



Education and Registration Standards Committee
2 October 2014
Quality Assurance – Process for Monitoring Closure

Classification	Public
Purpose	For decision
Issue	Clarification about the process for monitoring course closure.
Recommendation	To agree the proposed course closure process.
Financial and resourcing implications	None from this paper.
Equality and diversity implications	None from this paper.
Communications implications	Communications implications about the publication of these papers relating to course closures will be considered more fully at the next meeting
Annexes	A. Overview of proposed ERSC course closure process. B. Outline guidance on focusing course closure reporting to the <i>Osteopathic Practice Standards</i> .
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Background

1. At present, two osteopathic educational institutions are in the process of closing their Recognised Qualification (RQ) courses. The Education and Registration Standards Committee 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). The Committee is therefore interested in overseeing how standards are maintained during the closure of courses.
2. This paper summarises the mechanisms by which the Committee is currently receiving course closure update reports. It is suggested in this paper that the existing course closure processes have been effective in providing the ERSC with updates on the institutions' processes for monitoring and managing closure. The paper proposes some enhancements to support the Committee's oversight of the delivery of the OPS and the period of course recognition.
3. These proposals are intended to build on existing practice. This paper provides an opportunity for the Committee to clarify the way in which it wishes such oversight to be maintained.

Discussion

Existing ERSC course closure process

4. To date, the Committee has requested reports on course closure from institutions on a regular basis: one institution is required to report on a six monthly basis (as a minimum); and one institution is required to report at every meeting. This followed recent RQ renewal reviews for the institutions.
5. The updates have consisted of the institutions' approaches to closure, assessment of risks, mitigating actions and outcomes. The most recent updates are presented on the private agenda to this meeting (items 5D and 5E).
6. The GOsC's Professional Standards Manager has been a key link between the institutions and the Committee. The Professional Standards Manager and the institution lead's good lines of communication have enabled an ongoing dialogue about closure matters as they have arisen or been considered as possible future risks. The Professional Standards Manager had also supported the institutions in preparing relevant information for the ERSC.
7. In addition to these updates, the institutions are required to report on course closure matters via their RQ Annual Report submissions. Therefore the Committee is also provided with information regarding closure through this route.

Proposed monitoring mechanisms and focus of reporting

8. A summary of the proposed monitoring mechanisms is provided at Annex A. The following paragraphs outline the considerations which have informed these proposals.
9. It is considered that the close collaborative working relationship between the GOsC Professional Standards Manager and the institutions has been a strength in the course closure process. This has facilitated open communication about risks and challenges which can be remediated at an early stage. It is recommended that monthly contact should be established and maintained between the new GOsC Professional Standards Manager and Course Lead (or the institution's preferred contact person) to maintain dialogue about issues arising and possible responses. These issues would be brought to the Committee's immediate attention by the Professional Standards Manager if required, or would form part of the next standing item report if less significant.
10. As two institutions are undergoing course closure, it is suggested that there may be perspectives and experiences that could helpfully be shared. It is therefore suggested that reports are provided to the Committee from both institutions at every meeting. It also suggested that there could be a sharing of information between the institutions undergoing closure; this possibility has been explored by the Professional Standards Manager and one institution to date and was received positively.
11. The GOsC has been mindful that the institutions themselves are engaged in monitoring a range of course closure issues to fulfil their internal requirements. As is the GOsC's aim with all of its quality assurance activities, the approach to closure is not intended to add a significant additional burden to the institutions but to ensure that there is due oversight of the maintenance of the OPS.
12. The institutions are already monitoring a range of areas relevant to the OPS, for instance: staffing levels, patient numbers, student complaints, student progression and so on. However, sometimes the ways in which these areas are reported does not make their link to the OPS explicit. For instance, it would be possible to report success on reducing staffing from the perspective of completing the reduction by a planned date (which is of significant importance to the institution); however, from the perspective of the GOsC this does not make it clear whether the reduction has taken into account appropriate staffing skills to maintain delivery of the OPS.
13. It is proposed that institutions would benefit from further guidance to assist them to frame their reporting appropriately on the OPS for the ERSC's oversight. Some examples are provided at Annex B. It is suggested that such examples would be discussed between the GOsC Professional Standards Manager and institutions.

