

COUNCIL

Education: Annual Monitoring & Reporting 2017/18

Meeting: 10 July 2019

Status: for noting

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Purpose

1. This paper presents the 2017/18 Annual Monitoring & Reporting (AMR) sector report, which forms a key part of the quality assurance activities undertaken by the Education department.

Recommendations

2. Council are asked to **note** the update and **consider** the outcomes of the AMR sector report (**annex one**).

Strategic objective

3. To deliver a targeted approach to regulation. Specifically for Education, to deliver our statutory function of approving and quality assuring qualifications leading to registration.

Risks

4. The following risks are associated with AMR:
 - **ineffective approval & quality assurance (A&QA) processes result in lack of compliance or consistency which could increase risk to the public if programmes are not fit for purpose or appropriately governed:** the AMR process supports us in maintaining appropriate oversight of optical education through a more proportionate and 'right touch' approach to quality assurance. Whilst we already require providers to notify us about key events and changes throughout the year¹, AMR is a mechanism that enables these to be verified and considered against the broader context of a programme. AMR also enables us to carry out sector-wide analysis of programmes and overall routes to registration, to identify key themes, trends and risks; and
 - **poor data integrity and / or key events and changes are not reported:** please see paragraphs 11-12.

¹ Notification of Reportable Events and Changes Guidance, published [here](#).

Background

5. The GOC is required to keep itself informed of the nature of all education and training leading to registrable qualifications under s.13(1) Opticians Act 1989. All education providers are required to demonstrate how they satisfy our requirements, as currently listed in the handbooks.
6. We seek assurance from providers in several ways including, but not limited to, quality assurance visits, notification of reportable events and changes to programmes, conditions management, and annual monitoring.
7. AMR supports and strengthens our oversight of the sector. It gives an overview of the performance of individual programmes as well as providing insight into key themes, trends and risks in the sector.
8. Following informal consultation with key stakeholders including Education Committee and the Education Visitor Panel, we redesigned the AMR process to be applicable across the five programme types (optometry (OO), independent prescribing (IP), ophthalmic dispensing (DO), contact lens (CLO) and awarding bodies).
9. At this stage in its development, this year's AMR process, covering the period between 1 September 2017 – 31 August 2018, focussed on obtaining information and data relating to programme changes, programme delivery, GOC conditions, and lessons learned and good practice. The aim of this year's AMR process was to re-establish the practice of submitting annual updates with providers, and to collect data that enabled us to consider sectoral risks as well as risks to individual programmes.
10. All provisionally- and fully-approved programmes across the five programme types were required to submit a completed AMR form. The form was issued on 3 October 2018 and the submission deadline was 7 January 2019.
11. We have sought to ensure the integrity of the information and data submitted in a number of ways. Firstly, each AMR return was required to be signed off by a 'Responsible Officer'. The Responsible Officer is a member of staff with sufficient authority to represent and bind the institution and bears ultimate responsibility for the information submitted in the AMR form. The Responsible Officer was instructed to only sign off the AMR form when they were satisfied that the responses submitted gave a true and fair account of the programme. Should we identify that a submission is inaccurate or misleading, we will contact the relevant provider and may undertake additional quality assurance activities (such as those outlined at paragraph 6, above). No submissions have been identified as inaccurate or misleading at present.

12. Following the submission of AMR forms and supporting evidence, we reviewed and analysed the information. Where further information or clarification was required, we requested this from the relevant programme.
13. Following our analysis of the information submitted, we have produced:
 - a sector report (**annex one**); and
 - a programme report for each individual programme. These will not be published this year.
14. The sector report provides a summary of our findings and an overview of the key themes and risks that our analysis identified as impacting the sector.
15. Prior to finalisation of the reports, we have sent copies of the sector report and programme reports to all providers for a factual check.
16. Following the publication of the AMR sector report and distribution of programme reports to providers, the 2017/18 AMR process will be closed.
17. Please note that we will review the data integrity check and verification process as part of the design of the 2018/19 AMR process, and make improvements as required.

Analysis

18. Compliance with this year's AMR process was very good, with 27 (87.10%) returns submitted by the 7 January 2019 deadline, and all returns received by 21 January 2019. Responses to additional queries were generally prompt.
19. Through this year's AMR process, we have identified a range of themes and risks affecting the optical education sector.
20. Academic (non-awarding body) programmes appear to have high rates of student progression and student attainment. For those programmes offering honours degrees, performance in the National Student Survey (NSS) is good. OO and DO programmes' average scores across all NSS categories exceeded both the national average and the average for 'Subjects Allied with Medicine' (as defined by Unistats).
21. Student numbers were identified by programmes as an area of risk to the optical education sector. Whilst OO programmes reported good student application numbers, several DO programmes identified low student numbers as a risk to the sustainability of the programme, citing a range of factors including new optometry provision and Brexit.

22. Student numbers for programmes are generally below the GOC's student number cap, where applicable.
23. Resourcing of programmes, in terms of staffing, accommodation and clinical equipment, has been highlighted as a significant risk for several programmes. Difficulties in recruiting, retaining and replacing staff appears to present a particularly high risk to DO programmes. External factors, such as Brexit and the outcome of the Augar Review of Post-18 Education and Funding, have the potential to exacerbate this risk.
24. Although guidance notes for completing the AMR form were published, the amount and quality of information submitted was variable. This was particularly notable for narrative questions (programme changes, key events and risk analysis). There was also variance in the amount of data submitted regarding the admission, progression, attainment and number of students on programmes. This was particularly evident for IP and CLO programmes, which will need improvement for next year's AMR process.
25. There were differences in how student attainment has been measured and reported across different programmes, in particular between 'academic' programmes and 'awarding body' programmes. The differences in how attainment has been calculated has meant that we are unable to accurately capture student progression through the different elements of a route to registration (other than for the fully integrated (single provider) routes to registration).
26. The different methodologies used means that a comparison of student attainment between 'academic' and 'awarding body' programme would not accurately reflect student attainment at each stage of a route to registration. This presents an issue as there is a lack of comparability of student attainment data within a route to registration, where that route to registration is delivered by more than one provider.

AMR development

27. We are continually developing our A&QA processes to be more proportionate and risk-based. One element of this goal is to use data in a more strategic way. As such, we are developing our capacity and capability to process and analyse data in a way that positively contributes to this goal in the medium- to long-term. Our ongoing work in developing and operating AMR will assist in developing this capability.

28. We want to increase transparency in the sector and will be reviewing our approach to publishing the annual monitoring reports.
29. We will consider all feedback received from stakeholders regarding this year's AMR process and will use this to help refine the AMR process for 2018/19.

Impacts

30. The following implications have been identified:
- Reserves; budget; legislation; Human Rights Act; sustainability; devolved nations; and privacy – none.
 - Resources: the electronic form automated a proportion of the quantitative analysis. We will consider how to further streamline this process for the next cycle.
 - Equality, diversity and inclusion: we will consider whether and how to capture equality, diversity and inclusion data for the next AMR cycle.

Communications and timeline for future work

June – July 2019	Finalise & publish sector report Distribute programme reports to providers
July – August 2019	Obtain and review feedback on 2017/18 AMR process
August – September 2019	Refine and finalise 2018/19 AMR process & documentation
October 2019	2018/19 AMR form and guidance sent to providers
January 2020	Deadline for 2018/19 AMR form returns

Attachments

Annex one: Annual Monitoring & Reporting 2017/18 – Sector report (NOT PUBLISHED)