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Quality Assurance of Teachers' Continuing Professional Development

Rapid Evidence Review



Foreword

Access to career-long professional development is the mainstay of so many professions. Often the provision of CPD is regulated by some form of quality assurance process, yet there is no such system-wide process to quality assure the provision of CPD undertaken by teachers in England. Teachers and school leaders tell us that the absence of quality assurance of CPD is a significant barrier to their participation; uncertainty about the quality of the CPD they may be signing up for means that they are reluctant to spend limited budgets on external provision. Understanding the quality of CPD could help to drive up participation in high quality offers.

Wellcome and the EEF commissioned a consortium of the Chartered College of Teaching, Sheffield Institute of Education and the Teacher Development Trust to carry out Phase 1 of a project to design, develop and research existing quality assurance systems, test the schools market and propose a system of accreditation of provision and providers of school teachers' CPD. This Rapid Evidence Review, undertaken by Sheffield Institute of Education, is part of this project.

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Quality Assurance of Teachers' Continuing Professional Development Rapid Evidence Review

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1. Introduction

As part of Phase 1 of the design, development and testing of a system of accreditation of provision and providers of school teachers' professional development, a rapid evidence review was undertaken. The evidence review synthesises findings on relevant features of current systems of quality assurance in education and other professions, in England and internationally. The review frames and complements the outcomes of stakeholder consultation meetings and survey, including:

- what and where do systems of quality assurance already exist, including those in operation in education, other professions and internationally;
- the measures and processes used in these systems, such as payment models and criteria for assessment;
- the benefits and drawbacks of these systems.

This report describes the methodology of the review and reports findings, focussing on four areas:

- quality assurance of teacher professional development in the English education system;
- quality assurance of teacher professional development in international education systems;
- quality assurance of professional development in selected other professions in the UK;
- quality assurance of other aspects of the English education system.

Throughout, we present case studies to exemplify how quality assurance systems operate and draw on the literature to highlight the impacts of the systems. In the section on professional development in other professions, we consider the meaning and implications of professionalism and how this influences and is influenced by policy and practitioner contexts. The review concludes by emphasising the importance of framing any quality assurance system within the influences of the social and professional systems in which it operates. Informed by this we then present two models of quality assurance that appear to be most relevant to the current English context, as indicated by consideration of other data gathered, such as that from stakeholders. These two models are kite-marking and professional recognition.

2. Methodology

2.1 Scope

The rapid evidence review had the following initial scope:

- systems used to support effective planning and delivery of professional development;
- models and measures for evaluation and/or assessment of aims and outcomes;
- quality assurance processes for teaching, initial teacher education and other professions, including but not limited to quality assurance for professional development;
- sources in the main from the last five years, available through online web and library searches.

These broad areas were further refined to focus on:

- systems of quality assurance of teacher professional development already in use in England;
- international examples of quality assurance of teacher professional development and other related policy or programmes;
- quality assurance of professional development in other professions in England;
- other quality assurance tools and models in use in education systems in England.

2.2 Review activity

Focused on this scope the following types of review activity were undertaken:

'Grey' literature

The search for 'grey' literature (policy documents, unpublished evaluation reports and practitioner reports) followed the scope set out above with a focus on:

- existing systems of quality assurance of teacher professional development in England;
- in relation to international examples, English-speaking systems, comparable systems of teacher professional development and from systems with high PISA rankings;
- quality assurance of professional development in other professions, with a focus on those with clear systems of quality assurance, both new and established;
- systems in England for quality assurance of other aspects of education.

Where necessary, information available online was supplemented by direct contact with relevant bodies. However, in some cases, the information available online was limited and assumed knowledge of the relevant educational system and/or additional documentation that we were not able to secure through direct contact with bodies responsible for quality assurance processes. In such cases, we sought to validate our interpretation and summary of key features of the quality assurance systems/processes through direct contact with informants based within the relevant jurisdiction. This provided additional information and/or verification. A limitation of this approach is that it relied on existing networks and contacts, through academic networks, and this may lead to biases.

Peer-reviewed literature

The search for peer-reviewed literature used recognised review methodologies. Initially key search terms and variations linked to the themes in the analysis framework (see below) were used in a number of electronic databases of published literature. Samples of literature identified through a range of search terms were considered to assess their relevance to the purpose of the review and the extent to which search terms would yield sub-samples of 'hits' obtained by other search terms. In addition, consideration was given to manageability in the time frame and that the aim was not to identify frequency of types of approaches to quality assurance of professional development (for example) but to model possible designs.

Given this, the following search terms were used across Scopus, Proquest and the British Education Index:

(quality AND assurance) OR (quality AND management)

AND

((continuing AND professional AND development) OR (continuing AND professional AND education))

The search focused on the terms appearing in the abstracts of the papers, to identify potential sources where quality assurance of professional development was more likely to be a major focus of the paper. Following initial identification of sources, a member of the research team reviewed titles and abstracts to exclude sources that were not relevant or only peripherally relevant to the review. Examples of the main reasons for exclusion were:

- a focus on the role of CPD in improving quality assurance of practice;
- the implications for CPD of quality assurance in a professional field;
- evaluation of individual CPD programmes.

Because a single researcher reviewed the papers, we erred on the side of caution in not excluding potential sources and focussed on those which were most likely to provide information relating to the framework for analysis (below). Following an initial pass through titles and abstracts a selection of potential papers was identified (Table 1), some of which were duplicates from different databases. These sources were retrieved for analysis.

Database	Initial search hits	Selected for review
Scopus	524	24
Proquest	175	20
BEI	7	6

Table 1. Search for peer reviewed sources

2.3 Framework for analysis

The framework used for analysis of the evidence from sources focused on:

- the system of quality assurance: which profession, system and/or jurisdiction it operates in;
- the source of evidence: website, journal article, practitioner report, evaluation;
- how the system functions: the measures and processes used in quality assurance;
- what effects, if any, are reported from the system's operation: improvement in quality, restriction on breadth of provision, etc.
- any additional information.

3. Findings of the review

We present here our findings from the review of evidence. As described above, the focus is on the following systems:

- quality assurance of CPD in the English education system;
- quality assurance of CPD in international education systems;
- quality assurance of CPD in selected other professions in the UK;
- quality assurance of other aspects of the English education system.

Where appropriate brief vignettes are presented to illustrate different approaches to quality assurance.

3.1 *Quality assurance of professional development in education in England*

Overview

Systems for the quality assurance of professional development in the English school system appear to be rare and little evidence can be found of their effectiveness or impact. Of course, it is likely that many CPD providers do have internal systems of checks on quality and impact, through evaluation, training for facilitators and other processes, but there is little information about these in the public domain. Of those systems which do exist, they can broadly be divided into two groups: internal quality assurance of a provider’s own professional development and external quality assurance of another provider’s CPD offer (Table 2).

Internal quality assurance	External quality assurance	Internal and external
NASBTT (National Association of School-Based Teacher Trainers)	AfPE’s (Association for Physical Education) professional development board	Naace’s (the Education Technology Association) professional development programme
STEM Learning Ltd	NCETM’s (National Centre for Excellence in the Teaching of Mathematics) CPD Standard	
PBM Training and Consultancy for Schools and Colleges	CUREE’s (Centre for the Use of Research and Evidence in Education) Quality Rating	

Table 2. Examples of organisations carrying out internal and external quality assurance of professional development

Internal quality assurance processes are those where providers apply particular checks or measures to their professional development activities. External quality assurance processes involve a separate organisation reviewing the CPD offer of a provider. In either situation, the outcomes of the quality assurance process may or may not be shared with participants and schools and the focus of quality assurance may vary to include the facilitators, the programmes or the provider at organisational level. The overall purpose and effect of these quality assurance schemes, both internal and external, is often unclear. They may be intended to regulate what provision is available, to offer models of improvement and/or to assess existing provision. Given

the apparently low take-up of these schemes (see below), it can be inferred that their impact on the quality of professional development and the education system more widely is likely to be low or at least unclear.

Below we present the case of Naace, which offers a blend of internal and external quality assurance. This highlights a number of themes taken up later, some of which are revisited in the discussion of other quality assurance systems in education. We also describe the details of these internal and external processes using examples drawn from the organisations listed in Table 2.

Internal quality assurance

Internal quality assurance processes may involve reviews of programme materials, evaluation of impact and/or, most commonly, training of programme facilitators. For example, STEM Learning Ltd, Naace and NASBTT (the National Association of School-Based Teacher Trainers) require facilitators to complete a training programme before they are eligible to deliver CPD for that organisation. These programmes aim to support facilitators to understand how to deliver effective professional development, including content such as strategies for working with adult learners, research evidence about CPD, and organisation-specific aims, structures and processes (STEM Learning Ltd, 2015, NASBTT, 2018). In some cases, such as for NASBTT and Naace, the training is followed by a quality assurance visit to observe the facilitator in action and provide feedback. For some organisations, facilitator training requires payment of a fee; for others it is funded by the organisation itself.

One driver for organisations to carry out internal quality assurance may be to provide marketing information. For example, PBM Training and Consultancy details on its website their 'Quality Assurance Guarantee', which describes their process of evaluation and quality assurance:

'We provide a detailed course description that clearly sets out the course content enabling you to select a course that meets your requirements. Before a course is added to the course schedule, it is piloted and only successful courses are included within the programme. Courses are regularly updated to ensure they capture new and emerging legislation and guidance. Tutors who successfully complete the vetting process serve a probationary period where their work is scrutinised, monitored and evaluated. Only those whose work meets the required standard are accepted onto the consultant register. Finally, and very importantly, we ask every participant to give their own evaluation of the training. These results are analysed and evaluated and form a track record. Any course that does not meet the required standard is redesigned or is withdrawn.' (PBM Training and Consultancy, 2018)

PBM Training and Consultancy is unusual in the level of information it provides (and, perhaps, in the depth of its quality assurance processes); very few providers of professional development offer any description of their quality assurance processes. This is not to suggest that these processes do not occur, but rather to raise a question about the perceived value, if any, to providers of offering information about those processes and their outcomes to potential participants.

