

Provider Submission for TEF 2023

1. Provider context

The Northern College of Acupuncture (NCA), founded in 1988, specialises in practitioner education at HE level in the fields of acupuncture, Chinese herbal medicine and nutrition, with an emphasis on the importance of clinical experience, practitioner development and the value of research and scholarship. We currently offer one undergraduate programme, the BSc (Hons) in Acupuncture, and two MSc programmes (MSc in Chinese Herbal Medicine and MSc in Nutrition Science and Practice). Three further MSc programmes are currently being redeveloped (MSc in Advanced Acupuncture (Research and Practice); MSc in Advanced East Asian Medicine (Research and Practice); and MSc in Advanced Nutrition (Research and Practice)). Our first degree award was validated in 1995 by the University of Wales. We are now in partnership with the University College of Osteopathy, who validate all our awards.

The NCA is a registered charity (1081184) and a limited company (2400056).

We are committed to high standards of education in our subject areas, leading to high standards of scholarship and clinical practice. We are unusual for a provider of our size in our strong commitment to nurturing high quality research. The NCA Annual Report includes a summary of our research involvement (page 12), including major trials of acupuncture for back pain and depression and an important meta-analysis of the specific effects of acupuncture which combined 29 high quality trials of acupuncture for painful conditions in a single database of 18,000 patients and concluded that “significant differences between true and sham acupuncture indicate that acupuncture is more than a placebo”. This research then informed recommendations from the National Institute for Clinical and Healthcare Excellence that the NHS should consider acupuncture for migraine and headache, and for chronic primary pain.

The BSc (Hons) in Acupuncture is the only course in scope for the TEF and the remainder of this submission is focussed solely on this course.

We are a small provider with around 200 students, of whom 101 are currently studying for the BSc (Hons) in Acupuncture. Historically the large majority of undergraduates have studied full time, but that has changed since 2020 as a result of changes to student loan rules and in 2021-22 32% of our BSc in Acupuncture students were studying part-time (Student Statistics). Despite this increase, the numbers of part-time undergraduates are currently insufficient to generate meaningful statistics so all information on the OfS data dashboard is based on full-time students.

Nearly all of our students are mature students, aged over 21. Our BSc appeals to adults who wish to make a career change, and to healthcare practitioners who wish to add to and further develop their academic and clinical skills. Mature students comprised 98% of our student population at the end of 2020-2021 (Access and Participation Plan Submission, 2022, page 2), and the average age was 42 in 2021-22 and again in the current year. This suggests that where available on the data dashboard, information on students over 31 is the best benchmark comparison. It is in the nature of a mature student population that students have to juggle their studies with work and financial responsibilities, and with family responsibilities (often to both children and elderly parents). In

response to the needs of this population we have developed highly flexible options for study pathways. We provide weekend-based teaching as well as weekday-based, part-time as well as full-time options, and many variations within the part-time options which allow students to split a group of modules normally taken in one year over several years. These flexible pathways also enable us to provide better support for students from under-represented groups.

As is the case with many healthcare profession courses, our students are predominantly female (85%).

As a No Fee Cap Provider, our full time students are entitled to tuition fee loans of £6,165 per annum, not £9,250 per annum. Part time students are entitled to £4,625, not £6,935 per annum. This means that all of our students have to “top up” their tuition fee payments from their own resources. We are keen to address this issue, in line with our charitable objectives, and a key step in this is applying to change our status to Fee Cap Provider. In pursuit of this aim we submitted an Access and Participation Plan (APP) to the Office for Students in March 2022 (Access and Participation Plan Submission, 2022), but we then learned that we would also have to undertake a full review by the Quality Assurance Agency (QAA). Although we had a successful QAA review in 2017, with our resources affected by the pandemic and the subsequent cost of living crisis we are unable to allocate the staff time or the financial cost to another full QAA review at present, so our attempt to benefit our students in this way has been thwarted. The production of the APP was instructive, however, and we quote some of our findings in this report.

We reported in our Access and Participation Plan (APP) submission that 89.3% of our students in the summer of 2021 were white, compared with a national figure for entrants to HE of 68.9% in 2019-20 (this latter figure is for 18 year olds only). 94.8% of the population of North Yorkshire is white ([NYCC Guide to equality and cultural diversity, Jan 2020.pdf \(northyorks.gov.uk\)](#) p14), and according to statistics from the Office of National Statistics, 88.8% of the population of Yorkshire and the Humber is white. So our intake reflects the demographics of our immediate area. Similar issues with BAME access are seen in other HE establishments in the Yorkshire area, further suggesting that our intake is directly influenced by the demographics of the region. Specifically, the University of York reports a BAME intake of 13.5%, whilst York St. John University reports 6.1%, compared to our BAME intake at 8%. However, our commuter students actually come from a wider area, from the Midlands to the south of Scotland, and our intake is less diverse than the national average for HE. Our APP submission noted our intention to improve on this.

For many years at least 15% of our students have declared a disability at the point of registration. The majority have been students with SpLDs, predominantly dyslexia. Our APP submission recorded that at the end of 2020-21 26.8% of our students reported a disability, compared to a national average of 16.6% in 2019-20.

Disaggregation	Total
Total % of students with a disability	26.8%
Cognitive or Learning	9.80%

Sensory, Medical or Physical	2.70%
Mental Health	5.40%
Multiple	1.80%
Other	7.10%
Social and Communication	0.00%

(This data was drawn from our student database using the disability categories of the HESA Student Alternative Collection)

The largest groups of disabled students are those with cognitive or learning difficulties and those with mental health conditions.

We have for many years recruited significant numbers of undergraduate students who have cognitive or learning difficulties, with dyslexia being the most common. It is likely that the fact that acupuncture practice combines a sophisticated knowledge base with hands-on skills makes this subject appealing to this group of students. In addition, we know from qualitative information drawn from our admissions team that a significant proportion of our intake have personal experience of the benefits of treatment for their own health, and this probably accounts for the relatively high numbers of students reporting mental health issues and sensory/medical/physical issues.

