery of courses.
- 4.69 All regulators have made progress in ensuring patient and public involvement in the quality assurance process. It is now standard to include lay members on panels visiting education and training providers. The regulators have also sought to use the feedback from these visits to ensure that the criteria for providers they use are fit for purpose. For the GOsC, the annual monitoring report requires an analysis of feedback from patients, students and staff and to see this form a part of the annual quality management process of the institution.²⁶⁶
- 4.70 There has also been a renewed focus on ensuring that there are robust systems in place to allow both students and members of the public to raise concerns about institutions or courses and in publicising these mechanisms better. This can help the regulators to identify issues with the delivery of courses or potential risks to patient safety. The GMC has also developed their capability to respond quickly to concerns raised in relation to training environments to ensure they can fully ensure the safety of trainees and the patients.
- 4.71 The NMC has worked to develop good practice on service user involvement in curriculum design to support the requirements for education and training

²⁶⁶ General Osteopathic Council. Annual report template. Available at <http://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pac-june-2017-item-7-quality-assurance-annual-reports-template/?preview=true> [Accessed 1 November 2017].

providers.²⁶⁷ They distributed this to all approved educational institutions to make use of and also to their reviewers attending visits so they know what evidence to request from the education provider for this standard.

- 4.72 The HCPC has also introduced a new standard making it mandatory for education and training providers to involve service users and carers in the design and delivery of courses and they now meet with groups of service users and carers at visits. They have also introduced lay visitors for all approval visits to bring a service user and carer perspective to their own decision-making and included a student and service user member on the group reviewing their standards of education and training to ensure a diversity of perspectives in the review of these standards.²⁶⁸
- 4.73 The GOC has developed a self-assessment tool for education providers to help them report on how patient perspectives are shaping the development and delivery of education and training.
- 4.74 In relation to the involvement of students and trainees in the quality assurance process, a number of the regulators have improved their systems to allow current students and trainees to raise concerns and provide feedback on their training. The GMC has led the way with their National Training Survey which now provides an invaluable source of data on the views and experiences of doctors in training and trainers across the UK, but all the regulators now seek to include trainee views in the process in a variety of ways. There has also been work to ensure that the perspective of recently qualified registrants is reflected, for example, the GPhC now includes a recently registered member of the pharmacy team on all visit panels. They also carry out pharmacist pre-registration training surveys as well as tutor surveys.

Builds from duty to protect the public that underpins all regulatory activity and this objective drives the process

- 4.75 With a number of bodies active in the quality assurance space, the need for regulators to focus on their core duty of public protection is key. One way in which this has manifested itself has been an increased focus on an outcome based approach in relation to the knowledge and skills they expect students to have when they qualify. This allows education providers flexibility over the detail of course delivery alongside compliance with any other frameworks that might be in place such as those from professional bodies, or subject benchmark statements from the QAA.
- 4.76 Whilst there remains a range amongst the regulators in relation to the amount of detail included both in outcomes for students and standards for education and training providers, the majority have taken steps to ensure their approach is more clearly focused on ensuring public protection and doesn't seek to be over

²⁶⁷ Nursing and Midwifery Council. *Supporting information for implementing NMC standards for pre-registration nursing education*. [Online] Available at <https://www.nmc.org.uk/globalassets/sitedocuments/registration/supporting-information-of-spne-20120629.pdf> [Accessed 2 November 2017].

²⁶⁸ Health and Care Professions Council. *Service user and carer involvement in education and training programmes*. [Online] Available at <http://www.hcpc-uk.co.uk/education/providers/sucinvolvement/> [Accessed 2 November 2017].

prescriptive on the content or composition of courses. Areas of development include taking a risk-based approach to monitoring to ensure that public safety issues are adequately addressed and ensuring that outcomes and criteria are closely based on standards for registered professionals to ensure consistency and a clear focus on public safety.

- 4.77 As part of their work reviewing their quality assurance system the NMC concluded that it was not sufficiently outcomes focused and activity should also should be directed more towards practice environments where students have direct contact with patients, leading to the introduction of a more targeted and risk-based approach. The NMC also took a leading role in an extraordinary review of education programmes and midwifery supervision in North Wales bringing together the relevant organisations and working collaboratively to address the problems identified to ensure public and patient safety.²⁶⁹
- 4.78 The GMC has also carried out a number of targeted reviews of emergency medicine departments when concerns were raised about conditions for trainees and taken action when required. It has also carried out work to ensure that doctors who trained overseas have a full understanding of the UK cultural context when joining the register to mitigate any risks to public protection.
- 4.79 The GDC investigated the risks to the public from newly-qualified and registered dentists and dental care professionals. Although it concluded that there was not enough evidence to support a pre-registration training period it has carried out work to address the gap in responsibility for who is supporting new registrants in the transition to independent practice.
- 4.80 The HCPC carried out a review of social work programmes following the completion of a three-year schedule of approval visits after becoming the regulator for social work in August 2012. The report focused on the outcomes reached, and how comparable they are as a profession to the others the organisation regulates using the same quality assurance approaches. This work reinforced the focus on outcomes and setting standards for public protection which are flexible enough to accommodate different models of education delivery.²⁷⁰
- 4.81 A number of the regulators have also sought to provide additional guidance to education and training providers on student fitness to practise processes and to raise awareness of the requirements for students ahead of qualification and registration.
- 4.82 Annual monitoring returns are used by all regulators to identify potential risks to public safety. Education and training providers are also required to notify the regulators of any major changes to the delivery of approved programmes which may have an impact on public safety. This information is used by the regulators to seek to identify any public protection risk and ensure that they are effectively targeting visits.

²⁶⁹ Nursing and Midwifery Council. *NMC reports on extraordinary review visit to North Wales*. [Online] Available at <https://www.nmc.org.uk/news/press-releases/2015/nmc-reports-on-extraordinary-review-visit-to-north-wales/> [Accessed 2 November 2017].

²⁷⁰ <http://www.hcpc-uk.org/assets/documents/10004ED2SocialworkinEnglandreport-FINAL.pdf> [Accessed 2 November 2017].

All processes, criteria and procedures are predetermined and publicly available, and decision-making is based on criteria that are consistently applied; reports are publicly available and narratives clearly support decisions taken and subsequent actions; all elements within quality assurance are fit for purpose and subject to review including visitor/reviewer recruitment, training and appraisal

- 4.83 The above characteristics of good practice are grouped as there is overlap in how these areas have been dealt with across the regulators and therefore the following progress updates cover all three areas.
- 4.84 A clear and transparent quality assurance process, and ensuring that reports and results from visits are clearly and prominently available are important elements in ensuring confidence in the system of quality assurance used by the regulators. This includes confidence from:
- the public, that risks are being controlled and that those joining the register are safe and fit to practise
 - from registrants, that the education and training they receive will make them competent to join the register
 - and from education providers that the requirements they must meet are justified and proportionate.
- 4.85 All regulators have information available on their quality assurance process but there remains variation in the detail provided and the level of clarity to anyone looking to understand the process. All regulators now also publish reports from quality assurance visits which is progress from 2009 when only some made these reports publicly available. However, there remains variation in the information included in these reports and the detail available, in particular the explanation of the findings and the decision taken or the conditions imposed. Some regulators also publish the responses received from the education or training provider alongside the report which is helpful in understanding the context of the reports. It is worth noting that there may be challenges for some regulators in publishing further detail on their website such as the importance of not affecting commercial competitiveness or the need for open dialogue between the regulator and an institution.
- 4.86 There have been a variety of developments aimed at ensuring that visitors/reviewers are appropriately selected and prepared for the job they undertake. The NMC, as one of the two regulators who contract out the delivery of quality assurance activity, delegates this area to their contractors, Mott McDonald, which follows the NMC's requirements.
- 4.87 The GPhC aims to use their education associates, who form the lay membership of their visit panels, on a regular basis to ensure that their knowledge and skills remain up to date and that they can provide effective input to the quality assurance process. To minimise the regulatory burden on educational establishments associated with two regulators accepting qualifications in the UK, they carry out quality assurance visits on behalf of the PSNI in GB and with the PSNI in Northern Ireland. To ensure that those education associates who participate in the Northern Ireland visits remain qualified, it also takes part in visits across GB to ensure maintenance of their overall level of experience.

