

**Education Committee**  
**18 March 2010**  
**Public session**  
**Review of Annual Reports from the Osteopathic Educational Institutions**

<b><u>Classification</u></b>	Public
<b><u>Purpose</u></b>	For Decision
<b><u>Issues</u></b>	<p>This paper outlines the details of the planned process for the review of the Annual Reports, provided each year by the osteopathic educational institutions (OEs), within our wider preliminary quality assurance review.</p> <p>The Committee is invited to endorse the plans for review of the Annual Report.</p>
<b><u>Financial &amp; Resourcing Implications</u></b>	The cost of the QAA analysis of the Annual Reports will be £6,623 and this has been allowed for in our budget.
<b><u>Equality &amp; Diversity Implications</u></b>	The GOsC should look to fully explore equality and diversity policies at the OEs, relevant information on the diversity profile of students and staff and the types of requests received in relation to equality and diversity legislation.
<b><u>Communications Implications</u></b>	We will need to consult fully with the OEs on any changes to the Annual Report.
<b><u>Annexes</u></b>	Annex A      2009 Annual Report template

## **Summary**

1. This paper outlines the detailed process for reviewing the Annual Reports provided to us each year by the osteopathic educational institutions (OEs). It also outlines some emerging information from the 2009 Annual Report analysis that we fed back to the OEs at our meeting with them on 3 March 2010. The Committee is invited to endorse the plans for the review.

## **Background**

2. In December 2009, the Education Committee endorsed the plans for the preliminary quality assurance review. This paper sets out further detail about the review of the Annual Reports and asks for the Committee's endorsement to our direction of travel.
3. The Annual Report was developed by us to act as a monitoring tool, so that we could assure ourselves of the quality of RQ courses between RQ reviews. The Annual Reports would also help us to identify any potential issues in the delivery of RQ courses at an early stage. The Annual Report has been through many iterations to reach the current version which is presented at Annex A. Development work on the Annual Report template has always been undertaken in conjunction with the OEs.
4. The internal review of Annual Reports has been inconsistent in previous years. Completed Annual Reports were originally circulated in their entirety to the Education Committee, however, as the number of OEs increased the role fell to the Executive. Feedback to OEs about their Annual Report submissions has recently been minimal, with contact focussed on problems or issues that required resolution.
5. When we held our quarterly GOsC / OEI Meeting in September 2009, there was strong feeling that the Annual Report process was not working effectively. Specific feedback was as follows:
  - a. The Annual Report required a full-scale review.
  - b. OEs required acknowledgement of submissions, individual feedback on the report and reports on general areas of good practice across the sector. (There was a sense that the Annual Reports, which took a lot of time and effort to complete, fell into a black hole and did not serve any purpose).
  - c. Some parts of the Annual Report, such as the numerical data requested, did not easily tie in to other existing reports made by the OEs for quality purposes, so should be reviewed in light of information provided for validation and other bodies.
  - d. There needed to be a balance between accreditation and validation.
  - e. The purpose of the report should be clearly defined in order to draft appropriate questions. The meaning of the questions was often unclear and so it was often difficult to make sure that the data presented answered the purpose of the question.
6. It was agreed at the meeting with the OEs that we would consider fully the role of the Annual Reports within our preliminary Quality Assurance review.
7. The 2009 Annual Report template was amended to ask specific questions about the challenges and benefits of completing it.

8. It was agreed that completion of the Annual Report template would be acknowledged and that feedback would be provided. The Annual Report template would be reviewed in conjunction with our wider preliminary review of the Quality Assurance process.

### **Discussion**

9. This section provides a snapshot of emerging information from the 2009 Annual Reports as fed back to the OEIs at the GOsC / OEI meeting on 3 March 2010. The next section looks at the actions being undertaken to provide substantive feedback to the OEIs and the process for revision of the report.

#### *Emerging information from the 2009 Annual Reports*

10. The OEIs were asked to submit feedback on the Annual Report process and the template used in their 2009 Annual Report submission. This information has now been received and collated.
11. We fed back some highlights to the OEIs at the GOsC / OEI meeting on 3 March 2010.

