



Education and Registration Standards Committee

13 October 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 September 2015 B. Oxford Brookes University course closure update at September 2015
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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 September 2015 which supersedes that considered by the Committee at its June 2015 meeting.
4. LBU has highlighted staffing resignations since the last report. We note the proposed approach to filling these vacancies and the proposal for reviewing staffing needs in early 2016 to prepare for the 2016/17 academic year.
5. LBU has also highlighted low levels of student satisfaction in some areas (as reported in the national Student Survey) most notably in relation to: contacting staff and good advice availability; and organisation and management – changes to course and course organisation. We are pleased to note that the Course Leader has been asked to draft an action plan to address the identified weaknesses and look forward to receiving this in the next closure report.

Oxford Brookes University

6. OBU submitted an update to its course closure plan in September 2015 which supersedes that considered by the Committee at its June 2015 meeting.
7. OBU provided a clarification in relation to patient numbers and diversity which confirms that these are being maintained in comparison to previous years. The report also confirms that all students are on target to reach the required number of new patients.
8. OBU has confirmed that all students are on target to complete the course in 2015-16.
9. We are pleased to note the high levels of student satisfaction that have been reported in the National Student Survey. We were also pleased to note the positive feedback from patients about their experience of the student clinic.

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

Leeds Beckett University course closure report – September 2015

Core course closure monitoring area/risk and relationship to OPS	Monitoring mechanism(s)	Current position at September 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.</p> <p>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,</p>	<p>Head of School and Faculty Dean review during regular update meetings. Staffing review will always be informed by the need to ensure</p>	<p>No planned staffing reduction in 2015/16 following slightly higher staff losses than planned but have put in place additional part time hours staff</p>	<p>Keep under review, with maintenance of high quality student experience as a priority</p>

<p>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>continued high quality provision.</p>	<p>to ensure quality is maintained.</p> <p>Recently, two clinic tutors have resigned during the Summer 2015 – one Part-Time hourly paid, and one substantive post. Additional part-time hours have been allocated to other tutors to cover the PTL resignation, and ensure sufficient tutors during recruitment of a new 12 month fixed term post – Senior Clinic Tutor, which is out to advert. This post will be reviewed in-line with staff needs early in 2016 as part of staff planning for 2016/17, to identify whether it needs extending to ensure high quality provision.</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</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>No students have left the course.</p> <p>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>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 to alert Faculty Dean if any cause for concern.</p>		
<p>4. Stakeholder feedback/ evaluation</p> <p>(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 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 HOS read all external examiner reports and initiate action if needed.</p>	<p>NSS 2015 results released in August indicate (from 13/21 student responses) Overall Satisfaction of 69%,</p> <p>Areas to prioritise: Assessment and Feedback (57% overall), some aspects of academic support e.g. contacting staff and good advice availability (both 42%) and organisation and management – changes to course and course organisation (both 38%).</p> <p>However, the highlights were the teaching on the course (83%) the course is intellectually stimulating (92%), timetables work effectively (92%), learning resources (85%), and some aspects of personal</p>	<p>Course Leader to draft an Action Plan in consultation with Head of School and Associate Dean for Student Experience by end October 2015, as part of normal post-NSS action planning.</p> <p>This will be reported to GOsC in the subsequent closure report and will outline strategies to enhance the areas identified by the NSS as performing less well.</p>

		<p>development. E.g. course help me to present myself with confidence (85%).</p> <p>We have no previous year baseline for comparison and await UK-wide NSS results for MOst course performance benchmarking.</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 Stanadards 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>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</p>	<p>No further actions planned at present.</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>monitor course resourcing budget at regular meetings.</p> <p>Any issues raised by students are passed to the relevant area for action</p>	<p>assessment preparation. 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>This is highlighted by the good scores in the NSS for learning resources.</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>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>Risk to OPS: lessening resourcing could impact upon means to maintain patient safety within the student clinic</p>			
<p>8. Other</p> <p>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>			

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

No changes to report

Oxford Brookes University course closure report – September 2015

Core course closure monitoring area/risk and relationship to OPS	Monitoring mechanism(s)	Current position at September 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 numbers and diversity are monitored using data from the patient management system. The information, along with the number of new patients seen by each student, is reviewed at monthly meetings between the Programme Lead and Practice Education Lead.</p> <p>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</p>	<p>*Clarification from previous report</p> <p>As part of the closure plan there has been a reduction in available clinic hours, with the clinic opening hours reduced from five days per week to three days. This is likely to reduce the overall number of patients seen.</p> <p>It is important that the number of new and returning patients that each student sees is maintained. As the number of students reduced in June (from 36 to 15 for 2015-16) we have seen that their workload in clinic has increased and all students are on target to reach a minimum of 50 new patients by the end of the course. This</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 during semester one.</p>

