



Education and Registration Standards Committee

18 June 2015

Leeds Beckett University and Oxford Brookes course closure updates

Classification	Public
Purpose	For noting
Issue	Leeds Beckett University and Oxford Brookes University have submitted updates on their course closure plans for the Education and Registration Standards Committee.
Recommendations	To note the course closure plan updates from Leeds Beckett University and Oxford Brookes University.
Financial and resourcing implications	None
Equality and diversity implications	None
Communications implications	The Committee has agreed previously that these reports should be in the public domain. Any commercially sensitive or otherwise private matters would be reported through the private agenda.
Annexes	A. Leeds Beckett University course closure update at May 2015 B. Oxford Brookes University course closure update at May 2015
Author	Kit Holmes

Background

1. The course closure plans for Leeds Beckett University (LBU) and Oxford Brookes University (OBU) are reported to each meeting of the Education and Registration Standards Committee.
2. Updates on the plans for LBU and OBU can be found at annexes A and B respectively, and a commentary on each can be found below.

Discussion

Leeds Beckett University

3. LBU submitted an update to its course closure plan in May 2015 which supersedes that considered by the Committee at its March 2015 meeting.
4. The Committee will recall that LBU was asked to include details on peer interaction between students in its course closure plan updates from the present meeting onwards. This was because the RQ Annual Report 2013-14 analysis found that some LBU staff highlighted that lessening peer interaction was an issue resulting from the closure.
5. LBU has included an update in this course closure plan, which shows measures to enable student peer interaction and that this area will continue to be monitored through staff and student feedback.
6. LBU has also provided notification in this update that from July 2015 Dr Duncan Sharp (the Head of School of Rehabilitation and Health Sciences) will liaise with GOsC on course closure updates as Dr Bidy Unsworth will be retiring.

Oxford Brookes University

7. OBU submitted an update to its course closure plan in May 2015 which supersedes that considered by the Committee at its March 2015 meeting.
8. In summary the changes recorded are as follows:
 - a. There has been a small reduction in new clinic patients with a slightly younger age profile. To address this issue more appointments slots are being allocated for new patients along with a new charging structure. The impact of these changes is being kept under review.
 - b. Communication concerns raised by students which have previously been reported are being addressed through scheduled meetings between the Associate Dean and the students.
 - c. Clinic hours are being reduced from 1 July as part of the planned closure.

9. It is not clear from the report what impact is anticipated from the reduction in clinic hours on the need to maintain numbers of new patients. The Executive will ask OBU to report on this in their update to the October Committee meeting.

Recommendation: to note the course closure plan updates from Leeds Beckett University and Oxford Brookes University.

Leeds Beckett University course closure report – May 2015

Core course closure monitoring area/risk and relationship to OPS	Monitoring mechanism(s)	Current position at May 2015	Further action(s)
<p>1. Patient numbers and diversity</p> <p>Outline of risk during closure: patient numbers and diversity may reduce due to fewer students on the course, patient perceptions of 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>Patient management system monitors patient numbers and diversity, with reports prepared which link these data with individual student's records.</p> <p>Senior clinic tutor monitors numbers and diversity and will alert Course Leader and Head of School if any action is needed</p>	<p>Patient numbers remain steady, with a good range of ages and problems.</p> <p>Clinic hours have not changed and will not change for 2015/16</p>	<p>Continue to monitor and take action as needed. Work with University marketing to ensure a continued supply of up to date supply of leaflets and posters</p>
<p>2. Staff profile</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</p>	<p>Head of School and Faculty Dean review during regular update meetings. Staffing review will always be informed by the need to ensure continued high quality provision.</p>	<p>We have had slightly higher staff losses than planned but have put in place additional part time hours staff to ensure quality is maintained.</p> <p>As a result, we are not planning any additional</p>	<p>Keep under review, with maintenance of high quality student experience as a priority</p>

<p>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>reduction for 2015/16</p>	
<p>3. Student profile</p> <p>Outline of risk during closure: student cohorts may reduce as some students may leave the course due to closure; no new 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>Student record system maintains lists of student enrolments, withdrawals, time outs, progression etc. These are reviewed as part of the University Annual Quality processes</p> <p>Head of School to alert Faculty Dean if any cause for concern.</p>	<p>No students have left the course. Progression is in-line with previous years. No current data that suggests a need to consider extending RQ period.</p>	<p>No further actions planned at present.</p>
<p>4. Stakeholder feedback/ evaluation (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</p>	<p>Survey results from all stakeholder groups (students, staff, patients, employers, External Examiners) regarding the course are reviewed and any actions planned by the course team course Leaders produce a report which is sent to Faculty Quality Team. Associate Dean and</p>	<p>Student Survey results (Spring 2014) show improved levels of satisfaction from all students, with 90% overall satisfaction with the course, 95% satisfaction with teaching quality, 100% for Staff are good at explaining things, 100% for the course is intellectually stimulating</p>	<p>Continue to monitor through normal University Quality processes</p>

