

**SIOM Action Plan 10 February 2016**

Areas for Development	Action	Comment	Action by:	Review/ Completion Date
<ul style="list-style-type: none"> <li>The SIOM develops and implements a marketing plan from September 2013 which is linked to forecast student numbers, underpinned by strengthened commitments to ensure that students are gaining the requisite breadth and depth of experience to deliver the Osteopathic Practice Standards and address ways of building relationships with existing patients. The SIOM should report on progress with the implementation plan in each Annual Report submitted to the General Council within the recognition period.</li> </ul>	<p>See Appendix 1 – Clinic Marketing plan.</p>	<p>The new clinic structure highlighted in the previous year’s annual report was implemented in 2014-15. The new structure included a revised clinic tutor job description, a consolidated sessional clinic tutor pay rate, a revised clinic tutor student ratio of 1:5 and the recruitment of a full time ‘Patient Relationship Officer’ with responsibilities that include reception duties as well as clinic marketing. During 2014-15 work was undertaken to develop a new paediatric clinic, a new sports injuries clinic (in collaboration with the sports therapy department) and a satellite clinic at Kingston University. All these clinics are now up and running and are providing students with the requisite depth of experience required to deliver the OPS.</p> <p>A team of six post graduate practitioners were also recruited. They are working during times that our Student Clinic does not normally operate whilst developing their own clinical skills in a supportive environment.</p> <p>We have seen a drop off in patient numbers during the first semester compared to last year (see Table 1 below), and believe that this is due to a number of factors: Patient allocation had been changed in semester 1 with consequences to patient continuity. This</p>	<p>RN/SS</p>	<p>July 2016</p>

		<p>has been addressed in semester 2.</p> <p>Nescot is undergoing a great deal of building works which are now coming to an end and the building is starting to look better parking is improving and we have the new clinic launch in September.</p> <p>We have had to move to clinics supervised by a single tutor during some afternoons. This has been a compromise as smaller clinics are often less busy, however by keeping the clinic open more we believe that this will provide opportunities when we need to accommodate more students.</p> <p>In February we have been contacting all of our previous patients and informing them of our current offers and providing a discount on their next treatment and have started to see a return from this.</p> <p>We are continuing to raise our profile with a busier schedule of outreach events than previous years.</p> <p>In 2013/2014 we saw a sudden peak in patient numbers when we had a large cohort of students. Our present drop puts us in line with previous years and still enables us to provide students with the requisite patient numbers. Table 1 below shows that our students have treated an average of 49 patients each in the first semester of this year, this is an increase on the previous three years.</p>		
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		Estimates for our first Italian cohort have been revised from forty to twenty, this will allow a gradual build-up of patients in our new facility. The establishment of new clinics has increased patient diversity and now that we have the foundations in place we are beginning to see steady growth.		
<ul style="list-style-type: none"> <li>Monitoring condition 1 – ‘Initially use the CPL route and associated processes only for graduates of ICOM and that this condition be reviewed at the next RQ renewal (paragraphs 20 and 36).</li> </ul>		The CPL route has only been mapped to the graduates of ICOM, at this stage there is no plan to expand this further until successful cohorts have been run and the RQ renewal has taken place.	CM	Noted and completed
<ul style="list-style-type: none"> <li>Monitoring condition 2 – ensure effective arrangements are in place for students to be able to travel to offsite clinics where these clinics form part of students' critical clinical experience (paragraphs 53).</li> </ul>		Our offsite clinics are well served by public transport and have public transport links to and from Nescot. Student feedback on travel convenience will be monitored via module review questionnaire.	MW	Noted and completed.  Student feedback to be reviewed July 2016
<ul style="list-style-type: none"> <li>Monitoring condition 3 - regularly monitor, analyse and report patient numbers to ensure that patient numbers and their diversity is sufficient to meet actual demand of CP and SEP students, while ensuring continuity for postgraduate practitioners and osteopathy services to patients are not compromised when student demand for patients falls (paragraph 57).'</li> </ul>		<p>Patient numbers are routinely monitored on a weekly basis and considered in depth monthly. The monthly assessment reviews the profile and diversity of patients with reference to the marketing plan and projected patient numbers.</p> <p>The block attendance of CP students is not expected to occur until September at the earliest. The focus of the eight month period is to enhance the number and diversity of patient numbers. Specific short terms aims have been established to support and develop the new satellite clinic at the Kingston University Health Centre, the onsite Sports and Pediatric Clinics,</p>	RN/PM	To be reported at Board of Study 3 times a year (Autumn, spring and summer term).