- 4.88 To manage the process internally and ensure accountability, most regulators have oversight from their Education Committees some of whom are required to formally make decisions on approval of courses or removal of approved status. Others such as the GOsC are required by their legislation to seek Privy Council approval for decisions made by their Council following a recommendation from the Education Committee. A number of regulators, including the GMC and the NMC, have also established internal groups specifically to oversee the quality assurance process and ensure that it remains fit for purpose. Following revision of their standards the GDC also made use of an expert group to advise on how best to incorporate the changes into its quality assurance process. The HCPC published its revised education standards in June 2017²⁷¹ and the review involved commissioned research and convening a liaison group made up of employer, education provider and service user representatives.²⁷²

Summary reports providing analysis of trends and general findings produced on a periodic basis demonstrating the value of quality assurance and facilitating the sharing of good practice in education and training

- 4.89 The GMC introduced the use of regional and thematic reviews relatively early to identify key issues and share good practice and it also publishes an annual report *The State of Medical Education and Practice in the UK* which provides an overview of data and findings from their involvement in medical education and training. Other regulators including the HCPC, NMC, GOsC and the GDC have also begun to take this approach and produce annual, thematic, regional and summary reports to highlight key findings from their work and share good practice. The GOsC has recently published a thematic report analysis of boundaries education and training within the UK's osteopathic educational institutions²⁷³.
- 4.90 There has generally been significant progress by the regulators on sharing information gathered from the process with the education and training providers they work with, both through written reports as well as workshops, round tables and meetings. The GPhC holds a pre-meet with providers to help prepare them for the approval/re-approval process and workshops at the start of the academic year to go through the outcomes and previous learnings with them. They also carry out evaluations of all events to pick up on learnings and feedback from education and training providers on how it went and how they are managing the process.
- 4.91 In order to facilitate the sharing of best practice and learning, the GCC invites all of their education providers to meet with the Education Committee as a group

²⁷¹ Health and Care Professions Council. *Standards of education and training guidance*. Available at <http://www.hpc-uk.org/assets/documents/10001A9DStandardsofeducationandtrainingguidanceforeducationproviders.pdf> [Accessed 2 November 2017].

²⁷² Health and Care Professions Council. *Results of the consultation on revised standards of education and training and supporting guidance*. Available at <http://www.hcpc-uk.org/assets/documents/10005312Enc03-RevisedSETsandguidanceconsultationanalysis.pdf> [Accessed 2 November 2017].

²⁷³ General Osteopathic Council. *Thematic Analysis of Boundaries Education and Training*. Available at <http://www.osteopathy.org.uk/news-and-resources/research-surveys/gosc-research/boundaries/> [Accessed 2 November 2017].

and discuss their annual monitoring and any issues arising. The GOC also meets with all its education providers to get feedback on their quality assurance and accreditation processes. The HCPC delivers seminars each year across the UK to facilitate discussion and engagement with education providers across a range of topics.

Summary

- 4.92 We consider that there is evidence that the regulators have made significant progress in addressing the areas identified in our last report on quality assurance of undergraduate education. As the above themes demonstrate, there is a clear direction of travel across the regulatory bodies in seeking to build on existing activity, share data and learning effectively, involving patients, the public and students in quality assurance activity, improving clarity and transparency of processes and decision-making and undertaking regular reviews of whether processes are fit for purpose.
- 4.93 It is however clear that the changes occurring are within the confines of the existing legislative framework which shapes the approach to education and training currently taken by the regulators. This is entirely understandable and the regulators' actions must be in line with their statutory responsibilities; however, as highlighted previously, the current legislative framework is prescriptive to a greater or lesser degree across the regulators. It is worth reflecting on whether the processes that have been developed to quality assure education and training would be the same if there was more flexibility about how to assure the competence of those coming onto the register.
- 4.94 In the following sections of the chapter we have sought to highlight some of the current and emerging issues driving change in the provision of education and training. Whilst for some of these issues the direct implications for quality assurance are not yet fully clear, these changes may well require a wider evaluation of the regulators' role in education and training. We have therefore sought to take a broad view and identify challenges in addressing these issues whilst continuing to ensure that the public are sufficiently protected by ensuring the ongoing integrity of the register.

Current and future issues in education and training

- 4.95 As we have seen in the previous section, there has been considerable change across the regulators in their approaches to the quality assurance of education and training in recent years and significant progress made in streamlining and focusing regulatory approach, within the current legislative framework. These developments appear likely to continue given the range of external issues arising which will impact on the regulators' role in education and training and we are aware that a number of the regulators have recently or are currently carrying out further work.
- 4.96 For some of the regulators, decisions to review their approach in this area have been directly related to some of these external changes. For example, the NMC's review of its approach to education and training and of its quality assurance processes has been driven in part by the changing requirements on nurses and midwives who are being asked to take on more complex roles across a wider range of care settings and different responsibilities.²⁷⁴
- 4.97 Similarly, the GOC's strategic review of education has been carried out in the face of rapid technological developments which is changing the roles of optical professionals. This has led to a need to ensure that education programmes and qualifications leading to registration will provide students with the skills to adapt to new technology and meet patients' future needs.²⁷⁵
- 4.98 Others have been driven by an ongoing focus on ensuring a risk-based and proportionate approach. For example, the GDC states in *Shifting the Balance*, their recent discussion document, that the purpose of their review is to enable them to 'identify risk areas and target... quality assurance activity accordingly'.²⁷⁶ The HCPC is commissioning research on its quality assurance process as part of a review to consider the suitability of their current process to manage risk as well as explore opportunities to reduce burden and make better use of data held.²⁷⁷
- 4.99 The GOsC's proposal to remove the expiry dates from Recognised Qualification status for education providers is partly due to perceived benefits of having more flexibility to tie in with key changes to curricula or assessment or the closing or opening of clinical provision but also to allow alignment with internal quality assurance processes, where appropriate, to reduce burden on institutions.²⁷⁸

²⁷⁴ Nursing and Midwifery Council. <https://www.nmc.org.uk/education/programme-of-change-for-education/programme-change-education/> [Accessed 2 November 2017].

²⁷⁵ General Optical Council. *Education Strategic Review Call for Evidence: Preparing optical professionals for the roles of the future* <https://www.optical.org/en/get-involved/consultations/past-consultations.cfm> [Accessed 2 November 2017].

²⁷⁶ General Dental Council, 2017. *Shifting the Balance*. Available at <https://gdc-uk.org/about/what-we-do/regulatory-reform> [Accessed 2 November 2017].

²⁷⁷ HCPC reference – Education and Training Committee minutes - <http://www.hcpc-uk.org/assets/documents/10005419Enc03-Educationresearchapproachtoeducationqualityassurance.pdf> [Accessed 2 November 2017].

²⁷⁸ General Osteopathic Council. *Policy Advisory Committee - 9 March 2017 - Quality assurance review*. [Online] Available at <http://www.osteopathy.org.uk/about-us/the-organisation/meetings/policy-advisory-committee-past-papers/> [Accessed 1 November 2017].