#### Benefits and challenges of completing the 2009 Annual Report

12. The OEIs identified the following benefits of completing the annual reports:
- a. An opportunity to review and reflect upon internal QA procedures.
  - b. Production of materials of subsequent use in other quality assurance exercises.
  - c. Stimulation of inter-departmental collaboration.
  - d. Revealing of previously poorly appreciated strengths and weaknesses.
  - e. A useful snapshot.
13. The OEIs identified the following challenges of completing the Annual Reports:
- a. A lack of clarity about the purpose of the Annual Report and the rationale for each section.
  - b. A lack of clarity about the purpose of the data collection requirements. Questions appear poorly designed. A lack of clarity about whether data collected is meaningful.
  - c. The difficulty of providing some of the statistical data when the course is integrated within a healthcare faculty or is a new course.
  - d. The need to stagger reports so that they do not require completing when a number of other similar reports are being completed.
  - e. A lack of feedback about performance from the Annual Reports. How is the information used? How can the information be used to improve performance?
14. This emerging information suggested that the Annual Reports were contributing to the internal Quality Management systems of at least some of the OEIs. However, the feedback was clear, that further information and guidance should be provided both for the report as a whole and the individual questions in it.

#### The time taken to complete the 2009 Annual Report

15. The time taken to complete the reports by each OEI varied between 12 and 125 hours. Three OEIs took less than 16 hours to complete the report. One OEI took between 17 and 100 hours (35 hours). Three OEIs took over 100 hours to complete the report. Three OEIs have not yet provided this information to us. The time taken to complete the reports was not proportionate to the size of the OEI. Already we have identified that, if we continue with the Annual Reports, we must provide detailed guidance about how to complete the report and about the information we are looking for to help to reduce the amount of time taken to complete the report for some OEIs. This will help to ensure that our Quality Assurance process is proportionate.

Potential key indicators identified from the 2009 Annual Report

16. Other information fed back to the OEIs related to our plans to identify some 'key indicators' which would start to frame feedback to them and should be useful both to their own Quality Management systems as well as to our Quality Assurance system.
17. To illustrate these we presented some (anonymised) figures about overall student drop-out rates. Two OEIs had rates of 5% or less. Five OEIs had rates of 10% or less. Two OEIs had rates of over 10%. (11% and 25%). Again, these figures did need to be treated with caution. For example, one OEI has less than five students meaning that if one student dropped out, the % recorded as 'drop-out' for that year was very high and on the face of it, an outlier.
18. We also explained how we were taking forward the review and explained that the OEIs should have feedback from the reports in Summer 2010. The feedback from the OEIs appeared positive and they could see that work was being undertaken to provide feedback to them from their 2009 Annual Report submissions and that this information was feeding into the improvement of the subsequent Annual Report template.

*Progress with the Review of the Annual Reports*

19. The QAA has now been commissioned to review all of the 2009 Annual Report submissions and to provide an individual feedback report for each OEI as well as an overview report for the Education Committee. This is taking place in March and April 2010.
20. The QAA will also review the 2009 Annual Report template and provide feedback on the questions asked and make suggestions for the types of information which are most appropriate in this context. The QAA will also consider the Annual Report process and its place within the RQ initial and recognition reviews. Ideally, the Annual Reports should feed into the RQ review to form one streamlined process of quality assurance.
21. To start the process of providing a feedback report for the individual OEIs as well as an overview report, the QAA have identified a number of key indicators from the Annual Reports. These might be used to flag up possible areas for further consideration either as part of the OEIs own Quality Management system or as part of our Quality Assurance process.

22. These initial key indicators are:

- a. Part B data - Student numbers – declining student numbers might indicate the start of financial challenges.
- b. Part B data - Student numbers – more than a certain % leaving might indicate a number of standards and quality issues. This might also indicate the start of financial problems.
- c. Part B data - Student progression – this can be a useful indicator for standards and quality issues.
- d. Part B data - Student interactions with patients – anything below a minimum number could indicate a lack of sufficient experience.
- e. Part A questions – Response to specific and general conditions – is this satisfactory?
- f. Part A questions – Progression and completion rates – in combination with the data collected at Part B this might indicate a range of standards and quality issues and issues around financial health.
- g. Part A questions – Issues raised by external examiners – This is thought to be good evidence of any issues referred to.
- h. Part A questions – Accounts and Insurance documentation – This is helpful to understand the financial health of the OEI.
- i. The QAA have also been asked to identify any strengths or potential areas of good practice to feed these back to the OEIs too.

23. Whilst acknowledging that 'key indicators' are not meant to be targets above which an OEI is satisfactory and below which it is not. They might start to present a useful framework to get a picture of the quality of an OEI in conjunction with its own Quality Management systems. For example, an OEI which had a larger drop-out rate than another might explain that their student profile was different. One OEI might have predominantly school leavers whereas another might have a part-time student cohort balancing the responsibilities of job and family. One might expect the performance indicators for each of these cohorts to be different. On the other hand, an OEI might be prompted to examine why its drop out rate is over 11% when an OEI with a similar cohort has a consistent drop-out rate of only 3%. It is hoped that these indicators would be useful for the OEIs and would provide opportunities for them to examine their own systems as a result of the information presented as well as providing GOsC with a useful set of information to reassure itself that the OEIs are taking steps to manage quality appropriately and to address the conditions imposed on the RQs.

