



## The College of Health

### Access & Participation Plan

#### Overview

The College of Health is a small not-for-profit provider of Higher Education which will specialise in the provision of Chiropractic education through the acquisition of the McTimoney College of Chiropractic in January 2021.. The College's mission is:

*'To create an active, inclusive and supportive learning environment with students at the heart of everything we do, to enable students to develop their full potential as the healthcare professionals of the future.'*

The College of Health is committed to equality of opportunity in all that we do: to celebrating diversity and recognising the strength that it brings, to challenging conscious and unconscious bias and eliminating unfair discrimination. In the pursuance of our mission.

We are fully committed to championing a positive, outcome driven Access and Participation culture throughout the College.

We appreciate that because the College of Health's programmes require students to achieve professional competence and satisfy the wider test of fitness to practise, the obstacles to recruiting disabled applicants and those from disadvantaged backgrounds are greater. In addition to meeting professional competence and fitness to practise standards, the College of Health's programmes frequently require a longer period of commitment than traditional degrees and require engagement in a range of testing environments centred on public safety.

One of the fundamental challenges to any Access and Participation initiative we conduct is firstly raising the profile of Chiropractic as a potential career path within the UK. It is recognised that awareness of some disciplines is low in some social groups and consequently recruitment from those groups is more challenging. The College of Health seeks to address each of these issues through the promotion of the benefits of its programmes and the nature of our support for students.

An immediate priority will be to integrate a fit for purpose student information system to enable the accurate collation and analysis of student information.

#### Assessment of Performance

The College of Health is a new entity, which from January 2021 will deliver some existing chiropractic programmes under a validation arrangement with BPP University, and will deliver its own, new programmes under a validation agreement with Ulster University. Consequently, accessing raw data to enable granular disaggregation of student retention, progression and achievement has been challenging, especially regarding success and when linked to protected and specific demographic characteristics. However, it has been possible to extract some limited historical data in relation to access, which BPP University's School of Health had prepared for its own purposes. This data has enabled us to measure performance against two sets of data available on the OfS Access & Participation Data Dashboard; namely, against full and part-time undergraduate (including to postgraduate level) student data for all Subject Areas available from the Access & Participation Data Dashboard and also against full and part-time undergraduate (including to postgraduate level) student data for subjects allied to Medicine available from the OfS Equality & Diversity Dataset, which enabled more subject specific analysis, in the absence of other available comparative data from the OfS Access & Participation Dashboard for other providers of Chiropractic.

However, the data around McTimoney College of Chiropractic students is limited in its application because of the comparatively small number of students within the population and the provisions with regard to this under the GDPR.

We recognise that the absence of detailed and disaggregated data is a major obstacle to drafting a comprehensive Access and Participation Plan. Consequently, it is our intention, once we have formally entered into the validation arrangement with BPP University and are in a position to fully evaluate historical student data, to submit an updated variation of our Access & Participation Plan, which will include revised targets, in time for approval for the academic year commencing 2021/2022. This plan will be based on the fuller data we will be able to access, together with the ability to survey our students directly, and, to underpin future data exercises, to implement our own data management systems.

However, even with the limited data sets on access that we are able to interrogate, it is clear that the existing Chiropractic programmes perform well in a number of underrepresented group areas in terms of access, but have also identified a number of areas upon which we can improve. In determining this initial analysis, we have referred to the following OfS Datasets:

- Comparison against overall sector Access averages for Full-Time (FT) & Part-time (PT) data for undergraduate programmes (including to postgraduate level) in relation to all Subject Areas (drawn from the OfS Access & Participation Data Dashboard)
- Comparison against Access averages for Full-Time (FT) & Part-time (PT) data for undergraduate programmes (including to postgraduate level) in relation to subjects Allied to Healthcare (drawn from the OfS Equality & Diversity Dataset which enabled more detailed analysis of data in relation to Subjects Allied to Medicine, for which Chiropractic falls under, in the absence of other available OfS Dataset comparative data from other providers of Chiropractic)

<b>Male % Upon Entry</b>	<b>14/15</b>	<b>15/16</b>	<b>16/17</b>	<b>17/18</b>	<b>18/19</b>	<b>5yr Avg</b>
OfS Full Time (UG inc PG) All Subjects	56.5%	56.4%	55.5%	54.4%	53.4%	55.2%
OfS Part Time (UG inc PG) All Subjects	32.7%	35.3%	34.2%	34.4%	33.1%	33.9%
OfS Full Time/Part Time Subjects Allied to Medicine (UG inc PG)	36.4%	36.2%	35.6%	34.3%	33.9%	35.3%