College Philosophy

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.

Charitable Objectives

Our charitable objectives are:

1. To provide education and promote high standards of practice in the science and art of acupuncture, traditional Chinese medicine and nutrition for the protection and benefit of the public, to be available to any suitably qualified person regardless of colour, class, race, religion, gender, sexual orientation or disability provided such disability is compatible with the provision of safe and effective treatment;
2. To provide for, promote and engage in investigation and research into the science and art of acupuncture, traditional Chinese medicine and nutrition and to disseminate the results of research;
3. To encourage the progress of and to improve standards of education and practice in acupuncture, Chinese medicine and nutrition by providing post-graduate education for practitioners;

4. To provide education in and treatment with acupuncture, traditional Chinese medicine, nutrition and other complementary therapies at preferential charges for members of the public regardless of race, class, religion, gender, sexual orientation or disability where members of the public would otherwise be deprived of education and/or treatment by reason of financial hardship.

Values

We aim to be a person-centred, progressive, sustainable community embodying integrity and quality.

Person-centred

Compassion and respect at the heart of everything we do

Buzzwords: Safe; Nurturing; Diverse; Mutual respect and responsibility; Reaching full potential

Quality

A centre of professional, clinical, educational and research excellence

Buzzwords: Effectiveness; Purpose; Standards

Progressive

Striving to move forward and open to creative change, respecting traditional and modern approaches

Buzzwords: Responsive; Listening; Adaptable; Resilient; Innovative; Curious; Playful; Exploring

Sustainable

Growing our future in a reflective, sustainable way: environmentally, clinically and financially

Buzzwords: For our planet, people, professions; Continuity

Community

Working with common goals and values, connected to wider communities

Buzzwords: Collaboration and connectedness; Strengthening connections; Supportive; Self-critical; Vibrant

Integrity

Creating an open, honest, ethical and reflective environment

Buzzwords: Academic rigour; Self-development; Awareness

We approach our work with:

- Encouragement for everyone to develop their own style of practice, drawing on a diverse repertoire of approaches and techniques.
- A combination of intellectual rigour and critical thinking with compassion, skill and the broad development of the practitioner.
- Mutual respect among all at the College.

We believe that:

- Chinese medicine and nutrition have the potential to heal and transform at all levels of body and mind.
- Students are our future and the future of the profession. They are at the centre of our work.
- The education of students and practitioners is a holistic activity, involving values, spirit, mind and body.
- Open-minded investigation and research by practitioners are essential to the future vitality of the traditions of Chinese medicine and nutrition.
- Learning is a life-long activity - we aim to foster an ethos of reflective and continuous professional development.

We serve students, staff, practitioners, patients and clients, and ultimately the general public, by providing an environment and ethos that promotes the study and practice of acupuncture, Chinese medicine and nutrition. To achieve this we:

- Set high standards for clinical, academic and professional excellence, with robust quality assurance and strong academic support and pastoral care.
- Provide regular formative feedback to students and staff to enable continuing development and the confidence to practise in an effective, professional and reflective way.

Theory of Change

We developed a theory of change diagram as part of our APP submission (page 14). This outlines our approach to achieving a student population more representative of the UK (reducing access gaps for students from low participation neighbourhoods (LPNs) and BAME groups); reducing attainment gaps for those from LPNs so that attainment is not limited by prior disadvantage; reducing non-continuation gaps for students from LPNs to ensure equality of retention; enhancing support for setting up in practice by ensuring more treatment is available in LPNs and BAME communities; and improving our available data so that informed evaluation of our access and participation data enables a cycle of reflection and action planning.

NCA Strategy for 2022-27

Preamble

The five year overall strategy for the College was produced by the Board of Directors/Trustees in consultation with the College's management team and more broadly with all College staff and students. The strategy comprises three overall strategic aims, and a set of priorities underpinning these – see below.

In addition to this overall strategy, the College also has a Research Strategy, IT Strategy, and Marketing Strategy. We also intend to produce a Teaching, Learning and Student Support Strategy.

The overall strategic aims and priorities are elaborated internally into strategic objectives and related work plans. The work plans include the approach to monitoring quality and the Key Performance Indicators, so that specific activities and initiatives can be monitored and consistently reported on.

Staff met in 2021 to review our values as a College, and these are summarised above. Our shared values informed our subsequent decisions on strategy.

Our Strategy for 2022-2027

1. To advance the subject areas and professions in our areas of interest, growing their professionalisation and research base to promote acceptance of our disciplines for the wider public good.
2. To provide an inclusive, supportive, high quality, research informed and stimulating learning environment for the diversity of our student population.
3. To achieve a stable and sustainable position for the College within the higher education sector and both financially and environmentally.

Our Priorities

1. We will enhance our approach to teaching, learning and student support which engages students and enables their learning and personal growth for their future success.
2. We will strengthen our endeavours to underpin subject areas and educational activities with research, by contributing to and steering research initiatives which promote the understanding of our disciplines and evaluate their efficacy, and by developing relevant collaborations in both education and research.
3. We will create opportunities for the passion and enthusiasm of our staff to emerge, by continuing and strengthening our commitment to ongoing staff development which supports their professional development, encourages them to work at the College, and enhances students' learning experience.
4. We will create staged and sustainable growth for our educational provision and will review our identity to ensure it is fit for the future.
5. We will continue to engage with regulatory developments in UK higher education, working with professional and statutory regulatory bodies, pursuing our own degree awarding powers, and achieving a change in our Office for Students status to fee cap provider.
6. We will develop our IT infrastructure, ensuring that it meets the needs of all aspects of the College's activity.

Development of Professional Skills and Independence

Each module on the BSc course contributes cumulatively to the development of a comprehensive skillset designed to enable competent, informed clinical practice. Reference to the Professional Body Requirements ensures that our graduates are trained to established industry standards.

Our Teaching Clinic system places students in a clinical environment from the very beginning of their training, initially in an observational capacity, building through gradually greater levels of responsibility such that Year 3 students manage patient cases independently. Clinical supervision becomes increasingly light-touch as students grow in skill and confidence, such that the transition into independent practice is supported.