24. At the same time, we are also considering the Annual Reports from our own perspective both in terms of issues and good practice identified. Our information and the QAA information will be discussed and collated.

25. Next, it is proposed to circulate the individual and overview reports to the Education Committee for consideration to enable us to circulate the individual reports to the OEIs. We anticipate this will take place in Summer 2010.

*Next steps*

26. We hope that this 'transitional' process will provide us with further information about the benefits and challenges of completion and analysis of the Annual Reports and will help to inform the purpose. Are the questions framed in the right way to allow us to make any statements about the data received? We should be able to adequately demonstrate the relevance and importance of every piece of information requested from the OEIs and should utilise it in a timely manner.
27. We will then frame the purpose of the Annual Report within the preliminary Quality Assurance review as a whole ensuring that the report is stitched into the whole process and not seen as a separate QA tool.
28. Once the purpose has been determined and agreed along with its place in the QA Framework, work will commence on the detail of the content of the revised Annual Report template in conjunction with the OEIs. It is likely that we will need some statistical expertise in the reframing of these reports in due course. We hope this work will take place in Autumn 2010 taking into account the OEI feedback.
29. We hope to have an agreed and revised Annual Report template towards the end of 2010.

**Recommendation**

30. The Committee is invited to endorse the detailed plans for review of the Annual Report.



General  
Osteopathic  
Council

# RECOGNISED QUALIFICATION (RQ) ANNUAL REPORT FORM

**Recognised Qualification (RQ)**

**Annual report to the General Osteopathic Council**

**2009**

**[Institution name here]**

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## Reporting Period

The annual report should be completed in respect of your previous academic year. This may vary between different institutions, but each report will continue from the end of the last reporting period. Where a different reporting period is required, this will be specified in the question.

## Part A

### 1.0 Summary

#### 1.1 General

Please provide a bullet point summary of what you consider to be the key aspects of your report.

#### 1.2 Recognised Qualification (RQ) specific requirements

Please provide a summary of how the *specific requirements* section of the Conditions of Recognition for your institution's RQ have been addressed over the relevant reporting period. Further detail, where appropriate, can be provided in the relevant section(s) of the report.

#### 1.3 Changes in provision

Please briefly summarise changes or proposed changes in educational provision that require, or may require, notification to the General Osteopathic Council's Education Committee. Please give relevant dates.

Example of changes may include, but are not limited to:

- i) substantial changes in finance
- ii) substantial changes in management
- iii) changes to the title of the qualification
- iv) changes to the level of the qualification
- v) changes to franchise agreements
- vi) changes to validation agreements
- vii) changes to the length of the course and the mode of its delivery
- viii) substantial changes in clinical provision
- ix) changes in teaching personnel
- x) changes in assessment programmes
- xi) changes in student entry requirements
- xii) changes in student numbers.
- xiii) changes in patient numbers passing through the student clinic
- xiv) changes in teaching accommodation
- xv) changes in IT, library and other learning resource provision



**For each of the following categories please identify changes and provide a critical evaluation of these changes. Please refer to any challenges faced and how these were resolved or how it is proposed they are resolved.**

Where appropriate there should be reference to relevant institutional documentation but there is no need to supply these documents with this report (unless this is specifically requested elsewhere). If these changes have occurred as a result of alterations in your provision, please provide details.

Please critically evaluate these changes and, where relevant, make reference to:

- Standard 2000: Standard of Proficiency
- any other internal or external factors you consider relevant for your particular organisational context
- your institutional plans
- any special conditions (specific requirements) of awarding RQ as appropriate

## **2.0 Curriculum**

**2.1** Please identify and evaluate any significant changes in the design, organisation, content and learning outcomes of the curriculum that you:

- a. have made since the last report
- b. intend to make

**2.2** Please append a new copy of your definitive course documentation if it has changed significantly since the last report.

## **3.0 Teaching, learning and assessment**

**3.1** Please identify and evaluate any significant changes in the teaching, learning and assessment strategy, and the implementation of that strategy that you:

- a. have made since the last report
- b. intend to make

**3.2** Please comment specifically on the following:

- a. Changes in measures to enhance practical osteopathic technique teaching and learning
- b. Changes in measures to enhance practical osteopathic technique assessment
- c. Changes in measures to enhance the integration between theoretical and clinical learning

### **Please note**

Section 4.0 below asks for teaching, learning and assessment information specifically relating to the Clinic.