<b>Female % Upon Entry</b>	<b>14/15</b>	<b>15/16</b>	<b>16/17</b>	<b>17/18</b>	<b>18/19</b>	<b>5yr Avg</b>
OfS Full Time (UG inc PG) All Subjects	43.5%	43.6%	44.5%	45.6%	46.6%	44.8%
OfS Part Time (UG inc PG) All Subjects	67.3%	64.7%	65.8%	65.6%	66.9%	66.1%
OfS Full Time/Part Time Subjects Allied to Medicine (UG inc PG)	63.6%	63.8%	64.4%	65.6%	66.0%	64.7%

<b>Students &gt;21yrs Upon Entry</b>	<b>14/15</b>	<b>15/16</b>	<b>16/17</b>	<b>17/18</b>	<b>18/19</b>	<b>5yr Avg</b>
OfS Full Time (UG inc PG) All Subjects	21.9%	22.3%	21.8%	23.5%	22.6%	22.4%
OfS Part Time (UG inc PG) All Subjects	97.6%	96.4%	98.6%	99.0%	98.8%	98.1%
OfS Full Time/Part Time Subjects Allied to Medicine (UG inc PG)	28.9%	26.1%	27.1%	27.0%	24.3%	26.7%

<b>Identifying as Disabled Upon Entry</b>	<b>14/15</b>	<b>15/16</b>	<b>16/17</b>	<b>17/18</b>	<b>18/19</b>	<b>5yr Avg</b>
OfS Full Time (UG inc PG) All Subjects	9.4%	10.2%	11.1%	12.2%	13.0%	11.2%
OfS Part Time (UG inc PG) All Subjects	8.4%	8.9%	10.4%	10.9%	12.1%	10.1%
OfS Full Time/Part Time Subjects Allied to Medicine (UG inc PG)	7.8%	8.1%	9.1%	9.9%	11.6%	9.3%

<b>White Upon Entry</b>	<b>14/15</b>	<b>15/16</b>	<b>16/17</b>	<b>17/18</b>	<b>18/19</b>	<b>5yr Avg</b>
OfS Full Time (UG inc PG) All Subjects	70.1%	69.0%	68.6%	66.8%	65.2%	67.9%
OfS Part Time (UG inc PG) All Subjects	80.3%	79.1%	78.6%	78.1%	76.3%	78.5%
OfS Full Time/Part Time Subjects Allied to Medicine (UG inc PG)	38.9%	38.3%	39.4%	38.9%	36.7%	38.4%

<b>Mixed Upon Entry</b>	<b>14/15</b>	<b>15/16</b>	<b>16/17</b>	<b>17/18</b>	<b>18/19</b>	<b>5yr Avg</b>
OfS Full Time (UG inc PG) All Subjects	4.5%	4.5%	4.6%	4.9%	4.9%	4.7%
OfS Part Time (UG inc PG) All Subjects	2.9%	2.9%	3.3%	3.6%	3.5%	3.2%
OfS Full Time/Part Time Subjects Allied to Medicine (UG inc PG)	2.6%	2.8%	3.0%	3.2%	3.4%	3.0%

<b>Asian Upon Entry</b>	<b>14/15</b>	<b>15/16</b>	<b>16/17</b>	<b>17/18</b>	<b>18/19</b>	<b>5yr Avg</b>
OfS Full Time (UG inc PG) All Subjects	18.5%	19.5%	19.4%	19.9%	21.1%	19.7%
OfS Part Time (UG inc PG) All Subjects	7.6%	9.3%	9.5%	9.2%	10.2%	9.2%
OfS Full Time /Part Time Subjects Allied to Medicine (UG inc PG)	42.9%	42.2%	40.8%	39.5%	40.0%	41.1%

<b>Black Upon Entry</b>	<b>14/15</b>	<b>15/16</b>	<b>16/17</b>	<b>17/18</b>	<b>18/19</b>	<b>5yr Avg</b>
OfS Full Time (UG inc PG) All Subjects	4.5%	4.8%	4.9%	5.5%	5.8%	5.1%
OfS Part Time (UG inc PG) All Subjects	7.8%	7.2%	7.2%	7.3%	7.7%	7.4%