Business planning classes prepare students for the realities of running their practice, and through the production of a personally relevant business plan students are encouraged to anticipate the real-world issues that will affect their business.

Placements and Professional Opportunities

Students on the BSc course complete a series of Practitioner Observation Visits (POVs) in the first and second years of study, where they spend time in a range of different clinical settings observing

established practitioners. Some of these visits are with acupuncture practitioners, allowing students to see at first hand operational acupuncture practices of different types, e.g. sole traders, multibed practitioners, those offering a range of therapies, NHS settings. Further, students can spend some of their POVs with other therapists in their local area, e.g. Chiropractors, Osteopaths, massage therapists, nutritional therapists. This provides opportunities for professional networking with other practitioners local to the student's own future practice.

Within the Personal and Practitioner Development Stream, supervision is modelled as a means of ongoing professional support that students are then encouraged to continue upon graduation. This again allows professional networking and can help practitioners find appropriate locum support when necessary.

Student membership of the professional body, the British Acupuncture Council (BAcC), fosters understanding of the benefits of belonging to a Professional Body and classroom visits from the BAcC student services team help students to see the place of BAcC membership in their future practice.

Flexible Learning

Students choose between weekday and weekend delivery models to fit around existing commitments. This choice is made by the student at the point of enrolment and recorded on the student's file and on the NCA student database. Students who are eligible for student loans choose the weekday or weekend option when applying for their loan. Students cannot attend part of the teaching by joining the weekday cohort and part by joining the weekend cohort. However, if a student's personal circumstances change they can apply to the College Manager and Registrar to transfer from the weekday to the weekend cohort, or vice versa. This is subject to the agreement of the Course Director and can only be agreed when a cohort is not full.

The blended teaching model allows each individual student to schedule their e-learning and home study to suit their life.

Most NCA students are mature students who are often juggling complex family and work commitments with their studies, and sometimes coping with their own health issues in addition. Our experience is that with changes to personal circumstances as they go through the course some students need the support of flexible pathways. Flexible pathways can also constitute a reasonable adjustment as required by law for students with disabilities. In the case of the BSc in Acupuncture flexible pathways can involve students enrolling for the flexible part-time option at the outset. However, this is rare – it is more common for students to transfer to a flexible part-time pathway during the course.

The NCA's VLE can be personally customised to suit different learners' needs and preferences. Induction training includes familiarising students with those features that can be adjusted, such as font size and background colour.

Personalised Support

Each student is allocated a personal tutor with whom they meet at least once annually. The amount of contact between students and their personal tutors beyond the mandatory annual meeting is student-driven, so that individuals can access the level of support they need. The

personal tutor can work with students on their Personal Development Planning and provide support with academic work on the course as well as pastoral care in relation to their studies.

In addition to the personal tutorial system, the NCA provides tailored study support through the Personal Access to Study Support (PASS) scheme. Some PASS provision is made in the form of workshop sessions for small groups of students who have requested support in a similar area, such as exam preparation, VLE navigation skills or academic writing. Students can also request one-to-one sessions where appropriate.

As a result of the substantial proportion of students with disabilities in our student population, we have plenty of experience of supporting these students – measures in place include an initial specific learning difficulties (SpLD) screening questionnaire (which all students are encouraged to complete), our study skills support team, our student support process allowing adjustments to assessment conditions (including extra time and different assessment types such as vivas), detailed guidance for markers, our attempts at inclusive assessment design, and the financial support we provide for students to have a professional assessment of their suspected SpLD.

Study skills support is available both for those students with SpLDs and those without.

Short courses of counselling and coaching with professional providers are also funded by the College to help students with specific issues that are impacting on their study. Details of how to access these services confidentially can be found in the College Handbook which is available to all students.

Any student experiencing a health-related issue that impacts upon their study can have a Limitations to Participation meeting with the Registrar in which measures are agreed to support them, e.g. by provision of specific items of furniture, or modifications to practical lessons for the duration of a pregnancy or surgery recuperation period.

In relation to students with mental health conditions, we recognise the need for additional support and understanding and we have expanded our counselling service to offer an additional counsellor and the option of online consultations. Also, in recent years we have undertaken significant amounts of staff development in the area of mental health, including internal training and mental health first aid courses. We note there is evidence that being the first in the family to attend university is a risk factor for poor mental health among students – our strategy is to flag this risk factor to identify support needs early on.

The College staff maintain an 'Open Door' policy so that students have access to tutors, clinic supervisors and admin staff as well as the Course Director and College Principal at point of need.

Student Submission

One of our third year student representatives kindly agreed to write the student submission. The College assisted her by enabling her to send group emails to all undergraduates. We informed her that we were concerned that our statistics on course continuation and course completion are less good than we would like, and that we thought part of this may be a long-term feature and a result of our student population being nearly all mature students with complex lives to juggle. We also thought that the pandemic impacted particularly badly on our mature student population. So we suggested it might be helpful to the TEF panel if the student submission perhaps described the nature of the cohorts and included any qualitative data she had in relation to student outcomes.

Apart from this she operated independently and unaware of details of the College submission. We are most grateful for her assistance.

2. Student experience

We are pleased that our students consistently give us high scores in the National Student Survey (NSS). We have had several years when the score for overall satisfaction exceeded that of any major University (other small specialist providers often achieved similar high scores).

The data dashboard shows combined scores for the four years which are above the benchmark for “the teaching on my course” and “academic support” and most probably above the benchmark for “assessment and feedback”. Scores for “learning resources” and “student voice” are in the benchmark range. Looked at by time series, numbers are too low for all years apart from Year 3. This shows a similar pattern for “assessment and feedback”, “academic support” and “learning resources”, but student voice most probably above the benchmark. Numbers are too small to enable meaningful breakdowns by ethnicity, sex, disability or deprivation measures.

