

Designing a Teaching Excellence Framework: Lessons from other sectors

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Contents

Introduction and Summary	2
1. Ratings in the education, health and social care markets.....	8
2. Lessons for the Teaching Excellence Framework (TEF)	20
3. Considerations for Government and the sector	26

Introduction and Summary

Towards the end of last year, the Government set out plans for the Teaching Excellence Framework (TEF) in the green paper.¹ In the first year, 2017/18, higher education institutions who have met or exceeded Quality Assurance Agency (QAA) expectations in their last review will be granted a level-one award, with the option to apply for higher-level awards from year two onwards. Assessment will involve a review of metrics and wider evidence by a panel. Depending on the level awarded, institutions will be able to increase their fees above the cap at differentiated rates but not exceeding a real terms increase. The objectives are threefold: to recognise, and promote, teaching excellence and to inform choice.

The need for a TEF is clear. League tables are a popular source of information for students and yet evidence suggests that rankings can be a poor indicator of overall quality.² One-quarter of students report that they would have researched teaching quality in hindsight.³ Designing an effective solution is far more complex, not helped by the lack of international examples. This makes exploring quality ratings in other markets all the more important, particularly those in public and quasi markets where quality can also be difficult to unpick.

This paper explores rating systems in other parts of the education sector and the care sector, delivered by Ofsted and the Care Quality Commission (CQC), to consider lessons for the TEF. These sectors are different to higher education, in part because of the co-regulation of quality and standards of the

professions by a larger number of bodies. Nevertheless, their experience of ratings can offer interesting insights. The relative success of Ofsted ratings, which have expanded from schools to the wider education market, compares to a more intermittent history of ratings in health and social care. The systems share a number of common features, however, and have experienced similar problems, providing helpful considerations for the TEF. The first two-thirds of the paper looks at the systems in these sectors in more detail, using case studies of their operation in schools and hospitals, and explores their impact. The remaining section considers the implications for the TEF.

The findings suggest the following will be important for a successful TEF:

- **Stability in the organisation delivering the rating:** The marked instability in the organisations delivering healthcare ratings up until 2009 is likely to have presented a challenge for regulators, as well as providers who will have had to adapt to different processes.⁴ In contrast, while there have also been changes to Ofsted ratings, the body itself has remained the same. This presents a challenge for the TEF which comes at the same time as significant changes to the quality assurance, and regulatory, framework.
- **The use of a wide range of evidence, including good outcomes data and visits:** Ratings have developed over time from being based on a small number of metrics, as was the case with star ratings in healthcare, to the incorporation of a much wider set of evidence. Today, both CQC and Ofsted draw on outcomes data, evidence gathered during inspections, and

data on the views and concerns of users and staff. The lack of good outcomes data presents a challenge for the TEF, and will make wider sources of evidence all the more important.

- **The role of experts in developing ratings:** The use of experts and practitioners in delivering ratings has become more commonplace, following criticisms about the knowledge of inspection teams. While TEF ratings will draw on the expert views of a panel, this expertise could become more diluted with the possible move to subject-level ratings.
- **Disaggregation, and comprehensive coverage, of ratings:** Ratings in the public sector are comprehensive, covering all providers that are regulated by Ofsted or CQC. They are also available at a more granular level to support choice. For example, ratings are provided for different hospital departments, and there are separate ratings for early years provision within schools. The development of subject-level ratings will be very important for the TEF, given that many students choose an institution based on their subject preferences. It will also be important that all institutions are sufficiently incentivised to apply for higher-level TEF awards, particularly those further education colleges with fees currently below the cap.
- **Inclusion of ratings in league tables and alongside a wider set of data:** Ratings are just one form of comparable information to inform consumer choice, and sit alongside a wider set of information in school performance tables or on NHS Choices. The inclusion of information in league tables has also been found to have a more direct impact on service

quality. Including the TEF in league tables will be important, but it must be sufficiently weighted against other league table variables such as degree outcomes or research excellence. Reform to the Key Information Set (KIS) must also take priority given that the TEF will not initially be available at subject-level.