<b>OfS Full Time/Part Time Subjects Allied to Medicine (UG inc PG)</b>	10.3%	10.6%	11.0%	12.1%	13.2%	11.4%
<b>Other Upon Entry</b>	<b>14/15</b>	<b>15/16</b>	<b>16/17</b>	<b>17/18</b>	<b>18/19</b>	<b>5yr Avg</b>
<b>OfS Full Time (UG inc PG) All Subjects</b>	2.4%	2.2%	2.5%	2.9%	3.0%	2.6%
<b>OfS Part Time (UG inc PG) All Subjects</b>	1.4%	1.6%	1.5%	1.8%	2.4%	1.7%
<b>OfS Full Time/Part Time Subjects Allied to Medicine (UG inc PG)</b>	5.3%	5.9%	5.7%	6.3%	6.7%	6.0%

<b>Polar 4 Quintile Access</b>	<b>14/15</b>	<b>15/16</b>	<b>16/17</b>	<b>17/18</b>	<b>18/19</b>
<b>OfS Full Time (UG inc PG) Quintile 1 All Subjects</b>	6.8%	7.4%	8.0%	7.9%	8.1%
<b>OfS Full Time (UG inc PG) Quintile 2 All Subjects</b>	12.0%	12.3%	12.2%	12.4%	12.6%
<b>OfS Full Time (UG inc PG) Quintile 3 All Subjects</b>	16.1%	16.8%	16.6%	16.5%	16.4%
<b>OfS Full Time (UG inc PG) Quintile 4 All Subjects</b>	23.0%	22.8%	22.6%	22.5%	23.1%
<b>OfS Full Time (UG inc PG) Quintile 5 All Subjects</b>	42.1%	40.7%	40.6%	40.7%	39.9%
<b>OfS Part Time (UG inc PG) Quintile 1 All Subjects</b>	13.0%	14.0%	No data	10.0%	10.0%
<b>OfS Part Time (UG inc PG) Quintile 2 All Subjects</b>	16.0%	27.0%	15.0%	25.0%	15.0%
<b>OfS Part Time (UG inc PG) Quintile 3 All Subjects</b>	23.0%	16.0%	20.0%	20.0%	30.0%
<b>OfS Part Time (UG inc PG) Quintile 4 All Subjects</b>	22.0%	18.0%	40.0%	20.0%	25.0%
<b>OfS Part Time (UG inc PG) Quintile 5 All Subjects</b>	26.0%	26.0%	25.0%	20.0%	20.0%
<b>OfS Full Time/Part Time Subjects Allied to Medicine (UG inc PG) Quintile 1</b>	7.2%	7.5%	8.2%	9.0%	9.5%
<b>OfS Full Time/Part Time Subjects Allied to Medicine (UG inc PG) Quintile 2</b>	13.5%	14.0%	14.2%	15.2%	15.2%
<b>OfS Full Time/Part Time Subjects Allied to Medicine (UG inc PG) Quintile 3</b>	20.4%	20.4%	20.6%	20.2%	20.4%
<b>OfS Full Time/Part Time Subjects Allied to Medicine (UG inc PG) Quintile 4</b>	24.7%	24.7%	24.9%	24.6%	25.2%
<b>OfS Full Time/Part Time Subjects Allied to Medicine (UG inc PG) Quintile 5</b>	34.2%	33.4%	32.1%	31.1%	29.6%

It is also important to note that Chiropractic programmes are currently provided by only four specialist providers of Chiropractic education in the UK, which means there is no publicly available disaggregated, comparative data of statistical significance presently available to assess performance against.

As a specialist provider of Chiropractic education our assessment against the national data sets have shown that McTimoney College of Chiropractic performs well in a number of areas in relation to access by certain underrepresented groups:

- in providing accessible routes to degree programmes through the Level 3 Pathway programme to Higher Education for both school leavers and mature students
- in exceeding sector averages on widening participation for mature students through both full time and part time MChiro programmes. The unique part-time MChiro programme provides an accessible route to the Chiropractic profession for mature students who would otherwise be unable to afford to give up full time employment
- in widening participation to individuals from socio-economically deprived areas (POLAR4 1&2 Quintiles), though we recognise that the POLAR4 concept has been developed for 18 yr-old's whereas ~70% of our intake are mature students

- in providing 96% of our graduates with progression onto highly skilled employment or further postgraduate study.

## Strategic Measures

### Whole Provider Approach

The College of Health is a small, practice-facing, teaching-led and research informed institution. Our professional ethics and values inform all that we do and are embedded in the design of our programmes and the organisation of the College. Fundamental to those values are equality of opportunity in access to learning and practice, freedom of expression and academic freedom.