Scores for learning resources include the statement “I have been able to access course-specific resources (e.g. equipment, facilities, software, collections), when I needed to”. Scores for this statement are likely to have been reduced during the years of the pandemic, when students had restricted access to our library and to our teaching clinic and clinical skills classes for substantial periods of time. The impact of this will have affected both our combined scores for learning resources for the four years and the scores for Year 3 in the time series.

These NSS results echo the findings of our end-of-year student evaluation questionnaires.

Overall End-of-Year Student Evaluations

The outcomes of our End of Year Student Evaluation Questionnaires are summarised below. The full reports are available and include qualitative as well as quantitative data. We also collect data on each module and on the clinical experience, but this is probably at a level of detail that is too granular for the TEF so we have focussed here on the evaluations that cover the whole course and the College more broadly.

The overall end-of-year questions cover:

1. College administration
2. Clinic administration
3. Academic support from teaching staff
4. Personal support from teaching staff and other College staff
5. Opportunities to contribute to College and course improvement
6. Quality of course and academic standards
7. Quality of clinical experience
8. Information provided to prospective students on workload vs the reality
9. How well trained in theory and practice
10. Extent to which course has contributed to development as a practitioner
11. How much research informs practice

12. Library resources
13. Online resources
14. The VLE
15. Personal tutorials
16. Personal Development Plan process
17. Practitioner Observation Visits (does not apply to year three students)

Students rate each area as 1=Totally inadequate 2=Needs significant improvement 3=Needs some improvement 4=Satisfactory 5=Good 6=Excellent

2018-19 Year One – response rate 69% – 7 areas rated between satisfactory and good, 10 areas rated between good and excellent. Highest scores for academic support and personal support. Lowest score for VLE, but still rated good.

2018-19 Year Two – response rate 85% – 8 areas rated between satisfactory and good, 3 areas rated between good and excellent. Highest scores for clinic experience and development as a practitioner. Three areas were rated between “needs some improvement” and “good” – contributions to improvement, PDP process and VLE.

2018-19 Year Three – response rate 70% – 6 areas rated between satisfactory and good, 10 areas rated between good and excellent. Highest scores for personal support, contributions to improvement, course/academic quality, clinic experience, development as a practitioner, research informing practice and library. One area was rated “needs some improvement” – the personal tutorials.

2019-20 Year One – response rate 41% – 3 areas rated between satisfactory and good, 14 areas rated between good and excellent. Highest scores for academic support and personal support, College admin and chance to contribute to improvement. Lowest scores for PDP process and VLE, but these were still rated good and almost excellent.

2019-20 Year Two - response rate 30% – 7 areas rated between satisfactory and good, 10 areas rated between good and excellent. Highest score for academic support. Lowest score, still between satisfactory and good, was for personal tutorials.

2019-20 Year Three - response rate 65% – 9 areas rated between satisfactory and good, 7 areas rated between good and excellent. Highest scores for personal support and research informing practice. Lowest score for VLE.

2020-21 Year One – response rate 62% – 5 areas rated between satisfactory and good, 10 areas rated between good and excellent. Highest scores for academic support, personal support and clinic experience. Two areas were rated between “needs some improvement” and “good” – these were the VLE and the Practitioner Observation Visits. The latter were badly impacted by the pandemic.

2020-21 Year Two – response rate 67% – 7 areas rated between satisfactory and good, 9 areas rated between good and excellent. Highest scores were for College admin and clinic admin, probably reflecting our rapid adaptations as a result of the pandemic. The lowest score, just below satisfactory, was for the Practitioner Observation Visits, which were badly impacted by the pandemic.

2020-21 Year Three - response rate 41% – 4 areas rated between satisfactory and good, 12 areas rated between good and excellent. Highest scores for clinic experience and clinic admin. Lowest score, though still rated between satisfactory and good, for personal tutorials.

2021-22 Year One – response rate 40% – 5 areas rated between satisfactory and good, 12 areas rated between good and excellent. Highest scores for College administration, personal support and

Practitioner Observation Visits. Lowest score for PDP process, but still between satisfactory and good.

2021-22 Year Two – response rate 28% – 8 areas rated between satisfactory and good, 8 areas rated between good and excellent. Highest scores for clinic admin, clinic experience and academic support. Lowest score for the VLE, rated between needs some improvement and satisfactory.

2021-22 Year Three - response rate 33% – 6 areas rated between satisfactory and good, 10 areas rated between good and excellent. Highest score for personal support, lowest scores for information provided on workload vs reality, the VLE, and the PDP process, though all these were still between satisfactory and good.

Overall response rates fell noticeably from 2019-20 onwards when the pandemic obliged us to ask students to complete questionnaires at home instead of in class.

We make a point of telling students that we are committed to supporting them to succeed so we are pleased with the frequent high scores for both academic and personal support. These reflect the availability and helpfulness of our teaching staff, librarian, and study support tutors. These scores are supported by observations of External Examiners and our PSRB (see below).

The VLE was most consistent in receiving lower scores. We responded by implementing a major new design for 2022-23, based on an integration of Sharepoint with Moodle. Early indications are that this has been well received by students. We are also working on improvements to the PDP process.

External Examiners

There are two external examiners (EEs) for the acupuncture course, which is a requirement of the PSRB, the British Acupuncture Accreditation Board. In 2018-19 there was one EE for the BSc and one for the MSc. This was the last year of teach out of our MSc in Acupuncture, and since then we have had two EEs for the BSc. The annual EE reports are available.

2018-19 no concerns expressed. The EE for the BSc recommended that we “continue to ensure consistent and fair moderation, of all streams on the program” and “continue to share good practice from one stream to another in the program between tutors and clinical staff”.

2019-20 no concerns expressed and improvements noted. One EE recommended again that we “continue to ensure consistent and fair moderation, of all streams on the program” and added “Undoubtedly the disruption from covid will continue for some time, I have no doubt that the board and staff at NCA will continue to review the situation, teaching, and assessments”. This EE also noted as good practice our response to the pandemic – “Overall changes to assessments as well as general changes planned to manage the ongoing situation were well handled by the college and board”. This was the last year in post for this EE and his closing comments were: “It has been a pleasure working with NCA, they are a committed team. They are open to feedback from both students and the external examiners, they have strived to continue to improve standards of the student experience whilst retain high standards in teaching, assessments and moderation. I wish them and their students all the best in the future, and have confidence they have good processes and procedures in place to carry them forward.” The second EE had no concerns.