In addressing these issues there are two points that are worth considering. Firstly, whether the TEF should be embedded into the wider quality assurance system. A key difference between public service ratings, and the proposals for the TEF, is that they are a core feature of the regulatory system. One process provides a rating across all providers. In contrast, in being modelled on the Research Excellence Framework (REF), the process for gathering information and rating providers under the TEF is to be separate to the quality assurance process. It also has a voluntary component. This creates a number of risks:

1. In attempting to ease the burden on providers of two separate schemes, the information that informs the TEF is not as rich as it could be. For example, there is no proposal to include a visit, which could be problematic given the issues with outcomes data.
2. The information available to students is not as comprehensive as it is in other markets.

Moving to a purely Ofsted-style scheme, whereby one organisation rates quality, would be more difficult in higher education given the larger number of bodies involved in overseeing standards, including the many Professional Statutory and Regulatory Bodies. However, consideration should be given to other ways that the TEF could be more

deeply integrated with the quality assurance scheme. This could involve using the new and improved external examining system, as proposed by Higher Education Funding Council for England (HEFCE), to capture evidence on quality to inform the TEF.⁵ This would have the advantages of being available at subject-level, and being drawn from experts who understand the institutional context, but who are also independent of it.

Secondly, whether the introduction of the TEF should be postponed. The Government has proposed a TEF-light approach for the first year of operation, using QAA review outcomes to award providers with a level-one rating. However, there are limits to the usefulness of this information. The current quality assurance regime considers institutional processes rather than actual standards. The information also already exists via the QAA's quality kite mark. Low take-up of the kite mark by providers suggests that it is not considered information that students deem to be valuable. Therefore, the only benefit of phase one of the TEF would be that institutions would be able to raise their fees beyond the cap. Based on QAA reviews undertaken in 2014/15, 80 per cent of providers will be able to increase their fees.⁶ The increase is likely to be small, given the Government's proposal to introduce four differentiated rates of fees, and these will not exceed a real terms increase. But it could be important for institutions who have had courses frozen at £9,000 since 2012.

So the Government could consider postponing the introduction of the TEF. This would allow the findings from the 2016 technical consultation to feed into it. It would also allow sufficient time to consider how the TEF will fit within the new quality assurance,

and wider regulatory, framework which may reduce the risk of future instability and help the TEF get established without so much controversy. This would mean no TEF-related increase in fees in 2017/18 but it would not prohibit a small fee increase in recognition of rising cost pressures, if the Government were minded to do so.

1. Ratings in the education, health and social care markets

The history of ratings in education and care sectors

Within the sectors under study, the most established system of ratings is within schools, with Ofsted created through the Education (Schools) Act 1992. This followed concerns about inconsistencies in the inspections conducted by local education authorities, and the need for an independent inspectorate in response. Ofsted's remit has expanded significantly over time to include oversight of the early years market from 2001, and post-16 further education from 2007. Ofsted's recent Common Inspection Framework, implemented from September 2015, applies consistent principles for regulation across the sectors in order to support comparability and consistency.⁷

As well as significantly influencing the role of ratings in the education market, Ofsted has played an important role in driving and shaping the development of ratings within the health and social care sector. The reintroduction of ratings in 2013 followed calls by the Secretary of State for the development of Ofsted-style ratings to empower users and drive service improvements. This followed a period between 2009 and 2012 when quality ratings had not been in place, during which time concerns were raised about the lack of information to inform social care choices. This included concerns about the credibility of some private rating agencies that had entered the market. Research by the BBC looked into rating agencies used by councils in Sefton, and found that 14 of 80 homes given a four or five-star rating were failing to meet one or more of the CQC's essential standards.⁸

Prior to 2009, provider-level ratings operated within healthcare settings for a decade under a number of different guises. The Performance Assessment Framework was introduced in 1999 to assess and improve the performance of health services both locally, through health authorities and primary care groups, and nationally through the NHS Executive. These were replaced by star ratings in 2001, which were based on meeting national targets, such as waiting times, followed by the introduction of the Annual Health Check (AHC) in 2005. The AHC drew on a wider range of information, and had a more explicit role in informing choice. The last AHC was published in 2008/09.⁹

The history of ratings in social care is briefer than that of healthcare. While local authority social services departments were rated by the Audit Commission for their role in securing services, it was not until 2008 that these were applied to providers. The Commission for Social Care Inspectorate published quality star ratings for all regulated adult social care services against outcome descriptors. This role was taken over by the CQC in 2009, which established an integrated health and social care regulator, and continued to publish provider-level ratings until June 2010.