The small size of the College of Health means that oversight, coordination and inclusivity can be achieved through a much tighter executive and committee structure. The academic authority of the College is the Academic Council, which includes executive officers, senior academics and staff and student representatives. The only other academic committees are function specific, such as boards of examiners, and so all policy, policy and quality review, and student and stakeholder feedback is considered and approved at the Academic Council. The broad composition of the Academic Council ensure that all views and interests are represented, and that policy developments and quality enhancement are informed, evaluated and aligned.

Our commitment to supporting equality of opportunity, widening participating and celebrating diversity is evidenced throughout the student journey. Our policies and approach to access and participation are aligned not only to complementary policies such as Equality, Diversity and Inclusion and Freedom of Expression but throughout our policies and procedures including recruitment and admissions, learning and teaching, assessment and Fitness for Practice. Our focus throughout is on the aptitude and capability of the applicant/student to meet the professional competences required to practise. Consequently, our policies and approaches recognise the need to take into account individual circumstances, such as accreditation of prior experiential learning and reasonable adjustments to delivery and assessment, and to build the experience and developing expertise of particular group and individual circumstances into the ongoing development of policy and student support practices.

We are fully committed to promoting equality and tackling discrimination to ensure fair access to learning and facilities for students. We shall align our Access and Participation strategic priorities with those of our Equality, Diversity and Inclusion policies to ensure they complement one another. We are committed to ensuring that all of our services take account of the diversity of local, national and international populations, without compromising quality of service. Services should be accessible to students regardless of their protected characteristics: sex, gender reassignment, marriage or civil partnership, pregnancy or maternity, race (including ethnicity, nationality and colour) disability, sexual orientation, age and religion or belief. We are also committed to promoting equality and tackling discrimination which creates barriers to learning as part of the wider duty under the Equality Act 2010. As a specialist provider we expect all students to demonstrate respect and consideration for others and to behave in the manner expected of professional practitioners.

The Equality Act 2010 and Human Rights Act 1998 protect people in the UK from intolerance and discrimination. They ensure that people are able to live, work and study in an open and tolerant society. Whilst studying at our institution, students will be exposed to values and beliefs which may be different from those they are familiar with. Responding in a respectful way is a requirement of fitness to practise, as well as freedom of expression and academic freedom. Our values ensure that we learn through understanding and tolerance, whilst maintaining the ability to challenge divisive or radical perspectives which may threaten tolerance and respect, and the advancement of practise.

In preservation of our values of inclusive practice, through fostering equality of opportunity, fairness, honesty and integrity we will:

- Sustain an ethos of inclusion and participation through all staff, students and representatives;
- Promote and foster good relations between all staff and students with protected characteristics and those who do not have such characteristics;
- Take positive steps to counter inappropriate behaviours and eliminate unlawful discrimination, harassment, victimisation and the promotion of intolerance (of different faiths and beliefs); challenging individuals or groups who express such behaviour;
- Anticipate, remove or minimise disadvantages which could be experienced by people due to their protected characteristics;
- Take steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people;
- Encourage and support people with identified under-represented protected characteristics to fully participate in educational activities and meaningfully engage with student activities;
- Provide an environment which is accessible to all service users where practicably possible;
- Work with partner and stakeholder organisations to uphold and maintain our values and ethos;
- Celebrate diversity and difference and strive to bridge cultural, social and psychological barriers.

## Overarching Philosophy

The overarching philosophy of the College derives from work on the Affective Domain (Krathwohl, 1956; Maughan and Webb 1999; Maharg (Ed) 2011; Maguire et al 2017). In relation to student wellbeing Affect includes emotion, and perception of obstacles in relation to hygiene factors and practical support. Emotion deals with perceptions of inclusion or exclusion and belonging. Hygiene factors may act as deterrents or barriers to entry and retention e.g. well organised open-days, registration events and student cards being available at enrolment. The latter may seem a trivial irritation to a middle-class, financially confident, parentally supported student but to a student from a disadvantaged background it may be destabilising and even interpreted, on a subliminal level, as rejection (Harrison, 2017). Practical support, in relation to Affect, is the contextualisation of that practical support within the experience and expectations of the individual student, their access, or lack of it, to both closer and wider networks of support and how this colours their dependence, confidence in accessing support, the manner in which that support is then provided and the gaps in the individual students support networks that it seeks to fill.