2020-21 no concerns expressed. One EE noted “Northern College of Acupuncture have excellent staff and work very hard to provide a comprehensive student experience” and “I think this college is doing exceptional work, it has a diversity of lecturers and a discernible empathy for their students. There is a collegiate atmosphere of support which is very well supported by the managers”. The second EE wrote “NCA has a consistently good standard of teaching, marking and moderating. I particularly like the early signposting of students who may be floundering, and the personal level of support and encouragement given” and “I was particularly impressed by the care and knowledge of each individual student which allowed a full and clear discussion of student needs.” She also noted “This year NCA decided to offer various ‘late submissions’ dates for assessments to attenuate the effects of Covid on the student cohort, some of whom were struggling with home schooling on top of their own studies. NCA decided to offer this and individual Extenuating Circumstances extensions in their No Detriment policy.”

2021-22 One EE suggested that there could be more marks over 80%. She also noted that “there was excellent and extensive feedback and feedforward given and a clear and thorough monitoring program evident”, “feedback and feedforward is given with extensive comments from the markers which should really support the students learning”, “NCA provides an excellent training full of academic rigor in all subjects and supported by extensive clinical training and practice” and “there is a wide range of assessments which supports all students with different learning skills”. The second EE wrote “NCA has a wide range of students from many different backgrounds and ages. They support the students well, with many safety nets and personal overviews through ‘pastoral’ care. They have a small enough cohort that students’ individual issues are fully discussed and taken into account during the end of year assessment and progression board. Taking into account this broad variety of students, NCA manage to deliver the course effectively, and at a good standard” and “NCA have some very interesting and carefully thought out assessments which cover different areas of learning and allow students to shine – these include actors taking the role of patients as one way to move into clinical practice. Also an extended clinical case study.”

Across the years EEs gave positive feedback on our internal moderation processes and the organisation of assessment boards.

PSRB Report

The BSc in Acupuncture is professionally accredited by the British Acupuncture Accreditation Board (BAAB). The BAAB receives a course annual report from us, and also conducts a major review every five or six years. This involves a written submission and a site visit. Our last major review was in March 2020. The report from the review team (BAAB NCA Major Review report 2020 final) includes their general overview of our submission – “This mature College provides an exceptionally well-organised and managed course with a huge commitment from all staff, and glowing feedback from students. NCA does not stand still; it evolves and adjusts according to external and internal circumstances (modelling the very nature of traditional Chinese medicine). There is very strong course leadership creating confidence and trust. Staff are very responsive, and deal with any emerging issues as they arise.” There were three conditions, all related to clinic, and two recommendations. The review panel identified nine features of effective practice, including “tutoring and support for students, including support for students with Special Learning Needs” and “the supportive and accessible nature of the College staff, such that students feel a respected part of the community”.

3. Student Outcomes

Context

Our students are nearly all mature students (age 21 and over, average age 42 in 2021-22) and all are commuter students (who live in their current home and commute in to College). Our course is quite niche. Our nearest competitors are in Lincoln, Leamington Spa and Reading so students have no other similar course options in the North of England or in Scotland. Of the students who are currently studying for the BSc in Acupuncture, 26% live within 30 miles of the College, 24% live within 30 and 50 miles away, 37% between 50 and 100 miles away, and 14% live more than 100 miles away (Acu Students Postcodes and Distances). These distances add to the time pressures on students, as well as adding additional costs of travel, and overnight accommodation in some cases, to the demands on students.

The Covid pandemic had a particularly large impact on our students. As mature students, as well as coping with Covid themselves they faced a range of challenges including:

- Caring commitments to older parents who needed to be shielded, and in some cases became ill or died from Covid.
- Home schooling requirements for a substantial proportion of our students who have school-age children.
- Changing work demands, including adapting to working from home.
- Personal health challenges, including long Covid, affecting ability to study.

Our students were effusive in their praise for our teaching team and the way they swiftly adapted to providing online teaching of high quality (e.g. minutes of Board of Study 3/12/2020, page 3, note that the second year student representative commented "Feel college has adapted well and have communicated well and have been able to continue with studies"; minutes of Board of Study 24/3/2021 include a note from third year student representatives " and I would have liked to take this opportunity to thank all the staff at the NCA for their efforts over the lockdown period, we are very grateful to the Tutors, Supervisors and Staff that have enabled us to continue our learning throughout this time. We are thrilled that we are able to get back into the clinical learning environment which brings everything together, thank you to the team that enabled us to get back into college so promptly. We appreciate the open lines of communication and all the effort that goes into supporting us").

In response to the pandemic we also maintained and enhanced our levels of student support, which students already rated highly (see Student Experience section). This included offering greater flexibility with submission deadlines for assessments, and the opportunity to alert assessment boards to extenuating circumstances resulting from the pandemic. In one of the External Examiner's reports for 2020-21 (External Examiners Reports), the first full year of the Covid pandemic, the EE wrote "It was noted at the board that there had been more suspension of studies during this difficult period and there were quite a number of outstanding pieces of work to be completed across the modules. But what was most pleasing was the knowledge the staff had of the individual students and the issues they had been facing and the effort to support as appropriate." For the same year, the second EE wrote "This cohort (both years 2 and 3) have had

to contend with many practical hurdles to their learning experience since March 2020. As a result, both their available learning time and their ability to complete clinical practice has been severely impacted. Despite these hurdles, the students have managed admirably well.”

