General Osteopathic Council

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Policy Advisory Committee (statutory Education Committee)
16 June 2016
Oxford Brookes University course closure update

Classification	Public
Purpose	For noting
Issue	Oxford Brookes University have submitted updates on their course closure plans for the statutory Education Committee.
Recommendations	To note the course closure plan updates from 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. Oxford Brookes University course closure update at May 2016 B. Patient profile statistics
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Background

1. The course closure plans for Oxford Brookes University (OBU) are reported to each meeting of the statutory Education Committee.

2. The remaining students from OBU are due to graduate this summer at which time the course will then be closed.

3. An update on the plans for OBU can be found at the annex, and a commentary can be found below.

Discussion

Oxford Brookes University

4. The course closure report at the Annex is dated May 2016.

5. Key features of the report include:

    - As the closure of the clinic approaches, arrangements are being made to ensure the future care needs of patients with long term or ongoing conditions.
    - The average number of new patients remains stable broadly in line with the previous six months.
    - OBU continue to report that the patient profile remains similar to those in previous report although they note again a slightly reduced mean age. The OBU have also submitted their patient profile statistics which are attached at Annex B for information.
    - Staff – in the event that a student needs to undertake resits of assessments, staff have been identified to oversee the organisation and management of the extension of the programme. We will know in July if such a contingency plan is required. OBU report that students are currently progressing as expected.
    - No significant issues from staff, student, patient feedback have been identified.
    - One patient wrote expressing disappointment about the closure of the course.
    - All other matters appear consistent with the previous update.

6. We will write to the course leader to seek confirmation in July 2016 that all students will graduate as expected. We will also seek feedback about our standards and quality assurance processes and any lessons learned for dissemination within the sector.

7. The Committee will no doubt wish to thank the staff and students at the Oxford Brookes University for their continued commitment to the provision of high quality patient care and osteopathic education throughout the period of the course closure.

Recommendation: to note the course closure plan update from Oxford Brookes University.

Oxford Brookes University course closure report - May 2016

Core course closure monitoring area/risk and relationship to OPS	Monitoring mechanism(s)	Current position at May 2016	Further action(s)
Patient numbers and diversity 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. Risk to OPS: reductions would impact on students' experience in treating an appropriate volume and range of patients.	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. 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. The current summary statistics are attached to this report.	As the closure of the clinic approaches there is a need to balance having enough new patients for students with addressing the future care needs of patients with long-term or ongoing conditions. A plan was developed to assess patient needs and provide options for future care, which for many involves referral to another healthcare practitioner. Updated information sheets have been distributed from April to all patients attending the clinic, explaining the process and providing options for future care. The average number of new patients seen per month in the first quarter of 2016 is 54, broadly in line with the previous six months. Students remain busy with appointments and few appointment slots remain unfilled.	Continue to monitor patient numbers and diversity. Continue to review the effectiveness of new patient booking changes and management of patients with long term conditions.

		The patient profile remains similar overall to previous reports with a slightly younger mean age when compared to the SDC data. The age distribution is similar to the SDC data, with a higher number of 20-30 year olds and slightly fewer patients in the older age groups. The presenting symptoms also continue to follow a similar pattern, with low back and neck pain forming the largest groups.	
Staff profile 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. Risk to OPS: loss of staff and/or lower investment in staffing could impact upon ability to deliver across all of the OPS.	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. The current 1.5FTE staff 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. As part of contingency planning, expressions of interest have been sought from staff on continuing to teach/clinic tutor in the event of a student having to resit an assessment, retake modules or extend their programme. In addition, a member of staff has	The Programme Lead and Practice Education Lead will continue to develop contingency plans should any students need to retake a module or extend their programme

		been identified to oversee the organisation and management of any extension to the programme	
Student profile 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. Risk to OPS: could impact upon students' experience in working alongside diverse group of peers	The student records system maintains data on enrolments, withdrawals, and progression. The student profile is reviewed at monthly Exit Management group meetings.	At present, the progression of all students is as expected and an extension to the programme is not required. Final assessments of clinical competence take place on 24-25th May. Opportunities for reassessment take place in early July. Examination boards are scheduled for June and July when graduation and progression decisions are taken.	The Programme Lead will continue to develop contingency plans should any student extend their programme.
Stakeholder feedback/ evaluation (students, staff, patients, employers, External Examiners) 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. Risk to OPS: feedback/evaluation could indicate issues with delivery of	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.	No significant issues have been raised by students, staff or patients.	Meetings have been held between the Associate Dean and/or Head of Department and the students twice in each semester.