Case Study: Naace

Naace is the national association for technology in education, a membership organisation for teachers, school leaders, advisors and consultants interested in technology in education. Naace runs the ICT Quality Mark for schools (see later) and provides professional development for teachers and schools.

Naace's professional development programme has four elements:

- an annual national programme of professional development events
- the accreditation of tutors
- the accreditation of events
- localised professional development

These elements are assured against Naace's professional development quality standards which in turn are divided into two categories: design and delivery (Table 3). These cover a full range of aspects of professional development from planning to delivery and follow-up, including preparation, marketing, pre-programme information, delivery models, venue quality, facilitation and evaluation.

The application of Naace's professional development standards operates as both internal and external quality assurance. The standards are applied to all Naace's own events and to the accreditation of their tutors, thereby acting as internal quality assurance. To achieve accreditation, tutors must firstly complete a programme in which they learn about the principles and details of Naace's programmes, and be observed facilitating a session. The second phase of accreditation involves observation of the tutor delivering a whole event. Accreditation lasts for three years and currently around 35 accredited tutors are listed on the Naace website (Naace, 2018).

Professional development design standards	Professional development delivery standards
<ul style="list-style-type: none">• Audience, overall purpose and outcomes• Marketing• Pre course information• Blended learning• Different starting points and current relevant expertise of the participants• Modularised workshops• Short and long term evaluation• Materials/resources• Take-away learning	<ul style="list-style-type: none">• Venue• Housekeeping• Naming• Overview of event• Workshops• After the event

Table 3. Naace's professional development standards

Externally, members of Naace can apply to have their own events and local programmes accredited by Naace, by demonstrating how the quality standards are met. Once the event has been accredited it becomes part of Naace's professional development offer.

External quality assurance

External quality assurance involves one organisation carrying out a review of another’s CPD provision. The process of quality assurance often involves self-assessment by the provider against a set of criteria determined by the reviewing organisation (Table 4 shows two examples). This self-assessment may be supported by free or paid-for consultancy, or through membership subscriptions. The submission is then reviewed by an assessor. Often there is a single level of accreditation; support is rarely offered for application or improvement.

Often the organisations quality assuring are subject associations or other special interest groups and so have a wider remit than just quality assurance (the section *Quality assurance of other aspects of the English education system* has more on this). For example, the purpose of the Association for Physical Education (AfPE) is to ‘promote and maintain high standards and safe practice in all aspects and at all levels of physical education, school sport and physical activity’ (AfPE, 2018b). The AfPE has a Professional Development Board to quality assure providers’ CPD. Often, these organisations are also providers of professional development in their own right. For example, the NCETM, which administers the NCETM CPD Standard, also offers its own professional development to teachers and school leaders in mathematics.

Quality assurance criteria vary across these different systems and, as shown in Table 4, emphasise different quality issues. This serves to highlight that there is no generally agreed understanding of quality in CPD in England.

NCETM (National Centre for Excellence in the Teaching of Mathematics)	AfPE (Association for Physical Education)
<ul style="list-style-type: none"> • promotion and description of the provision • components of effective CPD in mathematics • ensuring high quality provision • extending impact beyond the provision <p style="text-align: right;">(NCETM, 2017)</p>	<ul style="list-style-type: none"> • organisational purpose, aims and management • accountability and key personnel • design, development and staffing of the CPD activity • intended impact, evaluation and dissemination strategies <p style="text-align: right;">(AfPE, 2018a)</p>

Table 4. Examples of criteria used in external quality assurance processes

CUREE (the Centre for Research and Evidence in Education) offers a somewhat different process of quality assurance with greater input and support for the provider. Three types of review are available: a pre-assessment diagnostic, a full programme assessment and a full assessment of all provision including the provider’s infrastructure (CUREE, 2018). Assessment can be of a provider’s whole professional development offer or of individual programmes and data is collected by CUREE through interviews, observation, documentary analysis and participant surveys. The final outcome is a report with a rating (up to four stars) against four indicators: depth of understanding, need analysis, learner outcomes and collaboration, and also including practical recommendations for improvement.

In all external quality assurance systems the criteria for assessment are set by the quality assuring organisation. This raises questions of how criteria are agreed and how useful they are for the

provider. A study of the AfPE's Professional Development board found that, while providers found the process of reviewing their provision against externally-set standards informative and awareness-raising, they also wanted examples of good practice in completing the application and felt that the process should be developmental rather than judgemental (Keay & Lloyd, 2009). This study also raised the issue of commerciality and competition between CPD providers, which may point to one reason for the apparently low take-up of external systems of quality assurance.

The outcome of external quality assurance is often that the provider may list its offer on the quality assuring organisation's website and can include a 'badge' of quality in its publicity. From a brief review of websites there appears to be quite limited take-up of external quality assurance schemes, with relatively few providers listed (for example at the time of writing there are 19 providers listed on the AfPE's website and 57 on NCETM's). A sample of these providers' websites were checked to see if they displayed the badge of quality on their own website, and it was found that this was not universal. However, it may be that the quality badge is included in other marketing materials.

3.2 *Quality assurance of CPD in international education systems*

Overview

In considering international practice, a variety of education systems were considered. Specifically the review focussed on:

- education systems that, relative to England, are high performing in international comparative tests such as PISA (for example Shanghai, Singapore, Japan, Finland, Switzerland, Ontario);
- anglophone education systems that are similar in terms of structural features, for example they have a mixture of forms of school governance and quasi-markets and/or are of similar performance to England (for example Australia, New Zealand, Scotland, and US states including Missouri, Colorado, New Jersey, Vermont).

Assumed quality or generic quality processes

In many jurisdictions that are comparatively high performing education systems, quality assurance of professional development is not subject to a formal process. It appears that the quality of CPD is assumed because some or all of the following apply:

- CPD is embedded in school and teacher practices and as an ongoing aspect of practice is subject to more general quality assurance processes (for example, Japan and Shanghai);
- CPD is connected to formally recognised hierarchies in the teaching profession and so the responsibility for CPD or leading of CPD by teachers who are recognised in the hierarchies assures quality or is assumed to do so; the focus for what is equivalent to quality assurance is on the recognition of teachers as experts rather on the professional development (for example, Singapore and China including Shanghai's 'master teachers');
- funded CPD is provided by local or national government bodies with internal systems for improvement of practice and quality assurance (for example in Japan or notably Singapore,

in which there is a close relationship between the Ministry of Education, the university that provides initial teacher education and professional development, and a national professional body);

- quality assurance of CPD would conflict with a focus on teacher professionalism and general teacher quality that is assured through in-depth training, similar to some other professions in England (for example, Finland, with a system of university teaching schools);
- quality assurance of CPD is embedded in broader regulation of professional education (for example, in Switzerland legal requirements for continuing education and training in general necessitate a close relationship between the Swiss Confederation, canton regional governing bodies and professional bodies (Swiss Confederation, 2018)).

In such jurisdictions, the discourse of 'quality' and 'quality assurance' are, in any case, often absent.

Examples of quality assurance processes and systems

As noted, many high performing education systems do not have specific quality assurance processes and systems for teacher CPD. In this section, examples are provided of systems in which such processes exist.

Focus on assessing outcomes rather than CPD quality

In other education systems, where the language of quality assurance is more commonplace, a connection is made between CPD and teacher standards that are segmented by teacher profile. For example in Australia these profiles are graduate, proficient, highly accomplished and lead. Professional development is expected in order to progress to different levels of the profession.

Accreditation of CPD by a professional teaching body

Ontario and Scotland are two examples where accreditation of CPD is undertaken by professional bodies.

Ontario is a high performing jurisdiction in international comparative tests. In PISA 2015, considering Ontario's scores as a distinct jurisdiction positioned it: sixth in science, though three of those higher ranked were other Canadian provinces; first in reading; and 11th in mathematics, of which nine higher jurisdictions were outside Canada (Education Quality and Accountability Office, 2016).

Accreditation of additional teacher qualifications is regulated by law at provincial level in Ontario with accreditation of programmes undertaken through the Registrar office of the Ontario College of Teachers. General requirements for providers include internal systems for quality assurance and improvement. Minimum hours of learning on programmes are specified (for example, 125 hours). A key feature is that the content "makes appropriate provision for the application of theory in practice". Learning materials, course content and the qualifications and experience of the educators teaching the program are assessed and lead to registration for a maximum of five years and then are subject to reregistration (Ontario, 2016).

Ontario is an example in which there is a policy consensus across all mainstream political parties that education is a professional endeavour and that teachers should have a key role in entrance to the profession, professional regulation and in professional development. The status and history of the profession is very different, however, and Scotland provides an example of the outcome of a slow

development of recognition of the importance of professional autonomy in educational policy. The accreditation model used in Scotland is presented below as a case study.

Regulated market

The extent to which there is a quality assurance system or process appears linked to the level of marketisation. Recent policy changes in New Zealand, for example, exemplify a government-regulated market. For centrally-funded professional learning and development (PLD), providers register by completion of a short form detailing their expertise and PLD offer to schools. Schools select from accredited providers and develop a PLD plan. If this is approved by the Ministry of Education then a contract for work is issued. This model has led to concerns being raised about the Ministry influencing schools' choice of PLD. While it appears that schools determine their own needs and identify ways to address them, in practice this is not necessarily the case. There are also significant on-going administrative costs. Uncertainty in the funding model means that providers with ongoing overhead commitments are exiting the market, leaving a pool of sole traders or groups of sole traders. While costs for PLD will potentially be lowered, there are concerns about quality. It appears that following initial registration quality will not be monitored, but rather a market mechanism will be relied on through supply and demand processes to support quality of provision.