## **4.0 Clinic Based Learning**

### **4.1 General**

Please identify and evaluate any significant changes in the context of clinic based learning. Please comment specifically on any change in the following:

- a. General measures to enhance teaching and learning in the clinic
- b. Strategy to ensure that students are engaged in follow up care for patients
- c. Strategy to facilitate students having a range of clinical experience
- d. Factors which may adversely affect the quality of the clinic learning experience and action taken or action proposed to be taken
- e. Mechanisms by which clinical course evaluation has occurred. Please refer to internal and external measures.

### **4.2 Patient care**

Please provide a summary of any significant change in the following:

- a. Change in the clinic course and infrastructure intended to enhance patient care
- b. Measures to enhance professionalism in clinic students
- c. Measures to enhance safety in patient care.

### **4.3 Assessment in Clinic**

Please identify and evaluate significant change in the following:

- a. Arrangements for, and measures to enhance, the programme of assessment of student performance in clinic
- b. Arrangements for the external examiner(s) quality assuring the assessment of student performance in clinic

### **4.4 Clinic Patient profile**

Please identify and evaluate significant change in:

- a. The number of patients in the clinic
- b. The profile of patients in the clinic.

## **5.0 Student progression and achievement**

Please identify and evaluate any significant changes relating to:

- a. student profile
- b. progression and completion rates
- c. student achievement

## 6.0 Student support and guidance

Please identify and evaluate any significant changes in:

- admissions criteria
- student support strategy
- academic guidance and tutorial support
- pastoral and welfare support
- graduation support and guidance

## 7.0 Equality and Diversity

Please answer the following questions in terms of numbers received since the previous report.

7.1 How many complaints have been received from students in terms of discrimination, bullying or harassment on the grounds of:

	<b>Total received</b>	<b>Number upheld</b>
a. Sex		
b. Race		
c. Disability		
d. Anything else? – please specify		

7.2 How many complaints from patients has the institution received in relation to the provision of services and on the grounds of

	<b>Total received</b>	<b>Number upheld</b>
a. Sex		
b. Race		
c. Disability		
d. Anything else? – please specify		

7.3 How many complaints have been received from staff members in terms of discrimination, bullying or harassment on the grounds of:

	<b>Total received</b>	<b>Number upheld</b>
a. Sex		
b. Race		
c. Disability		
d. Anything else? – please specify		

7.4 How many students have indicated that they have a disability?

7.5 How many requests have you had for reasonable adjustments based on the grounds of disability? How many have resulted in reasonable adjustments being made (please list)?

## 8.0 Learning resources

Please identify and evaluate any significant changes in:

- learning resources
- library services
- equipment and Information Communication Technology (ICT)
- teaching and administrative support

## 9.0 Quality management and enhancement

### 9.1 *General*

Please identify and evaluate any significant change in this area, including:

- quality management
- quality enhancement
- issues raised by course evaluations
- issues raised by external examiners
- issues raised by validation and review events or meetings

### 9.2 *Course evaluation*

Please provide a short summary of the mechanisms by which course evaluation has occurred. Please refer to internal and external measures and identify and evaluate any significant changes in this area.

### 9.3 *Staff appraisal and development*

Please identify and evaluate any significant change in this area, including:

- General trends identified from staff appraisal
- relevant staff development

## 10.0 Research

Please summarise your research activities and identify and evaluate any significant changes in this area.

Please append your institution's last annual research report if you have one.

## 11.0 Institutional Management

Please identify and evaluate any significant changes in strategic and tactical planning and control including:

- Academic planning
- Institutional planning
- Summary of changes in the estate infrastructure and an evaluation of the impact this has had, or will have, on the course
- Summary of major financial changes, or impending financial change, and an evaluation of the impact this has had, or will have, on the course
- Human resources change and an evaluation of the impact this has had, or will have, on the course
- Any other change as a result of legislation, particularly in relation to equality and diversity

## 12.0 Other Information

For this reporting period, please provide information in the following areas:

### 12.1 Student Fitness to Practise

The award of an RQ is evidence that a student has reached the required Standard of Proficiency. The Standard of Proficiency includes a requirement that the student demonstrate 'a commitment to abide by the ethical and other standards stated in the published Code of Practice'. Please attach the most recent policies and handbooks related to the fitness to practise of students

Please also provide answers to the following questions where this is not clear from the documentation you have submitted above:

- a. Do you have a framework for decision making in relation to student Fitness to Practise?
- b. How do you identify the standard of practise expected of students?
- c. Is this standard the same for students in pre-clinical and clinical training?
- d. How is the investigation process conducted?
- e. Who sits on student Fitness to Practise panels?
- f. How are panellists appointed and trained?
- g. What are the possible outcomes from the Fitness to Practise panels?
- h. How many student Fitness to Practise cases have you conducted in the past five years?
- i. How many students were removed from the course as a result? (Please provide a breakdown per year for each of the above).
- j. What types of Fitness to Practise cases have you conducted in the past five years?
- k. What appeals processes are in place?
- l. Have you had any appeals overturned by your Validating University?