- 4.100 The GCC cites the introduction of their new code for registrants along with issues identified with the current approach, the potential for reform of professional regulation and new training models amongst other reasons for the review of their education standards and quality assurance policies and processes. Their recent move to open ended approval for existing programmes reflects a focus on a risk-based approach and an attempt to reduce the burden on training providers.²⁷⁹
- 4.101 The GMC has made significant progress in moving to a largely decentralised approach to quality assurance with extensive use of data utilisation to strengthen ongoing monitoring and continuous interaction with those on the ground. Their recent consultation and ongoing work on a proposed Medical Licensing Assessment (MLA) for all UK and international medical graduates has been driven by a desire ‘to create a single, objective demonstration that those applying for registration with a licence to practise medicine in the UK can meet a common threshold for safe practice.’²⁸⁰ The GMC has long expressed their wish to bring EU and EEA doctors within the scope of such an assessment if the UK were to review its involvement in the Mutual Recognition of Professional Qualifications Directive.
- 4.102 However, other changes occurring in UK medical education and Government policy are also having an impact on the GMC approach in this area. This includes the Government announcement that there will be 1,500 additional medical school places each year and a new graduate entry programme in Scotland which will also increase places. There are also new medical schools being set up in the context of the changes to higher education regulation and the prospect of more being created to manage the additional number of students. The GMC believes that the MLA will help to demonstrate that doctors entering UK practice meet a common threshold, no matter where they obtained their medical degree.²⁸¹

Workforce pressures

- 4.103 The issue of workforce continues to dominate both the agenda of many organisations in the health and care sector as well as the headlines. Nurse and GP shortages present a key challenge for those involved in workforce planning in the UK, particularly in the light of ongoing uncertainty over the status of EU nationals after the UK leaves the EU.
- 4.104 This area presents a number of challenges to professional regulation. These include: possible pressure on regulators to lower standards required for registration in the face of workforce shortages; ensuring that regulation can adapt to allow the development of new roles; an increased focus on flexibility of roles, including allowing movement of students and trainees between courses; promoting flexible training opportunities and finding ways of accrediting prior experience and learning in a robust way.

²⁷⁹ General Chiropractic Council. *Education Standards*. Available at www.gcc-uk.org/education/education-standards/ [Accessed 2 November 2017].

²⁸⁰ General Medical Council. *Medical Licensing Assessment*. [Online] Available at www.gmc-uk.org/education/29000.asp [Accessed 2 November 17].

²⁸¹ General Medical Council, *Securing the licence to practise: introducing a Medical Licensing Assessment a public consultation*. Available at http://www.gmc-uk.org/MLA_consultation_document_English_writeable_distributed.pdf_69151379.pdf [Accessed 2 November 2017].

- 4.105 In relation to new roles, the recent development and debate around regulation of the Nursing Associate role²⁸² and calls for regulation of Physician Associates²⁸³ to help address the GP shortage highlight the perception that regulation is necessary to allow roles to develop. However, new roles may not fit with traditional approaches to professional regulation and may need to be broad enough in scope to meet a range of different needs and work in diverse settings. Regulators therefore face the challenge of setting learning outcomes that are high level enough to allow flexibility in professional scope, but also enable education and training providers to be clear on what they need to cover to ensure patient safety. There may also be challenges if training for new roles is delivered through different models, for example more workplace-based training and apprenticeships. Whilst more flexible routes into education and training are to be welcomed, these may require new approaches to quality assurance, which will be covered in more detail in the next section.
- 4.106 With regard to flexibility of training, a GMC flexible training review earlier in the year identified barriers to switching between specialties based on the way in which training is currently developed and organised. The GMC has therefore recently published new standards to improve the flexibility of postgraduate training which will allow doctors in training to more easily switch between specialties based on their own areas of interest or to adapt to the changing health needs of patients.²⁸⁴
- 4.107 Another pressure on those employing health and social care professionals is to ensure that their staff have the right values to undertake these roles. To this end, HEE has developed a values-based recruitment framework (values covering, for example, 'respect and dignity' and 'compassion'). There has been discussion about whether or not it is the role of the regulator to set standards in relation to entry requirements for education and training programmes. A number of the regulators are, however, focusing on entry requirements for students. If values-based recruitment exercises meet their aims, then those in training (many of whom may be learning in the workplace from the beginning of their courses) and subsequently joining the registers should have the right values for the roles.
- 4.108 It is worth noting that there remain challenges around the potential for differences between those of the patient and the practitioner that may arise in shared decision-making, an area which has been explored particularly in relation to mental health services by the Collaborating Centre for Values-Based Practice at Oxford University. However, the case law in this area, based on the Supreme Court judgment in the *Montgomery v Lanarkshire Health Board* case in March

²⁸² Health Education England. *Nursing Associate - a new support role for nursing*. [Online] Available at <https://www.hee.nhs.uk/our-work/developing-our-workforce/nursing/nursing-associate-new-support-role-nursing> [Accessed 2 November 2017].

²⁸³ Health Select Committee. Primary Care Enquiry. [Online] Available at <https://www.publications.parliament.uk/pa/cm201516/cmselect/cmhealth/408/40806.htm> [Accessed 2 November 2017].

²⁸⁴ General Medical Council. *GMC unveils new standards to boost flexibility of doctors' training*. [Online] Available at <http://www.gmc-uk.org/news/29707.asp> [Accessed 2 November 2017].

2015 makes it clear that the patient choice is key and that professionals must provide patients with the information to provide informed consent to treatment.²⁸⁵

Government policy

- 4.109 New models of training are becoming increasingly prevalent in health and care. This has partly been driven by Government policy in this area and partly by the changing shape of health and care provision. The Apprenticeship Levy, which came into force in April of this year, will allow employers²⁸⁶ who are required to contribute to the levy to access funds to spend on apprenticeship training. The first nursing apprenticeships are due to be advertised in September 2017 and apprenticeships are also being developed for other roles including nursing associate, dental technician, paramedic, social worker and biomedical scientists.
- 4.110 Apprenticeships present an opportunity to open up professional roles to new candidates including those who may be unable to take time out from work to study, and may provide a way of addressing some of the challenges in funding available for other forms of training. However, they also pose some different or heightened challenges in ensuring a safe and effective learning environment for trainees. These may include ensuring that employers meet the need for varied experience for trainees across different clinical settings, ensuring effective assessment of trainees and providing sufficient supervision. There may also be a conflict of interest as employers will want to ensure that apprentices who they are employing qualify from the training. This is a conflict which may also be reflected within educational institutions.
- 4.111 Some of these challenges apply in some degree to more traditional forms of education as they all involve practical experience. In addition, training on the job is not a new concept in health and care. Dental nursing is a profession where this has been common for some time as many choose to start as a trainee with a dental practice and work towards an approved qualification such as an NVQ or National Diploma rather than going down the route of a foundation degree. Similar challenges apply in relation to ensuring appropriate supervision and the dual role of the employer in both assessing the competence of a trainee and relying on them to fulfil a role. However, the rapid expansion of apprenticeships for a wider range of roles and in different contexts may make some of these issues more acute, in particular the availability of adequate supervision.
- 4.112 Other Government policies relevant to this area include the announcement of 1,500 new medical places in England and new medical schools to take some of these places.²⁸⁷ This will require the GMC to carry out considerable additional

²⁸⁵ The Supreme Court March 2015, *Montgomery (Appellant) v Lanarkshire Health Board (Respondent)*. Available at https://www.supremecourt.uk/decided-cases/docs/UKSC_2013_0136_PressSummary.pdf [Accessed 2 November 2017].

²⁸⁶ The Apprenticeship Levy applies to all employers with an annual pay bill of over £3 million. Non-levy paying employers will be able to share the cost of training and assessing their apprentices with government - this is called 'co-investment'. Department for Education, *Apprenticeship funding: how it will work*. [Online]. Available at <https://www.gov.uk/government/publications/apprenticeship-levy-how-it-will-work/apprenticeship-levy-how-it-will-work#pay-apprenticeship-levy> [Accessed 2 November 2017].

²⁸⁷ Up to 1,500 extra medical training places announced. [Online] Available at <https://www.gov.uk/government/news/up-to-1500-extra-medical-training-places-announced> [Accessed 2 November 2017].

quality assurance activity in approving new schools and courses which will have resource implications as well as highlighting the challenge of finding enough medical training places with sufficient supervision available.

