

College of Integrated Chinese Medicine

BSc (Hons) in Acupuncture

Visit Team:

Ric Chamberlain	AC Acupuncturist reader
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March 2023



Ensuring Excellence In Acupuncture Education

British Acupuncture Accreditation Board

College of Integrated Chinese Medicine (CICM)

Re-accreditation Visit Report

BSc (Hons) Acupuncture

March 2023

Introduction and history of the programme

The College of Integrated Chinese Medicine (CICM) is a private not-for-profit company, founded in 1993. Its BSc (Hons) in Acupuncture achieved full accreditation with the British Acupuncture Accreditation Board (BAAB) in 1999, and re-accreditation visits prior to this one took place in 2009 and 2016/17.

The acupuncture programme was validated by Kingston University (KU), and it underwent an Internal Subject Review with Kingston in May 2016. The final KU intake was in 2019. The College began QAA oversight in January 2014, and received a commendation after inspection in 2015, and again following submission of their annual report in 2016.

The college decided to change the validation of their programme from Kingston University to the University College of Osteopathy, and UCO are now their validating degree awarding body. The first intake of UCO students was in March 2020.

Students are eligible for student loans.

A succession plan was initiated in 2013. Since that time there has been a gradual shifting of responsibility and oversight from the original four Executive Committee members to the current Principal, Vice Principal and Academic Director. The College also has a Council, which consists of 8 members not involved with the day to day running of the college with different background and skills. The Council meets twice a year to discuss the broad strategy and direction of the college with the Principal, Vice Principal and Academic Director. Of the original four Executive Committee members, one has remained on the Council and on the teaching staff, and is the Dean of the college. Both the two original college founders have stepped down from the Council, remaining connected with the college as Presidents, with one also still actively teaching.

The programme teaches an integrated style of Five Element Constitutional Acupuncture and Traditional Chinese Medicine theory.

General overview of submission.

This mature college provides an exceptionally well-organised and managed course with an exceptionally strong commitment from all staff, and extremely positive feedback from students. There is very strong leadership creating confidence and trust. The management and staff are very responsive, and deal with any emerging issues as they arise.

Overall Impression of the documents

This was a comprehensive and coherent submission, well-presented and accessible, although the general tone was to represent the course in full, and describe some changes that had been made, rather than to engage in a full critical reflection (although this was fully embedded in the supporting documentation). The supporting documentation was extremely complete and the references to this throughout the Critical Review were extremely helpful. Overall, the processes and policies appear comprehensive, appropriate and transparent. Course and Clinical Handbooks are comprehensive and helpful.

There are no concerns about the level of the current qualification. The BSc (Hons) in Acupuncture provision is clearly at Honours level, supported by the External Examiners and validating partners.

The transition from validation by Kingston University to the University College of Osteopathy (UCO), now complete, has progressed very smoothly.

There is a clear organisational structure in place. The Principal is well supported by a Management Committee which includes all relevant senior staff. A number of committees dealing with different aspects of the College's business report to this, and in turn the Management Committee is responsible to the Council (effectively the Board of Governors) which is comprised of external members. There is active student representation at all levels.

The curriculum is well thought through, linking theory to practice at all levels, and all the guiding documentation is excellent.

The College has a robust approach to assessment. The External Examiners are very complimentary about all aspects of the assessment process and the level of the award. A wide range of assessments is in use. All assessment tasks have clear assessment criteria and the instructions for students are clear. The documentation in relation to assessment (Student Handbook, Course Handbook, Unit handbooks, Academic Regulations, Assessment Policy and Procedures) is very comprehensive.

The documentation raised very little in the way of issues of concern, the main role of the panel was to ensure that the practice reflected the documentation, but the following few points were identified for particular attention by the AC panel and shared with the institution in advance of the visit:

SETAP 1 Level of qualification required by the Board

Honours degree; licentiate at honours degree level; or higher academic award

Nothing specific was identified.

SETAP 2 Programme Admissions

Sufficient information for student and college to make an informed choice; Transparency of selection process; evidence of good reading, spoken and written English; criminal conviction checks; compliance with any health requirements; appropriate academic/professional entry requirements; accreditation of APEL etc.; equality and diversity policies

Nothing specific was identified.