## 12.2 Evaluation

**Please provide an estimate of the length of time taken to complete this Annual Report.**

**Please outline any benefits or challenges to you in completing this Annual Report.**

Please provide any other information you wish to communicate to the General Osteopathic Council that is not covered elsewhere in this report.

## Appendices

Please append the following:

- Institution's last annual research report (where available)
- External Examiner reports
- External reports such as validation reports
- Current relevant insurance documentation
- A copy of the most recent audited accounts
- New definitive course documentation (if appropriate due to significant changes)

### **Please note**

Please list the reports and documentation you have appended in each category.

## Part B

### Data in support of the information provided in Part A

#### 1.0 Students

##### 1.1 Student recruitment

Number of students offered a conditional or unconditional place

Conditional	
Unconditional	
<b>Total</b>	

##### 1.2 Student numbers

In the following table please give for this reporting year:

- Number of students registered on course for each year group
- Number of students leaving the course (number and % of cohort)
- The potential maximum number of students in each year group.

<i>Student year</i>	<i>Students registered</i>		<i>Students leaving course</i>				<i>Student maximum number</i>
	<i>female</i>	<i>male</i>	<i>female</i>	<i>%</i>	<i>male</i>	<i>%</i>	
1st year				( )		( )	
2nd year				( )		( )	
3rd year				( )		( )	
4th year				( )		( )	
5th year				( )		( )	
<b>Total</b>				( )		( )	

**1.3** Please give the age range, mean age and standard deviation for students registered at 1 January in the reporting period. Please refer to Appendix 1 for notes on calculating these figures.

<i>Student year</i>	<i>Age Range</i>	<i>Mean Age</i>	<i>Standard Deviation</i>
1st year			
2nd year			
3rd year			
4th year			
5th year			
<b>Total</b>			

**1.4** The primary reasons for students leaving the course over the reporting period. Please give the number and the percentage this represents of the total number of students leaving.

<i>Primary reason</i>	<i>Student number</i>			
	<i>female</i>	<i>%</i>	<i>male</i>	<i>%</i>
Failure in assessment		( )		( )
Financial pressure		( )		( )
Family commitments		( )		( )
Health related issues		( )		( )
Dissatisfaction with course		( )		( )
Transfer to another osteopathic course		( )		( )
Transfer to another discipline		( )		( )
Unknown reason		( )		( )
Other *Please specify below		( )		( )

\*Please specify



1.5 For the year that has just graduated:

- a. Please give the number and % of students initially registered in the first year failing to complete the overall programme.

	<i>number</i>	<i>%</i>
<b>Total</b>		

- b. The primary reason for students leaving the course since the graduating cohort was registered in the first year. Please give the number, and also the percentage this represents of the number of students leaving in total.

<i>Primary reason</i>	<i>Student number</i>			
	<i>female</i>	<i>%</i>	<i>male</i>	<i>%</i>
Failure in assessment	( )	( )	( )	( )
Financial pressure	( )	( )	( )	( )
Family commitments	( )	( )	( )	( )
Health related issues	( )	( )	( )	( )
Dissatisfaction with course	( )	( )	( )	( )
Transfer to another osteopathic course	( )	( )	( )	( )
Transfer to another discipline	( )	( )	( )	( )
Unknown reason	( )	( )	( )	( )
Other *Please specify below	( )	( )	( )	( )

\*Please specify

## 1.6 Student Progression

Number and (%) of students who successfully progressed to the next year/phase or graduation. Please give figures for first sit of examinations and the additional number successful after resit. (The percentage refers to % of cohort.)

<i>Student year</i>	<i>On first examinations sit</i>		<i>Additional numbers after resit</i>	
	<i>female</i>	<i>male</i>	<i>female</i>	<i>male</i>
1st year	( )	( )	( )	( )
2nd year	( )	( )	( )	( )
3rd year	( )	( )	( )	( )
4th year	( )	( )	( )	( )
5th year	( )	( )	( )	( )
<b>Total</b>	( )	( )	( )	( )

1.7 Number and (% of cohort) of students who did not progress to the next year (or graduate in the final year) due to failing an assessment, and for other reasons.