Monitoring CPD quality

In general, monitoring of CPD quality is undeveloped in many educational systems. However, there are examples in the USA of states which have developed a variety of means to monitor and audit markers of quality. For example, Missouri monitors district usage of state-funded professional development services and surveys teachers who have participated in particular events. Missouri and Colorado have made attempts to evaluate the relationship between professional development initiatives and student outcomes. More localised approaches to monitoring quality are found in Vermont and New Jersey, where local professional development committees examine outcomes of CPD for individual teachers (Jaquith, et al, 2010).

Case Study: Scotland

In Scotland, the General Teaching Council Scotland (GTCS) - an independent professional body for teachers - certifies a range of professional development provision by a variety of types of provider. The GTC was established in 1965, regulated by law, and with some but limited autonomy from the Scottish government, it became fully independent in 2012. The GTCS has a system of post-qualification professional recognition linked to the Scottish qualifications framework for Masters level learning. Professional recognition is time limited and after five years teachers must reapply. Individuals can apply for recognition based on providing a portfolio of evidence of development and expertise.

Relevant to quality assurance of CPD, recognition is more commonly gained through completion of a recognised course. As of December 2018, 53 courses were listed as leading to professional recognition in 30 areas of professional expertise (though some of these areas are closely related - for example, coaching and mentoring are listed separately, as is coaching and mentoring of probationary teachers). Listed providers are nine local councils, five universities and 17 other bodies which are a range of for-profit and social enterprises.

Application for a programme to lead to professional recognition is through submission of documentation that is considered by an assessment panel. The documentation required is detail of the programme, assessment, partnership arrangements, professional profiles of staff delivering the programme how the programme meets the criteria for recognition that include the following quality criteria:

- A clearly articulated rationale for the programme;
- Alignment with the national Professional Learning Model;
- Enquiry and research and the dispositions required for this as outlined in the Standard for Career-Long Professional Learning or other appropriate Standard;
- Alignment to features of enquiry at SCQF level 11;
- Focus on the individual's personal and professional learning and development, linked to the particular area of expertise. This includes a personal self-evaluation process ;
- Enhanced academic and professional knowledge of the subject/ topic/issue;
- Enhanced professional actions within the specific educational context and/or the wider educational community;
- Critical reflection on the learning and development within the area of expertise;
- Clear understanding and analysis of the impact of this learning and development on self/ learners/colleagues' professional practice;
- Evidence of collaborative practice;
- Professional discussion with line manager as an integral part of PRD discussions;
- An opportunity for participants to evidence their professional learning as part of the programme.

Panel members include GTCS council member/officer, external experts and a lay person.

3.3 Quality assurance of CPD in selected other professions in the UK

Overview

In considering a quality assurance system or process for teacher professional development it is useful to look beyond teaching to consider how other professions have sought to ensure that their members are receiving the best possible professional development, with the most prominent of these located in the field of medicine. In this section we consider the issue of professionalism and how the existing literature has interpreted this for teaching. This is important in understanding the ways in which teachers and teaching are viewed in terms of regulation and as a result what a QA process for CPD in teaching might look like given this. Next we discuss some of the literature around CPD quality assurance from different fields of employment. While Tovey (1995b) warns against "the direct importation or transfer of practice" (p22) from the quality assurance of professional development from one sector to another, Sargeant et al. (2018) suggest that this may be as a result of organisational identity which can lead to the belief that a specific context is "too unique" to consider the practices of another field. With this in mind, we provide four case studies, from dentistry, nursing and midwifery, surgery, and accountancy in order to illustrate the differing types of quality assurance of professional development that takes place and how this process functions in different professions. It should be noted that some of the review papers we describe below relate to higher education as well as other professions and so there is some overlap in contexts between this section and others.

Professionalism

Whether or not teaching and teachers warrant the status of a profession is controversial and much debated across disciplines (Demirkasimoğlu, 2010). However professionalism as a concept is also disputed, as discussed in detail by Demirkasimoğlu (2010), noting that it is used "in different senses and [is] somewhat difficult to define" (p2048) before suggesting that the different facets of the argument can be summarised as; respectability of a professional, improvement of service quality, achieving high standards, self-control and professional autonomy. It has also been argued that the concept of professionalism is dynamic, with many definitions, resulting in different functions (Goepel, 2012, Demirkasimoğlu, 2010; Hilferty, 2008; Tichenor and Tichenor, 2004–05), as it is influenced by multiple sources including government, educational theory, practice and wider society, and by professionals (including teachers) themselves. Keay and Lloyd (2009) note that many of the discussions around professionalism and what it is to be a professional reference control, knowledge and ownership. For Helterbran (2008) being a professional means "identifying and engaging in professional strategies" (p 126), making a commitment to change and growth as an educator, modelling behaviour and qualities and having ownership of responsibilities, assignments and conduct.

However, Dale (1989 in Whitty (2000)) argues that some professions have a licensed form of autonomy, and others regulated forms of autonomy. For example, medicine and law, and arguably nursing, have to some extent been licensed to manage their own affairs, including training and CPD. Farrugia (1996), writing about quality assurance of CPD in higher education, noted that occupational group members (e.g. doctors, lawyers, dentists) are able to maintain their credibility and claims to

professionalism, gain appreciation and prestige by virtue of their service in contributing to the welfare of society. Should this prove to be consistently reliable via both internal and external audit, the profession will be more likely to be given a greater level of autonomy.

Alongside the lengthy routes expected by society in order to establish professional status comes the obligation to take part in continued training and education. Links (2018) appears to agree with this viewpoint, observing the degree of self-determination and autonomy present in CPD in post-graduate education in medicine, and making the point that graduates in this context should be prepared for the need and capabilities for ongoing learning outside of the more rigid structures of undergraduate study.

In contrast, teaching has been subject to varying levels of top-down regulation since the 1970s, with some suggesting that moves towards competence or 'standards'-based training for teachers means that their individual and collective control and judgement is being undermined. Indeed Whitty (2000) writes that teaching has been de-professionalised as a result of reforms to education, noting however that some see these reforms as being made in order to re-professionalise it, and bringing teaching into a "new era" (p282).

Keay and Lloyd (2009) offer some interesting observations into the role of quality assurance in England in initiating change and development in education, saying that the system of monitoring and accountability has been seen as quality control rather than quality assurance, "with the roles of professionals and their self-assessment and evaluation minimised and indeed marginalised" (p656), and that they fail to promote active engagement, meaning that teachers/schools are reactive rather than proactive in the inspection process. The authors note that this form of quality assurance seems to be at odds with the stated aim and intentions of government policy, and ask what features a model that saw positive development and change in education as a "process of engagement and an expectation of professionalism and of professionals, by professionals" (p658) might have.

Professionalism may be externally imposed, with boundaries concerning what is considered to be part of the professional's role and responsibility (Evans 2008). Associated with notions of professionalism are matters of professional status. In a society which values power and money, those who dedicate themselves to the ideals of knowledge, culture and self-giving in service to children, along with lower financial rewards, are ranked less highly (Esteve, 2000, 204). Helterbran (2008, p123) states that because teachers work with children, they are subject to a requirement to demonstrate higher standards of behaviour and conduct.

Evans (2008, 2011) argues that professionalism which is imposed, required or demanded is focussed on the behaviour of teachers. She notes that professional development needs to recognise the importance of intellectual and attitudinal development and that the "'real' shape of teacher professionalism will be that that teachers forge for themselves." (Evans, 2011 p868). As such it is meaningless or unfilled unless it becomes functional. Therefore, professionalism needs to be accepted and adopted by the professionals to whom it is directed in order to become 'real'. It is by enacting professionalism that professionals can also shape it.

Sachs (2003 in Keay & Lloyd, 2009) gives two types of professionalism in teaching: "old" and "new" (Table 5), which exist in the context of a struggle for dominance and the latter of which has come

about as a result of external social, political economic and cultural pressures. This "new" form is called transformative or democratic professionalism.

"Old" professionalism	"New" professionalism
Exclusive membership	Inclusive membership
Conservative practices	Public ethical code of practice
Self-interest	Collaborative and collegial
External regulation	Self-regulatory
Slow to change	Policy active
Reactive	Enquiry driven, knowledge-building

Table 5. Comparison of old and new professionalism (Sachs, 2003 in Keay & Lloyd, 2009)

Similarly, building on the work of Sachs, Kennedy (2007) gives two models of professionalism: "managerial" and "democratic", with the former valuing effectiveness, efficiency and compliance with policy - qualities needed to pass inspections, or imposed standards, and the latter emphasising collaborative action which values self-regulation and inclusive approaches. The democratic model of professionalism would lead to a more proactive system where professionals set their own standards and self-evidence that these have been met as a part of professional practice (Keay and Lloyd, 2009). In this process participation is fostered and participants have ownership of the model, giving "internal control" (p659) rather than it being imposed upon them as in a managerial model. This democratic professionalism relies on discourse between professional groups, a sense of autonomy and discretionary judgement within complex practices (Evetts, 2009). These positions could be seen as 'competing versions of teacher professionalism' (Whitty, 2000, p282).

Drawing on the work of Evetts (2003) Keay and Lloyd (2009) state that if professionalism is driven from within a professionals group (and is therefore new or democratic professionalism) "it constructs and controls the ideology resulting in the empowerment of the participants" (p660). If it does not it may bring out the imposition of controlling quality "from above", leading to managerial professionalism, which is in contrast to an emphasis on discourse, collaboration and learning communities of practice (Keay and Lloyd 2009, Sachs 2001) and collective responsibility for pupils' learning, with the importance of 'collaborative, co-operative action' between teachers and stakeholders, part of 'democratic professionalism' (Sachs 2001, p153) or 'occupational professionalism' (Evetts 2009, p23).