Education across the four nations and regions of the UK

- 4.113 Education policy is devolved across the four nations of the UK and variations have begun to emerge, particularly in relation to funding. Whilst the training bursary in nursing and allied health professions is longer available in England from 2017, Scotland, Wales and Northern Ireland all retain it. The requirement for certain employers to pay the apprenticeship levy is UK wide, but, while the devolved nations will receive a proportion of the funds, they will not be required to ring-fence the money for apprenticeships. The Scottish Government has said it will put the funding towards general employment issues, and any money used on apprenticeships will be in the engineering and IT sectors, rather than in health and care. In Wales and Northern Ireland, funds may go towards other spending.²⁸⁸
- 4.114 We have highlighted later on the significant changes taking place in HEE, however it is worth noting that whilst further education has remained more uniform across the four countries, policy differences here are also starting to emerge in response to national issues and skills priorities.²⁸⁹
- 4.115 In the case of Wales, a major development is the establishment of Health Education Improvement Wales (HEIW), whose remit will be to oversee strategic workforce planning, workforce design and education commissioning for NHS Wales. HEIW will, of course, be focused on the specific demographic needs of Wales. However, some of the issues that it will be tackling are also relevant to the four countries. These include the removal of boundaries between medical and non-medical workforce planning, providing new opportunities for multi-professional approaches, widening access, raising awareness of the different roles in the NHS and opening up more flexible career pathways. The Welsh Government currently expects the body to be in place by 1 April 2018.
- 4.116 The difference in approach to the development of apprenticeship schemes across the four countries and separate bodies setting standards for the quality of environments in which health and care professionals are training, may lead to challenges for the professional regulators. As highlighted in the previous section, although the quality assurance of training in the workplace is not new to regulators, those with responsibility for apprenticeship training will need to ensure that the experience of trainees is broad enough to cover the entire curriculum and that assessment is robust and impartial. If apprenticeship schemes in England correlate with the health needs of local populations, there may be variations

²⁸⁸ Nursing and Midwifery Council. *Council Papers May 2015 - Item 5: Annex 1 - Briefing: Apprenticeship arrangements in the four countries*.p.31 [Online] Available at <https://www.nmc.org.uk/globalassets/sitedocuments/councilpapersanddocuments/council-2017/may-2017-council-papers.pdf> [Accessed 2 November 2017].

²⁸⁹ Institute for Education, 2017. *Policy and policy learning across the four countries of the UK: The case of further education and skills - An initial scoping paper*. [Online] Available at <http://www.ucl.ac.uk/ioe/departments-centres/centres/centre-for-post14-education-and-work/projects/fe-skills-four-countries-uk/pdf/fe-skills-across-uk-scoping-paper> [Accessed 2 November 2017].

between regions, as well as countries and this may also have implications for how quality assurance of education and training is carried out in the future.

- 4.117 The development of new roles in one country rather than UK-wide, such as the Nursing Associate role, may also raise issues around whether education and training can or should be delivered outside of England given the difficulty of providing appropriate placements and possible tensions over funding implications.

Focus on a proportionate risk-based approach

- 4.118 An increased focus on a proportionate, risk-based approach by the regulators is leading to changes to quality assurance processes along with other areas. There is no single driver of this change but the national profile of the better regulation principles and the need to improve regulatory efficiency are likely to have played a role. The Authority published *Right-touch regulation*²⁹⁰ in 2010 and has encouraged the use of a right-touch approach, therefore it has been positive to see these developments. As highlighted in the first half of the chapter, considerable work has been carried out to ensure that the focus of activity in this area is on assuring student suitability to join the register and that processes are focused on areas of highest risk and do not place undue burden on education and training providers.
- 4.119 A number of the regulators have carried out reviews of their standards for education and training and their learning outcomes for students to ensure a clear focus on patient safety and managing risks associated with training. Professional regulators already draw upon documentation provided by other regulators to assess the quality of education and training programmes to avoid duplicating data requests to institutions.
- 4.120 Regulators also seek to make use of other relevant frameworks and standards where appropriate – for example the NMC has recently proposed aligning with the Royal Pharmaceutical Society’s (RPS) Competency Framework for All Prescribers. Joint approvals with other regulators are also used where possible, for example the NMC and HCPC carry out joint approval for courses qualifying students as a nurse and a social worker. Others seek to align with the institutions’ internal quality assurance activity.
- 4.121 Whilst progress has been made it seems likely that the focus on this area will continue and there may be further scope to review the necessity of certain requirements placed on educational institutions, align requirements between the different bodies setting standards and reduce duplication of regulatory activity where possible.

Reforms in Higher Education

- 4.122 Alongside the developments occurring within the health and care setting, the higher education sphere is undergoing a significant period of change. The Higher

²⁹⁰ Professional Standards Authority 2015, *Right-touch regulation - revised*. Available at <http://www.professionalstandards.org.uk/what-we-do/improving-regulation/right-touch-regulation> [Accessed 2 November 2017].

Education and Research Bill²⁹¹ received Royal Assent in April and will bring into law a new body, the Office for Students (OfS). This will take on the regulatory functions of HEFCE and the Office for Fair Access (OFFA). The Act also gives the Secretary of State the powers to appoint designated bodies to carry out the quality assessment and data collection functions.

- 4.123 The powers of the OfS are yet to be confirmed through secondary legislation. However the White Paper, *Success as a Knowledge Economy: Teaching Excellence, Social Mobility and Student Choice* outlines the OfS's role to: 'form the basis of all the regulatory requirements on higher education providers, such as quality assurance, widening participation, data and information requirements'.²⁹² Additionally, the Government is currently consulting on the OfS's remit.²⁹³ It seems likely that the OfS will have a remit to consider the overall regulatory burden on the higher education sector.
- 4.124 The OfS will also take on the role, currently reserved to the Privy Council, of granting degree awarding powers through its powers to hold and maintain a register of approved higher education providers. This will require providers to meet minimum requirements of sustainability, management and corporate governance, and quality thresholds. This is largely an administrative change as in practice HEFCE and the QAA already advise the Privy Council on decisions on degree awarding powers. However, there may still be implications for the future process for the creation of new education providers, for example the new medical schools that will be required to provide the additional places pledged by Government.
- 4.125 In addition, the introduction of the Teaching Excellence Framework, which will provide subject level ratings for participating higher education providers, will bring in a new layer of assessment for participating institutions which will need to fit with existing requirements from professional regulators and other bodies with regulatory oversight.²⁹⁴
- 4.126 It will be important to continue to monitor the development of the new structures for the regulation of higher education and ensure involvement with any activities designed to rationalise the regulatory landscape in higher education and which may have implications for the regulators' role in quality assurance.

Redesigning the Higher Education information landscape

- 4.127 Another area of activity within the higher education sector is the work being done by the HESA following on from the Higher Education Data & Information

²⁹¹ Higher Education and Research Act 2017. Available at <http://www.legislation.gov.uk/ukpga/2017/29/contents/enacted/data.htm> [Accessed 2 November 2017].

²⁹² Department for Business, Innovation and Skills, 2015. *Success as a Knowledge Economy: Teaching Excellence, Social Mobility and Student Choice*. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/523396/bis-16-265-success-as-a-knowledge-economy.pdf [Accessed 2 November 2017].

²⁹³ Department for Education, 2017. *Securing student success: risk-based regulation for teaching excellence, social mobility and informed choice in higher education*. Available at <https://consult.education.gov.uk/higher-education/higher-education-regulatory-framework> [Accessed 17 November 2017].

²⁹⁴ Higher Education Funding Council. *About the TEF*. [Online]. Available at <http://www.hefce.ac.uk/lt/tef/> [Accessed 17 November 2017].

Improvement Programme (HEDIP). This work stems from the White Paper *Students at the Heart of the System* which was published under the coalition government. The paper called for the HE data and information landscape to be redesigned 'in order to arrive at a new system that meets the needs of a wider group of users; reduces the duplication that currently exists, and results in timelier and more relevant data'.²⁹⁵

4.128 Although the white paper never made it into legislation, the work continued in a number of areas to rationalise and reduce the data burden on higher education institutions with oversight from a steering group on which the GMC sits alongside HEE, UCAS, HEFCE, the Student Loans Company and Research Councils UK, as well as representatives from a number of higher education institutions. Work streams include:

- Collective governance and oversight of the data landscape, underpinned by common data principles to enable a joined-up approach to managing data requirements across the sector and minimise the scope for duplication of data requests
- Development of a standard higher education data set through developing a set of common data definitions that can be used by all those requesting or using data to make reporting more efficient and make published information more comparable
- Rationalisation of data collections through a transformed HESA collection process to address the need for higher education providers to provide the same or very similar data multiple times
- Improved data capability to increase the quality and efficiency of data processes resulting in better information and lower risk.

4.129 In relation to the first work stream, a specific output will be a code of conduct for data collectors which will require those seeking information from higher education providers to abide by the principles of good practice around data management. Whilst the code will be voluntary to sign up to, involvement may require changes in the way that regulators currently gather the information that they need. HESA intends to consult on the draft code later in the year.