<i>Student year</i>	<i>Failure in Assessment</i>		<i>Other reasons for not progressing</i>	
	<i>female (%)</i>	<i>male (%)</i>	<i>female (%)</i>	<i>male (%)</i>
1st year	( )	( )	( )	( )
2nd year	( )	( )	( )	( )
3rd year	( )	( )	( )	( )
4th year	( )	( )	( )	( )
5th year	( )	( )	( )	( )
<b>Total</b>	( )	( )	( )	( )

## 1.8 Course completion

Number and (%) of students who completed course. Please separate data for students on the full programme and on those granted advanced standing (i.e. AP(E)L and AP(C)L), and give figures and percentage for:

- students who enrolled at the very beginning of their programme and completed it successfully in the minimum possible time.
- students who enrolled at the very beginning of their programme and completed it successfully, taking more than the minimum possible time.

	<i>a. Minimum time</i>	<i>b. More than minimum</i>
Full programme		
Accelerated pathway for students granted advanced standing		

- c. Please state the current maximum time permitted for students to complete the course.

- d. Please give the current criteria for the number of times assessments can be retaken.

**1.9** Number and (%) of graduating students who obtained the following classification (Honours Degree programme only).

		<i>female</i>	<i>%</i>	<i>male</i>	<i>%</i>
First Class	1		( )		( )
Upper Second	2.1		( )		( )
Lower Second	2.2		( )		( )
Pass			( )		( )

## 2.0 Teaching staff

**Please provide figures for the situation at 1 January in the reporting year.**  
*The 1 January has been used as a point part way through the academic year, where teaching numbers are more likely to be stable.*

**2.1** Total number of teaching staff in the following areas (as at 1 January). Please note that it is likely that individual staff will fall into more than one category.

<i>Teaching Staff</i>	<i>Full time</i>		<i>Part time</i>	
	<i>female (%)</i>	<i>male (%)</i>	<i>female (%)</i>	<i>male (%)</i>
Total teaching staff				
Non-osteopathic/non-clinical lecturers	( )	( )	( )	( )
Osteopathic lecturers	( )	( )	( )	( )
Clinic tutors	( )	( )	( )	( )
Dedicated Research Staff	( )	( )	( )	( )

## 2.2 *Ratio between teaching staff and students*

### *Staff Quotient*

Calculation:

$$\text{'Staff Quotient'*} = \frac{\text{Total hours per week worked by all teaching staff on osteopathic course}}{\text{Attendance hours per week for an average student (average over year groups)}}$$

#### Example:

1)	Total hours per week worked by all teaching staff	400
2)	Attendance hours per week for average student (average over year groups)	20
3)	Staff Quotient = $\frac{400}{20}$ =	20

\* 'Staff Quotient' is a nominal calculation to indicate the number of staff available during the average working week at an institution.

### Ratio of staff to students

Calculation:

$\text{Staff:Student ratio} = 1: \frac{\text{Total number of students registered}}{\text{'Staff Quotient'}}$
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<u>Example:</u>		
1)	Total number of students registered	200
2)	'Staff Quotient'	20
3)	$\text{Staff:Student} = 1: \frac{200}{20} = 1: 10$	(need to round numbers to the closest figure)

Total number of students registered in all years of the course	
'Staff Quotient'	
Staff:Student ratio	1:

### 2.3 Maximum number of students per tutor

For practical osteopathic technique lectures, please provide the maximum number of students assigned to a tutor	
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**Please note** that this figure should be the total number of students in the group, not adjusted to take into account that only a certain number of students are 'practising' at a given time while others are acting as 'models'. For example, in a practical technique class for 40 students where there are 4 technique tutors: assuming the class is split equally, the maximum ratio is 10 students to 1 tutor.

#### 2.4 Teaching staff qualifications

Please give the number of staff with the following qualifications. Please note that it is likely that individual staff will fall into more than one category.

	<i>Part time</i>	<i>Full time</i>
Total number of teaching staff		
<i>Qualification:</i>		
Osteopathic Qualification		
First degree		
One or more higher degrees		
Teaching qualification		
Other healthcare qualifications		

#### 2.5 Teaching staff changes

Using the categories below, please indicate the gain and loss of all regular full-time (FT) and part-time (PT) teaching staff since the last report (as at 1 Jan in this reporting period). Please indicate:

- teaching experience
- The length of time qualified as an osteopath (where appropriate)
- The number of staff gained or lost with a teaching qualification

	<i>Teaching staff gained</i>						<i>Teaching staff left</i>					
	Teaching experience		Qualified as osteopath		Qualified as teacher		Teaching experience		Qualified as osteopath		Qualified as teacher	
	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT
Less than 1 year												
1 - 2 years												
2 - 4 years												
4 - 6 years												
6 - 8 years												
8 - 10 years												
More than 10 years												
<b>Total</b>												

### 2.6 Staff development

Please indicate the staff development activity supported or provided by the institution in the reporting period.