SETAP 3 Programme Management and resource standards, including monitoring and evaluation

Programme must have a secure place in the TI's mission and business plan; effective management (see also p 25 for private colleges); regular monitoring systems re: mission and philosophy; suitable named person in charge; adequate qualified and experienced staff; subject areas to be taught by staff with suitable expertise; staffing strategy (recruitment, appointment, induction, promotion, development); suitable resources and facilities; suitable learning resources (library etc.); facilities to ensure welfare and wellbeing of students; academic and pastoral care; students complaints policy; clear boundaries between staff and students; consent obtained if students act as models or patients; clear guidelines about attendance; process for monitoring students professional conduct

- How the college implements its policies on ED&I in various different arenas, admissions, reasonable adjustments, APL etc.
- What the college GDPR policy is, and how it is implemented for staff, students and patients.
- How complaints processes work for staff, and for patients.
- Confidentiality and responsibility for patients' and students' records compliant with the Data Protection Act and the General Data Protection Regulations (GDPR).
- Insurance for medical malpractice and public/products liability, as well as buildings, contents on a new-for-old basis and loss of business income.
- Compliance of the property and the curriculum with the Disability Discrimination Act.
- In relation to the Council: If there is a register of relevant conflicts of interest; the place of a publicly available constitution; how they hear the patient voice (where possible, through a patient representative); and who the dedicated administration is.

SETAP 4 CURRICULUM STANDARDS

Learning outcomes must reflect BAAC expectations; standards must reflect guidance from the profession; integration of theory and practice must be central; curriculum must be relevant to current practice; students must understand BAAC's standards of conduct, practice, ethics; programme must lead to autonomous, reflective practitioners; programme must encourage scholarship and evidence-based practice; the needs of each learning outcome must match BAAC standards; programme values and professional values must be met in inter-professional learning

- The support offered by the college for research activity for staff, and for students.

SETAP 5 CLINICAL PRACTICE STANDARDS

There must be formal communication between academic and clinical staff; students and staff must be clear about the outcomes to be achieved; the timing 400 hours in a clinical setting of which 200 students have personal management of patients; clinical practice must be central to the programme; clinical hours throughout the programme must be consistent with the relevant learning outcomes; clinical environment must be safe, supporting, and monitored on and off campus; external clinical work must follow equality and diversity policies; clinic supervisors must have relevant skills and knowledge, undertake suitable preparation to supervise, be members of BAAC or similar professional body; and duration of the clinical experience; the records to be kept; expectations of professional conduct; the assessment procedures and the actions to be taken in case of failure; communication and lines of responsibility; insistence of safe practice throughout; a range of teaching and learning methods; compliance with BAAC's Code of Safe Practice and with the Board's requirement to provide an annual verification of the Institutional Safe Practice Self-Audit (ISPSA)

- How clinical hours are recorded and monitored, both in the teaching clinic and for PQP students.

SETAP 6 ASSESSMENT

Assessment standards must be at the relevant academic level; be fair and consistent, meet the BAAC Education Guidelines; rigorous assessment processes which meet the requirements of external bodies (e.g. universities); assessment methods which measure learning outcomes and skills required to practise, they must be objective and monitored; assessment regulations must specify student progression and achievement, programme awards, aegrotat award criteria, rights of appeal for students; there must be two external examiners one of whom must be a BAAC member .

- How staff and students experience assessments that are carried out online, and practical assessments in the clinic.

SETAP 1 Level of qualification required by the Board

The provision, supported by all the documentation, observation of teaching sessions, scrutiny of marked assessments and External Examiners' reports is clearly at the appropriate level.

The College meets the SETAP 1 requirement for level 6 (BSc Hons Acupuncture) provision.

SETAP 2 Programme Admissions

The recruitment to the college is satisfactory, and it was reinforced by the Council that the current student numbers were more than sufficient to maintain the college as a viable operation. Current marketing procedures, open days and recruitment were progressing in a positive way.

