



**Policy Advisory Committee (statutory Education Committee)**

**16 June 2016**

**Leeds Beckett University course closure updates**

<b>Classification</b>	Public
<b>Purpose</b>	For noting
<b>Issue</b>	Leeds Beckett University has submitted an update on their course closure plans for the statutory Education Committee.
<b>Recommendations</b>	To note the course closure plan update from Leeds Beckett University.
<b>Financial and resourcing implications</b>	None
<b>Equality and diversity implications</b>	None
<b>Communications implications</b>	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.
<b>Annex</b>	Leeds Beckett University course closure update at May 2016
<b>Author</b>	Fiona Browne

## Background

1. The course closure plans for Leeds Beckett University (LBU) is reported to each meeting of the statutory Education Committee.
2. Updates on the plan for LBU annex A, and a commentary can be found below.

## Discussion

### *Leeds Beckett University*

3. LBU submitted an update to its course closure plan in May 2016.
4. The final cohort of LBU students is due to graduate in summer 2017. So far, all students are progressing as expected.
5. LBU report a more diverse patient profile since their last update in September 2015. This is consistent with information reported in the Annual Report for 2014/15 submitted at the end of 2015.
6. LBU notes that clinic hours are being reduced for 2016/17 and will reduce to 4 days per week. However, they note that the level 7 students next year will see more patients over the final year as they will not be sharing with the level 6 students. LBU also note increased opportunities for peer observation.
7. LBU report no gaps in the staff remaining to teach the students into their final year.
8. The final NSS 2016 results are awaited and will be reported to the next Committee meeting in October as part of that course closure report.
9. LBU notes that no students have left the course and that progression is in line with previous years. There is no current data to suggest that the RQ period (which runs until July 2018) needs to be extended.

**Recommendation:** to note the course closure plan update from Leeds Beckett University.

***Leeds Beckett University course closure report – May 2016***

<p><b>Core course closure monitoring area/risk and relationship to OPS</b></p>	<p><b>Monitoring mechanism(s)</b></p>	<p><b>Current position at May 2016</b></p>	<p><b>Further action(s)</b></p>
<p><b>1. Patient numbers and diversity</b></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 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 bookings are vibrant and age diversity in particular has increased over the past few years with an equally diverse range of presenting conditions.</p> <p>Clinic hours are being reviewed for 2016/17 and will reduce to 4 days per week. However, Level 7 students will see more patients over their final year as they will not be 'sharing' with Level 6 students. There will also be increased opportunities for peer observation.</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><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</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>Although fewer staff are needed for our final year this has been achieved with a voluntary reduction in the contractual commitments of one member of staff from 1.0FTE to 0.5FTE and voluntary severance of two</p>	<p>Keep under review, with maintenance of high quality student experience as a priority and maintaining variety in the tutor student work with.</p>

<p>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>others on substantive contracts without any need for forced redundancies.</p> <p>The Course Leader and Group lead will continue to have a full time remit to both teach on the course and quality assure. Provision for our students. All staff teaching in the final year are highly experienced as Osteopathic educators. There are no gaps in provision at all.</p> <p>With the reduction in clinic supervision required, a decreased pool of hours is required for our PTL – clinic tutors.</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 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.</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><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 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>Currently awaiting NSS results for 2016, to observe whether improvements made by Course Team have enhanced results from 2015.</p>	<p>Analysis of NSS and module feedback will determine actions for Level 7 students in the 2016/17 academic year</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 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><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 Senior management accountant monitor course resourcing budget at regular meetings.</p> <p>Any issues raised by students are passed to the relevant area for action</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 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>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>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><b>8. Other</b></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>Peer learning has been a feature of Clinic learning with Level 6 students learning by observing Level 7 students, whilst they in turn mentor the Level 6s.</p> <p>To replace this we are planning a more formalised shared learning within the group. The three summative Learning Contracts complete in Level 7 are partly assessed against the criteria of providing a learning resource either for patients and/or other students. Outcomes of these include giving presentations, make videos on a new technique they have learnt, produce an MCQ for students to assess their knowledge base, or prepare handouts for other students.</p> <p>This will be extended further in for 2016/17 by students preparing and leading weekly workshops, seminars and</p>	<p>No further action at present, there will inherently been a lack of Level 6 students for the 2016/17 Level 7 students to work with, but the course team have explored alternative models.</p>

		<p>tutorials for their peers on a range of topics that arise from their clinic experiences.</p>	
<p><b>9. Summary of changes to student progression and completion which could affect period of RQ course recognition:</b>          No changes – monitoring continues (see 'Student profile').</p>			
<p><b>10. Summary of changes to internal OEI quality assurance mechanisms for monitoring closure:</b>          No changes to report</p>			