



**Education and Registration Standards Committee**  
**12 March 2015**  
**Quality Assurance – Process for Monitoring Closure**

<b>Classification</b>	Public
<b>Purpose</b>	For decision
<b>Issue</b>	Updated process for monitoring course closure.
<b>Recommendation</b>	To agree the 'RQ Course Closure Process, Guidance and Report Template', including the proposal for public and private papers.
<b>Financial and resourcing implications</b>	None from this paper.
<b>Equality and diversity implications</b>	None from this paper.
<b>Communications implications</b>	It is proposed that course closure reports would be shared in the public domain due to their relevance to students, patients and the public. Any commercially sensitive or otherwise private matters would be reported through the private agenda.
<b>Annex</b>	RQ Course Closure Process, Guidance and Report template
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## Background

1. At the October 2014 Education and Registration Standards Committee meeting the Committee considered a proposed course closure process. Those proposals aimed to build on existing practice and to introduce some enhancements to support the Committee's oversight of the delivery of the *Osteopathic Practice Standards* (OPS) and the period of course recognition.
2. The Committee discussed the possibility of developing a core set of reporting areas whilst also encouraging each report to be targeted to the specific context of an individual course.
3. Following discussions at the October Committee meeting and further consultation with osteopathic educational institutions (OEIs), the proposals have been developed into a 'RQ Course Closure Process Guidance and Template' document. This document is presented to the Committee in the Annex.

## Discussion

4. The updated version of the course closure process incorporates a process for an educational institution to notify GOSc of a new closure, and a template with an extended set of core areas for reporting. It provides guidance to assist OEIs to frame their reporting on the OPS and patient safety, the period of closure, changes to the risk landscape and changes to internal monitoring approaches.
5. The two educational institutions currently undergoing course closure have both considered the process, updated guidance and report template in detail. They have confirmed that the scope and approach is clear. It should be noted that they are both supportive of the proposal to engage with each other to share experience and good practice. The course closure report template has been piloted for the current meeting and form part of the RQ Annual Report analysis on the private agenda.
6. All of the OEIs were also invited to give their views on the process. No concerns have been raised or suggestions made for amendment.
7. As noted at the previous Committee meeting, historically course closure updates have been reported as private papers. The two OEIs undergoing course closure have agreed that their course closure reports may be shared in the public domain due to their relevance to students, patients and the public. It has been discussed that any commercially sensitive or otherwise private matters would be notified to the GOSc but reported to the Committee separately through the private agenda. The Committee is invited to consider this approach.

**Recommendation:** To agree the 'RQ Course Closure Process Guidance and Template' (annexed), including the proposal for public and private papers.



## Recognised Qualifications: Course Closure Process and Template

### Introduction: Purpose, scope and underpinning principles

1. The General Osteopathic Council's (GOsC) statutory duty is to 'develop and regulate the profession of osteopathy' in order to ensure public protection. Our aim as a regulator is: 'To fulfil our statutory duty to protect public and patient safety through targeted and effective regulation, working actively and in partnership with others to ensure a high quality of patient experience and of osteopathic practice'.
2. The General Osteopathic Council's (GOsC) Education and Registration Standards Committee (ERSC) has a duty to promote high standards of education and training and ensure that students meet the *Osteopathic Practice Standards* (OPS) at the point of graduation (see s11 of the Osteopaths Act 1993). Providers must demonstrate that they deliver the OPS in order to obtain and maintain 'Recognised Qualification' (RQ) status. This is assured through RQ review recognition and renewal on a periodic basis and through annual monitoring.
3. When a RQ course provider notifies the GOsC of a closure to a RQ course then the GOsC course closure process is enacted. The GOsC recognises that the Osteopathic Educational Institution (OEI) will be engaged in its own quality assurance processes for its range of purposes during closure. The GOsC process specifically ensures that risks are identified, mitigating actions are planned and outcomes are recorded throughout the period of closure which clearly relate to the maintained delivery of the OPS. The GOsC is the sole external institution that has a direct concern with standards and quality of patient care within the student osteopathy clinic(s) due to its remit for patient safety; therefore its closure process includes oversight of this during the closure period. As is the GOsC's aim with all of its quality assurance activities, the closure process is intended to be clearly defined, proportionate, agile and transparent.
4. The GOsC course closure process involves ongoing analysis, planning and evaluation by the course provider and periodic reporting to the Council's ERSC. In addition, close communication between the course provider and the GOsC's point of contact for this process, the Professional Standards Manager, provides a route to both raise ad-hoc matters for action and maintain a developmental dialogue. Where possible, the process also encourages course providers to engage with each other to share experience and good practice. RQ monitoring review can form part of the process, if required. The course closure process recognises the need both to ensure that the key areas that are common to all RQ closures are monitored and also to identify and respond to context-specific issues.