the OPS.			
Stakeholder concerns /complaints (students, staff, patients, employers, External Examiners) Outline of risk during closure: raising concerns/complaints may relate to course closure itself or to issues associated with the effects of the closure. Risk to OPS: concerns/complaints could indicate issues with delivery of the OPS.	Formal complaints are dealt with by the University's Complaints and Academic Appeals process. Any informal complaints or concerns raised through any medium, are reported to the Osteopathy Exit Management group at monthly meetings.	One patient wrote to express their disappointment at the closure of the clinic. A response was made by the Head of Department, which included directing the patient to the GOsC Register to find alternative provision.	No further actions planned at present.
Learning resources Outline of risk during closure: reduction in resourcing and/or investment may result due to closure. Risk to OPS: lessening resourcing could impact upon teaching and learning and therefore delivery of the OPS.	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.	The Osteopathy programme continues to have access to relevant resources, teaching space, etc as needed for the taught modules.	No further actions planned at present.
Patient safety in student clinic Outline of risk during closure: lower resourcing during closure period may affect staff supervision ratios in the student clinic	Student clinic supervision ratios are planned to remain at previous levels with two clinic tutors present per session (term time). The maximum	There has been no reduction in the student clinical supervision ratio. In the event of students needing to resit or retake modules the same clinic supervision ratio will be	No further actions planned at present.

Risk to OPS: lessening resourcing could impact upon means to maintain patient safety within the student clinic	number of students in any one session would be 12 with a maximum of six clinical encounters at any one time. Students are allocated sessions at the beginning of the semester and this is monitored by the Practice Education Lead.	maintained.	
Other N/A	N/A	N/A	N/A

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

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. Examination boards are scheduled to take place in June and July where progression decisions will taken. Contingency plans are advanced should any student need to resit an assessment, retake a module or extend their programme of study. Teaching and clinical space will be retained and staff have been identified who would be able to facilitate and manage any additional teaching needed.

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. Quarterly reports are produced by the programme lead, based on the Course Closure Report and detailing progress against the closure plan. These are 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.

Osteopathy Exit Group – 26.04.2016

Total NPs & Gender

	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Mean
Total NP	50	106	120	83	113	93	53	37	44	108	97	75	82
Male	20	38	66	28	35	48	20	15	19	56	53	27	35
%	40	36	55	34	31	52	38	41	43	52	55	36	43
Female	30	67	54	55	78	45	33	22	25	52	44	48	46
%	60	63	45	66	69	48	62	59	57	48	45	64	57
	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Mean
Total NP	79	109	74	77	79	90	35	32	50	62	56	27	64
Male	35	44	19	23	33	43	14	15	17	22	29	14	23
%	44	40	26	30	42	48	40	47	34	35	52	52	42
Female	44	65	55	54	46	47	21	17	33	40	27	13	33
%	56	60	74	70	58	52	60	53	66	65	48	48	58
	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16							Mean
Total NP	52	66	45										54
Male	26	26	19										24
%	50	39	42										44
Female	26	40	26										31
%	50	61	58										56

	2014 Q1	2014 Q2	2014 Q3	2014 Q4	2015 Q1	2015 Q2	2015 Q3	2015 Q4	2016 Q1	2016 Q2	SDC
Total NP	276	289	134	280	262	246	117	145	163		
Male	124	111	54	136	98	99	46	65	71		
%	45	38	40	49	37	40	39	45	44		43
Female	151	178	80	144	164	147	71	80	92		
%	55	62	60	51	63	60	61	55	56		57

Osteopathy Exit Group – 26.04.2016

Age distribution

	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Ave	SDC
0-9	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0				0	
%	0	0	0	0	0	1	0	3	0	0	0	0	0	0	0				0	6
10-19	3	14	8	3	4	3	2	2	0	8	5	4	3	1	3				4	
%	4	13	11	4	5	3	6	6	0	13	9	15	6	2	7				7	3
20-29	17	42	33	20	26	25	8	5	12	24	18	6	12	27	17				19	
%	22	39	45	26	33	28	23	16	24	39	32	22	23	41	38				30	9
30-39	20	19	7	13	8	12	9	8	10	4	11	5	12	5	6				10	
%	25	17	9	17	10	13	26	25	20	6	20	19	23	8	13				17	22
40-49	12	11	5	16	13	19	4	5	8	11	9	4	7	16	5				10	
%	15	10	7	21	16	21	11	16	16	18	16	15	13	24	11				15	18
50-59	15	9	11	13	15	16	5	2	7	7	5	3	9	2	5				8	
%	19	8	15	17	19	18	14	6	14	11	9	11	17	3	11				13	18
60-69	6	8	7	7	7	8	3	6	10	6	5	4	5	11	5				7	
%	8	7	9	9	9	9	9	19	20	10	9	15	10	17	11				11	12
70-79	5	5	3	4	6	4	3	1	2	1	2	1	3	3	2				3	
%	6	5	4	5	8	4	9	3	4	2	4	4	6	5	4				5	8
80-89	1	1	0	1	0	2	1	2	1	0	1	0	1	1	2				1	
%	1	1	0	1	0	2	3	6	2	0	2	0	2	2	4				2	2
90+	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0				0	
%	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0				0	0.2
Mean	42.5	35.6	35.7	42.5	41.5	40.4	43.0	43.1	45.8	37.0	38.3	38.8	42.8	40.5	40.6				40.5	44.7