Common features of ratings

The overall approach that the CQC and Ofsted take is similar across the sectors that they rate, with sector-specific details set out in relevant handbooks. Some of the key features of the systems are explored below. Their application in schools and acute hospitals are used as case studies.¹⁰

i. Assessment against four or five key areas

Ofsted and the CQC assess their providers against the same broad areas, regardless of the sector being assessed. They take a broad definition of quality, which also includes minimum standards.

In relation to Ofsted's oversight of schools, further education and early years, this includes: the effectiveness of leadership and management; the quality of teaching learning and assessment; personal development behaviour and welfare; and outcomes for children and learners.

The CQC assesses providers against five themes, posed as questions:

- Are services safe? Are people protected from abuse and avoidable harm?
- Are they effective? Does people's care, treatment and support achieve good outcomes, promote a good quality of life and make use of the best available evidence?
- Are services caring? Do staff involve and treat people with compassion, kindness, dignity and respect?
- Are they responsive to people's needs? Are services organised so that they meet people's needs?
- Are services well-led? Does leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, support learning and innovation, and promote an open and fair culture?

A sub-set of questions or indicators sit beneath these to help guide the inspectorate and ensure ratings are consistent across different providers.

ii. Use of a wide range of data, including on-site visits, to source evidence

Both CQC and Ofsted draw on a wide range of evidence to assess how far providers are meeting the criteria, which includes: data on outcomes; observations; and assessment of the views of users and staff via complaints data and national and local surveys. In relation to healthcare, the Patient Survey and Friends and Family Test provide information on consumer satisfaction with services, and the NHS Staff Survey covers staff views on the quality of services they deliver. This includes whether staff feel comfortable to raise a concern, and their views on leadership and management – for example, whether care of patients is a top priority for the organisation. Evidence from whistle-blowers has also become a central focus for the CQC. Staff are encouraged to come forward with concerns through the CQC website and phone line, and providers are requested to provide information as part of annual reporting requirements.

The on-site visit plays an important role in the evidence-gathering process. In the case of the CQC's inspections of acute hospitals, inspections are carried out over the course of two to four days by a team of experts which includes senior practitioners or managers in the field. Ofsted's inspections of schools take place over the course of approximately two days, with providers that have been previously rated 'good' subject to shorter inspections.

Types of evidence used by Ofsted and CQC

Type	Examples in relation to hospitals	Examples in relation to schools
Local and national data	Patient and staff surveys Safety incidents Mortality rates Waiting times National clinical audits	Academic achievement Pupil attendance Exclusion rates
Ongoing feedback and concerns	Feedback from people, carers and staff to the CQC Complaints data Information from stakeholders	Complaints made to Ofsted Notifications of concerns by other stakeholders
Pre-inspection information gathering	People who use services The provider National datasets CQC records Other stakeholders	Parent View – survey put out to parents by Ofsted Staff questionnaire Outcomes of previous inspections
Inspection	Observations of care Discussions with users, carers and staff Examination of environment and facilities Record and document reviews	Discussions with students Observations Scrutiny of students' work Review of records and documents

iii. Judgements against a four-point scale

Once the evidence has been gathered, it is used to develop ratings against each of the broad assessment categories, as well as an overall rating for the setting or location. In establishing the overall rating, inspectors follow guidance as to the criteria to apply, as well as any other particular factors that they should consider. For example, in developing an overall rating for schools, inspectors must evaluate the effectiveness of the provision for pupils' spiritual, moral, social and cultural development as well as the extent to which providers comply with the Equality and Human Rights Act 1998. The same four-point scale is applied by both regulators: outstanding; good; requires improvement; and inadequate. Perhaps it is no coincidence that the TEF has four levels too.

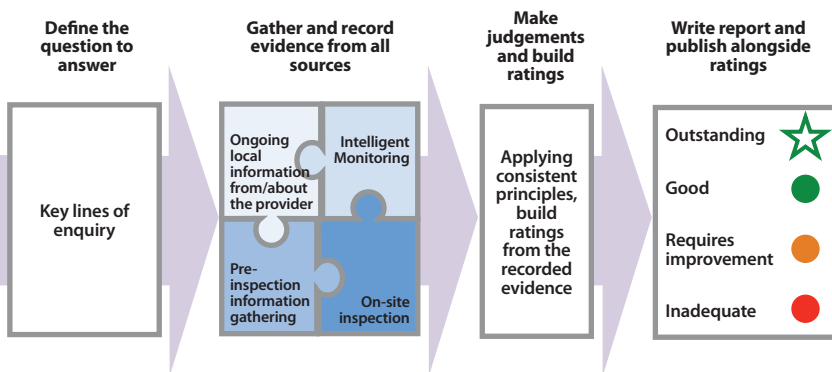
In most cases ratings are produced at the level of the provider, although in some cases more granular ratings are produced to help inform consumer choice. For example, CQC award a rating for individual hospital departments which equates to around 48 ratings for a single site acute hospital. In relation to schools, Ofsted has produced a separate rating for early years services so that parents can compare quality between publicly, privately and independently-run settings.