5. RQ course closure monitoring has historically been recorded in private GOsC papers. As course closure affects students and the public it has been proposed that they should be made public. However, it is acknowledged that some aspects of course closure monitoring and reporting may be commercially sensitive.
6. Therefore OEIs are asked to submit course closure papers to the GOsC for dissemination in the public domain but supply any 'private' information by separate cover. This will ensure that the public has access to core course closure reporting and that all relevant details are provided to the ERSC for monitoring.

### Contents

- Section 1: Notification of RQ course closure
- Section 2: RQ course closure monitoring process - overview of mechanisms
- Section 3: RQ course closure report – guidance and template

### Contact

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### Section 1: Notification of RQ course closure

1. A general condition applied to all RQ courses is to notify the GOsC's Education and Registration Standards Committee (ERSC) of changes or proposed changes to provision, which includes course closure. In practice, such notifications are made to the Professional Standards Team (Professional Standards Manager) in the first instance.
2. On receipt of a written course closure notification, an initial discussion is undertaken between the Osteopathic Educational Institution (OEI) and the Professional Standards Manager to establish the outline timeframe for closure and any key issues that have been identified by the institution.
3. A course closure notification meeting is then convened by the Professional Standards Manager at the earliest convenience to inform the GOsC Senior Management Team. A recommended route to course closure will be discussed, either:
  - a. Plan a RQ monitoring review (in advance of commencing the RQ course closure monitoring process) – this route is typically enacted if there are a range of issues to explore in detail.
  - b. Commence the RQ course closure monitoring process.

4. A course closure paper is prepared by the Professional Standards Manager (with OEI input) for the next ERSC detailing the closure notification and recommended route to course closure for committee decision. Note that a RQ monitoring review may be enacted at any point during this process as required.
5. The Professional Standards Manager contacts the Osteopathic Educational Institution (OEI) to confirm the ERSC's decision on the route to course closure. The OEI confirms their institutional contact for the course closure and process documentation and timelines are provided to the OEI by the Professional Standards Manager (if another OEI is undergoing course closure then the Professional Standards Manager will provide the OEIs with contact details to facilitate sharing experience).

**Section 2: RQ course closure monitoring process – overview of mechanisms**

The table below outlines the three mechanisms (A-C) that must be undertaken in respect of all RQ courses undergoing closure.

Mechanism D is available as a monitoring route; this may either be at the commencement of the course closure process or at any later point during the closure.

	<b>Monitoring mechanism</b>	<b>Description of content</b>	<b>Oversight by ERSC</b>
A	Course closure report: update produced by institution ( <i>see Section 3 for the course closure report template and guidance for completion</i> ) accompanied by cover paper produced by GOsC Professional Standards Manager	<ul style="list-style-type: none"> <li>• Reports on risks/areas of focus, mitigating actions and outcomes with a focus on impact on delivery of the OPS</li> <li>• Includes new risks/areas of focus, where relevant as course context changes</li> <li>• Takes into account experience from any other OEI undergoing course closure</li> <li>• Notes any issues that may affect the period of recognition</li> </ul>	<p>Consideration at each ERSC meeting, for noting/decision as required</p> <p>May request additional information through next course closure plan update report, or through contact between GOsC and institution</p> <p>May trigger RQ monitoring review</p>
B	Ongoing contact between GOsC and institution: monthly contact from GOsC Professional Standards Manager and institution (contact to be determined by institution) and encouragement to institution to make additional contact should ad-hoc issues arise	<ul style="list-style-type: none"> <li>• Discuss progress of course closure plan</li> <li>• Discuss any new developments, including issues arising, new actions etc – again, with OPS focus</li> </ul>	<p>Consideration between ERSC meetings if significant issue identified, for noting/action</p> <p>Consideration as part of next ERSC meeting’s course closure report if issue does not require immediate attention</p> <p>May request additional information through next course closure plan update report, or through contact between</p>