As an example of a system that sought to establish a model that encouraged internal control Keay and Lloyd (2009) researched the use of a QA model for CPD providers introduced by the UK Association for Physical Education (AfPE) for PE and school sports professionals (see Section 3.1). This aimed to create a system of quality control that was driven internally by providers, leading to a more democratic type of professionalism that promotes autonomy and responsibility, rather than a managerial version where the QA process is imposed, and the providers are reactive. However the research found that while CPD providers recognised the need for their provision to be subject to some quality control not all of them "identified the importance of their own involvement in ensuring

quality" (p671). The authors concluded that subject associations should encourage CPD providers to engage with democratic models of professionalism rather than depending on an externally imposed managerial approach, with subject associations such as the AfPE working to encourage ownership of and responsibility for the QA process as well as to "promote awareness and understanding, provide support, inspire confidence and engage in a dialogue with the providers concerned in order to find out what they want and need from the QA process" (p675).

Reviewing quality assurance of CPD in non-education contexts

There appears to be a dearth of published literature around quality in CPD generally; for example, Lee (2001) notes the lack of evaluation literature around the impact of CPD on care. Having said that, there is some literature available and it is useful to consider the existing evidence as it relates to fields other than teaching.

Veterinary practice in Australia gives an example of a profession where there is variation in standards of practice: veterinarian boards set minimum standards, but it is up to individual vets whether they are members of professional associations (such as the Australian Veterinarian Association) to "practise at an agreed higher standards" (p20). While minimum CPD hours are not set, veterinarians are expected to record the CPD that they undertake, and to evaluate their skills and knowledge, preferably with the support of a mentor. Some areas of practice such as disease diagnosis, control and quarantine are more heavily regulated and have a greater CPD requirement including, for example, international programs around movement of animals and animal products.

In relation to their core focus, implant dentistry, Ucer et al. (2014) concluded that there was a need for "structure and regulation of CPD" (p41), with an earlier study noting that only about half of European countries had obligatory professional development with essential core topics in this field. This structure and regulation would include accreditation of courses, educators and providers at either a national or European level in order to be effective. This point around the need for internationally established accreditation systems for dentistry is also made by Soumalainen et al. (2013), who state that the provision of a uniform quality assured and impartial CPD provision by European dental schools and other CPD providers, along with a pan-European system of CPD credits across the EU would ensure better quality control of dentistry. Similarly Tammara (2005) writing about Library Information Services (LIS), notes that internationalisation of information professional qualifications are taking place, stating that a European labour market needs a framework for qualifications and quality criteria in order to work effectively to raise employability and mobility.

With this concern for an international system for CPD accreditation in mind, Varetto & Costa (2013) discuss the establishment of the European Accreditation Council for Continuing Medical Education (EACCME) by the European Union of Medical Specialists in 2000, albeit from the perspective of the European Board of Nuclear Medicine. This body "connects existing accreditation systems within Europe and acts as a clearing house for the certification of European CME credit" (p471). While the EACCME does not accredit Continuing Medical Education (CME) provision it awards and validates the credits recommended by the expert reviewers that accredit courses in member countries. This allows the transfer of credits and for doctors to be able to move freely.

Discussing the history of public health post graduate education and competency-based approaches to training and accreditation, Cole et al. (2011) suggest that the core threats to quality of training are NHS reorganisation and the financial constraints faced by Universities. The Faculty of Public Health (a prominent body for public health specialists and practitioners in the UK and internationally) decided in 2010 not to accredit postgraduate courses as a result of costs and the availability of informal advice. The authors were unsure of the degree of UK-based uptake of an accreditation programme for public health courses launched in 2011 by the Association of Schools of Public Health in the European Region (ASPHER). A search at the time of writing indicates that around ten universities in the UK have secured accreditation from ASPHER, which may indicate a wider appetite for international accreditation of CPD, at least in this area.

Ucer et al. (2014) suggest that CPD should be self-directed, with the use of personal development plans, with these and logbooks being useful for reflection. The authors also give examples of "quality assurance elements" including predetermined learning objectives, assessment of learning outcomes, blended teaching with a mix of theory and practice, clinical mentoring and transferrable credits to be gathered towards a learning outcome of recognised CPD activity. However there is concern that CPD may not improve non-clinical skills (e.g. management, leadership) necessary for consultants in medicine, with concerns over quality and quantity, as well as a narrowness of scope and failure to address individuals' needs, leaving people unprepared for their work (Higgins et al., 2004). Both Farrugia (1996) and Ucer et al. (2014) also emphasise the need for reflection in professional practice in terms of evaluating individual needs and taking action as a result, and the part that personal development plans can play as a reflective tool for self-appraisal of areas which require further improvement. Lee (2001) comments that there is a need for support and resources in selecting CPD, as well as the skills and understanding to realise the need for it.

In a medical context Sargeant et al. (2018) suggest that combining the strengths of CPD-based approaches with the principles of quality improvement has the potential to lead to better outcomes, noting that competency-based medical education is also based in outcomes and improved care quality. The authors noted that previously, CPD, despite skilful design and implementation, has been a "'tick-box' exercise that has been appropriately criticised as a surrogate measure of competence" (p127). Additionally they state that considering CPD in the light of quality improvement in medicine can mean that CPD is not seen as just an educational intervention but as part of improving practice and outcomes. The competency-based approach has gained attention in dentistry, however Links (2018) suggests that while competency-based CPD is important it is vital to look beyond competency to the ability to adapt and improve, with a heutagogical approach (where learners are highly autonomous and self-determined, with an emphasis on learner capacity and capability) being well-suited to this. Tamaro (2005) discusses the importance of lifelong learning as a competence-oriented approach in the assessment of individuals, not only to increase employability in the labour market, but also for personal development in a broad social context, giving three steps for recognition of competences, the first where these are "visible" to others and "demonstrable" by an individual, the second is the validation of the role where these "visible" and "demonstrable" competences enable a choice of additional training, increased employability or "participation in socio-cultural life" (p69). Certification is the third step.

Meanwhile, there is some debate around the label "quality". For example, Lawrence & Dangerfield (2001, writing about accreditation in the HE sector) comment that defining quality can be difficult, and, recognising that the unit of analysis represents an obstacle to accreditation, note that general accreditation assesses whether an institution as a whole meets a certain standard whereas a professional accreditation establishes the quality of a certain discipline or program. Tovey (1995a, 1995b) observes that a simplistic interpretation of quality and Continuing Professional Education (CPE) is inappropriate, and suggests a model that moves towards the idea of quality in a way that is "defined by the nature of CPE" (p27). In addition Tovey notes that CPE exists in a space where "financial, professional and social interests consistently co-exist (and on occasion conflict)" (p27), which therefore requires an approach to quality that is tailored to context and that reflects a comprehensive understanding of quality in terms of both participants and those who are both directly and indirectly impacted upon as a result. Tovey (1995b) cautions against the use of the term 'quality' without considering the aims of the CPD.

Models/criteria for quality assurance of CPD

Four models/criteria for quality assurance of CPD emerge from the literature in relation to the professions. Farrugia (1996) gives a CPD model in his work on quality assurance in higher education which has a focus on professional growth, aiming to underline the dynamic nature of professional development, the potential for variance in terms of rate, and how different push/pull factors may influence the need for increased or different CPD. This model centres on the idea of "traditional professions attributes" (Figure 1), that is, that occupations can develop particular, specialised attributes (listed on the Y axis), and interpreted as criteria relating to a measurement of professional activity and development. The X axis gives a continuum with a rating scale of negligible, low, moderate, high, and outstanding rates of development or growth against the attributes, reflecting the varying nature of professional development, both for individuals and for professions as a whole.

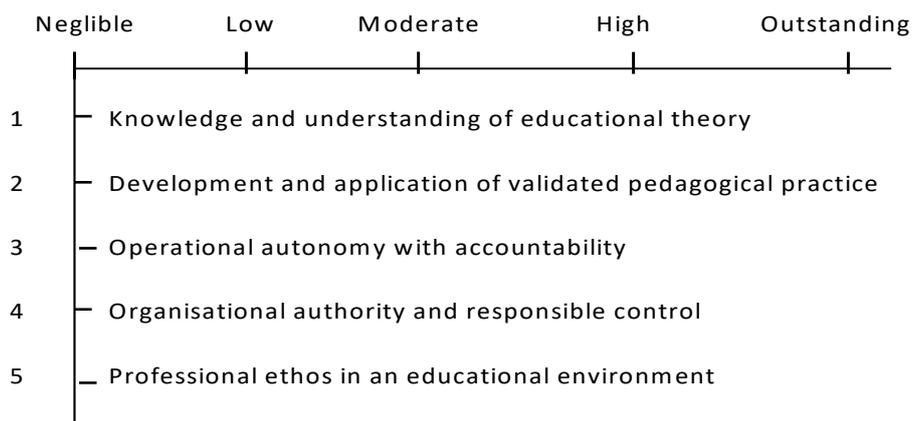


Figure 1. Farrugia's (1996) continuing professional development model

Meanwhile Tovey (1995b) gives a three-stranded framework for quality (Figure 2), emphasising that each is open to interpretation and thereby highlighting the link between "varying aims and actual practice" (p23). The first strand has a focus on quality "as a socially and politically located process" (p23) which is context-dependent and inextricably linked to the field and educational practices. The second strand considers an appropriate form/structure/process of quality assurance and the final

part of Tovey's model reflects the practicalities of the two other strands. The author states that these stages cannot be carried out sequentially, due to the "fundamental interconnections" between the three strands.