4.130 The newly passed Higher Education and Research Act, provides legislative underpinning to much of the work that HESA has been doing in this area. The requirement for the appointment of a designated data body which will be required to 'have regard to the desirability of reducing the burdens on such providers relating to the collection of information.'²⁹⁶ This is therefore likely to be an area of development and ongoing monitoring of the implications for the regulators will be important.

²⁹⁵ Department for Business, Innovation and Skills, 2011. *Students at the Heart of the System*. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/32409/11-944-higher-education-students-at-heart-of-system.pdf [Accessed 2 November 2017].

²⁹⁶ *Higher Education and Research Act* 2017, S.64, C.8(b). Available at <http://www.legislation.gov.uk/ukpga/2017/29/contents/enacted/data.htm> [Accessed 2 November 2017].

Evolving roles and responsibilities

- 4.131 The first section of this chapter highlighted the wide range of bodies with regulatory influence over the higher and further education sector, ranging from the funding councils, bodies regulating student access and finance through to skills and research councils and professional bodies, as well as the statutory regulators. Quality assurance activity is therefore carried out for a range of different purposes.
- 4.132 Students qualifying from health and care programmes must meet requirements in at least three distinct areas: being deemed competent to join the professional register by the regulator, fit to join the workforce and meet the needs of an employer and adequately trained to receive the relevant qualification from the education provider. Some organisations carry out activities which span several of these areas, for example the QAA are responsible for carrying out reviews to ensure academic standards are maintained against the Quality Code but are also contracted by the GOsC to carry out their quality assurance of osteopathic educational institutions. In relation to medical education there is a historic arrangement that the QAA does not carry out reviews of medical schools but the GMC has regular engagement with them, and use its QAA reports on higher education institutions to inform the evidence base for medical schools, and QAA similarly makes use of GMC quality assurance reports. The same arrangement applies with the GDC.
- 4.133 Within higher education Professional, Statutory and Regulatory Bodies (PSRBs) are generally grouped together in relation to the requirements they place on institutions. Whilst they are broadly regarded as fulfilling an important role in relation to the independent, objective assurance that they provide, there is a large number of diverse bodies that fall within this group. A 2011 report from the Higher Education Better Regulation Group (HEBRG) highlighted around 130 PSRBs (across a range of different sectors including health) which engage most frequently with institutions and made a number of recommendations seeking to improve regulatory efficiency and reduce burden, some of which have been taken forward by HESA through the work streamlining data requirements.²⁹⁷
- 4.134 Whilst it is important to note the specific statutory role of the professional regulators amongst this wider group, it is worth highlighting that institutions may not differentiate between the requirements they face in the same way. The Law Commissions in their 2015 proposals for reform of professional regulation also highlighted the large number of bodies involved in setting standards for education and training and suggested that there was ‘considerable overlap’.²⁹⁸
- 4.135 Elsewhere, in health education commissioning, the role of HEE in ensuring high quality learning environments for all healthcare learners may have implications for roles and responsibilities in quality assurance. HEE’s role has developed

²⁹⁷ Higher Education Better Regulation Group, 2011. *Professional, statutory and regulatory bodies: an exploration of their engagement with higher education*. Available at <http://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2011/hebrg-professional-bodies.pdf> [Accessed 2 November 2017].

²⁹⁸ Law Commissions, 2014. *Regulation of Health Care Professionals, Regulation of Social Care Professionals in England*. Available at http://www.lawcom.gov.uk/wp-content/uploads/2015/03/lc345_regulation_of_healthcare_professionals.pdf [Accessed 2 November 2017].

since its creation in 2012 and the launch in 2016 of the single HEE Quality Framework for education and training appears to have significant crossover with elements of existing frameworks, including those of the professional regulators. HEE's remit is multi-professional and relates to training commissioned on behalf of the NHS in England, however in practice this means that there is more than one set of standards covering very similar areas which numerous training providers are subject to.

- 4.136 Other frameworks which may also overlap with other requirements include those required for the Skills for Health Quality Mark,²⁹⁹ which is administered by the National Skills Academy on behalf of Skills for Health. This accreditation for employers and training providers seeks to reward excellence and defines and endorses superior learning and training standards. The assessment involves both submission and review of documentary evidence, as well as on-site visits and stakeholder surveys, in reaching a decision on the award of the quality mark. Although a voluntary rather than a mandatory accreditation, this constitutes another set of requirements which training providers may be subject to and as with similar optional accreditations, whilst this may initially be seen as the gold standard, training providers may ultimately feel obliged to hold such a quality mark to ensure they are seen as a provider of high quality training.
- 4.137 There is also work ongoing by the regulators themselves which may add an extra layer of complexity such as the development by the GMC of a system of credentialing to recognise those working at an advanced level of practice.³⁰⁰ Credentialing would provide formal accreditation of competence in a defined area of practice. In the case of the GMC, it could be particularly relevant for doctors who work in areas of practice that are not covered by existing standards for training and in new and emerging areas of medical practice. These areas of practice would not constitute medical specialties - these are already regulated.

Reform of professional regulation

- 4.138 The Department of Health, on behalf of the four UK Governments, published the consultation document *Promoting professionalism, reforming regulation* on 31 October 2017. The consultation is an opportunity for all those with an interest in the way that health professionals are regulated to play their part in influencing the future direction of policy.
- 4.139 The Law Commissions' 2014 proposals recommended a duty of cooperation and greater autonomy for regulators over what areas they focus on and greater flexibility to make rules in this area and how they carry out the process of assuring education and training. They highlighted the potential 'for a regulator to reduce its regulatory activity or withdraw from specific tasks, especially where the impact is marginal and other agencies are undertaking similar tasks.'³⁰¹ Whilst

²⁹⁹ Skills for Health, *Skills for Health Quality Mark – FAQs*. [Online] Available at <http://www.skillsforhealth.org.uk/news/blog/item/92-skills-for-health-quality-mark-faqs> [Accessed 2 November 2017].

³⁰⁰ General Medical Council, 2015. *Introducing regulated credentials: consultation on proposed framework*. Available out: <http://www.gmc-uk.org/education/27299.asp> [Accessed 27 October 2017].

³⁰¹ Law Commissions, 2014. *Regulation of Health Care Professionals, Regulation of Social Care Professionals in England*. Available at <http://www.lawcom.gov.uk/wp->

there would be merit to more flexibility to respond to key challenges it would also be important to ensure a consistent approach where possible with differences based on a clear assessment of risk. We note that the Conservative Party manifesto included a commitment to 'reform medical education, including helping universities and local health systems work closer together to develop the roles and skills needed to serve patients'.

- 4.140 Whilst it is unclear what form any changes under this Government may take, and whether this will involve primary legislation, any changes to the roles or responsibilities of regulators may make changes to the current system of quality assurance necessary. For example, a move towards sharing of functions could mean consideration of a shared service for quality assurance of education and training.
- 4.141 The GMC in its 2013 review of quality assurance highlighted the option of 'a system of pooled sovereignty which would have the effect of creating a single, multi-professional approvals framework covering both the provision of patient care and education' although the review suggested that this was unlikely to have support or be achievable in the near future. It suggested instead that: 'A more realisable goal would be to work towards more co-ordinated regulatory action with the aim of securing collective assurance. This may require regulators to sacrifice some independence of action and it would be important to avoid the blurring of regulatory roles and responsibilities'. The review also highlighted the Law Commissions' recommendations and suggested that this pointed to 'the need for a better fit between professional and systems regulation'.³⁰² The GMC has made significant progress in this area with their approach to data-sharing and cooperation with a range of partners in carrying out quality assurance activity.
- 4.142 It is worth noting that the Council of Australian Governments is currently consulting on proposals for the development of a cross-profession National Health Education Accreditation Board with profession specific Accreditation committees reporting into it. This follows concerns expressed that despite the creation of the Australian Health Practitioner Regulation Agency (AHPRA) the body which oversees registers in Australia, operating under one national piece of legislation, a complex picture remains for education and training with multiple overlapping regulators, including 14 authorities responsible for accrediting health professional education and training many other entities having accreditation functions.³⁰³

content/uploads/2015/03/lc345_regulation_of_healthcare_professionals.pdf [Accessed 2 November 2017].

