



Policy Advisory Committee (statutory Education Committee)

13 October 2016

Leeds Beckett University Course Closure Report and Feedback on Course Closure Process

Classification	Public
Purpose	For noting
Issue	Leeds Beckett University (LBU) has submitted an update on their course closure plans for the statutory Education Committee. A telephone interview has also been undertaken with Oxford Brookes University (OBU) to gain their feedback on the GOC course closure framework and processes before the as the last graduates completed the course.
Recommendations	<ol style="list-style-type: none">1. To note the course closure plan update from LBU.2. To note feedback from OBU about the course closure process.
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.
Annex	LBU course closure update
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Background

1. The course closure plans for LBU are reported to each meeting of the statutory Education Committee. Updates on the plan for LBU are attached at the annex.
2. The course closure plans for OBU have been reported to previous meetings of the statutory Education Committee. All remaining students from OBU graduated in July 2016 and the course is now closed. A final telephone interview took place to gather feedback about the GOsC standards and quality assurance frameworks and processes, together with general lessons learned for dissemination within the Osteopathic Educational Sector.

Discussion

Leeds Beckett University

3. LBU submitted a quarterly update to its course closure plan.
4. The final cohort of LBU students is due to graduate in summer 2017. So far, all students are progressing as expected.
5. LBU continue to report a more diverse patient profile since their last update in September 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. The course team maintains a suitable breadth to ensure that students have a varied course team both in formal teaching and clinic supervision.
8. The course team are currently reviewing NSS results, and preparing the Action Plan which will be presented to the School Academic Committee at its inaugural meeting in October.
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.

Oxford Brookes University

10. The remaining students from OBU graduated in July 2016 and the course is closed. A final telephone interview was held to gather feedback about the GOsC standards and quality assurance frameworks and processes, together with general lessons learned for dissemination within the osteopathic educational sector. These are reported on below.

11. The GOsC course closure process had been relatively straightforward and proportionate, and there had been no 'major surprises' during the closure process.
12. It was felt that there needed to be consistent approach and one named GOsC contact throughout the closure process. The introduction of a formal GOsC closure monitoring process six months into OBU's closure process had added complexity. It was, however, recognised this GOsC closure process had been new and GOsC had engage with OBU to ensure the process went as smoothly as possible. In the future the GOsC and provider closure processes could be automatically aligned from the start.
13. From the perspective of OBU, the full RQ review, which took place just before OBU closure process, seemed to create a disproportionate amount of work for the outcome achieved. This was the potential to extend the programme for one year. There also seemed little benefit to OBU looking at developmental issues. Removal of the expiry dates might help address these issues in the future.
14. The RQ conditions were helpful in informing the OBU's thinking about the detail of closure, but it would have been useful if there had been a better fit between OBU and GOsC quarterly reporting processes.
15. OBU produced a detailed plan and risk register which aligned with the requirements of the GOsC. It had, however, been useful to be specifically prompted to consider patient diversity issues.
16. OBU had set up an exit group. This group included representatives from faculty management, communications, finance, and student experience teams. The exit group also included student representatives who were able to gathered students views and help keep students informed. The exit group met every month and measured progress against their plan, including the risk register.
17. The biggest risks were seen to be the retention of staff, and the completion of the course by all students by July 2016. Risk mitigation was put in place to address these risks. A key mitigation was the engagement of staff and students. This included regular meetings with students held by the Associate Dean responsible who was able to deal with student concerns. The Associate Dean was able to make commitments on what the students could expect their experience in the final years to be, for example if they needed to extend their programme they would be able to complete their degree at OBU.
18. Students representatives sat on the exit group and their input was useful in making decisions throughout the process. However these meetings also had a confidential section where human resources, finance and student progression issues were discussed.

19. Staff retention was supported by finalising the staffing plan early in the process and giving staff clarity on their future. This was a difficult phase, but once the issues had been resolved the team were able to come together to teach out the remaining programme. The commitment and dedication of the programme team to the students was a significant factor in the successful conclusion to programme.
20. The above findings will be integrated into the 2016-17 quality assurance review, and inform the revisiting of the course closure process and templates when the review is completed in 2017.

Recommendations:

1. To note the course closure plan update from LBU.
2. To note feedback from OBU about the course closure process.

Leeds Beckett University course closure report – Sept 2016

Core course closure monitoring area/risk and relationship to OPS	Monitoring mechanism(s)	Current position - September 2016	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 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>The clinic has been reduced to 4 days per week for the 2016/17 academic year.</p> <p>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>2. Staff profile</p> <p>Outline of risk during closure:</p>	<p>Head of School and Faculty Dean review during regular update meetings. Staffing</p>	<p>Although fewer staff are needed for our final year this has been achieved with a</p>	<p>Keep under review, with maintenance of high quality student experience as a</p>

<p>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>review will always be informed by the need to ensure continued high quality provision.</p>	<p>voluntary reduction in the contractual commitments through voluntary reduction in hours or voluntary severance of others members of the team without any need for forced redundancies. The course team maintains a suitable breadth to ensure that students have a varied course team both in formal teaching and clinic supervision.</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 the 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>As expected, with the reduction in clinic supervision required, a decreased pool of hours is required for our PTL</p>	<p>priority and maintaining variety within the team.</p>
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		– clinic tutors.	
<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.</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>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>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</p>	<p>Course Team currently reviewing NSS results, and preparing Action Plan which will be presented to the School Academic Committee at it’s inaugural meeting in October.</p>	<p>Analysis of NSS and module feedback will determine actions for Level 7 students in the 2016/17 academic year</p>

<p>effects of the closure.</p> <p>Risk to OPS: feedback/evaluation could indicate issues with delivery of the OPS.</p>	<p>reports and initiate action if needed.</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</p>	<p>Resource allocation is explicitly linked to curriculum delivery. Head of School and Senior management accountant monitor course resourcing budget at regular</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</p>	<p>No further actions planned at present.</p>

<p>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>meetings.</p> <p>Any issues raised by students are passed to the relevant area for action</p>	<p>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>Risk to OPS: lessening resourcing could impact upon</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>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>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</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>in for 2016/17 by students preparing and leading weekly workshops, seminars and tutorials for their peers on a range of topics that arise from their clinic experiences.</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</p>			