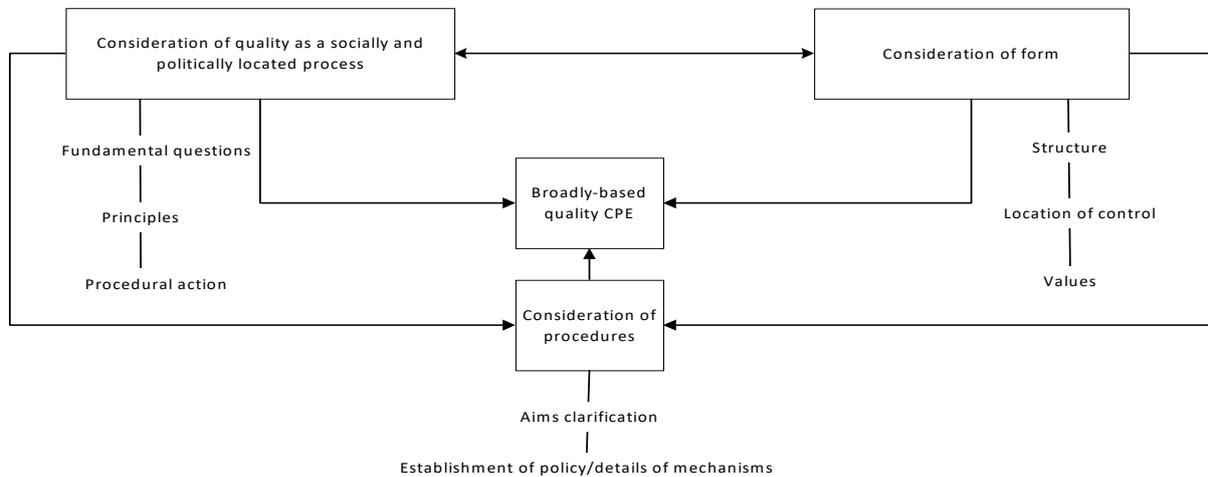


Figure 2. Tovey's (1995b) model of CPD quality

Engelbrecht & Ankwicz (2016) discuss Continuing Professional Teacher Development (CPTD) for technology teachers, which they believe to be essential due to the fast pace of change in the subject area. The authors carried out a literature review of various models of CPTD, which resulted in the identification of eight criteria against which CPTD should be evaluated. These state that the CPTD should:

- (1) develop a teacher's school knowledge
- (2) develop a teacher's discipline knowledge
- (3) develop a teacher's pedagogic knowledge
- (4) develop a teacher's skills, attitudes and values
- (5) develop and enhance a teacher's personal subject construct
- (6) include theoretical experiences
- (7) include practical experiences and take a teacher's prior experiences of technology into account
- (8) include a teacher's reflective experiences

The authors also state that there should be adequate contact time with a constructive approach taking place over an extended period with study material that is relevant and interactive.

Knox (2001 in Tammaro 2005) gives three dimensions of quality standards for Library Information Services in evaluating CPD and education as follows:

- (1) Learning outcomes - quality indicators may be around impact on professional performance and benefits to users, characteristically illustrated by participant achievement, and learning for improving practice;
- (2) Educational process - quality indicators may be around consideration of receptiveness of adult learners, self-directed learning, differences in for example, learning styles, backgrounds and preferences; acknowledgement of varied practice and progression;

- (3) Program administration - quality indicators include areas such as consideration of background and aspirations, goal setting, accountability, resource commitment and provider purposes and resources, societal trends and accountability.

Despite acknowledging that quality assurance models have raised standards, Tamaro (2005) also notes that there have been criticisms of organisations who run accreditation programmes in LIS for failing to address the needs of the profession, instead pushing their own agenda, homogenisation of the process, and focussing too much on vocational training.

Quality assurance in other professions

Practitioners of the medical professions represented in three of the case studies below - dentistry, surgery and nursing and midwifery - must undergo cycles of revalidation throughout their careers in order to continue to practice, and as part of this are obliged to undertake a certain number of hours of CPD within each of these cycles. What they choose to undertake as part of this required CPD is guided by the individual and their perceived needs, although there are factors to be considered such as balance between professional areas and the type of learning involved such as attending a conference or completing a course. Records and evidence must be kept of the CPD undertaken, and, for dentists, a Personal Development Plan must be in place. Reflection is mentioned as a key part of the CPD for all these professions.

What differs between the three medical professions, however, is how CPD is quality assured and how this relates to the CPD requirements for each profession. For example, the General Dental Council gives advice to dentists as to benchmarks which are required for good CPD, and guidelines to CPD providers as to how to ensure that their provision is of acceptable quality, in effect allowing providers to self-assure, and in fact dentists to count what Tamaro (2005) would term informal and non-formal learning. For nursing and midwifery, a new system is being gradually introduced, where the Nursing and Midwifery Council is working with an external quality assurance delivery partner with the aim of putting in place a four-part Quality Assurance process for providers of all stages of pre- and post-qualification for nurses and midwives. This includes the production and evaluation of evidence, as well as visits by QA staff. Programmes are then approved indefinitely, but are subject to monitoring. For providers of training and CPD for surgeons, the system established by the Royal College of Surgeons is more rigorous still. For example for a well-established short course, a review of evidence, course content and outcomes, faculty, and a visit from an accreditation panel, is required before being accredited for just three years, and within this timeframe is subject to rigorous annual monitoring. There is also a substantial cost to the provider for this. However without this accreditation the CPD cannot be "counted" against a surgeon's required CPD hours, therefore there is little incentive for them to take part in unaccredited CPD. For accountancy ICAEW members are required to make annual CPD declarations and must have practicing certificate. New accountancy firms must undergo various QA checks with the ICAEW.

The four case studies below give four models of quality assurance of non-education professions. All four of the case study fields have a degree of autonomy in how they continue to develop, practice and operate as professionals; however with the exception of accountancy, this comes with an expectation to complete a defined minimum amount of CPD in a constant cycle of revalidation. The case studies therefore serve to highlight the issues raised by Farrugia (1996) and Links (2018) around

professionalism, professional status and the obligation to take part in continued training and education. The case studies also illustrates the use of formal, informal and non-formal learning in CPD in nursing/midwifery, dentistry and accountancy, recognised by Tamaro (2005) as being a continuum that contributes to "a commitment to lifelong learning, to critical reflection and to riding the continuous flow of change" (p68).

It should be noted the roles of the General Dental Council and Nursing and Midwifery Council and that of the Royal College of Surgeons differ. The General Dental Council and the Nursing and Midwifery Council are respectively the regulatory bodies for dentists and dental care professionals, and nurses and midwives, in the UK. However the Royal College of Surgeons is a membership organisation, with surgeons becoming Fellows and then Members of the Royal College when they complete specific surgical qualifications. The General Medical Council registers doctors and sets the standards for education and training. The Institute of Chartered Accountants in England & Wales (ICAEW) is an organisation that registers and certifies accountants.

In this section we have presented models of and processes for quality assurance of professional development in other professions. This has included an important reflection on the nature of professionalism, regulation, teaching and what these mean to professional development and quality assurance. We have explore some of the meanings of professionalism and how this might impact on teachers and teaching with a "managerial" approach in place in England being seen with teaching subject to top-down regulation, for example from Ofsted and policy. As the case studies demonstrate, all of the professions considered here have their own sets of guidelines and standards that are generated by the organisations themselves, independent of government, enabling a form of professionalism more in tune with the idea of "democratic" or a "new" kind of professionalism with a greater degree of autonomy than seen in teaching. While in order to be a surgeon, dentist or nurse/midwife, or ICAEW accountant you are required to be a member of the various organisations discussed, these exist for the benefit of their members, to advocate for them and ensure their expertise. The quality assurance systems that are part of these organisations ensure that CPD is undertaken as appropriate and in some cases must also be certified.

Case Study: Dentistry

A new enhanced professional development scheme for dentists was put in place by the General Dental Council (GDC) in January 2018. Under this new scheme dentists must complete 100 hours of CPD over a five year period, which should be spread evenly across this time frame. They must also have a personal development plan, with CPD activity aligned with specific development outcomes (for example, effective communication with patients, and colleagues, effective management, leadership, maintenance and development of skills/knowledge, behaviours and attitudes) according to their field(s) of practice. Dentists are required to make an annual statement of CPD hours completed, even if none have been fulfilled in that year. The GDC provides support on their website in the form of videos, templates and downloadable documents to help dentists with the new CPD scheme. It also provides online guidance for CPD providers around evidence of CPD completion.

Dental professionals are responsible for ensuring that they get advance assurances as to the quality of the CPD they choose, with the GDC setting benchmarks as to what is verifiable as CPD:

- The subject, learning content, aims and objectives;
- The anticipated GDC development outcomes of the CPD;
- The date(s) that the CPD was undertaken;
- The total number of hours of CPD undertaken;
- The name of the professional who participated in the CPD activity;
- That the CPD is subject to quality assurance, with the name of the person or body providing the quality assurance;
- Confirmation from the provider that the information contained in it is full and accurate. It should also include the participant's registration number.

These criteria are to be listed on the evidence (e.g. the certificates) given to prove the CPD has been completed. In terms of quality assurance the GDC does not insist upon seeing the specific measure taken to ensure quality of CPD provision, and neither assesses nor advises on this. However while acknowledging that many providers will have quality assurance in place, the GDC does give some guidance and examples for providers on this, noting that QA should take place at all stages of CPD delivery:

- Before e.g. peer-reviewed/evidence-based content, avoidance of commercial bias, careful selection of those delivering, using past feedback;
- During e.g. robust confirmation of attendance and active participation, measurement of CPD duration, monitoring and evaluation of content delivery, expert trainers, content and outcomes clearly linked, clear relationship with anticipated development outcomes throughout delivery, opportunities for active participation and participant reflection, assessment of learning;
- After e.g. a reflective aspect so participants are able to link the CPD to their development plans, feedback and evaluation from participants that is used to improve provision, including a post-delivery evaluation and assessment of participant learning and contribution at the event, evaluation and feedback methods used to improve the activity.