³⁰² General Medical Council, 2014. *Report of the Review of Quality Assurance of Medical Education and Training*. Available at http://www.gmc-uk.org/06_Report_of_the_Review_of_Quality_Assurance_of_Medical_Education_and_Training.pdf 55 154276.pdf [Accessed 27 October 2017].

³⁰³ Woods, M, 2017. *Australia's Health Workforce: strengthening the education foundation - Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions – draft report*. Available at <http://www.coaghealthcouncil.gov.au/Portals/0/Accreditation%20Review%20Draft%20Report.pdf> [Accessed 27 October 2017].

- 4.143 Whilst the Authority does not make a firm recommendation in *Regulation rethought* about the form that quality assurance should take in the future, we do propose that there should be a more unified approach to professional standards, including a single statement of professional practice which all professionals would be required to commit to.
- 4.144 Previously the regulators have collaborated on key issues of relevance to all health professionals, for example the production of a joint statement on the duty of candour and work to include the duty of candour in all of their different sets of standards.³⁰⁴ There is also ongoing cross-regulator collaboration in this area, for example following the development of their new standards for medical education and training, the GMC has been working with the NMC which is currently reviewing standards for nurse education and training to ensure consistency of approach within healthcare teams.
- 4.145 A single statement of professional practice for all professions may suggest the need for even greater alignment over education and training outcomes across the professions, where desirable, an area we will touch on in more detail shortly.

Changes arising from the UK leaving the EU

- 4.146 Whilst the implications for professional regulation of the UK's exit from the EU are not yet clear, there is the potential for this to impact on how the regulators assure the competence of those who trained in the EU/EEA or Switzerland and seek to work in the UK. As highlighted in paragraphs 4.43-4.46 of the chapter, under the MRPQ, the UK automatically recognises equivalent EU/EEA and Swiss qualifications for nurses, midwives, doctors (including general practitioners and some specialists), dental practitioners and pharmacists wishing to come and practise in the UK. This means that only limited additional checks, such as English language checking, are carried out. Other health and care professionals fall under a separate provision which enables those qualifying in the EU/EEA/Switzerland to have evidence of their qualifications, training and experience taken into account for registration in the relevant profession.
- 4.147 The UK Government has stated its wish to ensure that professional qualifications obtained prior to the date of the UK's withdrawal from the EU continue to be recognised after the UK's exit from the EU.³⁰⁵ However, its long-term position on the MRPQ is as yet unclear, as is the European Union's, and therefore continued participation in the mutual recognition agreement as well as related initiatives such as the European Alerts system is currently under discussion as part of the negotiations. However, concerns over health and care workforce shortages following the UK's exit from the EU have received considerable media attention. Statistics from the Nursing and Midwifery Council show a significant reduction in

³⁰⁴ Chief Executives of statutory regulators. *Joint statement from the Chief Executives of statutory regulators of healthcare professionals - Openness and honesty - the professional duty of candour*. Available at http://www.gmc-uk.org/Joint_statement_on_the_professional_duty_of_candour_FINAL.pdf_58140142.pdf [Accessed 2 November 2017].

³⁰⁵ Department for Exiting the European Union, 2017. *Policy paper: The United Kingdom's Exit from the European Union - Safeguarding the Position of EU Citizens Living in the UK and UK Nationals Living in the EU*. Available at <https://www.gov.uk/government/publications/safeguarding-the-position-of-eu-citizens-in-the-uk-and-uk-nationals-in-the-eu> [Accessed 2 November 2017].

the number of EU and EEA nurses applying to work in the UK³⁰⁶ although it is unclear how much of this is attributable to the referendum result or to the introduction of English language checking for applicants early in 2016. The NMC has recently announced amendments to the English language requirements for applicants trained outside the UK.³⁰⁷ Workforce concerns are likely to be a significant factor in influencing government policy around future involvement in the MRPQ.

- 4.148 On the other hand, some of the regulators, in particular the GMC and the NMC have raised concerns about the MRPQ. They see the Directive as posing a risk to patient safety as it prevents them from considering an applicant's competence prior to registration. GMC statistics show that EEA and international medical graduates doctors are more likely than UK doctors to receive a sanction or a warning.³⁰⁸
- 4.149 The GMC and the NMC have called for the right to test all European doctors and nurses along with other overseas medical graduates following the UK's exit from the EU.³⁰⁹ For the GMC this would involve bringing EU doctors within the MLA which it is proposing for all medical graduates seeking a place on the register from the UK and abroad. Whilst the timeline for such proposals being realised is far from clear, a move towards a greater focus on pre-registration assessment for overseas and UK graduates could be a significant change for the way in which the regulators assure those who apply to join their registers.
- 4.150 If the UK does withdraw from the MRPQ, there is potential for the professional regulators to have increased control and flexibility over their standards for education and training. The current standards for pre-registration nursing education are aligned with Article 31 of the MRPQ; this includes specific requirements on programme length, content and ratio of theory to practice, and the nature of practice learning and range of experience for nursing education. On the other hand, under Article 35 of the MRPQ, training in the dental specialties is required to be a minimum of three years. Increased flexibility of training and increasing numbers of UK trained health and care staff is a key priority of Government, however this may conflict with the need to retain the MRPQ to stabilise workforce supply from the EU.

Increased focus on multi-professional and inter-professional education

- 4.151 Alongside the focus on new roles to meet workforce challenges, some of which bridge more than one professional group, there is also a growing recognition of the value of instilling a shared understanding and shared values within the

³⁰⁶ Nursing and Midwifery Council, 2017. *NMC releases new data on EU nurses and midwives*. Available at <https://www.nmc.org.uk/news/press-releases/nmc-releases-new-data-on-eu-nurses-and-midwives/> [Accessed 2 November 2017].

³⁰⁷ Nursing and Midwifery Council, 2017. *NMC to amend English language requirements for applicants trained outside the UK*. Available at <https://www.nmc.org.uk/news/news-and-updates/nmc-to-amend-english-language-requirements-for-applicants-trained-outside-the-uk/> [Accessed 30 October 2017].

³⁰⁸ General Medical Council, 2016. *The State of Medical Practice - Chapter four: Groups of doctors at higher risk of complaints and investigations*. Available at http://www.gmc-uk.org/SoMEP_2016_Chapter_four.pdf_68139310.pdf [Accessed 2 November 2017].

³⁰⁹ Health Committee, 2017. *Brexit and health and social care - Health & social care workforce*. Available at <https://www.publications.parliament.uk/pa/cm201617/cmselect/cmhealth/640/64006.htm> [Accessed 2 November 2017].

healthcare team on how to protect patients and ensure quality care through more focus on a multi-professional approach to certain areas or more inter-professional learning.

- 4.152 This is partly driven by a view that the multiple and complex challenges facing the health service today including an ageing population, an increase in chronic conditions and co-morbidity, the rising cost of health technologies and changing consumer demands and expectations which require a collaborative approach as no one profession holds the key to addressing these alone. In addition, recommendations from reviews such as those from the Francis report on the Mid-Staffordshire NHS Foundation Trust, put a great deal of emphasis on the creation of a common culture throughout the system, in relation to openness, transparency and candour.³¹⁰
- 4.153 Whilst this is not a new idea and regulators already assess team-based practice as part of their quality assurance activity, there are calls for a more coordinated approach from organisations such as the Centre for the Advancement of Inter-Professional Education (CAIPE).³¹¹ Their 2016 guidelines highlight the variations in requirements and procedures that remain between university departments internally and regulatory bodies which can obstruct opportunities for closer alignment between professional courses. It welcomes efforts made by regulatory bodies to conduct reviews jointly to allow comparisons and includes recommendations for regulators to review their approach to ensure more consistency including a more explicit focus on encouraging inter-professional learning where possible, for example through use of a common template for recording inter-professional learning identified during reviews and the use of review panel members with direct inter-professional education experience.³¹²
- 4.154 Regulators have sought to embed a focus on inter-professional learning where possible. As previously highlighted, the NMC's recently published draft standards for nurse education include a commitment to align with the Royal Pharmaceutical Society's approach to prescribing: 'As part of our commitment to inter-professional learning and in recognition of a multi-professional approach to prescribing proficiency, we have decided that in future all NMC approved prescribing programmes must deliver outcomes which meet the Royal Pharmaceutical Society's (RPS) Competency Framework for All Prescribers.'³¹³ The HCPC has now made inter-professional education a requirement within their standards of education and training: 'The programme must ensure that learners are able to learn with, and from, professionals and learners in other

³¹⁰ *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*, 2013. Available at <http://webarchive.nationalarchives.gov.uk/20150407084231/http://www.midstaffspublicinquiry.com/report> [Accessed 2 November 2017].