<p>closure.</p> <p>Risk to OPS: feedback/evaluation could indicate issues with delivery of the OPS.</p>	<p>HOS read all external examiner reports and initiate action if needed.</p>	<p>We continue to receive overwhelmingly positive feedback from patients.</p> <p>The external examiner report for 2014 was received recently and a detailed response has been produced by the Course Leader. There are no outstanding issues</p>	
<p>5. Stakeholder concerns/ complaints (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 of the closure.</p> <p>Risk to OPS: concerns/complaints could indicate issues with delivery of the OPS.</p>	<p>Informal and formal student complaints are recorded by the Academic Registry.</p> <p>Anonymised complaints data is reported to the Faculty Quality and Standards Committee on an annual basis to maintain oversight of responses to individual complaints and monitor any systemic issues.</p>	<p>No feedback (through all methods – surveys, student-staff liaison committees) identified relating to closure for action.</p> <p>No new complaints relating to the OPS have been lodged.</p> <p>No outstanding complaints.</p>	<p>No further actions planned at present. University processes provide ongoing monitoring; in addition, all students and staff are aware they can contact the Head of School as needed</p>
<p>6. Learning resources</p> <p>Outline of risk during closure: reduction in resourcing and/or investment may result due to</p>	<p>Resource allocation is explicitly linked to curriculum delivery. Head of School and Senior management accountant</p>	<p>Investment has been made for video recorders for use in clinical skills and technique classes, including for assessment preparation.</p>	<p>No further actions planned at present.</p>

<p>closure.</p> <p>Risk to OPS: lessening resourcing could impact upon teaching and learning and therefore delivery of the OPS.</p>	<p>monitor course resourcing budget at regular meetings.</p> <p>Any issues raised by students are passed to the relevant area for action</p>	<p>Resources in-situ from November 2014 include 3 new clinical skills laboratories (in addition to the 4 new labs already in place) New teaching classrooms available from February 2015 include some specifically designed for collaborative learning. University Library also being refurbished, with additional spaces for students working in groups and on their own lap tops, in response to student feedback.</p>	
<p>7. Patient safety in student clinic</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>All clinic staff are experienced qualified osteopaths. Allocation of students to groups 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>8. Other Concern raised during annual review process about the impact of the closure process on peer interaction between years as the course runs out</p>	<p>Course Leader to monitor via staff and student feedback</p>	<p>For 2015/16 academic year, we will have Years 3 and 4 working together in the clinic especially during the intensive summer block and during the Easter and Winter vacation blocks. Clinic staff will facilitate cross year discussion. All years were invited to the final year dissertation presentations and poster session this semester. A successful buddy system has been in operation between 4th years and 2nd years this academic year. The students have an active Social media group and arrange regular social events for all years.</p>	<p>No further action at present</p>
<p>9. Summary of changes to student progression and completion which could affect period of RQ course recognition:</p> <p>No changes – monitoring continues (see 'Student profile').</p> <p>10. Summary of changes to internal OEI quality assurance mechanisms for monitoring closure:</p> <p>No changes to report to mechanisms. Note: Following Dr Bidy Unsworth's retirement in July 2015, Dr Duncan Sharp (the Head of School of Rehabilitation and Health Sciences) will liaise with GOsC on course closure updates.</p>			

Oxford Brookes University course closure report – May 2015

Core course closure monitoring area/risk and relationship to OPS	Monitoring mechanism(s)	Current position at May 2015	Further action(s)
<p>1. Patient numbers and diversity</p> <p>Outline of risk during closure:</p> <p>patient numbers and diversity may reduce due to fewer students on the course, patient perceptions of 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>Patient numbers and diversity are monitored using data from the patient management system. The information, along with the number of patients seen by each student, is reviewed at monthly meetings between the Programme Lead and Practice Education Lead. The prioritisation of students for new patients is adjusted as needed and the data is used to inform the reports to the Faculty committees. The patient data is compared to the data presented as part of the NCOR Standardised Data Collection (SDC) project to ensure the clinical experience is typical of wider osteopathic practice.</p>	<p>Patient numbers and diversity have been maintained in recent months. There was a small reduction in new patients in Q1 2015, with 262 NPs compared to 276 in Q1 2014. The mean patient age was 37.8, slightly younger when compared to 44.8 for the SDC data. Overall, there was a similar range of age groups when compared to the SDC data. The presenting symptom also followed a similar pattern to the SDC data with low back and neck pain forming the largest groups.</p> <p>A number of appointment slots each day have been allocated for new patients to book, which appears to be increasing the access for new patients. This will be reviewed over the next few months.</p>	<p>Continue to monitor patient numbers and diversity. Review the effectiveness of new patient booking changes and the impact of the changes in the fee structure</p>

