Name of Provider: Northern College of Acupuncture
UKPRN: 10004740

TEF Year Four provider submission

Provider Context

The Northern College of Acupuncture is a small College specialising in practitioner education at HE level in the fields of acupuncture, Chinese medicine and nutrition, with an emphasis on the importance of clinical experience, practitioner development and research. We are an educational charity, founded in 1988. We offer five MSc programmes and one BSc programme, all of which are externally validated by our partner University. Our application to be considered for our own taught degree awarding powers has been accepted and we are currently in the last stage of the period of detailed scrutiny.

We aim to be a leading and pioneering establishment of educational excellence in the fields of traditional Chinese and Oriental medicine (acupuncture, herbal medicine and tuina massage) and nutrition, with a reputation for significant research activity, and to

- provide an inspirational learning environment of a very high quality, with a range of highly motivated and professionally qualified staff
- provide high quality teaching clinics serving the local community and providing treatment at preferential charges
- base our work on shared values.

We encourage all our students and staff to develop their own style of practice, drawing on a diverse repertoire of approaches and techniques. We value a combination of intellectual rigour and critical thinking with compassion, skill and the broad development of the practitioner. We believe that open-minded investigation and research by practitioners are essential to the future vitality of the traditions of Chinese medicine and nutrition.

Our undergraduates are all undertaking our BSc in Acupuncture (Hons), which is a practitioner training leading to eligibility to apply to join the professional body (the British Acupuncture Council) and to go into clinical practice.

Teaching Quality

Recognition by Professional Body

Our BSc in Acupuncture (Hons) is accredited by the British Acupuncture Accreditation Board.

Involvement of Students in Teaching Evaluation

Towads the end of 2017 the College undertook its first full QAA HE Review, the report for which was unavailable at the time of our Year Three submission but can now be viewed by this link. In relation to the involvement of students in teaching evaluation, we would particularly draw attention to the QAA HER team's observations on the quality of student engagement. Since the QAA HE Review we have also had our QAA annual monitoring submission and visit, which concluded that we are making commendable progress. The report is available at the same link as the HE Review report.

The Student Submission for the QAA HE Review noted that "a variety of informal and formal methods are used to gather student views. Formal methods include lesson feedback forms, topical forums on Moodle, end of term meetings with the Course Director and College Principal, academic year-end student survey, from which the results feed into strategic programme planning. Informal student feedback is welcomed by NCA staff at all times. The NCA encourage formal Student Representation and students elected by their cohorts and appointed to the role of Student

Representative (SR) are given written guidance on how to carry out their role. SRs are invited to attend Boards of Study, Academic Board and other relevant college meetings, either in person or by teleconferencing to put forward their cohort's views. This process may result in changes being made to teaching practices and all feedback is discussed and recorded in the meeting minutes and allocated for action. The end of year survey is comprehensive with questions covering each module of the programme being studied. The results of the survey are included in the Annual Monitoring Reports."

The College has conducted in-house end of year student surveys since its inception, for all years of all courses, and we use the data gathered to monitor student involvement and satisfaction and to identify aspects of our provision that require enhancement. Our end of year student survey questionnaires ask students to rate their answers on a scale from 1 to 6 where 1= Totally inadequate 2= Needs significant improvement 3= Needs some improvement 4= Satisfactory 5= Good 6= Excellent. To explore student engagement, one of the end of year survey questions asks students to "please rate the opportunities you have to contribute to the continuing improvement of the College and your course". At the end of 2017-18, average ratings from first, second and third year undergraduates rated these opportunities as satisfactory to good (first years 4.76; second years 4.38; third years 5.00, all out of a maximum possible rating of 6).

Student evaluation of assessments

Amongst many other questions in our end of year student questionnaires, students are asked to rate for each module whether the assessments are useful and appropriate. At the end of 2017-18, first year undergraduates gave a rating of Satisfactory (highly) or good or better for 4 modules (ratings of 4.95, 5.29, 5.06, 5.14, all out of a maximum possible rating of 6), Second year undergraduates rated four modules as good, or better, (5.13, 5.56, 5.38, 5.57), one as satisfactory - highly (4.83), while third year undergraduates rated two modules as good or better (5.32, 5.26), two modules as satisfactory or better(4.48 and 4.861).

Learning Environment

For each programme (or cluster of related programmes) there is a Student Progress Committee which meets twice a year to consider quantitative and qualitative data on the progress and development of each individual student, and to identify additional support that can be offered when any concern is identified.

All students undertake their clinical training in our own teaching clinic, located within the College building. Student feedback at twice-yearly meetings between each student cohort and the Principal and Course Director consistently identifies students' experience in clinic as a key source of inspiration and enthusiasm for them.