Case Study: Nursing and Midwifery

The Nursing and Midwifery Council (NMC) is the nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland. In order to align with and implement the new standards published in March 2018, which cover proficiency for registered nurses, a framework for nursing and midwifery education, student supervision and assessment, pre-registration nursing programmes and prescribing programmes, the NMC introduced new standards and a quality assurance process for providers of all stages of pre- and post-qualification for nurses and midwives. This quality assurance framework will be introduced over two years. The framework and accompanying quality assurance handbook set out the evidence needed for Approved Educational Institutions (AEI) and placement learning partners to be approved and quality assured to provide this training and education.

Nurses and midwives are required to undertake 35 hours of relevant CPD over each three year period between becoming qualified and/or the last renewal of registration. At least 20 hours of this must be participatory learning, i.e. learning that involves activity and interactions with one or more professionals or in a larger setting (this can be virtual or physical) such as a conference or workshop. Accurate records must be kept of the CPD undertaken including the method, a description of the CPD and how it related to practice, when the activity was undertaken, the number of hours, including those which were participatory, evidence of participation and identification of the relevant part of the code of Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates.

At the time of writing Mott MacDonald was carrying out quality assurance activity on behalf of the NMC, hosting a website and QA hub and providing a QA handbook. As the QA delivery partner, it has a key role in the process; recruiting, training and managing the performance of QA visitors and scheduling processes and visits. There are four "gateways" to approval of a programme:

1. Mapping against standards framework for nursing and midwifery education
2. Standards for student supervision and assessment
3. Programme standards
4. Approval visits by QA visitors

The first three stages consist of provision of evidence; the fourth involves a joint visit by QA visitors to AEIs and placement learning partners to speak with representatives and also students, which results in a report for the NMC to consider. Programmes from institutions that are already approved are subject to a "light touch" process at stage 1 with a full implementation of stages 2-4. Subsequent approvals are subject of a light touch approach at stage 2, and a full implementation of stages 3 and 4.

Programmes are approved indefinitely, but are subject to monitoring in order to ensure that standards are still being met. Requests can be submitted for major changes to programmes, and the extent of these will determine how they are managed. More minor modifications are recorded and reported upon on an annual basis in order that these can be reviewed and their impact on approval assessed.

Case Study: Surgery

A wide variety of organisations, both public and private, provide CPD for surgeons, including hospitals and wider NHS Trusts, surgical speciality associations, HEIs, medical charities, private health companies and research organisations. The General Medical Council has given "broad principles" for CPD for revalidation, which have been further defined by the various surgical colleges and speciality associations. The Royal College of Surgeons (RCS) expects members to complete at least 50 hours (equivalent to 'points') of CPD every year, with at least 250 hours over each five year revalidation cycle, to select CPD that is "genuinely developmental", relevant and supports skills, knowledge and career development, to balance CPD between clinical, academic and professional areas and to record CPD activity, including reflections on learning.

Surgeons are expected to collect evidence and record their CPD activities, and the hours that they have accrued. In order for CPD to be valid for revalidation purposes and to count against the 50/250 hours required, the course/event, centre, or provider has to be accredited by the RCS. This process aims to ensure that CPD activities provide a high quality learning experience. There is a cost to RCS accreditation which varies between profit/non-profit organisations and between the types of CPD to be accredited. Accreditation comes with benefits to providers such as review by an accreditation panel (who may give recommendations on quality improvement), the event/course being able to award CPD points, and use of a strapline 'Accredited by the Royal College of Surgeons of England for up to x number of CPD points'. Accredited events/courses are listed on the RCS website, portal and RCS publications.

As an example of the accreditation process, for a short course (five days or less) the criteria and standards which must be met cover:

- Organisation
- Course details
- Faculty
- Learning aims and outcomes
- Course structure and content
- Learning methods
- Quality assurance and enhancement
- Previous participant feedback
- Faculty declaration of interest
- Additional information such as commercial sponsorship

The RCS monitoring process for short courses has three parts:

1. Review of participant feedback to both general and course-specific questions;
2. Course faculty feedback after each course during the accreditation term;
3. Course tutors evaluation of the course over the previous 12 months including the course outcomes, materials, teaching methods, facilities and resource provision and assessment.

The accreditation process of a short course costs around £4,500, dependent on the type of provider, with an annual monitoring fee of £500. The course remains accredited for three years after an accreditation panel visit, subject to annual review and monitoring. However, in order to apply for accreditation, courses must be well-established, able to demonstrate at least two prior successful sittings or have previous RCS accreditation. The accreditation of a short course is not transferable to any other course run by the same provider, run at different venue, or franchised to another provider.

Case Study: Accountancy

While there are three main routes to chartered accountancy status in the UK, this case study will concentrate on the Association of Chartered Accountants (ACA) qualification from the Institute of Chartered Accountants in England & Wales (ICAEW).

There are a number of routes to qualify as an ICAEW Chartered Accountant. Training can be started after leaving school or college, after completing a university degree or other professional accountancy qualifications, for example from the Association of Accounting Technicians (AAT). HEIs and other providers that provide training that can lead to ACA status or further qualifications/ongoing CPD are vetted under the Partners in Learning scheme which asks organisations to make an annual declaration to meet the core principles and best practice indicators. These are designed to ensure that there is consistency in the standard of tuition offered across institutions. Visits to centres are undertaken on a sample basis to ensure compliance with these and to give additional support and guidance as needed. The ICAEW has its own Academy of Professional Development which provides over 90 courses across a wide range of sectors and specialisms.

There does not appear to be a reaccreditation process for accountants qualified under the ICAEW system, but members are required under Principal Bye-Law 56 to:

- keep under review his/her needs for training and development having regard to the professional and other work he/she undertakes;
- where such a review identifies a specific need for training or development act promptly to meet such need; and
- certify annually to the Institute compliance with these provisions and, if requested by the Institute, provide such evidence of compliance as may be required.

Declarations of CPD must be completed annually; this is a requirement of membership of the ICAEW and failing to do so may result in disciplinary action. The ICAEW also issues the practising certificate necessary to engage in public practice within the European Economic Area (EEA) and elsewhere. In order to obtain this, the applicant must have been a member of the ICAEW for at least two years, assessed their own readiness to practice, complied with CPD requirements, have an understanding of the Fundamental Principles in ICAEW's Code of Ethics, in particular those covering professional competence and due care, comply with ICAEW's Professional Indemnity Insurance Regulations, and be "a fit and proper person to hold a practising certificate"(this relates to ICAEW's disciplinary records).

ICAEW Chartered Accountants setting up a new company are required to comply with ICAEW Professional Standards as specified by the Quality Assurance Department (QAD) for example; compliance with staff training, regulations such as those in place to cover money laundering, clients' money and referrals, ethics for referral fees and commissions, Professional Indemnity Insurance, terms of engagement with clients, use of ICAEW logo on documentation and data processing. Until ICAEW has granted the relevant dispensation the description 'chartered accountants' cannot be used by a firm. All firms registered with the ICAEW complete an annual return which is used monitoring firms between reviews and to highlight any risks which may accelerate a QAD visit or review.

3.4 *Quality assurance of other aspects of the English education system*

In this section we look at quality assurance systems in operation in the English education system, focussing on quality marks for schools outside professional development, and quality assessment processes in the Higher Education sector.

Quality marks for schools

In the English school system a wide array of ‘quality marks’ are available to schools (Table 6). These marks may be applied to whole school policies, to specific aspects of practice or to individual subject areas. Some quality marks operate in only primary or secondary schools. Others, such as Investors in People, are also available to organisations outside the school sector. These systems are worth considering because they provide pointers to systems of quality assurance which function within the complexity and constraints of the English school system. Many also provide opportunities for practitioner and school-level professional development within the system of quality assurance and thereby indicate how engagement in quality assurance can go beyond simple measurement and badging of provision to improvement.

System	Administering body
Investors in People	Investors in People
International School Award	The British Council
Healthy Schools	Local Authorities, City Councils and the Mayor of London
Dyslexia Friendly Quality mark	British Dyslexia Association
The National SMSC Quality Mark	The Citizenship Foundation
Inclusion Quality Mark	IQM
Artsmark	Arts Council England
Quality Mark for English and mathematics	Tribal
Association for PE Quality Mark	Association for Physical Education
School Games Mark	Sport England and the Youth Sport Trust
Quality Mark for History	Historical Association
Primary Science Quality Mark	University of Hertfordshire & the Primary Science Teaching Trust
ICT Mark	The Education Technology Association
Geography Quality Marks	The Geographical Association
RE Quality Mark	Religious Education Council of England and Wales
Science Mark	STEM Learning Ltd
Space Education Quality Mark	UK Space Education Office (ESERO-UK)

Table 6. A selection of school quality marks available in England

While this range of quality marks necessarily involves different processes and structures, they follow a broadly similar pattern of standard-setting and paid-for assessment with the support and/or moderation of an external assessor. Some of the key structures and processes detailed below provide useful pointers to how a quality assurance system for professional development could operate. At the end of this section, the Historical Association’s Quality Mark is described in more detail, as typical example of these quality marks and one which has – unusually – been evaluated.

Aims

The range of possible quality marks with which a school might engage means that a generalised view of their aims is necessarily broad. Notwithstanding this, overall, the aims of school quality marks are to work towards one or more of:

- raising the profile of the quality mark's particular area of interest;
- recognising and rewarding good practice;
- providing a framework for improvement.