14. The risks to maintaining delivery of the OPS may well change over time as the course context changes. It is suggested that institutions should be encouraged to reflect changes to the risk landscape in their reporting. (See Annex B.)
15. Consideration will need to be given to whether these update papers should be in the public domain. Historically they have been prepared as private items, but course closure affects students and the public and therefore it may be determined that they should be made public. This would need discussion with the institutions and it is proposed that this form an aspect for consideration at the next Committee meeting.

Recommendation: to agree the proposed course closure process.

Overview of proposed ERSC course closure process

	Monitoring mechanism	Description of content	Oversight by ERSC
A	Course closure plan update report: update produced by institution accompanied by cover paper produced by GOsC Professional Standards Manager	<ul style="list-style-type: none"> • Reports on risks/areas of focus, mitigating actions and outcomes with a focus on impact on delivery of the <i>OPS</i> (see Annex B for suggested indicative examples to support institutions' reports) • Includes new risks/areas of focus, where relevant as course context changes • Takes into account experience from other OEI undergoing course closure • Notes any issues that may affect the period of recognition 	<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"> • Discuss progress of course closure plan • Discuss any new developments, including issues arising, new actions etc – again, with OPS focus 	<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 GOsC and institution.</p> <p>May trigger RQ monitoring review.</p>

Annex A to 3

C	RQ Annual Report	<ul style="list-style-type: none"> • 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 • Guidance is provided in the report template and available from GOsC Professional Standards Manager 	<p>Consideration at March 2015 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>
<i>D</i>	<i>RQ monitoring review - could be initiated at any time if required*</i>	<ul style="list-style-type: none"> • <i>GOsC/QAA review method would be followed, focusing again on OPS</i> 	<i>Consideration of review method, outcomes report, institution action plan, fulfilment of conditions</i>

Note: it is proposed that mechanisms A-C should be initiated in respect of both courses until they are closed. Mechanism D is noted here as a further monitoring route, should it be required at any point during the closures.

Outline guidance on focusing course closure reporting to the *Osteopathic Practice Standards*

Indicative examples of useful responses are given in blue text. It is suggested that these would be discussed between GOsC Professional Standards Manager and institutional contact.

Area/risk and relationship to OPS	Monitoring mechanism(s)	Current position at [month/year]	Further action(s)
Patient numbers and diversity – would impact on students’ experience in treating an appropriate volume and range of patients if these reduce	<p>Patient management system monitors patient numbers and diversity, with reports prepared which link these data with individual student’s records.</p> <p>Monthly audits are presented to University Quality Committee to identify any mitigating actions required.</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 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>Continue rolling-out targeted marketing plan (introduced July 2014) to attract more diverse patients to the clinic –next phase to attend community outreach events for target groups from September 2014.</p> <p>Use patient management system to reallocate new patients from target groups to ‘in need’ students – begin in September 2014 and continue on ongoing basis as required.</p>
Staff diversity - loss of staff could impact upon ability to deliver the <i>OPS</i>	Head of School and Faculty Dean review during monthly meeting. Staffing review includes monitoring teaching and assessment responsibilities to ensure oversight of skills and	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.	Staff development plan to be instigated from December 2014 targeted to addressing skills gap in dissertation supervision area.

	experience, and planning of mitigating actions is required.	Specific staff have been identified to participate and this has been discussed with line managers and HR.	
Student diversity - could impact upon students' experience in working alongside diverse group of peers	Student record system maintains lists of student enrolments, withdrawals, time outs, progression etc. Head of School and Faculty Dean review outputs during monthly meeting.	No students have left the course and feedback (through all methods – surveys, student-staff liaison committees. Progression is in-line with previous years. No current data suggests a need to consider extending RQ period.	No further actions planned at present. However next year, there will be no first year students – begin considering any mitigating actions to support students' experience.
Student complaints – complaints could indicate issues with delivery of the OPS	Informal and formal complaints are recorded by the Academic Registry. Anonymised complaints data is reported to the Faculty Quality Committee on an annual basis to maintain oversight of responses to individual complaints and monitor any systemic issues.	An informal complaint was raised by an individual student regarding changes to catering facilities; this has been responded to. No new complaints relating to the OPS have been lodged. No outstanding complaints.	No further actions planned at present.