iv. Publication of the report and rating

When the final report is ready, providers are given the opportunity to review it and have a set period of time to challenge it – five days in the case of the CQC, and 10 days in the case of Ofsted. Providers cannot challenge the rating itself, but can challenge whether or not procedures were followed.

The rating is published on the regulator's, and provider's, websites, as well as on consumer choice websites alongside other information. In relation to schools, performance tables on the Department for Education website include: information on the profile of students and teachers; test results, including results for disadvantaged pupils; financial resource and spend; and a value added score. In relation to healthcare, ratings sit alongside a broader set of information on the NHS Choices website. This includes information from user reviews, as well as information on staff, services and facilities. In order to raise awareness of outcomes, the CQC also informs the media when they have found 'outstanding' or 'inadequate' care, or where they prosecute or take enforcement action.

CQC's process for developing ratings



Source: 'How we inspect and regulate: a guide for providers', CQC, available at <http://www.cqc.org.uk/content/how-we-inspect-and-regulate-guide-providers>

v. Risk-based approach to re-assessment supported by continuous monitoring of data

Once a rating has been delivered, both regulators use a risk-based approach to help determine when the rating is reviewed. CQC uses a system of Intelligent Monitoring, which involves the routine oversight of data and placing of healthcare trusts into priority bands to inform when they are inspected. In relation to NHS acute trusts, this involves oversight of over 150 different pieces of data. Ofsted usually undertakes risk assessment at the start of the third school year after the most recent inspection. The outcomes of this are used differently depending on the previous inspection grade of the school and type of provider. For example, 'outstanding' maintained primary and secondary schools are not routinely inspected unless a concern is raised via the risk-assessment process, or another route.

Critique of impact and approach

The lack of evaluations of ratings means that evidence on their impact is limited. Before moving on to consider the implications for higher education, in the last section of the report, some of the key issues with public sector ratings are explored below.

i. Impact on performance

There is evidence to suggest that where ratings have been in place there have been improvements in services against the indicators being measured. Under the AHC, the proportion of NHS trusts rated excellent or good increased from 46 per cent in 2005/06 to 60 per cent in 2007/08. Equally, the proportion of early years providers rated 'good' or 'outstanding' by Ofsted

has increased from 65 per cent in 2009 to 78 per cent in 2013.¹¹ However, improvements have not been seen across all sectors to the same extent, with performance in secondary schools lagging behind primary schools.

Where information from ratings is included in league tables, the impact on performance appears to be stronger, with the Centre for Market and Public Organisation identifying a causal relationship between league table existence and performance. Whilst comparing GCSE school performance for pupils in similar schools in Wales and England their study found that, while pupils were performing very similarly up until 2001, performance diverged significantly following the abolition of league tables in Wales by almost two GCSE grades per student per year.¹²

ii. Concerns about validity and reliability

While there is reasonable evidence that the existence of ratings supports service improvements, there are also concerns about the validity and reliability of ratings.

- **Gaming and over-reliance on data:** This was a particular issue for star ratings, which drew on a small number of indicators from national datasets. The Healthcare Commission attempted to overcome this problem by using a broader range of evidence to corroborate data. There is also a risk that over-reliance on hard data means that ratings are focussed on those aspects of quality which are easiest to measure.
- **Validity and reliability of observations:** In relation to schools, Policy Exchange recently called for the abolition of routine observations.¹³ The report cites research by Professor Rob

Coe which identifies a series of challenges to rating school performance accurately through a 20-minute observation. Ofsted has since clarified that observations of lessons should not be graded, and that inspectors must not advocate a particular method of planning, teaching or assessment.