	<p>practice.</p> <p>The current statistics are attached to this report.</p>	<p>will continue to be closely monitored by the programme team.</p> <p>Over the closure period, overall patient numbers and diversity have been maintained when compared to previous years. There was a reduction in new patients in March, April and May 2015. This was partly due to difficulties in finding available appointments for new patients as returning patients were filling all available slots. Measures have been implemented such as allocating a number of appointment slots each day for new patients to book, which appears to have improved the access for new patients. Also the new fee structure came into force in July to prioritise the benefits to new patients.</p> <p>The mean patient age overall is 40.8, slightly younger when compared to 44.8 for the SDC data. The age distribution is similar to the SDC data, with a</p>	
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		higher number of 20-30 year olds and slightly fewer patients in the older age groups. The presenting symptom also follows a similar pattern to the SDC data with low back and neck pain forming the largest groups.	
<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>	Staffing continues to be reviewed each month as part of the Exit Management Group meeting.	To date the reduction in staff has continued in line with the closure plan. A planned reduction of 1.0 FTE occurred in August 2015. The remaining 1.5FTE will continue until August 2016. The skills and experience of the remaining staff are appropriate to deliver the current modules, supported by a wider pool of experienced associate lecturers.	No further actions planned at present.
<p>3. Student profile</p> <p>Outline of risk during closure: student cohorts may reduce as</p>	The student records system maintains data on enrolments,	At the Subject Examination Committees in June, all students successfully	No further actions planned at present.

<p>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>withdrawals, and progression.</p> <p>The student profile is reviewed at monthly Exit Management group meetings.</p>	<p>completed their modules, either gaining their final award or progressing to the final year. One student decided, two years ago, to change the final year of her programme from full-time to part-time over two years. She has successfully completed her modules to date and will join the final cohort in September to complete her programme. At present, the progression of all students is as expected and an extension to the programme is not required.</p>	<p>The Programme Lead will continue to develop contingency plans should any student extend their programme.</p>
<p>4. Stakeholder feedback/ evaluation</p> <p>(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</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>No issues have been raised by students.</p> <p>NSS results for 2014/15 have been published and both the MOst and BOst programmes and show an increase in overall satisfaction from 93% and 87% respectively in the previous year to 100% satisfaction for both courses last year.</p>	<p>Meetings have been scheduled between the Associate Dean and the students for twice a semester in the forthcoming year.</p>

<p>effects of the closure.</p> <p>Risk to OPS: feedback/evaluation could indicate issues with delivery of the OPS.</p>			
<p>5. Stakeholder concerns/ complaints</p> <p>(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>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>Prior to the planned reduction in the clinic opening hours in July, patients visiting the clinic in the past 2 years (1500) were contacted by email to inform them of the changes, along with posters in the clinic. This has prompted a number of patients (around 12 patients) to make contact and express their gratitude and to describe the positive impact the osteopathy clinic has made for them. These comments are currently being collated and will be shared with the staff and students.</p>	<p>No further actions planned at present.</p> <p>Distribute the anonymised feedback to staff and students</p>
<p>6. Learning resources</p>	<p>Resource allocation continues</p>	<p>The clinic opening hours</p>	<p>No further actions planned at</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>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>reduced as planned from 5 days to 3 days per week from July 1st 2015.</p> <p>The Osteopathy programme continues to have access to relevant resources, teaching space, etc as needed for the taught modules.</p>	<p>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 are planned to remain at previous levels with two clinic tutors present per session (term time). 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 monitored by the Practice Education Lead.</p>	<p>There has been no reduction in the student clinical supervision ratio. Over the summer holiday period the clinic operated with one clinic tutor per session but with a reduced number of students and patient appointment slots.</p>	<p>No further actions planned at present.</p>

<p>8. Other</p> <p>N/A</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
<p>9. At present, the progression of all students is as expected and the period of RQ course recognition is not affected. Student performance continues to be closely monitored by the programme team and the Osteopathy Exit Management group</p>			
<p>10. Summary of changes to internal OEI quality assurance mechanisms for monitoring closure:</p> <p>The closure process is managed by the Osteopathy Exit Management group which continues to meet monthly. 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.</p>			