³¹¹ The Centre for the Advancement of Interprofessional Education. <https://www.caipe.org/> [Accessed 2 November 2017].

³¹² Prepared for CAIPE by Barr, H., Ford, J., Gray, R., Helme, M. & Reeves, S. *Continuing Interprofessional Development: Guidelines 2017*. Available at <https://www.caipe.org/resources/publications/barr-h-grayr-helme-m-low-h-reeves-2016-interprofessional-education-guidelines> [Accessed 30 October 2017].

³¹³ Nursing and Midwifery Council, Council 24th May 2017, *Item 7 – Future Nurse Standards and Education Framework: Consultation*. Available at <https://www.nmc.org.uk/globalassets/sitedocuments/councilpapersanddocuments/council-2017/council-item-7-may-2017.pdf> [Accessed 30 October 2017].

professions'.³¹⁴ It is important to note that promoting interprofessional learning may be challenging for professions where training takes place outside of an NHS environment.

- 4.155 Given how important it is for those working in health and social care to have the right values to undertake the roles, HEE has developed a values-based recruitment framework (values covering, for example, 'Respect and Dignity' and 'Compassion'). There has been discussion about whether or not it is the role of the regulator to set standards in relation to entry requirements for education and training programmes. A number of the regulators are, however, focusing on entry requirements for students. If values-based recruitment exercises meet their aims, then those in training (many of whom may be learning in the workplace from the beginning of their courses) and subsequently joining the registers should have the right values for the roles.
- 4.156 Further focus on the merits of this approach in this area and the Authority's proposals for a core set of standards for health and care professionals may strengthen the case for a more integrated approach to inter-professional education on core areas and may lead to a case for greater rationalisation of quality assurance approaches as a result.

Conclusion

Challenges

- 4.157 As the previous section highlights, the future of the education and quality assurance landscape is far from clear with a range of issues that are likely to have an impact on how this area develops in the future. Whilst it is evident that the regulatory bodies are alive to these issues and have taken steps to address them through reviewing and updating their quality assurance processes where possible, a number of specific challenges remain.
- 4.158 One key area is the contradiction that may be developing for regulatory bodies who, on the one hand, should focus their work on assuring the competence of those who they allow on the register and on the other hand, are facing calls to use their regulatory levers across education and more broadly to address issues which, at least at first glance, may not appear to be directly related to public protection. These may include meeting changing workforce needs or encouraging greater inter-professional learning.
- 4.159 There is evidence to suggest that inter-professional education may have a beneficial effect in relation to improving collaborative practice and ensuring a consistent approach to patient care and safety. Therefore, challenges in this area may be around how to practically incorporate this into quality assurance processes. However, pressure to consider workforce needs may pose a conflict

³¹⁴ Health and Care Professions Council. Standard 4.9, *Standards of education and training guidance*. Available at <http://www.hpc-uk.org/assets/documents/10001A9DStandardsofeducationandtrainingguidanceforeducationproviders.pdf> [Accessed 2 November 2017].

of interest for regulators in encouraging them to consider lowering the standards required before allowing people onto the register.

- 4.160 It is interesting to note that elsewhere in the world, the AHPRA has a specific statutory responsibility to assist with workforce planning and to facilitate workforce mobility.³¹⁵ This is not the case for UK professional regulators whose statutory responsibilities are focused on standards of professional practice not with the supply of professions. However, regulators may hold data that can provide some insight into the workforce for planners and other organisations. Maintaining a balance in this area is an issue for professional regulation more broadly, however, concerns may arise if there is pressure to compromise the approach to education and training. For example, there has recently been much focus on the NMC's decision to introduce English language checking for EU/EEA nurses seeking to work in the UK which may have contributed to a decline in nurses applying for registration from the EU/EEA, an issue of concern in the face of overall nursing shortages.³¹⁶
- 4.161 Whilst these pressures come from different places and some are more aligned with the regulators' core purpose in quality assurance than others, the need to incorporate such requirements in quality assurance processes still poses a challenge to regulators seeking to be as targeted and proportionate as possible. For example, inclusion of an individual experienced in inter-professional education on review panels with a specific remit to monitor this area as part of the review process may mean a larger panel and a more complex process. These sometimes contradictory pressures are likely to continue to occur, however it will be important to have ongoing scrutiny of the different requirements which could form part of the quality assurance processes across the regulatory bodies and ensure that they are sufficiently important or relevant to statutory objectives.
- 4.162 A key question to ask when assessing where health professional regulators fit within quality assurance of education and training is, what do the professional regulators do that other regulators don't? As highlighted previously, the focus of PSRBs is seen as providing an important objective oversight of courses within higher education. Professional regulators have made efforts to reduce duplication by making use of information gathered by other bodies where possible, and aligning with internal or external quality assurance activities where practical. However, as noted through the evolving role of organisations such as HEE, the difficulty of separating other definitions of quality from patient safety considerations makes some overlap inevitable across many professions.
- 4.163 With the GMC and potentially the NMC considering the merits of a pre-registration assessment for graduates, there may need to be further review of the risk of duplication in this area. The GMC's quality assurance process for post-graduate training is very different from the other regulators' processes in this

³¹⁵ Health Practitioner Regulation National Law Act 2009. Available at <https://www.legislation.qld.gov.au/LEGISLTN/CURRENT/H/HealthPracRNA09.pdf> [Accessed 2 November 2017].

³¹⁶ The Guardian, 2017. *More nurses and midwives leaving UK profession than joining, figures reveal*. [Online] Available at <https://www.theguardian.com/society/2017/jul/03/more-nurses-and-midwives-leaving-uk-profession-than-joining-figures-reveal> [Accessed 2 November 2017].

respect, as it has already made significant progress in localising quality assurance mechanisms. However, in relation to undergraduate medical education, GMC proposals for an MLA state that it 'will supplement our existing systems for quality assurance'³¹⁷ therefore this may raise questions around whether the existing systems for quality assuring undergraduate programmes remain proportionate and appropriate.

- 4.164 Another ongoing challenge for regulators in seeking to ensure robust quality assurance of education and training environments is the dependence that certain health and care services may have on trainees. This is particularly the case for the medical profession where trainee doctors completing their foundation training often form a significant part of the workforce and also dental nurses in training. With the challenges facing the NHS, funding being under pressure and a significant strain on resources, regulators such as the GMC often have to consider the safety of both trainees and patients if hospitals do not meet the standards required.
- 4.165 Whilst the GMC does have powers to withdraw approval from training environments resulting in the removal of doctors in training, this is very much seen as a 'nuclear option' since taking doctors in training out of a hospital could potentially prevent it operating at full capacity. A recent example of a situation of this nature was in 2016 when concerns were raised about care provided at the emergency department at North Middlesex Hospital and the lack of proper support for, and supervision of, doctors in training. Following a series of improvements made by the hospital in response to conditions placed on it by the GMC working with HEE, further action to remove trainees was avoided. However, in the recent case of the Canterbury Urgent Care Centre, it was agreed that trainees should be moved from some medicine specialties at Kent and Canterbury Hospital to other sites within the trust.
- 4.166 With the rising focus on the apprenticeship model of training as a flexible and accessible route into training, there may be implications for professions where apprentices are needed to fulfil a role in a hospital or other workplace, but employers and those overseeing their training will have an additional duty of care to their welfare and safety as a trainee. There may be additional issues where trainees are based in small practices rather than large hospitals where they may feel less able to raise concerns with their employer and also in situations where the employer is a private company with additional considerations.