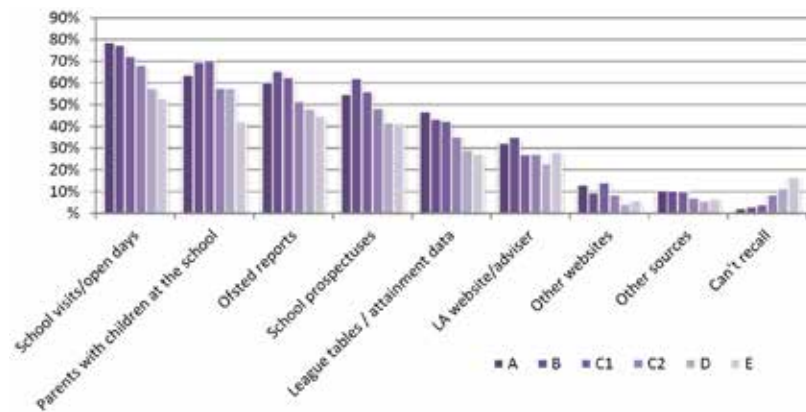
- **Out-of-date ratings:** In the case of schools, providers may go up to five years without an inspection, and potentially longer where schools are rated 'outstanding'. As a result, the continuous oversight of data, to ensure that ratings can be suspended where a concern is identified, has become a more prominent feature of ratings over time.
- **Quality of the inspectorate:** Concerns have been raised about the lack of expertise, and experience, of inspectors. In relation to school inspections, Policy Exchange called for all inspectors to have relevant and recent teaching experience, or a high knowledge of assessment and pedagogical practice in the area.¹⁴ In 2014, Ofsted announced that it would no longer contract out school inspections to agencies, and instead employ inspectors directly.
- **Inconsistencies and potential bias:** The first round of ratings under the new CQC's new system found that 70 per cent of social care services were 'good' compared to 24 per cent of acute hospitals, with 63 per cent 'requiring improvement' and 13 per cent rated 'inadequate'.¹⁵ Equally, in August 2013, 18 of 24 newly launched free schools were graded 'good' or 'outstanding' by Ofsted while over 100 state schools were downgraded from an 'outstanding' classification.¹⁶ Ofsted's chief statistician has also recently been reported as having said that it is harder for schools with lower-ability intakes to gain 'good' or 'outstanding' judgements.¹⁷

These issues have caused tensions between the regulators and providers. Ofsted received 2,155 'Step 2' complaints in 2013/14, where a formal complaint to Ofsted has not been resolved, and presumably will have received many more initial complaints.¹⁸ This will include complaints from parents who, in the past, have campaigned where a school has been placed into special measures.

iii. Consumer use of ratings

There is some evidence to suggest that ratings have not always been widely used by consumers. For example, an evaluation of ratings in social care found that they were primarily used by commissioners, with carers and consumers being secondary users.¹⁹ However, use of Ofsted ratings appears to be high. Research by the Sutton Trust found that 57 per cent of parents indicated that they had used Ofsted reports in choosing a school.²⁰

Use of various sources of information by parents when choosing a school, by social group (N = 1173)



Source: *Parent Power?*, Sutton Trust, 2013

iv. Staff welfare

Some concerns have been raised about the impact of rating systems on staff welfare. For example, a 2015 poll by the National Union of Teachers (NUT) found that 53 per cent of teachers were planning to leave teaching by 2017, with the extra workload as a result of changes to Ofsted identified as a key factor.²¹ Equally, a review of the AHC noted the creation of bullying styles of management within healthcare settings.²²

v. Costs

The operation of rating systems has come at a cost to providers and the taxpayer. In relation to health and social care, in the year 2014/15, operating costs were £118 million with £100 million of this cost covered by fees from providers.²³ While not directly comparable, because of the different number of providers that are overseen by the regulators and different number of inspections carried out each year, Ofsted's operating costs are in the region of £155 million.²⁴ The QAA, which oversees standards in higher education, has operating costs in the region of £14 million.²⁵

2. Lessons for the Teaching Excellence Framework (TEF)

The system of ratings set out above are different to the proposals for the TEF. This is partly because the systems of regulation are different. There is a large degree of co-regulation in the higher education sector, which is widely supported within the sector, including by some 130 Professional Statutory and Regulatory Bodies.²⁶ Indeed Ofsted has some oversight of quality through its regulation of teacher training courses. In contrast quality regulation in the wider education and care sectors is more centralised, and both Ofsted and CQC have a statutory underpinning.