Activity	Number of staff involved

## 3.0 Resources

3.1 Please indicate the new expenditure per osteopathic student in the reporting period for the following:

<i>Item</i>	<i>New expenditure per student</i>
Books dedicated to the osteopathic course	
Computer software dedicated to the osteopathic course	
Computer hardware	
Journals	

**3.2** List changes in the journals and periodicals that the institution receives in relation to the osteopathic course (please continue on a separate sheet if necessary).

<i>Journals gained</i>	<i>Journals discontinued</i>

## 4.0 Clinic based learning

### Clinical education and clinical provision

The following asks about the total number of new patients to the Institution in all clinics, the number of on-going patients and the total number of patients used for educational purposes during the year concerned. There are requests for information about patients counted as individual persons as well as in terms of 'patient encounters', acknowledging that an individual patient will have an initial consultation and may perhaps have a number of subsequent ongoing treatment sessions .

(If patients are seen by students at more than one site then please record the total for all clinics)



Please provide the following information about patients seen during the relevant reporting period.

#### 4.1

Total number of individual patients NEW to institution's clinic(s)	
--	--

#### 4.2

Total number of individual ON-GOING patients managed at institution's clinic(s)	
---	--

#### 4.3

Total number of individual NEW and ON-GOING patients managed at institution's clinic(s)	
---	--

4.4 Number of individual patients (i.e., separate people) and patient encounters (new consultations + ongoing treatments) seen in the clinic by year group.

<i>Student Year group</i>	<i>Individual Patients</i>	<i>Patient encounters</i>
1st year		
2nd year		
3rd year		
4th year		
5th year		
<b>Total</b>		

4.5 Please estimate in percentage terms, the age and gender profile of patients attending the onsite and offsite clinics.

#### Onsite

<i>Age</i>	<i>Male</i>	<i>Female</i>	<i>Total Number</i>
0 - 5 years			
6 - 15 years			
16 - 20 years			
21 - 30 years			
31 - 40 years			
41 - 50 years			
51 -60 years			
61 -70 years			
71 + years			

## Offsite

<i>Age</i>	<i>Male</i>	<i>Female</i>	<i>Total Number</i>
0 - 5 years			
6 - 15 years			
16 - 20 years			
21 - 30 years			
31 - 40 years			
41 - 50 years			
51 -60 years			
61 -70 years			
71 + years			

**4.6** Please summarise briefly any changes in the general profile (e.g. age, sex, occupation, socio-economic status, presenting complaint type, geographical area) of patients attending the onsite or offsite clinic(s) in this reporting period.

## Student clinical experience

### 4.7 Student interactions with patients

Please give the number of patient/student 'interactions' in the clinic for each year of the course. This includes where the student is acting as the primary practitioner, observation and limited participation i.e. no direct responsibility for the patient.

#### Calculation example

The example given below reflects the experience of full-time students on a hypothetical 4-year full-time course where most of the clinical interaction with patients occurs in the penultimate and final years. It is appreciated that this may need to be adapted to reflect the experience of other forms of clinical education.

$$\text{Interactions per student per year} = \frac{\text{no. of patients assigned to year group}}{\text{no. of students in year group}}$$

#### Example

*\*please exclude patients assigned for demonstration clinics, tutor treatments, demonstration treatments of students etc.*

1.	Number of 'new' patient consultations during the year	3,000
2.	Number of on-going patient treatments during the year	15,000
3.	Total number of patient encounters	18,000
4.	Number of patient encounters assigned to students in year group:	4,000
5.	Number of students in year group	40

Average number of patient interactions available to a student in respective year is:

$$\text{Interactions per student per year} = \frac{4000}{40} = 100 \quad \text{Patient interactions per student per year}$$

Number of annual patient per student interactions by year group.

1st Year	
2nd Year	
3rd Year	
4th Year	
5th Year	

#### 4.8 *Student treatment of patients*

Please calculate and state the **average number of patient treatments per student** in each year of the course. This should be subdivided into the average number of new patient consultations and ongoing (returning) treatments.

**This should only include numbers for clinical encounters with the patient where the student is the primary practitioner treating and managing the patient. It should not include observation and limited participation data (which are already addressed in 4.7).**

<i>Year group</i>	<i>New patient consultations</i>	<i>Ongoing treatments</i>	<i>Total treatments</i>
1st year			
2nd year			
3rd year			
4th year			
5th year			

#### 4.9 *Minimum hours of clinic experience*

Please give the minimum number of hours of clinical experience required to be completed by each student over the whole course.