Osteopathy Exit Group – 26.04.2016

Symptom (%)	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Ave	SDC
1. LBP (Low back pain)	23.4	20.0	22.8	22.2	29.0	23.5	22.7	24.0	24.2	23.4	18.2	25.0	23	36.0
2. Neck Pain	20.6	11.3	21.5	16.2	16.0	20.5	16.2	13.8	16.9	15.6	11.5	16.4	16	15.0
3. Thoracic/ Rib	2.8	1.3	5.1	4.5	1.2	0.8	2.6	3.6	2.4	2.1	4.2	3.6	3	7.4
4. Hip/ Buttock	8.4	12.5	13.9	7.1	8.6	4.5	7.8	10.7	7.3	9.2	11.5	7.9	9	4.0
5. Knee Pain	10.3	10.0	3.8	8.6	10.5	10.6	7.8	12.2	9.7	12.1	9.1	6.4	9	3.4
6. Foot/ Ankle	9.3	3.8	5.1	6.1	6.8	3.8	5.8	7.7	10.5	3.5	7.3	8.6	7	1.0
7. Shoulder	11.2	20.0	19.0	15.7	13.6	18.9	18.8	15.3	13.7	20.6	14.5	15.0	16	6.8
8. Elbow	1.9	2.5	0.0	4.5	1.2	1.5	1.3	2.6	1.6	0.7	3.6	2.1	2	0.8
9. Wrist/ Hand	3.7	2.5	2.5	4.0	3.1	3.0	4.5	3.1	1.6	1.4	4.8	5.7	3	0.3
10. Headache	5.6	7.5	3.8	4.5	3.1	6.8	4.5	2.0	8.1	5.0	5.5	5.0	5	7.0
11. Radiating pain-leg	2.8	5.0	1.3	3.5	4.3	4.5	5.2	3.6	3.2	3.5	7.3	2.1	4	-
12. Radiating pain-arm	0.0	3.8	1.3	3.0	2.5	1.5	2.6	1.5	0.8	2.8	2.4	2.1	2	-

Symptom (%)	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Ave	SDC
1. LBP (Low back pain)	30.4	21.5	25.3	24.6	21.9	21.3	29.0	23.5	28.6				25	36.0
2. Neck Pain	10.7	12.3	20.3	16.4	18.8	14.9	16.1	18.3	16.7				16	15.0
3. Thoracic/ Rib	3.6	3.1	2.5	2.5	5.2	0.0	4.3	3.5	4.8				3	7.4
4. Hip/ Buttock	8.9	13.8	10.1	9.8	8.3	10.6	14.0	8.7	16.7				11	4.0
5. Knee Pain	7.1	13.8	5.1	10.7	4.2	12.8	10.8	10.4	7.1				9	3.4
6. Foot/ Ankle	7.1	10.8	6.3	5.7	5.2	4.3	2.2	4.3	7.1				6	1.0
7. Shoulder	10.7	9.2	13.9	18.0	21.9	17.0	11.8	15.7	10.7				14	6.8
8. Elbow	0.0	3.1	2.5	1.6	3.1	0.0	1.1	2.6	0.0				2	0.8
9. Wrist/ Hand	3.6	3.1	0.0	1.6	3.1	4.3	2.2	2.6	0.0				2	0.3
10. Headache	10.7	4.6	5.1	5.7	4.2	6.4	3.2	5.2	2.4				5	7.0
11. Radiating pain-leg	5.4	3.1	6.3	1.6	3.1	4.3	4.3	4.3	6.0				4	-
12. Radiating pain-arm	1.8	1.5	2.5	1.6	1.0	4.3	1.1	0.9	0.0				2	-

Osteopathy Exit Group – 26.04.2016

Symptom (%)	2014 Q3	2014 Q4	2015 Q1	2015 Q2	2015 Q3	2015 Q4	2016 Q1	2016 Q2
1. LBP (Low back pain)	22	25	24	22	26	34	27	
2. Neck Pain	18	17	15	14	15	25	17	
3. Thoracic/ Rib	3	2	3	3	3	4	4	
4. Hip/ Buttock	11	7	9	10	11	14	13	
5. Knee Pain	8	10	10	9	9	14	9	
6. Foot/ Ankle	6	6	8	7	8	8	5	
7. Shoulder	16	16	16	17	12	28	13	
8. Elbow	2	3	2	2	2	2	1	
9. Wrist/ Hand	3	3	3	4	2	5	2	
10. Headache	6	5	4	5	7	8	4	
11. Radiating pain-leg	3	4	4	4	5	5	5	
12. Radiating pain -arm	2	2	2	2	2	3	1	