## Annex to 3

			<p>GOSc and institution</p> <p>May trigger RQ monitoring review</p>
C	RQ Annual Report	<ul style="list-style-type: none"> <li>• Reports on changes or proposed changes in educational provision that may affect the delivery of the OPS, including risks linked to the change and the actions taken to mitigate the risks</li> <li>• Guidance is provided in the report template and available from GOSc Professional Standards Manager</li> </ul>	<p>Consideration at spring ERSC meeting, for noting/decision as required</p> <p>May request additional information through next course closure plan update report, or through contact between GOSc and institution</p> <p>May trigger RQ monitoring review</p>
D	<i>RQ monitoring review - could be initiated at any time if required*</i>	<ul style="list-style-type: none"> <li>• <i>GOSc/QAA review method would be followed, focusing again on OPS</i></li> </ul>	<p><i>Consideration of review method, outcomes report, institution action plan, fulfilment of conditions</i></p>

**Section 3: RQ course closure report – guidance and template**

*Introduction*

1. Osteopathic Educational Institutions (OEIs) undergoing RQ course closure are required to report on the core course closure monitoring areas/risks as outlined in the table below. This is completed three times a year and is submitted to the GOsC’s Education and Registration Standards Committee. (Additional documents may be supplied, for example internal monitoring reports, but the table below is required as a minimum for the GOsC’s purposes.)
2. As noted above, an essential focus of the GOsC RQ course closure process is to monitor that the *Osteopathic Practice Standards* (OPS) is maintained. The reporting should clearly relate to the delivery of the OPS in all areas. Text is provided in **blue** as examples to illustrate how to complete the table with this focus.
3. It is also essential that the RQ course closure process identifies and manages changing risks over the period of course closure. Therefore each report submission by an OEI must be made relevant to the specific context of the closing course at its current position.
4. Note: after each ERSC meeting, the OEI will be provided with the record of the discussions/decisions arising from the Committee’s consideration of their course closure report submission.

*RQ course closure report template*

<b>Core course closure monitoring area/risk and relationship to OPS</b>	<b>Monitoring mechanism(s)</b>	<b>Current position at [month/year]</b>	<b>Further action(s)</b>
<p><b>1. Patient numbers and diversity</b>                      Outline of risk during closure: patient numbers and diversity may reduce due to fewer students on the course, patient perceptions of</p>	<p>Patient management system monitors patient numbers and diversity, with reports prepared which link these data with individual.</p>	<p>Identified that patient numbers have been maintained, but diversity of patients has declined – a trend has been identified since April 2014 of an</p>	<p>Continue rolling-out targeted marketing plan (introduced July 2014) to attract more diverse patients to the clinic –next phase to attend community outreach events</p>



<p>closure and impact on quality of care, lower resourcing of clinic during closure.</p> <p>Risk to OPS: reductions would impact on students' experience in treating an appropriate volume and range of patients.</p>	<p>student's records.</p> <p>Monthly audits are presented to University Quality Committee to identify any mitigating actions required.</p>	<p>increase in younger patients.</p> <p>New leaflets were produced and price reductions for target groups introduced in July 2014, however the trend towards younger patients has not yet been reversed.</p>	<p>for target groups from December 2014.</p> <p>Use patient management system to reallocate new patients from target groups to 'in need' students – begin in December 2014 and continue on ongoing basis as required.</p>
<p><b>2. Staff profile</b></p> <p>Outline of risk during closure: staffing may reduce due to staff perceptions of closure, staff needs to transition to other employment, lower resourcing during closure period may affect investment in staff development.</p> <p>Risk to OPS: loss of staff and/or lower investment in staffing could impact upon ability to deliver across all of the OPS.</p>	<p>Head of School and Faculty Dean review during monthly meeting. Staffing review includes monitoring teaching and assessment responsibilities to ensure oversight of skills and experience, and planning of mitigating actions is required.</p>	<p>Reduction of staff by 1.5 FTE in August 2014 represents no change to skills mix amongst teaching team. However upcoming 0.8 FTE redeployment in April 2015 will – therefore staff development plan (already produced) to be instigated. Specific staff have been identified to participate and this has been discussed with line managers and HR.</p>	<p>Staff development plan to be instigated from January 2015 targeted to addressing skills gap in dissertation supervision area.</p>
<p><b>3. Student profile</b></p> <p>Outline of risk during closure: student cohorts may reduce as some students may leave the course due to closure; no new</p>	<p>Student record system maintains lists of student enrolments, withdrawals, time outs, progression etc.</p>	<p>No students have left the course. Progression is in-line with previous years. No current data suggests a need to</p>	<p>No further actions planned at present.</p> <p>However next year, there will be no first year students –</p>