Nonetheless, despite these adaptations we were unable to run clinical skills classes and days in our teaching clinic during periods of lockdown. Even in the early months of 2021, when as a provider of healthcare courses we were allowed to bring students into College for clinical skills classes and for days in our teaching clinic, we decided not to do so because of the risks to our commuter students of using public transport, and the consequent risks of infection for our vulnerable patients. Clinical skills classes and days in our teaching clinic were rescheduled and students had opportunities to catch up in the summer of 2020 and from May to August in 2021. Nonetheless, the pandemic made travel to College more challenging for our students, with public transport running on reduced timetables and concerns about exposure to infection on trains and buses. The rescheduling of clinical skills classes and days in clinic was a further challenge for some of our students, playing havoc with childcare arrangements, work commitments and plans for the summer holidays.

This combination of factors affecting our particular student population suggests that continuation and completion rates for years 2, 3, and 4 of this TEF exercise should be treated with some caution since they are almost certainly not typical, and probably not fully comparable to the benchmark data which is not restricted to commuter students.

Continuation and Completion

Although our continuation rates are broadly within or close to the benchmark range, overall they appear to be somewhat below the benchmark. Completion rates are closer to the benchmark, with a substantial range of statistical uncertainty, but may be a little lower than the benchmark. We think this is due to a combination of age and geographical distance from the College. As noted above, the pandemic was very challenging for our mature commuter students. As the pandemic progressed we were very aware of substantial numbers of students struggling with health issues. Some of this was long Covid, some of it was other health issues compounded by the stresses of the last few years, and some of it was simple exhaustion after the years of studying, meeting their life commitments, and coping with the challenges of the pandemic. These factors impacted not only on the students themselves but also on their families.

We continued to provide our high quality support for our students. Figures on continuation and completion for students who declared extenuating circumstances or additional needs support this (Withdrawals, interrupted study and ECs):

Outcomes for Students with Extenuating Circumstances or Additional Needs:

Academic Year (all cohorts)	Number with ECs	Number with additional needs	Withdrew	Continued	Completed
2018-19	7	1		4	4
2019-20	5	0		3	2
2020-21	2	7	2	6	1

It is notable that only two of these students withdrew from the course, and this was at the height of the pandemic.

We conducted an analysis of reasons for withdrawals and interruptions of study over the four years in scope of the TEF (Withdrawals, interrupted study and ECs):

Reasons for withdrawal:

Academic Year (all cohorts)	Number withdrawn	Finance	Personal	Health	Pregnancy	Impact of Covid	Transfer to other HE	Online teaching	Other	Unknown
2018-19	4	1	2				1			
2019-20	4	2	1				2			
2020-21	8	1	2	3	1	1			1	
2021-22	10	4	5	6				1	1	1

Some students give more than one reason for withdrawal.

Reasons for interrupting study:

Academic Year (all cohorts)	Number interrupting	Finance	Personal	Health	Pregnancy	Impact of Covid	Unknown
2018-19	0						
2019-20	1			1			
2020-21	7	1	1	2	1	3	1
2021-22	6		3	3		1	

Some students give more than one reason for interrupting study.

This data may be incomplete for the earlier years. We improved our recording of reasons for withdrawals and interruptions of study in 2020-21. However, it is interesting to note that withdrawals and numbers interrupting study increased markedly from 2020-21 onwards. The small numbers again make more detailed interpretation difficult but it is clear that more than 40% of those interrupting study in 2020-21 cited the impact of Covid as at least one of their reasons, and that health, finance and personal reasons were the main reasons for withdrawals in 2020-21 and 2021-22, with the figures for 2021-22 markedly higher than in previous years. This latter observation is probably due to the ongoing effects of the pandemic, but also the cost of living crisis, as reflected in the increased number citing financial reasons.

It is worth bearing in mind that, as noted in the section on Provider Context above, our students have to "top up" their student loans from their own resources. This additional financial pressure may be a further contributor to our continuation and completion rates.

It is interesting to note that a comparison with the continuation and completion rates for other subjects in the area of nursing, allied health and psychology is somewhat more favourable. These are all challenging areas of study which require substantial commitment from students. This fits

with our thinking that a further factor in our continuation and completion rates may be the challenging nature of our BSc in Acupuncture – feedback from current students to prospective students at introductory days is frequently along the lines of “it’s a demanding course in time and effort, but of high quality, enjoyable, inspiring and well worth doing”. The course content by its nature covers both Chinese medicine and biomedicine, along with communication skills, business skills, research, and other aspects which are all necessary components in becoming a professional healthcare practitioner. In addition to attendance for classroom teaching and clinical skills teaching, and substantial amounts of homestudy, students also have to attend 400 hours in clinic during their course. This amounts to a substantial time demand on students who also typically have responsibilities to family and work.

Continuation and completion rates by deprivation quintile (IMS) are close to the benchmark values. Although we would like them to be better than benchmark, these are quite pleasing results given our student population and the challenges of recent years.

Continuation and completion rates are clearly substantially below the benchmark for students from ABCS quintile 1. This result stands out compared to the other results. We are not sure of the reasons for this, but it does make sense that students struggling with multiple aspects of disadvantage need additional support and even then are more likely to struggle. We have provided evidence above from student feedback, external examiner reports and our PSRB major review that our provision of both academic and personal support is highly rated. It may be that our support provision works less well for students in ABCS quintile 1, and we have identified and implemented a need to further improve our identification and tracking of students with additional needs. This includes achieving earlier identification of support needs of students who have issues of disadvantage, to enable us to intervene pro-actively at an earlier stage. We are not complacent and we wish to serve these students better. However, in relation to the statistics on continuation and completion we would again draw attention to the age distribution of our students and the distance between their homes and the College as commuter students. We believe these factors mean that the pandemic impacted particularly severely on students in the ABCS quintile 1. It seems likely that these students had less resilience, personally and financially, and so struggled more. The fact that the time series shows that overall continuation rates in 2019-20 were furthest from the benchmark, coinciding with the early months of the pandemic, may support this interpretation.

We are continuing to enhance support for our students and we have created an overarching “Concerns about Students” scheme. We are now using this both to track, discuss and evaluate student support and to identify students with multiple disadvantages early in the course in order to proactively initiate support for them as needed and in a timely manner.