The students were very positive about the recruitment and admissions information and processes, and considered that the course fully met their expectations from the initial information. The College recognised the challenge of recruiting applicants from a more diverse range of backgrounds, and monitors the student profile in relation to ethnicity, age and qualifications.

The College has a robust approach to fitness to practice and/or study, supported by appropriate documentation. Student support and well-being are very important at all levels in the organisation,

and the students were highly complimentary about the support they received from all staff, both on academic and personal matters.

Accreditation of Prior Learning (APL) is possible but has been little used, as students prefer to follow the entire course.

The BAAB requirements for SETAP 2 are fully met.

SETAP 3 Programme Management and resource standards, including monitoring and evaluation

All the issues around the college GDPR policy, and how it is implemented for staff, students and patients, were met to the satisfaction of the panel. The Principal is the Data Protection Officer. Although little used, the complaints processes for staff, and for patient are well understood by all parties and the processes and procedures are clear. Appropriate insurance for all elements is in place.

The college has a rigorous implementation of its policies on Equality Diversity and Inclusion, and of compliance with the Disability Discrimination Act. They make appropriate adjustments to the learning and teaching provision for diverse students and the premises are fully accessible to students and patients with disabilities. They recounted some excellent practice in relation to adjusting the practical sessions to enable the cultural needs of students to be met. Staff are very aware of the emerging issues in relation to neurodiverse students.

The Council were an active and very engaged group who are clearly fully conversant with, and supportive of, all the activities within the College. They have rigorous means of appointing new members and there are procedures in place to monitor the terms of office. They have active student membership of the Council, but recognise that in addition to the senior staff attending the meetings they should have a staff member. This is a welcome development and is currently being addressed. The Council receive a wide range of reports relating to the activities of the College and take a pro-active interest in visiting the college.

The students are highly engaged and supportive of the College and very positive about the effectiveness of the student representation, and the ease with which they can raise issues with staff. They have a supportive personal tutorial system in all three years, and open access to all staff. There are feedback opportunities through taught sessions and feedback questionnaires. The student representative system is appreciated by the students and the Staff Student Consultative committee is an active and responsive channel of communication. The College reactions to student feedback are prompt and appropriate.

The College is very supportive of staff development, and staff are encouraged to engage in a number of CPD activities including three internal staff development events per year, BAAB teaching development days, and other external and professional events and courses. In addition to the development of teaching skills this supports the staff's scholarly activity. There is active peer observation of the delivery of the classroom and clinical teaching, involving self-reflection and student input. The staff are enthusiastic about this process, and commented on how this is a valuable development tool for both observer and observed. The outcomes are communicated to the senior staff so that issues can be fed into the development days. Peer observation and shadowing are also used as mechanisms of induction for new staff.

The students were very complimentary about the resources available, and in particular praised the value of the VLE and the support received from the librarian. The VLE is being further developed to support the teaching by employing dedicated staff. This will enable more of the theoretical aspects to be delivered in advance of the teaching sessions, enabling more use of a "flipped classroom" approach. However, the third-year students noted that they had less access to a range of online research journals than when the provision had been validated by Kingston University (this access is not possible through UCO). In response the Principal has been working with other colleges to persuade the BACC to take a role in facilitating this.

The students also found all the course documentation very clear and helpful. They commented that the administrative staff were very accessible and supportive. However, they indicated that, particularly in the first year, they would welcome a little more help in locating appropriate accommodation.

The third-year student also noted that there was considerable variability in the time supervisors (both research and clinical) took to respond to emails. This is an area where some clarification and application of any policy would be helpful.

The BAAB requirements for SETAP 3 are fully met.

SETAP 4 Curriculum Standards

There is considerable evidence of CICM continuously reviewing and enhancing the curriculum and its delivery. The curriculum is already mapped to the new BAcC Educational Standards.

The curriculum is taught through 6 vertical themes which underpin the modules provided at each level. The themes are; Chinese medicine; Research and Reflective Practice; Conventional Medical Science; Point Location; Professional Practice; and, Skills and Techniques. This design supports a very integrated curriculum. It is specifically designed to integrate 5 Elements and TCM approaches, and this is achieved in a very effective way in both theory and practice. The students considered that they received a balanced and useful set of approaches to develop and apply.