These aims often operate alongside each other, so that participation in and promotion of the quality mark might raise profile, improve teachers' and school leaders' knowledge and understanding of the area of interest, and offer structures and support for further improvement.

Very few evaluations of school quality marks exist, so it is difficult to judge whether these aims are met. However, where evaluations have been carried out, it appears that participation leads to benefits for staff and students. For example, an evaluation of the Primary Science Quality Mark states that participation raised the profile of science, including the role of the science leader, and increases schools' commitment to the value of science (White, et al., 2016).

Governance

Most of the bodies engaged in awarding school quality marks have a wider remit than just the administration of the quality mark. This is often key to the aim of profile-raising, with the quality mark acting as a way of boosting teachers' and school leaders' knowledge of their area of interest within a wider set of organisational activities, and this may be particularly important for areas outside schools' core curriculum subjects, such as history and geography. Many of the organisations involved in Quality Marks receive, whether directly or indirectly, government funding. Examples of these include the Arts Council, STEM Learning Ltd and the Youth Sport Trust. Others, such as the subject associations, may take payments through subscriptions for membership.

The Dyslexia Friendly Quality Mark provides an example of a quality mark supporting wider organisational goals. This Quality Mark is administered by the British Dyslexia Association, whose aims are to 'influence government and other institutions to promote a dyslexia friendly society, that enables dyslexic people of all ages to reach their full potential' (British Dyslexia Association, 2018a). The Dyslexia Friendly Quality Mark forms a key component in meeting their overall objectives, then, since it provides:

'a framework of support and understanding for schools and other organisations within which the dyslexic individual can build on existing skills and develop new. This ensures that everyone within your organisation has a good knowledge of the needs of the dyslexic individual and that resources are available to meet such needs... The BDA Dyslexia Friendly Quality Mark is a very positive statement that lets learners, parents, staff and stakeholders know that your organisation is a good place for dyslexic individuals.' (British Dyslexia Association, 2018b)

By contrast, a few organisations exist only for the purposes of administering a quality mark. For example, the Inclusion Quality Mark (IQM) is run by a company of the same name. It was set up in 2004 with 'the objective of supporting both state and independent schools to become inclusive' (IQM, 2018a). IQM works towards this aim by offering schools a 'nationally recognised validation of

their inclusive practice and ongoing commitment to developing educational inclusion', with validation offered at differing levels depending on the evidence provided.

No matter the type of organisation, the vast majority take payment from schools for administration of the quality marks, with varying costs (generally between £300 and £700) based on the level of quality mark, school phase and/or the size of the school.

Assessment

Most quality marks require schools to make judgements against a set of standards. Evidence against the standards is usually gathered internally and then moderated and/or assessed by an external body, which in some cases visits the school before making a judgement on the 'level' of quality mark to be awarded. Levels are often categorised as bronze, silver or gold, although some take a different approach such as the Inclusion Quality Mark, which categorises schools as inclusive schools, centres of excellence or flagship schools.

The standards and criteria against which organisations ask schools to assess their practice are set by the administering organisation. For the Geography Quality Mark, for example, schools provide evidence of:

- Students' attainment, progress and achievement in geography;
- Geography teaching;
- Behaviour and relationships in geography;
- Leadership and management in geography

Whatever the standards, achieving or working towards them necessarily steers schools' practice towards a particular approach to the area of interest. It appears that little external scrutiny is given to these standards; rather that the administering organisations are trusted within the system to set and make judgements against them. This lack of scrutiny may raise questions over the quality of evidence behind the assessed standards, their validity as judgements of effective practice, and whether achieving some standards might have unintentional (positive or negative) effects on other areas of school practice. Since few evaluations of individual quality marks exist, it is hard to judge whether any stated outcomes lead to sustained improvement and/or wider impact.

Some organisations offer support to schools in making their application, while others provide opportunities for support when organisations look to move from one level to the next. Application for the ICT mark, for example, involves completion of a self-review framework and a half-day visit to the school from an assessor in which the assessor talks to teachers, support staff, children and school leaders. A course is available to support schools in the process. To gain a Geography Quality Mark, schools submit a portfolio of evidence against the standards listed below with a development plan, which is assessed and moderated by a team appointed by the Geographical Association. This team provides an external perspective on the school's strengths and advises on areas for development.

For most quality marks the assessors are appointed by the administering organisation. They may be volunteers, paid consultants or employees, although in general surprisingly little information is provided about assessors. Few organisations provide the same level of detail as the Historical Association (see below) about the assessors, although the Geography Quality Marks are assessed by

a 'deliberate mix of classroom practitioners, school leaders and academics' (Geographical Association, 2018).

The School Games Mark uses a slightly different process of grading, verification and moderation:

'When an application is submitted to us it is graded automatically against that year's criteria. This initially determines whether the application is likely to be at a bronze, silver, or gold level. The application is then either verified by that school's local School Games Organiser or is picked for a validation visit by an external auditor. The auditors randomly select a small cohort of schools each year to ensure that the information being provided is correct.' (School Games, 2018)

Impact

As mentioned earlier, any impact, such as short or long-term improvement in teaching, from undergoing the process of quality marking against any of the benchmarks is hard to judge, since surprisingly few appear to have been evaluated. All the organisations running quality marks claim that participation is beneficial for schools and their students and provides opportunities for teacher development and raising the profile of the school in addition to the quality mark's area of interest.

One potential indicator of impact might be the extent of take-up across schools, which is very varied. Artsmark and the Inclusion Quality Mark respectively have over 3000 (Artsmark, 2018) and 5000 (IQM, 2018b) schools assessed or engaged in the process of assessment. By contrast, some of the subject specific quality marks have been taken up by fewer than 100 schools nationally. Without more evaluations of the quality marks, it is possible only to speculate about whether take-up has any relation to the perceived value of the quality mark, the reputation of the awarding organisation, its cost, benefits, impact or process.

To end this section, we present, as a case study, the Quality Mark for History, one of the few quality marks which has a published evaluation.

Case Study: The Quality Mark for History

The Quality Mark for History is administered by the Historical Association. Its aim is to recognise excellent history provision in primary and secondary schools, by providing a framework through which to make judgements about and improve the quality of teaching (Historical Association, 2018). The Quality Mark was introduced in 2014 in order to support schools in responding to curriculum changes and Ofsted's subject specific grade descriptors, and to give attention to an area which sits outside the core subjects.

Schools make judgements against a set of criteria which are common across primary and secondary schools: learning and teaching, leadership, curriculum, achievement and enrichment. Quality marks are awarded at silver and gold levels, with the gold level indicating that history has an impact beyond the classroom, such as through working with local community groups or other schools. The evidence required against each of the criteria is different for primary and secondary schools and different for gold and silver awards.

Assessment is completed through a process of self-evaluation followed by a visit to the school from an assessor. Assessors are appointed by the Historical Association and are history education professionals, with backgrounds in primary or secondary teaching. They themselves are quality assured and regularly standardised.

To participate in the quality mark, schools must be corporate members of the Historical Association and then pay a fee of £200 for initial registration of their award and a further £300 for assessment, which must take place within a year of registration. Awards are made for three years, after which schools need to apply for re-assessment.

Only a small number of schools have so far engaged with the Quality Mark, with 28 primary schools gaining a gold or silver award by July 2017. This lack of engagement might reflect its relatively recent introduction or the lack of priority given to history in the current school environment. The benefits of participating in the quality mark process appear to go beyond a simple recognition of good practice to development of teaching practice both within and beyond the subject (Temple & Forrest, 2018). The increased workload of participation is not seen as negative but instead as providing opportunities for development. The framework for assessment is useful in auditing and action planning and teachers are given time for reflection on their teaching. The subject leader in particular benefits from increased confidence, enthusiasm and opportunities for professional development and the assessors themselves benefit from seeing good practice in schools.

Quality assurance in the Higher Education sector

A variety of quality assurance procedures exist in the Higher Education sector, with regulating and assuring organisations including, but not limited to, Advance HE (see below), the Quality Assurance Agency for Higher Education, Ofsted and the British Council, and schemes such as the Teaching Excellence Framework and the Research Excellence Framework providing measures of quality.

The effects of quality assurance in the sector are under-researched. The purpose of quality assurance itself may not be clearly defined as either improvement or accountability, and the lines between these are often blurred (Stensaker, 2008), with processes undermined by unclear conceptions of quality as, for example, the 'output' of students or the 'intellectual property' of the institution's staff (Ryan, 2015). There is little understanding of the mechanisms of cause and effect in terms of how quality assurance processes lead to or support improvement (Leiber, et al., 2015). Quality assurance processes should, therefore, have a clearer definition of good practice, drawing on a range of institutions' and stakeholders' views, and leading to case studies which can illustrate the quality and improvement in convincing ways (Stensaker, 2008).

With this background in mind, we end this section with two case studies of quality assurance schemes in the Higher Education sector. The first, HEA accreditation, focuses specifically on professional development programmes run by Higher Education institutions for their staff. The other, Athena Swan, has a broader remit of organisational policy and practice. Both provide useful pointers for the design of a quality mark for CPD in schools.

Case Study: HEA Accreditation of professional development programmes

The Higher Education Academy (HEA), part of Advance HE, accredits professional development programmes which are delivered by higher education providers. The process of accreditation provides a benchmark for professional development programmes, set against external criteria: the UK Professional Standards Framework. The aims of the Professional Standards Framework include: to support the professional development of teaching staff in HE; to foster creativity and innovation in teaching in academic and/or professional settings; and to demonstrate the professionalism of staff and institutions in teaching and supporting student learning (Higher Education Academy, 2011).