It is also worth noting that measures of disadvantage based on postcode should be interpreted differently for mature students. For school leavers their home postcode can be seen as a rough proxy in many cases for the socio-economic environment in which they grew up. For mature students their home postcode is reflective of their current life circumstances more than their childhood circumstances. Trends can still be observed in the data but for comparison purposes this is another reason to give particular weight to the data for students aged over 31.

It is encouraging to note that completion rates for students with a disability appear to be better than for those with no disability. We think this reflects the quality of our student support, both for

students with dyslexia and for those with other disabilities. This in turn suggests that similar additional support provided more pro-actively for ABCS quintile 1 students could also be effective.

Unfortunately, the numbers are too small to generate meaningful statistics in relation to continuation, completion or progression on the data dashboard for comparisons related to ethnicity or gender. As we point out in our Access and Participation Plan submission, since the founding of the College in 1988 we have accumulated many years of experience of supporting individual students and staff from a very wide range of backgrounds, including diversity of sexual orientation, gender reassignment, religion, ethnicity and class, as well as those with disabilities and specific learning difficulties such as dyslexia, dyspraxia and ADHD. Two of our core subject areas, acupuncture and Chinese herbal medicine, represent a transfer of knowledge and understanding between different countries, languages and cultures and we are enthusiastic advocates of the benefits they have to offer to all people around the world. We see this valuing of different cultures and appreciation of global interchange as part of the basis for the College to be a welcoming and friendly place for people from all backgrounds.

The increasing evidence base for acupuncture is increasing awareness of our subject areas among the UK's diverse communities. Nonetheless, at this time there is still a lack of awareness of the career opportunities that are available in these areas. Our Access and Participation Plan submission was intended to enhance our outreach to our communities and to reduce barriers to participation by all, not only at the point of application and admission but also in relation to retention, attainment and progression into professional practice or further study.

We report in our Access and Participation Plan submission (page 5) that feedback from a focus group run with BAME and working class students in 2019 was that they felt included and well supported as students at the College. There were no indications of students feeling excluded or experiencing prejudice or micro-aggressions. More recent feedback from individual BAME students continues to indicate that they feel included and well supported, both by staff and by their fellow students. This will not be perfect, but it is an encouraging indication of a healthy culture, and a good foundation to build on.

We need to ensure we maintain and build on this inclusive culture. We are planning staff training on diversity and inclusion to advance our understanding of the issues facing different groups. The focus group also raised the issue that greater diversity among College staff would help students from under-represented groups to feel included. We will continue with our policy of open recruitment, and since the focus group met we recruited two new members of staff who are ethnic Chinese.

Our APP submission (page 6) noted that at the end of 2020-21 similar proportions of white students (68%) and BAME students (67%) achieved a 2:1 or a first, but that because of our small student numbers it is difficult to make comparisons or to interpret these figures with any certainty. All students who achieved a first were white, but again we need more data to establish whether this is an artefact of the small numbers or representative of an actual attainment gap. Our experience over time suggests that some of our students from some BAME groups have particularly struggled with challenges related to employment and finance, and some come from low participation neighbourhoods. Our evaluation suggests that our strategic focus needs to be on providing pro-active study skills support and support with setting up in practice.

Our APP submission (page 8) also provides data on students with a declared disability, but again notes that it is difficult to interpret these figures for outcomes given the low numbers of students. Within these small numbers, at the end of 2020-21 75% of students with a disability achieved a 2:1 or first compared to 67% of students with no disability. There were no firsts among the students with a disability, but we need more data to establish whether this is an artefact of the small numbers or an actual attainment gap. Written assessments are understandably challenging for students with dyslexia, no matter how much additional support is given, and this may well make the achievement of a first particularly challenging. We will begin to analyse achievement data for students with different disabilities across different assessment methods, comparing time-limited assessments such as exams with other written assignments and with assignments such as vivas and presentation. This would give us indications for considering wider use of vivas and other inclusive assessment methods. Inclusive assessment already forms part of our assessment policy but could be prioritised and strengthened in our staff development work, if the data indicates a need.

Progression

We are unable to analyse data from the Graduate Outcomes Survey at this time, because data for NCA (and other small providers) is unavailable on the OfS dashboard due to our small numbers. Probably the only way to overcome this problem is to provide us with aggregated data over three or four years, when available.

Currently the majority of our graduates work in private practice, and provision of business skills training as part of their course is therefore essential. This includes a strong component about setting up in clinical practice, particularly self-employed practice.

The increasing research evidence underpinning our subject areas, exemplified by the recent publication of NICE guidance recommending acupuncture for the treatment of primary chronic pain, is expected to open up new employment opportunities in the future, particularly within the NHS.

In the Year 3 end of year evaluation questionnaire (End of Year Student Evaluations) we ask about students' intended destination. The vast majority report they intend to go into self-employed clinical practice. Our informal contacts with graduates lead us to think that most succeed in doing so. Nearly all of those final year students who are already in clinical practice and adding acupuncture to their skill set intend to continue in practice. A small proportion also state their intention to progress to a higher degree and/or research activity.

From the limited information we have at present we anticipate that our performance is good in this area. Our subject areas are highly vocational and our curricula include substantial inputs on business and practice-building skills. We keep in contact with a good proportion of our graduates, for example via a regular e-newsletter and via our Practitioner Hub (which provides CPD opportunities, an online community and supervision groups). From these contacts we know that many of our graduates are succeeding in practice, with many reporting that their practices are currently busier than ever. However, we are unable at this time to quantify this.

Our website includes written and video accounts from thirteen of our graduates (Graduate Outcomes on Website). These give a good qualitative flavour of the positive career outcomes for our graduates.

It would also be useful to have data on progression into practice in relation to ethnicity and disability. We have no data on progression into practice but we suspect that some BAME students may struggle to establish a practice after graduation. Our qualitative impression is that some students with a disability thrive in practice, where their strengths in areas such as relationship skills and hands-on skills come into play, while others in this group of students, who may face challenges such as chronic pain, may struggle to set up in practice.