The students were very happy with the curriculum and felt that it was a good course which was preparing them well for their future practice. However, they did say that they would have appreciated more time in clinic, possibly a longer final year clinic provision, but the panel are well aware of the resource constraints of this suggestion. The college has developed a new element of delivery, "patient in clinic", which will expose students, in groups, to a clinic-based analysis of patients at an earlier stage. This has not yet been delivered, but would appear to be a welcome addition.

The third-year students noted that they would appreciate more help with the data analysis elements of the research techniques for their dissertations, particularly for those students who had not undertaken such dissertations before. They expressed a desire for more support and for it to be delivered at a time which was closer to when they actually undertake the analysis. It appears that the choice of dissertation is very driven by the student. A suggestion raised by a staff member is that staff could define particular areas of research interest where they had expertise, and where they might be able to provide more direct support on resources and analytical techniques. These topics could be offered for students to select from. It is recognised that this already exists to some extent.

Students were extremely enthusiastic about the quality of the teaching and learning opportunities. There is a very wide variety of teaching methods in use, both on the premises and online. The college had taken care to follow up the experience of teaching online during Covid with a student questionnaire to determine what ratio of online to face-to-face delivery was most beneficial to students. The majority of students wanted some online delivery, noting its value in terms of saving time and money on travel and in balancing studying with other aspects of their lives. The current approach is strongly supported by most students. Staff noted that they have developed their teaching in very creative and positive way as a result of having to adapt to online provision. The overall impression is of an effective commitment by staff to facilitating and maintaining deep learning in students. However, one student group did note that they would prefer three days of tuition per week, although the panel recognises that this would have immense resource implications.

Graduate students all reported that they felt well-prepared for clinical practice. In particular the business stream had been especially useful in preparing them for the transition from college to private practice. It was suggested that the assessment for the "Developing Professional Practice" module could usefully be developed into a full business plan.

The Regional Support Groups (RSG) were highly praised by the students and graduates, who found them supportive and student-centred. Although not all of the students attend this is largely due to practical issues of time, employment and other responsibilities, not a reflection on the quality of the provision. Several students who were still early in their course and not attending a RSG indicate that they would do so in the following period. The students also made significant use of the Friday point

location sessions, which they equally found to be supportive, informative and specifically addressing their particular needs.

The BAAB requirements for SETAP 4 are fully met.

SETAP 5 Clinical Practice Standards

It was apparent that clinical practice standards were appropriate, and that regular meetings and communications between supervisors, were effective. Students were enthusiastic about the clinical provision.

It is admirable that many of the clinic supervisors are also teaching on the classroom elements of the programme, thus enhancing integration. The ratio of supervisors to students in the clinic is 1:4, and there is a good supply of patients. Some of the students stated that it would be helpful if there was a change of supervisors during their clinical tuition. However, as there are always two supervisors (one in a more leading capacity), one of whom changes mid-way, this would seem to meet that need. It was noted that two supervisors working together provides a very good opportunity for peer learning and development between pairs.

In the final 3 months students are required to undertake Pre-Qualifying Practice, working with patients at remote locations on their own, under less direct supervision. This is very well supported with in-clinic supervision and clinical classes, where the students' experiences are discussed (using peer learning), running alongside the remote supervision, and is a model of good practice. Staff were supportive, respectful of the students' emerging independence, challenging where necessary and making space for students to make their own decisions. This provides a supportive bridge into independent practice. The students and graduates considered this an excellent developmental process and essential as a lead into independent practice.

The documentation of the 400 hours of clinical practice is well-organised and fully understood by both students and staff.