Our end of year student questionnaires ask students to rate their answers on a scale from 1 to 6 where 1= Totally inadequate 2= Needs significant improvement 3= Needs some improvement 4= Satisfactory 5= Good 6= Excellent.
In our end of year student questionnaires for 2017-18, students were asked to rate "the academic support you have received from your tutors". Average ratings from first and second year undergraduates rated personal support as good or better and third years rated personal support as Satisfactory (highly) (first years 5.15; second years 5.11; third years 4.96, all out of a maximum possible rating of 6).

Students were also asked to rate "the personal support you have received (or that was available to you) from tutors and College staff". Average ratings from first and third year undergraduates rated personal support as good or better and second years rated personal support as Satisfactory (highly) (first years 5.43; second years 4.78; third years 5.11, all out of a maximum possible rating of 6).

In our end of year student questionnaires for 2017-18, students were asked to rate their course overall, and the teaching clinic. First, second and third year students rated their course as highly satisfactory (first year 4.95, second year 4.78 and third year 4.96 out of a maximum possible rating of 6). First and second year students rated the clinic as good or better (First year 5.25, second year 5.22), and third years rated the clinic as highly satisfactory; as the course is a practitioner course it is perhaps unsurprising that this aspect of the course scores even more highly than the more academic aspect of the course. When the students are asked to evaluate their teaching experience within the clinic setting, all average ratings were good or better. First years 5.67, 5.57, 5.29, 5.19; second years 5.78, 5.67, 5.22, 5.67; third years 5.33, 5.26, 5.04, 5.35.

Student Outcomes and Learning Gain

Most of our graduates go into self-employed clinical practice (our programme includes a “Business Skills” stream which prepares them for this, and for recent graduates we also provide a business workshop day approximately 9 months after graduation). In our end of third year student feedback questionnaire we ask our students how they are planning to practise acupuncture. In 2018 97% of respondents anticipated that they would be self-employed, across a range of working contexts including working as a sole practitioner or in a multi-practitioner clinic. DLHE outcomes should be interpreted in the context of a mature student population making a career change into self-employed clinical practice. In the first year after graduation some students will be continuing part-time in their previous employment while establishing their practice, while others will be focussed entirely on practice building. Although some graduates build successful practices very quickly, more typically it can take one to two years to establish a mature practice operating at maximum capacity. A further factor to consider is that some students opt to undertake this course because it allows them the flexibility to arrange their own working lives around their needs, allowing them control over their work-life balance. In particular, parents of young children and students in their late fifties or sixties often make a positive choice to work part-time during this stage of their lives.

We are proud to note that although 45% of our students are classed as “non-tariff” in the contextual data (reflecting the nature of our mature student population), and 13% are “low tariff”, the outcomes our students achieve are good, as shown in the following table:

BSc Classification	1st	2:1	2:2	3
2012-13 %	15%	60%	25%	
2013-14%	10%	60%	30%	
2014-15%	19%	58%	23%	
2015-16%	4%	59%	29%	8%
2016-17	14%	35%	48%	3%
2017-18	14%	64%	22%	0%

Student Population

Our undergraduate student population is unusual in that the majority are mature students opting for a career change. The population includes small numbers of students from the European Economic Area (EEA), all resident in the UK at the time of application to the College. We do not accept students from outside the EEA on courses requiring attendance in College.

We make use of blended learning and careful time-tabling (with classes at set times on consistent days of the week, which are published well in advance) to enable students to study with us who

often have to fulfil family and part-time working commitments and often need to travel some distance to College for their classes and clinics. There are two options for students – (1) attendance entirely on weekdays (with some of these students able to opt for Saturday clinics), and (2) attendance for classroom teaching at weekends, with clinic attendance on weekdays. The teaching clinic is run Monday to Saturday throughout the year. E-learning delivered via our virtual learning environment is organised so that students have flexibility as to when they choose to undertake it, within a structure that fits the e-learning into the syllabus. As a result of the care we take to align our provision with the needs of students who travel some distance we are able to recruit from a wide geographical area, so most of our students are classed as non-local in the data tables.

Some of our population of mostly mature students struggle to fit in their studies with complicated lives, which typically include work commitments and family commitments involving children or both. This can lead to higher withdrawal rates compared to a student population mostly composed of school leavers. Given the nature of our student population we consider our withdrawal rates to be good, and a reflection of the high levels of support and flexible pathways we are able to offer. Students' ratings for the support they receive are high in the NSS and the standard of support is confirmed in our QAA HE Review report.

Our small size enables us to provide individualised student support and we think this is reflected in the proportion of students with a disability. We successfully support students with physical and mental disabilities, most commonly students with specific learning difficulties such as dyslexia, dyspraxia and ADHD.