Affect is multi-variate and underlines the need for the planning and provision of multiple interventions at different stages in the student and potential student life cycle. (Scrivener et al 2015). The College of Health recognises that the balance of interventions has been weighted towards outreach and recruitment rather than retention, success and progression (HEA 2017). As small, profession- and practice-facing provider the College of Health's approach to its scheme of intervention appreciates the importance of balance, and its own responsibilities, in taking its students from recruitment to success in practice. Consequently, while its interventions include outreach and awareness raising through its work with Schools, local practices and disseminating free publications on chiropractic it primarily regards these as awareness raising of chiropractic as a career opportunity. This is more meaningful as the first stage of the provision of clear and accurate information to prospective students on qualification for the profession. Information and guidance is recognised as the first step in student success (CMA 2017; QAA 2014; Hull 2003; HEA 2017). Open days, summer schools and the requirement to have undergone chiropractic treatment (provided free to

applicants by the College of Health), ensure that applicants are fully informed about practical and hygiene factors, but more importantly are sensitised to what it is to be a chiropractor and have lived experience of it. This 'expectation setting' familiarises students with the College of Health and the profession in advance of making a choice to enrol as a student. More importantly, it cultivates from the beginning understanding and expectation that aids motivation, and thereby retention and progression (Sellers and van der Velden 2003; Abrahamson and Jones 2004).

The importance of these interventions in the first term and year of study is greater than in subsequent years, with the exception of progression into practice. (Goldberg and Finklestein 2002). The importance of a practice, employment outcome also has, in itself a beneficial effect on retention and progression (Kay and Sundaraj 2004); Clery and Topper 2010). This raft of approaches also addresses the evidence that students from lower socio-economic groups do not access work experience at a graduate or professional level to the same proportion as their contemporaries from more middle-class backgrounds (Thomas et al 2017). We recognise that the provision of financial support to students from low income backgrounds is contested in the literature (Emmerson et al. 2005; Hatt et al. 2005a, 2005b; HEA 2017; Rawson 2016; OFFA 2014). While we agree that, on its own, financial support may not impact retention, as part of a suite of interventions within an Affective approach we believe it is key in addressing hygiene and practical issues such as attendance on course rather than at work, which in themselves impact on confidence, a sense of inclusion and success. That sense of inclusion will also be fostered through communities of learning (Rawson 2016; Austin and Hatt 2005; Abramson and Jones 2004). The College of Health's approach to practical support, advice and counselling, including the use of student representatives as ambassadors underpins both the cohort and the individual's sense of community and wellbeing.

Our review of the literature will continue as we plan and initiate our interventions and will inform the actions that we take.

## Financial Support

In addition to investing in resources specific to student support and counselling we plan to allocate funds directly to students from under-represented groups who are prevented from engaging because of financial hardship and/or digital poverty. The specific ways that this will be done will be informed by the consultations that we have recently held with the Student President and student representatives. This will continue with the wider student body and stakeholder groups over the next few months and will inform future iterations of our Access and Participation Plan. Our current consultation with student representatives has already informed our approach to financial support with an emphasis on the provision of hardship grants (particularly in the current pandemic) rather than scholarships or bursaries, as originally planned.

As outlined in our strategic measures we will develop and establish the eligibility criteria in consultation with our students to ensure our financial support provision meets their requirements. We are committed to making information regarding our financial support provision, including eligibility criteria, available to all students.

For the remainder of the academic year 2020/21 we will establish a fund that will have four main applications:

1. Providing potential applicants with a refund of the cost of attending open days and interviews;
2. Providing laptops and/or connectivity support to students who are in digital poverty;
3. Providing ad hoc funds to students who are in hardship, both as a result of the pandemic and more generally.

Our initial criteria for items 1 and 2 is students from families with residual income of less than £25,000, Polar 4: quintile 1 and 2, students estranged from their families and care-leavers. Item 3 will be decided on the merits of each individual case.

We will use the experience of, and student feedback on, applying these measures in 2020/21 to inform policy and practice in 2021/22 onwards. At this stage we envisage that we will continue the measures above and add the following:

- Providing travel grants to students studying at a distance from a College site; (Polar 4: Quintiles 1 and 2 and care leavers)
- Providing learning support resources to students from Polar 4 Quintiles 1 and 2, particularly care leavers, students estranged from their families, single parents and BAME students.
- Contributing to additional childcare support for students who are single parents and in hardship, specifically in relation to clinic, revision and examination periods.

Pending further consultation with the student body and closer investigation of the literature we believe these measures will provide meaningful practical assistance and a psychological and Affective benefit that will contribute to greater attraction, retention and achievement of students in our target criteria.