The ICSA report (below) found that the classrooms used as clinics were appropriate and well-equipped. A concern was raised about the hand-washing facilities for the classroom used for the clinical skills sessions. These are suitable as long as the college ensures that all users follow the requirement to keep the doors propped open and the toilets out-of-use to provide effective handwashing. Another alternative approach would be to use mobile hand-washing facilities. There was also some concern that on the ICSA visit a needle box was observed placed on the lower shelf next to the sharps box. However, during the clinical observations this was not the case. However, a recommendation is included to ensure that the clean field requirements are never violated.

The BAAB requirements for SETAP 5 are fully met.

SETAP 6 Assessment

The assessment procedures are very thorough, underpinned by clear policy and procedures on all aspects of setting assessments, defining marking criteria, marking, moderation and feedback. The outcome of this is exemplary. Appropriate assessments are used, the work is of a high quality and the feedback positive and helpful. There is good evidence of moderation. The External Examiners are highly complimentary.

Students and past graduates noted that they had very good guidance on the assessments and associated grading criteria. The timetable is readily available in the VLE. They had received clear and helpful feedback on all their submitted and clinical assessments. Although written feedback is not provided individually on the examinations the students found the generic feedback to the class very helpful and were clear that they can go to tutors for individual oral advice if they wish. They found the model answers very helpful.

A third-year student noted that they had received feedback on the literature review element of the dissertation, submitted at an early stage of the process. The recommended changes were made but when the final dissertation was marked these elements were marked down. It is important that where

different markers are involved at different stages of the process, the advice should be consistent and unambiguous.

The staff consider that the assessment load is rather high and are preparing to re-consider the structures of the assessments to ensure that it is not over-burdensome, and to check on fitness-for-purpose. This timely and a proposal which the panel is supportive of.

The BAAB requirements for SETAP 6 are fully met.

Clinic Safe Practice Report for CICM visit 24th March 2023 Hannah Bowie-Carlin

On my visit to CICM on the 24th March 2023 I encountered the following issues that must be addressed:

- The clean field must have only needles and cotton wool on it, this must be clearly separated from other treatment equipment such as moxa and the tray for used needle packets.
- The box of needles must not be placed on the shelf beneath containing the sharps bin prior to removing the needles from the packet.

Guide to safe practice: Pg 23:

Each treatment area should contain the following:

- clean field for needles and cotton wool
 - sharps box for used needles
 - Medi-Swabs or similar for cleaning the skin
 - alcohol gel with or without 0.5-2.0% chlorhexidine (pump-operated only)
 - suitable waste receptacle away from the clean field for other waste
-
- The two teaching areas are also required to conform to clinical standards if they are being used for needling practice. Hand basins must be accessed easily and be for the sole use of handwashing for practitioners/students during the needling practice. If these areas are normally used for toilet facilities this must cease during needling practice, they must be cleaned prior to and after needling practice. Guidance for this can be found on page 13 and 28 of the Guide to Safe Practice:
 - [21112-The-Guide-to-Safe-Practice-for-Acupuncture-Feb2023-1.pdf \(bacc-wp-media-library.s3.eu-west-2.amazonaws.com\)](https://s3.eu-west-2.amazonaws.com/bacc-wp-media-library.s3.eu-west-2.amazonaws.com/21112-The-Guide-to-Safe-Practice-for-Acupuncture-Feb2023-1.pdf)

I also made the following observations which would constitute best practice for the clinic:

- Best case practice would be smooth impervious flooring to be installed in all treatment rooms. This is a recommendation.
Pg8 Given that reported incidents of major blood and body fluid spillage are rare, and that many practitioners are not able to insist on the use of smooth impervious floor coverings in the clinics where they work, the BAAC does allow the continued use of non-looped short pile carpet, as long as you have the appropriate means to clean and disinfect any soiled areas in the event of spillage.
- For the lecture/treatment room: Sink is nearby, it must be checked that no contamination is made after hand washing, and that doors do not swing shut whilst the practitioner leaves the room and enters the toilet and returns.
- All signage must be consistent and all rooms must include handwashing and room checking guidance.
- Shelving should be in easy reach and away from patients/guests` and practitioners` seating. Any heavy items stored high up should be re-considered especially if the risk of items falling or being dropped onto people is present.

- A clear process should be used for ensuring that a patient is not left unattended without the ability to quickly gain the attention of a practitioner or tutor.