		A new fee structure will also come into force in July aiming to prioritise the benefits to new patients.	
<p>2. Staff profile</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>Staffing is reviewed each month as part of the Exit Management Group meeting.</p>	<p>To date the reduction in staff has been in line with the closure plan. A reduction of 1.0 FTE in August 2015 is the next planned change for the programme. The remaining 1.5FTE will continue until August 2016. The skills and experience of the remaining staff is appropriate to deliver the current modules, supported by a wider pool of experienced associate lecturers</p>	<p>No further actions planned at present.</p>
<p>3. Student profile</p> <p>Outline of risk during closure: student cohorts may reduce as some students may leave the course due to closure; no new cohorts will affect buddying/mentoring systems.</p> <p>Risk to OPS: could impact upon</p>	<p>The student records system maintains data on enrolments, withdrawals, and progression. As a the number of students has decreased there it has been easier to monitor student progress.</p> <p>The student profile is reviewed at monthly Exit</p>	<p>No students have left the course. Progression is currently as expected. The Subject Examination Committees are scheduled for June and July when progression decisions will be taken. An extension to the existing RQ period is in place following the review last year, should any students extend</p>	<p>No further actions planned at present.</p> <p>The Programme Lead will continue to develop contingency plans should any student extend their programme.</p>

<p>students' experience in working alongside diverse group of peers</p>	<p>Management group meetings.</p>	<p>their programme.</p>	
<p>4. Stakeholder feedback/ evaluation (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>Feedback from stakeholders is considered at the Exit Management group meetings. Student feedback on teaching, modules is collected as part of the quality assurance process. Feedback, evaluation and external examiner reports are considered by the Faculty Quality sub-group.</p>	<p>The previous communication concerns raised by students have been addressed through meetings with the cohorts and senior management of the faculty. No further course related issues have been raised.</p>	<p>Meetings have been scheduled between the Associate Dean and the students for twice a semester in the forthcoming year.</p>
<p>5. Stakeholder concerns/ complaints (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 of the closure.</p> <p>Risk to OPS: concerns/complaints</p>	<p>Formal complaints are dealt with by the University's Complaints and Academic Appeals process.</p> <p>Any informal complaints or concerns raised through any medium, are reported to the Osteopathy Exit Management group at monthly meetings.</p>	<p>No complaints or concerns have been raised.</p>	<p>No further actions planned at present.</p>

<p>could indicate issues with delivery of the OPS.</p>			
<p>6. Learning resources</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 continues at current level based on the number of students. The Osteopathy Exit Management group monitor the resourcing and financial matters at monthly meetings.</p>	<p>New and improved clinic facilities were occupied in August 2014. As part of the closure plan the clinic opening hours will reduce from 5 days to 3 days per week from July 1st 2015. Planning for the change is advanced. The Osteopathy programme continues to have access to relevant resources, teaching space, etc as needed for the taught modules.</p>	<p>No further actions planned at present.</p>
<p>7. Patient safety in student clinic</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 ratios remain at previous levels with two clinic tutors present per session. The maximum number of students in any one session would be 7 (year 3) and 12 (year 4) with a maximum of six clinical encounters at any one time.</p> <p>Students are allocated sessions at the beginning of the semester and this is</p>	<p>There has been no reduction in the student clinical supervision ratio. In holiday periods; Christmas, Easter and Summer the clinic operates with one clinic tutor with a reduced student number and capacity.</p>	<p>No further actions planned at present.</p>

	monitored by the Practice Education Lead.		
8. Other N/A	N/A	N/A	N/A

9. Summary of changes to student progression and completion which could affect period of RQ course recognition:

There have been no changes in student progression and completion. Student performance continues to be closely monitored.

10. Summary of changes to internal OEI quality assurance mechanisms for monitoring closure:

The closure process is managed by the Osteopathy Exit Management group which continues to meet monthly. Following the outcome of the GOSC's ERSC meeting in March, quarterly reports will be produced by the programme lead, based on the Course Closure Report and detailing progress against the closure plan. These will be reviewed by the Quality sub-group of the Faculty Academic Enhancement and Standards Committee every three months. These processes are in addition to the regular quality assurance monitoring mechanisms of Annual Review and Programme Committee meetings which continue.