Nevertheless, looking at the experience of ratings in these sectors is helpful in identifying potential considerations. The findings suggest that the following issues are likely to be particularly important for successful design and implementation.

Stability in the body delivering the rating

Up until 2009, in the case of healthcare, there were numerous changes to the organisations delivering ratings which, in turn, triggered changes to the ratings themselves. As the Nuffield Trust has argued, this reduced the time for regulators to develop the system, apply it to other providers, and to carefully evaluate its impact.²⁷ It also presented challenges to providers, and consumers, who had to adapt to different processes. In contrast, while there have been changes to Ofsted ratings, the body itself has remained the same. This is likely to have aided the expansion of Ofsted's remit over time.

Stability appears to be important, and yet could be problematic for the TEF given the uncertainty that surrounds it. For example, HEFCE is working on a new quality assurance system. The green paper also contains a series of wider changes to the regulatory system, including the introduction of an Office for Students.

Use of a wide range of sources of information, including good outcomes data and on-site visits

Over time ratings have evolved from being focussed on a smaller number of metrics to the use of a wider set of information, including information from on-site visits, and the views and complaints of users and staff. This has been designed to reduce the impact of gaming, and to capture those aspects of quality that are less easy to measure. Ratings have also been underpinned by reasonably good outcomes data. In relation to Ofsted ratings, data on achievement is a significant driver in determining the overall rating of a school.²⁸

Drawing on a wide range of evidence will be particularly important for the TEF given the problems with the existing outcomes data.

- **QAA review outcomes:** Under the proposals, a good review outcome will act as a gateway to the TEF in year one. However, QAA review outcomes relate to the quality of an institution's processes, rather than actual quality or standards. It is at least theoretically possible that a provider with good processes delivers poor teaching. The relatively low take-up of the QAA's Quality Mark, which can be used by institutions meeting or exceeding expectations, also suggests that providers do not

deem it to be a useful means to attract students. 54 per cent of eligible higher education institutions subscribing to the QAA use the Quality Mark, and 40 per cent of further education colleges.²⁹

- **Employment outcomes:** The TEF will include an assessment of employment outcomes, based on the *Destination of Leavers from Higher Education (DLHE)* survey and perhaps even HMRC data. However, the DLHE suffers from small sample sizes in places, and there are concerns about gaming. HMRC data will provide better information on earnings, which will be helpful for those students who are motivated by earning potential, but it is not a measure of quality. Better occupational employment outcomes data, such as the number of students in graduate-level jobs, is needed to inform the TEF.
- **Data on degree outcomes:** The Government does not currently plan to include degree outcomes in the TEF, in recognition of the incomparability of degree standards, and will encourage a move to Grade Point Average to recognise student's achievements. However, the proportion of 'good' degrees (2:1s or above) awarded by providers is likely to continue to be used within league tables, given the weight placed on the measure by employers and students. According to one survey 81 per cent of employers use 2:1 and above as a cut-off as part of recruitment practices.³⁰ This will have implications for the TEF.

The ability to draw on a wider set of information to inform the TEF might also be more limited than in other sectors. Data on user and staff concerns in higher education is not as sophisticated as it is in healthcare, where first-tier complaints data is collected

and analysed and data on staff concerns reported annually. The TEF will also presumably not benefit from the potential to corroborate evidence supplied by institutions to the panel through a visit.

Role of experts

There have been a number of concerns raised about the quality and expertise of the inspectors in charge of producing ratings, and an increasing move to employ practitioners in this process. Up until 2013, CQC inspection teams were made up of compliance inspectors rather than experts in the field. Ofsted is also increasingly employing inspectors directly, rather than outsourcing inspections to outside agencies.

In this sense higher education is ahead of the game with external examiners, who should have a good understanding of the institution, playing a core role. However, there is currently no proposal to draw on their expertise to inform the TEF. While the TEF will be overseen by a panel of experts, their level of expertise could reduce with the move to subject-level TEF assessments.

Inclusion in league tables and wider information

In order to ensure that ratings helpfully inform choice, a number of measures have been adopted by the education and care regulators:

- consultation with user groups, as well as experts, to ensure that indicators are meaningful;
- user-testing of communication materials;

- use in league tables; and
- use alongside a wider set of comparable information, including school performance tables and NHS Choices.