The Professional Standards Framework provides a series of descriptors of Higher Education staff at different stages of their careers, with the descriptors defined as Associate Fellow, Fellow, Senior Fellow and Principal Fellow. The 'defining feature' of HEA accreditation of professional development programmes is that when participants complete an accredited programme, they are automatically eligible to be awarded professional recognition at the appropriate HEA fellowship category. The accreditation process is therefore used to confirm that professional development programmes align with the Professional Standards Framework.

The process of applying for HEA accreditation involves the internal completion of an application form in which evidence is provided for both institutional and programme alignment with the Professional Standards Framework. The criteria for accreditation, which link very closely to the potential for professional recognition of HEA fellowships, are:

- The institution can evidence a commitment to the continuous professional development of staff that teach and support learning;
- The programme is designed to ensure participants utilise the UKPSF [the professional standards framework] to both develop their practice and evidence their success;
- The support and guidance provided will enable participants to utilise the UKPSF to develop and evidence their practice;
- The processes through which Fellowship judgements are made are reliable, valid and robust and embed the criteria of the relevant UKPSF descriptor(s).

Applications are reviewed by a panel of three independent accreditors from other institutions, chaired by a member of staff from the HEA. The accreditors are 'required to demonstrate they remain in good standing' (Higher Education Academy, 2018). They receive professional development of their own in relation to the standards of HEA Fellowships. The outcome of the panel might be accreditation, accreditation with some minor enhancements or clarifications, or return for further development. In each case, feedback is given for future development.

Accreditation is only available to institutions which subscribe to Advance HE. For each programme, accreditation lasts for four years, with an annual review. By the end of 2016, over one hundred institutions had professional development schemes accredited by the HEA and therefore eligible to award HEA Fellowships.

Case Study: The Athena Swan awards

The Athena Swan awards were established in 2005 by the Higher Education Authority (now Advance HE) to recognise and encourage the advancement of women's careers in the science, technology, engineering, mathematics and medicine in research and higher education. In recent years the scope of the awards has been broadened to recognise work undertaken to address gender equality more broadly, in other subject areas, for women in professional and support roles, and for trans-gender staff and students (Equality Challenge Unit, 2018a). Institutions applying for an award are required to sign up to the Athena SWAN principles. As with the HEA accreditation above, awards are funded through institutional subscription to the Equality Charter Unit, part of Advance HE.

Athena Swan awards are made at bronze, silver and gold levels and can be awarded at departmental or institutional level. Application for an award involves a self-assessment of institutional or departmental data and policies, which are benchmarked against external data. Applications are reviewed by a panel of five volunteer assessors: staff from other Higher Education Institutions who apply to become assessors and are trained in the role. The assessors review applications individually and then meet as a panel which is moderated by staff from the Equality Challenge Unit. There are 633 volunteers currently registered as panellists (Equality Challenge Unit, 2018a).

The awards have a wide uptake and the awarding process is rigorous with numerous applications rejected. For example, since 2015, there have been 565 applications for a bronze award, with only 56% of those being awarded. In the same period, 36 submissions have been made for gold award with eight awarded at gold level, 21 at a lower level and seven unsuccessful (Equality Challenge Unit, 2018b).

The process of applying for an Athena Swan award requires a significant commitment from the applying organisation with the identification of one or more 'Champions' and teams set up to gather and review data and complete the application submission. The time for completion of the application is between six and twelve months, with self-assessment teams meeting on six or seven occasions on average in this time.

The widespread take-up of Athena Swan awards might be attributed to the ongoing marketisation of the Higher Education sector and therefore a desire for organisations to publicise adherence to recognised standards of good practice. An additional impetus for participation may have recently come from the government, where government funding for some research activity is now only available to departments with at least a silver award (Ovseiko, et al., 2017).

The award provides credibility, focus and an ongoing impetus for work on gender equality which may already be taking place, while the process of data collection and analysis in the application enables organisations to identify challenges to be addressed (Munir, et al., 2014). The changes made as a result of application appear to be sustainable, although tend to provide benefits for staff rather than students.

However, while application appears to have positive impacts on organisational strategy, culture and processes, there are some negatives in staff perceptions of the process (Ovseiko, et al., 2017). For example, some staff feel that the awards have only limited ability to address longstanding imbalances in power, work-life balance and pay. Further participation may become an end in itself rather than a benchmarking of existing data and improvement strategies, and changes made a part of the process can be rather tokenistic, with problems being hidden to avoid risks to a successful application.

4. Modelling systems of quality assurance of professional development

4.1 Overview

From the evidence review we have initially identified two overarching models of quality assurance: kite-marking and professional recognition. In this final section we present an overview of these models to guide thinking about the design of a quality assurance system for CPD. Following this, we offer a model to show how a quality assurance system of teacher professional development sits within a wider context.

4.2 Models of quality assurance

Our review of the literature suggests two broad models of quality assurance which exist in education and other professional contexts and which may be appropriate for teacher professional development in the English education system. We classify these as: kite mark and professional recognition (Table 7). Within each of the two models there are different purposes, features and possibilities for how quality assurance operates, the processes used and – importantly – the drivers for its use and function.

	Kite mark	Professional recognition
Purpose	Meeting of minimum quality standards	Regulation of provision
Features	System-wide process, high volume, low cost, wide coverage	Accreditation of programmes, restricted to CPD that is evidenced as being impactful, leads to recognition for teachers, system-wide influence on profession
Typical process	Provider application provides information, approval through review of provider documentation, focus on provider/facilitator rather than programme, peer- or external-assessor review process	Criteria set by external organisation, focus usually on programme, approval through review of documentation, possible observation, peer- or external-assessor review process
Costs and benefits	Effectiveness criteria could be related to type or and/or duration of CPD; kite marks can be at varying levels to leverage improvement, price could vary depending on size or scale of provision	Higher cost, focus on provider or programme, can be linked to accreditation (eg MA level), no embedded improvement models
Examples	NCETM CPD Standards, Athena Swan Awards	Scottish General Teaching Council, Royal College of Surgeons

Table 7. Models of quality assurance of professional development

The choice of which model might be appropriate for a quality assurance system of teacher professional development in England will need to consider not just the practicalities of the processes developed but also how it is situated within the overall framework of its context and system, as described in the next section.

4.3 Framing a quality assurance system for teacher CPD

As we have explored a range of quality assurance systems, it has become clear that the context within which the system operates has an influence on (and is influenced by) the functions, purposes and outcomes of the system. It is vital, then, that in designing a system of quality assurance for teacher professional development in England, we recognise the potential impact of the context within which the system will exist.

The model (Figure 3) shows the influence of the wider social and professional system of teaching in England, the systems of professional development which exist in the English teaching system, and at the centre, influenced by all those, the purpose, processes, costs and benefits of the quality assurance system itself.

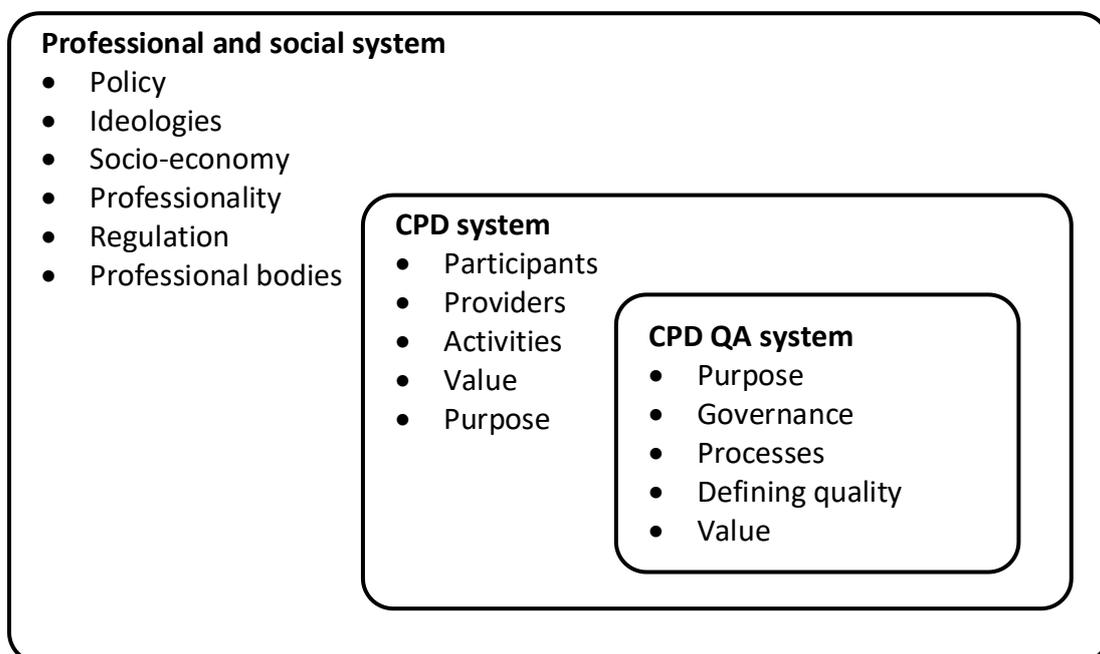


Figure 3: Model of quality assurance systems of professional development

The system contexts of the English education and teacher professional development will be familiar to readers of this report and so will not be explored further here. We present the model as a way of highlighting the importance of the interactions between system and context. For example, in some high performing education systems, quality assurance is assumed rather than explicit because the wider professional system contains embedded assumptions of quality. In some other professions, professionals have a requirement to participate in professional development and a professional body which manages and controls quality assurance. In higher education, the marketisation of the system may push institutions towards systems which appear to have recognised value in the 'marketplace'. Any quality assurance system will need to operate within the complexity of these interactions if it is to be useful, valued and sustainable, and so the design of the system must take these factors into account.

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