While we await data from sufficient numbers of graduates, we wish to support graduates who are working to establish clinical practices in areas of socio-economic disadvantage and in areas with large BAME communities, in line with our charitable objective to work to make treatment available to all. We are currently developing a model for multi-bed clinic provision which provides low-cost treatments and so is ideal for these areas. We intend to roll out this model to several areas and to involve our graduates in this.

Educational Gains

Since all our undergraduates are studying on the one course, the BSc in Acupuncture, our vision of the educational gains we are aiming for is described in the overall course aims and learning outcomes:

Distinctive features of course	<p>This BSc (Hons) in Acupuncture is rooted in the practice of Traditional Chinese Medicine (TCM), a discipline with ancient pedigree as well as the capacity to adapt to health issues prevalent in a contemporary context. It is a discipline which values the experience of the individual, through:</p> <ul style="list-style-type: none">• Holistic and sophisticated understanding of the fundamental patterns underlying health and disease.• A philosophy of interconnectedness which sees each person as a part of the natural world.• An emphasis on developing the personal qualities of the practitioner.• A rich and flexible approach to diagnosis and treatment.• Recognising the individual's capacity for self-healing, which can be catalysed by acupuncture treatment and lifestyle change, and enhanced by the therapeutic relationship. <p>This approach embraces a subtle, energetic model of health as a dynamic state of harmony and balance.</p> <p>Practical skills taught on the courses to provide a toolkit for our practitioners include:</p> <ul style="list-style-type: none">• Point location and actions
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	<ul style="list-style-type: none"> • Needling techniques • Clinical skills such as cupping, moxibustion and palpation • Pulse and tongue diagnosis • Bodywork techniques to complement acupuncture treatment • Consultation and listening skills • Treatment planning <p>The whole is underpinned with study of the Biomedical model of health and disease and of Research methods appropriate to the needs of an acupuncture practitioner, so that our graduates are able to meet the demands of contemporary practice with knowledge and confidence, liaising with healthcare practitioners from other disciplines and working with patients' biomedical diagnoses and with the evidence base when designing approaches to the treatment of their patients.</p> <p>Upon successful completion of the course, students may obtain professional insurance to enter clinical practice and are eligible for membership of the BAAC.</p>
Course Aims	<p>Aims of the BSc Course</p> <p>The course aims to enable students to meet the professional and academic requirements of acupuncture practitioners.</p> <p>To this end, the course provides the opportunity for students to develop the values required for professional acupuncture practice, and aims to facilitate the development of competent, ethical and safe practitioners having the ability to act independently and meeting all the requirements of the appropriate professional and statutory bodies, including the professional body's clinical training requirement.</p> <p>Furthermore, it aims to enable the development of a critical understanding of Chinese Medicine and other approaches to acupuncture, fostering open-minded investigation focussing on the development of research skills and evidence-based practice. The course seeks to create a climate that enables critical self-reflection as a basis for life-long learning, enabling graduates to continue to engage with the continuing professional development requirements of the profession.</p>
Course Outcomes	<p>Course Outcomes – BSc</p> <p>A. Knowledge and understanding</p> <p>On completion of this course the successful student will have knowledge and understanding of:</p> <p>A1. An extensive range of theory and clinical application, rooted in the fundamental concepts, patterns and frameworks of Chinese medicine, in analysing cases and designing treatments.</p>

	<p>A2. The relevance of the biomedical model and the importance of cross-referral in the care of acupuncture patients.</p> <p>A3. The factors that influence possible responses to acupuncture treatment when considering different cases.</p> <p>A4. The relationships between Western and Chinese philosophies and the role of their respective medical paradigms as systems for healing.</p> <p>A5. The role and value of evidence-based medicine in the field of acupuncture.</p> <p>B. Cognitive (thinking) skills</p> <p>On completion of this course the successful student will be able to:</p> <p>B1. Critically appraise modern and traditional literature and the research-based evidence in relation to acupuncture.</p> <p>B2. Critically reflect upon holistic pattern-based thinking and linear thinking.</p> <p>B3. Demonstrate appropriate clinical judgement and clinical reasoning skills verbally and in written work.</p> <p>C. Practical skills</p> <p>On completion of the course the successful student will be able to:</p> <p>C1. Demonstrate competence in verbal diagnostic skills when interviewing patients.</p> <p>C2. Demonstrate competence in non-verbal diagnostic skills to determine signs to provide supporting evidence in making a differential diagnosis.</p> <p>C3. Perform the practical treatment modalities and clinical skills employed in the practice of acupuncture safely and effectively.</p> <p>C4. Perform the verbal communication skills employed in the practice of acupuncture to effectively convey theory-based dietary and lifestyle advice to patients.</p> <p>C5. Accurately locate acupuncture points and channels on people with different body types using a variety of skills and considering the phenomenon of directly sensing qi.</p> <p>C6. Manage a clinical case load, including taking personal responsibility for the treatment of patients.</p> <p>C7. Demonstrate competence in accessing the extant and emergent evidence base for acupuncture and producing accurate Harvard references for all materials referred to in written work.</p> <p>D. Graduate Skills</p> <p>On completion of this course the successful student will be able to:</p>
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	<p>D1. Communicate clearly with patients and colleagues in a clear and organised manner selectively using a range of interpersonal skills.</p> <p>D2. Deploy knowledge, understanding, skills and personal qualities with a high level of professional judgement and awareness.</p> <p>D3. Develop a personal and professional portfolio that illustrates a conscious recognition of own purpose and personal inclinations of practice style.</p> <p>D4. Critically reflect on and learn from experience developing critical self-awareness and strategies for self-maintenance.</p> <p>D5. Selectively use management and business skills relevant to establishing an acupuncture practice.</p> <p>D6. Maintain accurate records and information in accordance with professional standards and requirements, effectively employing information technology and manual approaches.</p> <p>D7. Demonstrate team-working skills necessary for effective practice within the professional community.</p> <p>D8. Organise and disseminate information, making effective use of presentation skills.</p>
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We need to develop ways of looking at students' different starting points in relation to the learning outcomes for them by the end of their course.

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