Future direction

- 4.167 Whilst significant progress has been made by the regulators in seeking to ensure that their approach to education and training is effective and proportionate, the landscape of quality assurance remains complex with a number of actors fulfilling distinct but sometimes overlapping responsibilities. In addition, the current legislative framework limits what the regulators can do to adapt their approach to a changing environment and new challenges. Whilst there is recognition of the importance of the role that professional regulators carry out and their specific focus on patient safety, the potential overlap identified with other quality

³¹⁷ General Medical Council, *Medical Licensing Assessment*. [Online] Available at www.gmc-uk.org/education/29000.asp [Accessed 2 November 2017].

frameworks including HEE and the development of HEIW demonstrates that there may be further scope to review approaches in certain areas. Work being carried out by HESA on rationalising the data landscape reinforces this.

- 4.168 As highlighted, the higher education landscape is going through a significant period of change at the moment with potential implications for quality assurance of education. If the Government decides to proceed with reforms to professional regulation then, along with the other challenges and issues identified, this could set the scene for a protracted period of change which is likely to pose a range of challenges to the regulators in a variety of areas, including their approach to education and training.
- 4.169 As it remains difficult to anticipate the pace or scale of any legislative changes taking place we would suggest that some of the characteristics of good practice which we identified in our 2009 report remain relevant to guide future developments in the short as well as the long term. With this in mind we have outlined a set of principles which we hope will offer some guidance both for further changes within the current framework or wider reform in this area. These are detailed in the paragraph below:
- 4.170 The approach:
- Is underpinned by a legislative framework which is based on the duty to protect the public and sufficiently flexible to allow a risk-based approach to assuring different professional groups and to meet future challenges
 - Builds on other quality assurance activities and seeks to actively review and, where appropriate, withdraw activity where other agencies can provide sufficient assurance
 - Promotes the benefits of inter-professional education and supports the development of shared values across professional groups to ensure a consistent approach to patient safety
 - Actively involves and seeks perspectives of students, patients and other members of the public in quality assurance processes and the development of training courses
 - Ensures processes, criteria and procedures are consistently applied and, along with outcomes and rationale, are publicly available and clearly explained
 - Actively encourages the sharing and use of data to ensure that education and training programmes are fit for purpose
 - Supports flexibility in training and allows development of new roles where required to address wider workforce challenges.
- 4.171 Ahead of any broader legislative change we suggest that regulators continue to consider the aims and impact of quality assurance activity in line with the principles we have laid out above. We would also suggest further exploration of the opportunities to participate in activity to share best practice and reduce duplication of data requirements on higher education institutions, for example through the work being pursued by HESA.

- 4.172 For certain professions, the professional regulator may be the only body with regulatory oversight of certain training environments and for others it may be the best placed to take the lead on regulatory oversight. We also note that further rationalisation in this area may be reliant on cooperation and data sharing with other bodies active in this space. With this in mind, we would suggest that the above principles and our observations in this chapter will be of relevance to systems regulators and others involved in any way with education and training in the health and care sector who may also wish to review their involvement with education and training providers and ensure they are not duplicating existing arrangements.
- 4.173 Looking further ahead, much will depend on the appetite and scale for wider legislative reform, however we believe that with the changes coming down the line and issues highlighted, our recommendation in *Regulation rethought* for a review of regulatory approach and responsibilities amongst the bodies involved in the quality assurance of education and training remains appropriate. However, it will be important to be alive to the changes taking place within higher education, in particular the development of the OfS and any activity that may be pursued by this body in relation to reviewing or rationalising the regulatory landscape for higher education.
- 4.174 We suggest that such an exercise could build on the findings of this chapter looking particularly at mapping the roles and specific requirements from the different bodies both in the higher and further education and health sector, including those highlighted in the table at 4.26 and considering how these interact. This could include further exploration of any other frameworks for courses produced by other bodies, where relevant and how these fit in with regulators' standards, as well as the requirements developed by bodies involved in workforce planning and commissioning education and training.
- 4.175 We need to be mindful of the range of education and training providers both in higher and further education. It is important to recognise that not all regulated professions require a degree level qualification. Different challenges that may face those training in services which are outside of the NHS and the regulatory landscape also varies in relation to the number of bodies with oversight in certain areas.
- 4.176 It would also be important to look at approaches to quality assurance of education and training in other countries, drawing on research already carried out by the regulators and others. As noted Australia is exploring the potential of developing a multi-professional system of accreditation for education and training.
- 4.177 We believe it is also necessary to consider the restrictions currently placed on the regulators by the legislative framework and review the Law Commissions' proposals for changes to make the legislation in this area simpler and more flexible. A single, simplified legislative framework would promote consistency where possible and encourage a unified approach where desirable on key areas whilst allowing the flexibility to adapt to the specific needs and risks of the profession. It would also allow a more streamlined and coordinated approach, for example, as proposed, it could allow a regulator to reduce activity or stop carrying out specific tasks where unnecessary or where other bodies are carrying

out similar activity. There is an arrangement currently in place between the GMC and the QAA whereby the QAA accepts GMC assurance for medical schools rather than carrying out any further review. It may be useful to explore lessons that could be learnt from the Primary Authority scheme which operates to simplify business interaction with local authorities.³¹⁸ In the future, there may be the potential for the development of a 'lead regulator' scheme where certain bodies take the lead in carrying out quality assurance activity for different institutions and other organisations accept assurance from the lead body rather than duplicating activity/requirements. This is also an arrangement that currently operates within higher education where HEFCE takes on the role of principal regulator for education providers which hold charitable status.

- 4.178 It will be important for any change following a review to take account of, and respond to, any wider changes which might be pursued as part of a reform agenda, with or without legislation. For example, the introduction of a shared statement of professional practice across the different professions could be pursued without the need for primary legislation. If this was to be introduced, then there would also be merit in the regulators collaborating on consistent outcomes for students to ensure that these joint values are also translated into the approach to education and training for all professionals, whilst also reflecting the specific needs of the different professions. It is worth noting the work carried out by the GMC and the NMC, which has effectively established common standards for education across nursing and medical education with profession specific variation where required. This has also enabled providers locally to start to join up quality frameworks across professions.
- 4.179 Finally, the concept of a shared multi-professional function for quality assurance across the regulators has been raised both by the Authority in *Regulation rethought* and by the GMC in its 2013 review of their quality assurance processes and also the Scottish Government in the Law Commissions' report which called for a single body to be responsible for assurance of education which would have representation from individual regulators 'a 'hub and spoke' model'.³¹⁹ This would be a much larger change, and further work would be required to establish whether such a move would be necessary or desirable, and develop an evidence base. However, it is important to be aware of these options which have been raised and explore as appropriate. We discuss our proposal for how the regulatory system should be structured in the final chapter of this report. As highlighted a multi-professional system of accreditation for education and training is currently being explored in Australia with the aim of increasing consistency, cost-effectiveness and collaboration across professions and promoting innovation to ensure that education and training supports national workforce and health priorities.

³¹⁸ The Primary Authority scheme was established by the Regulatory Enforcement and Sanctions Act 2008. It enables a business to form a partnership with a single local authority, which is called its 'primary authority' and enforcement activity including checks and inspections by other local authorities must then be in line with policies and plans agreed with the primary authority.

³¹⁹ Law Commissions, 2014. *Regulation of Health Care Professionals, Regulation of Social Care Professionals in England*. Available at http://www.lawcom.gov.uk/wp-content/uploads/2015/03/lc345_regulation_of_healthcare_professionals.pdf [Accessed 2 November 2017].

4.180 Work is ongoing within the Authority to review the *Standards of good regulation* and any learning from this chapter will feed into this project as it progresses. Ultimately, we would reiterate that we believe the professional regulators play an important role in this area and that significant progress has been made in improving quality assurance within the current structures, but that external events are likely to make further change inevitable. Any reform should take account of the principles we have laid out in this chapter and, whilst recognising that there are many stakeholders with responsibilities in this area, a new system should ideally be focused not on what has evolved either historically or organically, but consider the most right-touch approach to ensuring that those qualifying from education and training are competent to join the register.