#### 4.10 *Average weekly student interactions involving treatment and management of patients*

Another way of gaining insight in qualifying the clinical education of students is to identify the average number of student interactions and treatments per week.

Please use the figures provided in 4.7 and 4.8 above and divide by the number of weeks per annum that students attend the clinic.

<i>Year group</i>	<i>Total patient interactions per week</i>	<i>New patient consultations per week</i>	<i>Ongoing treatments per week</i>	<i>Total treatments per week</i>
1st year				
2nd year				
3rd year				
4th year				
5th year				

**4.11** *For clinic sessions where students are interacting with patients, please provide*

(a) The maximum number of students allocated to a single tutor who is supervising their practice, i.e. the maximum number of students in a 'tutor group'

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(b) The maximum number of students who are being directly supervised while interacting with their patient at a given time.

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**Important note:** This clinical supervision ratio is being asked for in two ways so that a more accurate portrayal of the clinical educational experience for the students is highlighted. For example, a tutor may be asked to supervise a group of 9 students with 3 clinic rooms allocated for the group's use during a half day clinic session. In this case, the maximum number of students allocated per tutor is obviously 9, while only a maximum of 3 students can be supervised while interacting directly with their patients at any given time.

#### 4.12 *Demonstration clinics*

Please provide a brief summary of the nature of any demonstration clinics and the number an individual student would attend per annum.

<i>Demonstration clinic description</i>	<i>Annual number per student</i>

#### 4.13 *Changes in Clinic Tutors*

Please give the number of Clinic Tutors who have joined or left the institution since the last report (as at 1 January in this reporting period)

<i>Experience range</i>	<i>Clinic tutors gained</i>				<i>Clinic tutors left</i>			
	<i>Full time</i>		<i>Part time</i>		<i>Full time</i>		<i>Part time</i>	
	female	male	female	male	female	male	female	male
Less than 1 year								
1 - 2 years								
2 - 4 years								
4 - 6 years								
6 - 8 years								
8 - 10 years								
More than 10 years								
<b>Total</b>								

## Appendix 1

### Calculations for Part B, Question 1.3

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#### Range

The range of a set of values falls between the minimum value and the maximum value of the set. It is expressed as follows: (minimum value) to (maximum value).

*Example:* Set of figures = 2, 6, 6, 7, 7, 7, 7, 10, 9, 3  
 Range = (minimum value) to (maximum value)  
 = 2 to 10

#### Mean Average

The mean average of a set of values is calculated by adding the values together and then dividing by the number of values:

$$\bar{x} = \frac{\text{sum of values (x) in set}}{\text{number of values (x) in set}}$$

*Example:* Set of figures = 2, 6, 6, 7, 7, 7, 7, 10, 9, 3  
 Mean Average =  $\frac{2+6+6+7+7+7+7+10+9+3}{9}$   
 = 6.4

#### Standard Deviation

The standard deviation measures the spread of the data about the mean value. It is useful in comparing sets of data which may have the same mean but a different range. For example, the mean of the following two is the same: 15, 15, 15, 14, 16 and 2, 7, 14, 22, 30. However, the second is clearly more spread out. If a set has a low standard deviation, the values are not spread out too much. The standard deviation is expressed as the following formula:

$$\sigma = \sqrt{\sum (x - \bar{x})^2 / (n-1)}$$

$\sigma$  = Standard Deviation

$\sum$  = Sum of

$\bar{x}$  = Mean Average

$x$  = a value in the set

$n$  = the number of values in the set



*Example:*

Find the standard deviation of the following set of values: 2, 6, 6, 7, 7, 7, 7, 10, 9, 3

1. First work out the Mean Average (see calculation above) = 6.4
2. Subtract the Mean Average individually from each of the values (x) in the set and square the result. This is equivalent to  $(x - \bar{x})^2$  in the formula above.

x	2	6	6	7	7	7	7	10	9	3
$(x - \bar{x})^2$	19.36	0.16	0.16	0.36	0.36	0.36	0.36	12.96	6.76	11.56

3. Add up the results for  $(x - \bar{x})^2$  (this is equivalent to  $\sum$  in the formula) = 52.4
4. Divide the total by (n-1), where n is the number of values in the set.  
 In this case  $(n-1) = (10-1) = 9$   
 Therefore =  $52.4 / 9 = 5.82$
5. The Standard Deviation is the square root of this figure =  $\sqrt{5.82} = 2.41$