## Strategic Measures - Logic Chains

Strategic Aim	Activities	Activities	Outputs	Outcomes (Short/Medium)	Impacts (Longer Term)
➤ 5 years	2020/21	2021/22	2021/22	< 3 years	➤ 3 years
<p>To integrate at all levels of our institution our Access &amp; Participation strategic aims, objectives and targets for all stages of the student lifecycle to continue our commitment to cultivating a fully inclusive Access &amp; Participation culture across the College of Health.</p>	<p>Provision of staff training.</p> <p>Integration as standing agenda item in:</p> <ul style="list-style-type: none"> <li>- Annual Programme Monitoring Review (APMR)</li> <li>- Programme Development Committee meetings</li> <li>- Staff Student Liaison</li> <li>- Committee meetings</li> <li>- Staff meetings</li> <li>- Patient Engagement Group Meetings</li> <li>- Academic Council</li> <li>- Board of Directors</li> </ul> <p>To formulate targets for success together with revisiting and updating where necessary other target areas in order to submit an updated variation of our Access &amp; Participation in time for adoption in Academic Year 21/22</p>	<p>Ongoing monitoring of the effectiveness of the integration of our Access &amp; Participation strategic aims, objectives and targets for all stages of the student lifecycle to continue our commitment to cultivating an inclusive Access &amp; Participation culture across the College of Health.</p>	<p>Staff at all levels fully aware of Access &amp; Participation strategy</p> <p>Standing agenda item on all relevant committee/meetings</p> <p>Interim and Annual Reports to Academic Council</p>	<p>Underpins strategy to achieve aims of increasing participation of the underrepresented groups identified in our plan.</p> <p>An enhanced culture of championing Access &amp; Participation at all levels of the organisation and at all stages of the student life cycle</p>	<p>Culture of Access &amp; Participation embedded fully at all levels reflecting on our institutions fully inclusive nature.</p>

Strategic Aim	Activities	Activities	Outputs	Outcomes (Short/Medium)	Impacts (Longer Term)
➤ 3 years	2020/21	2021/22	2021/22	< 2 years	➤ 3 years
<p><i>To establish a robust and fit for purpose student information system to provide accurate and reliable student information to facilitate high quality evaluation of the effectiveness of our Access and Participation initiatives.</i></p>	<p><i>Identify and procure a student information system.</i></p> <p><i>Appoint a Student Information Analyst.</i></p> <p><i>Utilise expertise of Director of Research to further equip staff with necessary data and evaluation skills.</i></p> <p><i>Collation and analysis of detailed historical access and participation data to facilitate the preparation of an updated variation of our Access and Participation plan, including review of all targets and amendment of them where necessary, for submission to the OfS for adoption for Academic year 2021/22.</i></p>	<p><i>Student Information system integrated and utilised across entire Institution</i></p> <p><i>Processes in place across the organisation. to capture meaningful and accurate data.</i></p> <p><i>Continued development of inhouse access and participation data collation and management expertise and continued embracement of sector best practice</i></p> <p><i>Access to HEAT &amp; HEBBS</i></p>	<p><i>Student Information system launched.</i></p> <p><i>Student Information Analyst recruited</i></p> <p><i>Access to HEAT and HEBBS</i></p>	<p><i>Ability to analyse student information in a meaningful way to inform our evaluation of progress with achieving our Access &amp; Participation aims.</i></p>	<p><i>More meaningful long-term data to benchmark performance against.</i></p> <p><i>Reinforce culture placing importance in Access &amp; Participation initiatives.</i></p>

Strategic Aim	Activities	Activities	Outputs	Outcomes (Short/Medium)	Impacts (Longer Term)
< 3 years	2020/21	2021/22	2021/22	< 3 years	> 3 years
<p>To establish Travel, Digital Poverty and Hardship Grant schemes, together with an Alumni charitable initiative, to underpin and support us in achieving our Access &amp; Participation strategic aims</p>	<p>Develop eligibility and criteria mapped to Access &amp; Participation for various forms of financial support (Travel, Digital Poverty and Hardship funds) for students</p> <p>Establish charitable arm to facilitate financial support initiatives to students through harnessing Alumni contributions</p> <p>Establish formal arrangement with the McTimoney Chiropractic Association (MCA) to provide funding for financial support initiatives</p> <p>Establish formal arrangement with the McTimoney Trust to provide funding for financial support initiatives</p> <p>Comprehensive signposting to funding sources</p>	<p>Financial support initiatives for students launched and available for 2020/21 intake and refined where appropriate based on ongoing feedback</p> <p>Continue to maximise effectiveness of charitable arm in leveraging donations from Alumni</p> <p>Explore other sources of funding for new Access &amp; Participation initiatives within the College</p>	<p>Financial Support initiatives launched</p> <p>Travel, Digital Poverty and Hardship Grants available to students</p> <p>Alumni Charitable function established.</p>	<p>Identification of students in need</p> <p>Awareness within the student body of financial support mechanisms</p> <p>Raising awareness and attractiveness of access to the chiropractic profession within schools and communities</p>	<p>Retention of students who might previously have dropped out to financial hardship</p> <p>Opportunities for disadvantaged students to join the programme</p> <p>Increased awareness of the route to practice as a chiropractor among under-represented groups.</p> <p>Establishment of role models, discipline, champions and reference points</p>