Conclusion

The Accreditation Committee panel studied the submitted documentation for the BSc (Hons) in Acupuncture and held discussions with key members of the College, the Council, the programme team, administrators, current students and graduates. On the basis of this evidence the visit panel considered that the programme continues to meet the Board's Standards of Education and Training for Acupuncture Programmes (SETAPs) and the requirements for full accreditation. The provision is very impressive in all aspects. The institution and programme team should note the Board's recommendations for further development and report on progress in subsequent reports to the Board.

Accordingly, the visit panel recommend to the Accreditation Committee that the College of Integrated Chinese Medicine (CICM) full-time BSc (Hons) Acupuncture should continue to be accredited by the Board. A recommendation regarding continuing accreditation will be made to the Board.

There are no conditions, 4 recommendations and 8 commendations.

Conditions:

None

Recommendations:

1. Clinic:
 - To ensure that everyone is clear that the door between the wash basins used for handwashing adjacent to the clinical teaching rooms should be propped open during clinical teaching sessions, and that the toilets should not be used during this time.
 - To ensure that there are always named staff in place who can hear and respond quickly to the emergency buzzers provided for patients when left alone.
 - to consider replacing the carpet with a hard surface flooring at the next appropriate refurbishment.
 - To ensure the clean field is maintained at all times.
2. To reconsider the expectations of what is the appropriate response time for clinical and dissertation supervisors to respond to students' emails and to ensure that this is adhered to.
3. To address any inconsistencies between the feedback given on the literature review and the subsequent marking of the same elements in the assessment of the final Dissertation.
4. To review the provision of the support in data analysis techniques for the Dissertation to ensure that they are appropriate for students who are new to research, and timely in relation to the students' progression, possibly via the VLE.

Commendations:

1. The development of a positive culture of collegiality amongst both staff and students.
2. The way which the staff (across the college) felt heard, listened to and supported.
3. The effective process of peer observation and review of staff.
4. The care and sensitivity of the operation of the EDI policy in the provision for students from a diverse background.
5. The effectiveness of the level of supervision of students on PQP (remote supervision, clinical supervision classes and in-clinic activities).
6. The high-quality support by the librarian for the students in locating texts, and in the development and maintenance of the VLE; and the current development of the VLE.
7. The provision of the Regional Support Groups and Friday Point Location sessions to support students in a flexible and student-centred way.
8. The commitment to finding an appropriate balance of blended learning, the variety of learning approaches provided, and the benefit this provides to both students and staff.

1. The Panel

Dr Ann Rumpus	AC Educationalist reader. Chair for Re-accreditation panel
Dr Richard Chamberlain	AC Acupuncturist/educationalist reader
Harriet Lansdown	AC Acupuncturist/educationalist reader
Nina Paterson	Observer. Lead Accreditation Officer
Hannah Bowie-Carlin	BAC Safe Practice Officer
with	
Dr Vivien Shaw	Accreditation Officer

2. Sources of Evidence

The College provided the panel with access to a website which included the Critical Review and all the supporting college documents. These were made up of details of the staff, all the college policies, all details of the committee structures and minutes, the programme, course and clinic handbooks, External Examiners reports, and student and evaluation. Teaching sessions were observed on-line prior to the visit and in class during the visit, and examples of marked assessments and moderation were made available online during the visit.

3. BAAB Re-accreditation Timetable

Hybrid model...

Time	Meeting	Attendees	College attendees
Friday 10 th February 5pm date of papers to be submitted			
CICM provides online resources available to the Panel containing: <ol style="list-style-type: none"> 1. Critical Review 2. Course Handbooks 3. Exams' samples 4. Any other relevant documentation 5. Schedule of online teaching observation opportunities 			
Online lessons sent to BAAB. BAAB to advise when they are to observe			
Visit Panel meet to agree online meetings and agendas			
Week commencing 30 th January: On-line observation of onsite/online teaching + On-line meeting			
1 st February	Private panel meeting	Full Panel	
Time tbc	Online teaching observations as proposed by CICM	Panel members as arranged	
Week commencing 6 th February– On-line observation of onsite/online teaching + On-line meeting			
Time tbc	Online teaching observations as proposed by CICM	Panel members as arranged	
From 10 th February	Reading reports from CICM, sending in of reports		
Week commencing 20 th February– On-line observation of onsite/online teaching			
Deadline for reading and writing reports on submitted documentation to send to VS by Friday 3 rd March. Read the whole of the critical review. Pull out your SETAP section for creating your report. Liaise with your colleague to arrive at a consensus.			