The inclusion of the TEF in league tables will be particularly important. Research by Which? has found that students report that the general reputation of the university, and league table placement, are some of the most important types of information for students in assessing quality.³¹ Research has also found that the impact of increased National Student Survey (NSS) scores on university applications is largely attributable to a university's position in league tables, because they are visible and readily available.³² In order to have the required effect it will be important that the TEF is sufficiently weighted against other league table indicators, such as research excellence and degree outcomes.

The TEF will also need to sit alongside a new and improved KIS, particularly given the voluntary nature of the scheme and that it will not be available at subject-level initially. The Competition and Markets Authority's guidance states that a wide set of information is material, and therefore mandatory to provide.³³ This includes information on qualifications and experience of teaching staff, the amount of private study expected, and the amount and type of teaching. This information is not currently available in a comparable format within the KIS.

Disaggregation and comprehensive coverage of providers

While ratings are largely delivered at the level of the provider, both CQC and Ofsted deliver ratings at a more granular level to support choice. Ratings in these sectors also have the advantage of covering

all providers that are regulated by either Ofsted or CQC.

In relation to the TEF, subject-level ratings will be very important for students who often choose institutions based on their preferred subject. The Government has said that it will consider the development of this over time. It will also be important that institutions are sufficiently incentivised to apply for higher-level awards. Incentives will be greater for Higher Education Institutions, 99 per cent of which charge a maximum of £9,000 for some or all of their courses, and weaker for Further Education Colleges, 31 per cent of which do.³⁴ The use of information in league tables, and potentially by other bodies including the Home Office to consider sponsorship status, would help encourage this.

3. Considerations for Government and the sector

A key difference between public service ratings, and the proposals for the TEF, is that they are a core feature of the regulatory system. One process provides a rating across all providers. In contrast, in being modelled on the REF, the process for gathering information and rating providers under the TEF is separate to the quality assurance process. It also has a voluntary component. This creates a number of risks:

1. In attempting to ease the burden on providers of two separate schemes, the information that informs the TEF is not as rich as it could be. For example, there is no proposal to include a visit, which could be problematic given the issues with outcomes data.
2. The information available to students is not as comprehensive as it is in other markets.

Moving to a purely Ofsted-style scheme, whereby one organisation rates quality, would be more difficult in higher education given the larger number of bodies involved in assuring quality. However, consideration should be given to other ways that the TEF could be more deeply integrated into the quality assurance scheme. This could involve using the new and improved external examining system to capture evidence on quality to inform the TEF. HEFCE's draft proposals included further training for examiners, a national register and the development of subject networks to support examiners to debate standards.³⁵ This would have the advantage of being available at subject-level, and being drawn from experts who understand the institutional context, but who are also independent of it.

The Government has proposed a TEF-light approach for the first year of operation, using QAA review outcomes to award providers with a level-one rating. However, there are limits to the usefulness of this information. The current quality assurance regime considers institutional processes rather than actual standards. The information also already exists via the QAA's quality kite mark. Low take-up of the kite mark by providers suggests that it is not considered information that students deem to be valuable. Therefore, the only benefit of phase one of the TEF would be allowing institutions to raise their fees. Around 80 per cent of the 87 providers reviewed by the QAA in 2014/15 received a positive outcome overall.³⁶ The increase is likely to be small, given the Government's proposal to introduce four differentiated rates of fees that will not exceed a real terms increase. But it could be important for institutions who have had courses frozen at £9,000 since 2012.

The Government should consider removing this first phase of the TEF. This would allow the findings from the 2016 technical consultation to feed into it. It would also allow sufficient time to consider how the TEF will fit within the new quality assurance, and wider regulatory, framework which may reduce the risk of future instability. This would mean no TEF-related increase in fees in 2017/18, but would not prohibit a small fee increase in recognition of rising cost pressures, if the Government were minded to do so.

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The Government is committed to introducing a Teaching Excellence Framework (TEF) to assess the quality of teaching and learning in higher education.

Designing the right solution is challenging. There is no off-the-shelf solution from other countries that we can lift. But we can learn lessons from other sectors.

This pamphlet explores rating systems that exist in other parts of the education sector and also the care sector, before considering the implications for the TEF.

The author, who has a background in consumer affairs, makes two recommendations:

- to integrate the TEF more fully within the quality assurance system; and
- to delay the TEF's introduction until we are sure it is right.

HEPI was established in 2002 to influence the higher education debate with evidence.

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