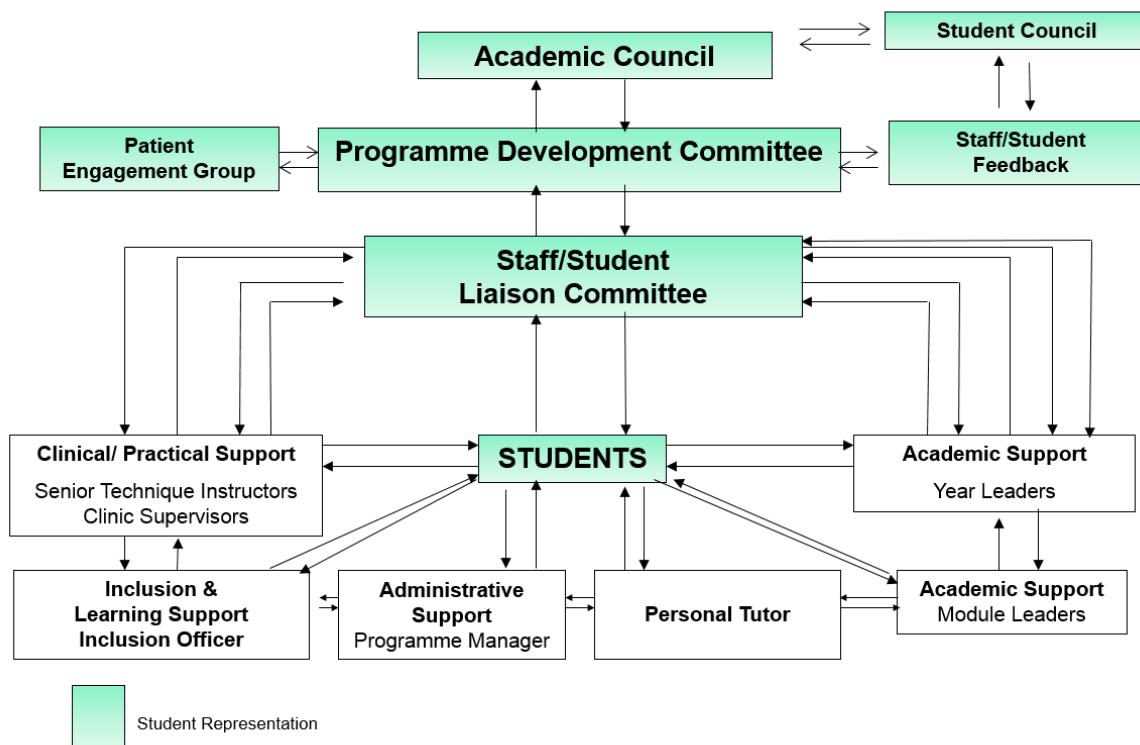
Strategic Aim	Activities	Activities	Outputs	Outcomes (Short/Medium)	Impacts (Longer Term)
< 2 years	2020/21	2021/22	2021/22	< 2 years	3 years
<p>To ensure our priority underrepresented groups are supported to achieve success as they progress through their studies through the appointment of a Student Support Officer.</p>	<p>Incorporation into Teaching &amp; Assessment Strategy</p> <p>Incorporation into Programme design</p> <p>Alignment with wider Learning &amp; Support and Inclusion, Equality &amp; Diversity support infrastructure.</p> <p>Existing Student Council transferred to College of Health.</p> <p>New VLE/Online Classroom Live solution selected</p> <p>Learning &amp; Support Lead</p> <p>Inclusion, Equality &amp; Diversity Lead</p> <p>Appointment of individual Student Champions for</p> <ul style="list-style-type: none"> <li>- BAME</li> <li>- LGBT+</li> <li>- Wellbeing &amp; Disability</li> <li>- Mature</li> </ul> <p>Appointment of individual Staff Champions for:</p> <ul style="list-style-type: none"> <li>- BAME</li> <li>- LGBT+</li> <li>- Wellbeing &amp; Disability</li> <li>- Mature</li> </ul> <p>Student Exchange Programmes</p>	<p>Appointment of dedicated Student Support Officer</p> <p>Evaluation and refinement of Incorporation into Teaching &amp; Assessment Strategy</p> <p>Evaluation and refinement of Incorporation into Programme design</p> <p>Alignment with wider Learning &amp; Support and Inclusion, Equality &amp; Diversity support infrastructure.</p> <p>VLE/Online Classroom Live solution launched</p> <p>Review and refinement of Student and Staff Champions initiative</p> <p>Implementation of Professional Role Model Scheme</p> <p>Review and refinement of 1-2-1 remedial/review/support sessions scheduled</p> <p>Acting on feedback from students to evaluate and</p>	<p>Regular forums held focused on issues important to underrepresented groups</p> <p>Regular scheduled meetings with the student support officer and others relevant to the progression of the student</p> <p>Development of codified awareness of the issues and difficulties (emotional, physical and practical) of students from under-represented groups</p> <p>Dissemination of that knowledge across the staff.</p> <p>New VLE / Online Classroom Live</p> <p>Establishment of mental health support scheme including Counselling service.</p>	<p>Awareness within the student body of the support mechanisms that are available to them</p> <p>Identification of those students who need particular and sustained support</p> <p>Increased expertise in supporting students from under-represented groups</p> <p>More and better support mechanisms</p> <p>Greater inclusivity</p> <p>Fewer students leaving or under achieving</p>	<p>Retention of students who might otherwise have dropped out due to insufficient support based on their learning needs</p> <p>Improved academic success of students due to focus on relevant support</p> <p>A more effective learning and teaching environment</p> <p>Higher application rates</p>