Week commencing 21 st March– On-line meetings			
Tuesday 21 st March 6pm	Online meetings Graduates	HL (Chair), RC, (NP)	19.2 Dan, Sara, Kathryn, Laura, Clark, Ivan
Wednesday 22 nd March 6pm	Online meetings year 1	AR (Chair), RC, (VS)	1 st year students Attila, Liz, Safiyya, Saga, Horace, Sarah, Rachel C-C, Victoria, Manuela, Gio
Wednesday 22 nd March 7pm	Online meetings year 2	AR (Chair), RC	2 nd year students Ali, Melissa, Angie, Eve, Noelle, Anahi, Holly, Katherine
24th March – On-site visit			
Evening prior to visit 23 rd March Staying at Penta hotel	Informal meeting with course director and others at local venue	Full Panel	JP, MF, Karen Starr, EC members
9 - 9.30	Arrival		
9.30	Meeting with Jonathan Pledger Principal and Mark Foster, Academic Director and tour of educational facilities	Full panel AR (Chair)	JP, MF
10.30	Meet with admin	AR (Chair), HL	Jo, Registrar and Charlotte, Office Manager
11:00- 12:00	ICSA clinic visit, Clinic must be empty of students and patients.	Hannah CB, RC (VS)	Susannah Fone
12:00-12:30	Needling demonstration	Hannah CB, RC	Susannah Fone, Jonathan Pledger
11:00-12:00 (concurrent with ICSA)	Clinical staff meeting: hybrid	HL (Chair), AR, (NP)	Alison Allison, Janice Booth, Magda Koc, , Andy Roscoe
12:15-15:30	Lunch and private panel meeting Panel looking at marked assessments (physical and online)	Full panel	
12:15-1:15	Hybrid/online Meeting with teaching staff	Full panel AR (Chair) (NP)	Alison Allison, Janice Booth, Sharon Ashton, Kasia Orzechowska*, Gwenan Evans, Nicoal Gibbs*, Lynda French, Jason Davies*, Jo Rochford, Cristina Lopez-Pascual, Raquel Torralba*, Sam May, Susannah Fone*, Mark Bovey
15:30- 16:45	3 rd years: hybrid	RC (Chair), HL (VS)	3 rd years Tory, Catherine Cook, Charlotte Madison*, Alice, Rachael Bowers*, Maddy, Neena, Lucy O'Brien*, Magda, Olivia. Libby*
16.45- 17.00	Private meeting between Principal and Panel Chair	AR	JP
25 th March			
09.00 – 09.30	Private panel meeting	Full Panel	

9.30	Meeting council	AR (Chair), HL, NP, VS	Luke (Chair), Paula (Deputy Chair), Roberta, Ralph
10-12:00	Observation of clinical practice	Panel members VS, HL, RC, NP shadowing a clinical supervisor in the morning.	Clinical supervisors am Andy 10am -11m RC, 11am – 12 NP observing, Magda 10am – 11am HL, 11am -12 VS observing
9.15- 12.15	Observation of clinical teaching am	AR	10am – 11am AR and NP to observe
12:00- 14:30	Lunch & Private panel meeting	Full Panel	
14.30 – 15.00	Formal feedback to Principal and senior colleagues. An oral preview of the <i>conditions, recommendations and commendations</i> related to renewed accreditation that will be made in the team's written report. This is likely to be indicative of the panel's final recommendation to the Accreditation Committee and Board	Full Panel AR (Chair)	JP, MF
15:00	Close of visit.		

*Denotes in college, rest are online