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		plus the Post Graduate Clinic. These are to be achieved with both focused marketing initiatives at target groups and generally raising the awareness of Nescot Osteopathy. The pathway for Post Graduate practitioners to the dual role of Clinic Tutor will be initiated and established		
<ul style="list-style-type: none"> <li>Finally, it would be helpful for us if you would please note that whilst the report did deal with the support given to students whose first language is not English, you will know that a key focus for the Committee is to ensure that the students have sufficient command of English to meet the Osteopathic Practice Standards. We will therefore be recommending that the Committee keep this issue under review and that SIOM is able to specifically demonstrate how it ensures that students meet the required standards and we would be most grateful if you could please deal with this issue in your action plan as well.</li> </ul>		<p>ICOM have implemented an English program within its timetable from year 1. All students have lessons delivered by BRITISH INSTITUTES CINISELLO (<a href="mailto:cinisello@britishinstitutes.org">cinisello@britishinstitutes.org</a>) leading to IELTS equivalent of 6.5. English is now spoken in one session week within their clinic.</p> <p>Within NESCOT we have a rigorous internal verification system. All presentations at level 7 are double marked insuring quality control. All essays and dissertation have the required double marking again insuring quality. Within clinic all students will have had the initial 6 weeks acclimatisation period at the end of Year 3 where they will be speaking English for the whole period. Clinical skills and case history taking will be priority during that time frame, so that students become used to correct and appropriate professional language. We will monitor this as part of annual monitoring to ensure that our plans are effective to ensure that students have a sufficient command of English to meet the OPS.</p>	AN	July 2016 and then annually as part of programme monitoring process.
<ul style="list-style-type: none"> <li>We think that the area for development bullet point 3 could be enhanced to read 'the College structures clinical activity so it is not scheduled at the end of the day to ensure CPL students are sufficiently alert and maintain</li> </ul>		The timetable is fluid enough to accommodate only one late clinic slot per student per week, should the student wish to have that timetable. Our own UK based students also do one late clinic slot a week and when students graduate a late	AN	Noted and completed.  To be monitored on

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<p>OPS integrity.’ (paragraph 26). We will ask the Committee to monitor this area for development as if it were a ‘monitoring condition’ given its relevance to the Osteopathic Practice Standards.</p>		<p>clinic slot is often the norm. Whilst the timetable shows that there are three clinic sessions in a day, a student would only be expected to attend two of those sessions in a day. Students who attend the late clinic session would not be required to attend the morning clinic session.</p>		<p>an annual basis as part of programme monitoring</p>
<ul style="list-style-type: none"> <li>We felt that the progression agreement with Kingston was given sufficient weight in the report that we may ask the Committee to keep this issue under review monitor this issue as if it had been set as a monitoring condition.</li> </ul>		<p>Nescot is working with Kingston University to draw up a progression agreement between the two institutions. The process has already been initiated at the last Joint Executive Committee meeting on 28/01/2016. This is expected to be in place within the year.</p>	<p>SS</p>	<p>September 2016</p>

Table1				
	Number of practitioners			
	40	37	29	
	2013/14	2014/15	2015/16	Avg.
<b>Total Patients</b>				
September	347	334	274	277
October	414	394	377	345
November	413	389	354	418
December	231	191	154	210
January	376	315	265	324
<b>Av. Patient's per student</b>	<b>44</b>	<b>43</b>	<b>49</b>	
February	401	282		302
March	508	365		396
April	358	202		267
May	416	294		352
June	408	353		353
July	399	325		308
August	352	301		295
	<b>4623</b>	<b>3745</b>		<b>3688</b>
<b>Av. Patient's per student</b>	<b>115</b>	<b>101</b>		