<p>cohorts will affect buddying/mentoring systems.</p> <p>Risk to OPS: could impact upon students' experience in working alongside diverse group of peers.</p>	<p>Head of School and Faculty Dean review outputs during monthly meeting.</p>	<p>consider extending RQ period.</p>	<p>begin considering any mitigating actions to support students' experience.</p>
<p><b>4. Stakeholder feedback/evaluation</b> (students, staff, patients, employers, External Examiners)</p> <p>Outline of risk during closure: stakeholder feedback may identify dissatisfaction due to course closure itself or to issues associated with the effects of the closure.</p> <p>Risk to OPS: feedback/evaluation could indicate issues with delivery of the OPS.</p>	<p>Survey results from all stakeholder groups (students, staff, patients, employers, External Examiners) regarding the course held by Academic Registry. Results and any actions planned by the course team are reported to Faculty Quality Committee on an annual basis to maintain oversight.</p>	<p>Survey results (December 2014) show comparable levels of satisfaction from all stakeholder groups (students, staff, patients and employers) as in the previous cycle. Notably overall student satisfaction with the course was rated as 95% across the cohorts.</p>	<p>The next External Examiner reports are due in June 2015. These reports and the course team's responses will form part of the course annual monitoring report (there are no areas of action outstanding from the previous year's reports and responses).</p>
<p><b>5. Stakeholder concerns/complaints</b> (students, staff, patients, employers, External Examiners)</p> <p>Outline of risk during closure: raising concerns/complaints may relate to course closure itself or to issues associated with the effects</p>	<p>Informal and formal student complaints are recorded by the Academic Registry.</p> <p>Anonymised complaints data is reported to the Faculty Quality Committee on an annual basis to maintain oversight of responses to</p>	<p>No feedback (through all methods – surveys, student-staff liaison committees) identified relating to closure for action.</p> <p>An informal complaint was raised by an individual student regarding changes to catering</p>	<p>No further actions planned at present.</p>

<p>of the closure.</p> <p>Risk to OPS: concerns/complaints could indicate issues with delivery of the OPS.</p>	<p>individual complaints and monitor any systemic issues.</p>	<p>facilities; this has been responded to.</p> <p>No new complaints relating to the OPS have been lodged.</p> <p>No outstanding complaints.</p>	
<p><b>6. Learning resources</b></p> <p>Outline of risk during closure: reduction in resourcing and/or investment may result due to closure.</p> <p>Risk to OPS: lessening resourcing could impact upon teaching and learning and therefore delivery of the OPS.</p>	<p>Resource allocation is explicitly linked to curriculum delivery. Head of School and Faculty Dean monitor course resourcing budget at quarterly meetings.</p>	<p>Investment has been made for video recorders for use in clinical skills and technique classes, including for assessment preparation. Resources in-situ from November 2014.</p>	<p>No further actions planned at present.</p>
<p><b>7. Patient safety in student clinic</b></p> <p>Outline of risk during closure: lower resourcing during closure period may affect staff supervision ratios in the student clinic</p> <p>Risk to OPS: lessening resourcing could impact upon means to maintain patient safety within the student clinic</p>	<p>Student clinic supervision policy states ratio of qualified (i.e. GOSc registered) clinic tutors to students as 1:7. Allocation is monitored through clinic booking system on a session-by-session basis, overseen by Head of Clinic.</p>	<p>No reduction to student clinical supervision ratios.</p>	<p>No further actions planned at present.</p>

<p><b>8. Other</b></p>			
<p><b>9. Summary of changes to student progression and completion which could affect period of RQ course recognition:</b></p> <p>No changes – monitoring continues (see 'Student profile').</p> <p><b>10. Summary of changes to internal OEI quality assurance mechanisms for monitoring closure:</b></p> <p>New faculty group established December 2014 to share closure experiences with acupuncture course. All other internal monitoring mechanisms are continuing.</p>			