	<p><i>Design of Professional Role Model Scheme</i></p> <p><i>1-2-1 remedial/review/support / sessions scheduled</i></p> <p><i>Creation of Learning Contracts</i></p> <p><i>Design of mental health support scheme including Counselling service.</i></p>	<p><i>implement new initiatives to support student progression</i></p> <p><i>Implementation of mental health support scheme including Counselling service.</i></p>	<p><i>Student mentor system</i></p>		
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Strategic Aim	Activities	Activities	Outputs	Outcomes (Short/Medium)	Impacts (Longer Term)
➤ 5 years	2020/21	2021/22	2021/22		
<p>To continue to support all students to secure employment upon graduation but to develop awareness of, expertise in and responses to, the particular needs of students from under-represented groups</p>	<p>Invitation to chiropractic clinics to attend Recruitment events</p> <p>Employment Seminars</p> <p>Opportunities to observe in Chiropractic clinics</p> <p>Engagement with Professional Associations to engage with students e.g. Royal College of Chiropractors.</p>	<p>Consolidate, refine and expand on engagement with chiropractic clinics to attend Recruitment events</p> <p>Consolidate, refine and expand on Employment Seminars</p> <p>Consolidate, refine and expand on opportunities to observe in Chiropractic clinics</p> <p>Consolidate, refine and expand on engagement with Professional Associations to engage with students e.g. Royal College of Chiropractors.</p> <p>Act on feedback and experience of initial activities to implement other newly identified activities to facilitate progression.</p>	<p>Continue to maintain high levels of progression.</p> <p>Clarity of statistics on progression of students from under-represented groups</p> <p>Differentiation of support for students from under-represented groups.</p>	<p>Continue to maintain high levels of progression</p>	<p>Increase in number of qualified Chiropractors from underrepresented groups</p>

## Student Consultation

The McTimoney College of Chiropractic has a high level of student integration and representation at all levels of the institution, and the College of Health has adopted this into its governance structures to facilitate constructive input and feedback (as detailed below).



Throughout our first year of operation, we will enhance the current approach to student engagement (through surveys, end of module questionnaires, SSLCs and committee representation) to capture more closely the views of students from under-represented groups.

Pending the acquisition of McTimoney College, the College of Health has consulted with the current Student President and student representatives of McTimoney College in December 2020. Their written and oral feedback in relation to the provision of financial support has already been instrumental in shaping the College of Health's policy, and has led us to use the funds we had earmarked for scholarships and bursaries to wider application through grants to support those in need in relation to travel costs for open days and interviews, addressing digital poverty, travel and subsistence grants for those travelling long distances into the College, and support for those suffering hardship, particularly as a result of the pandemic.

We will continue to seek the views of the Student President and student representatives on current support mechanisms and proposals for future support mechanisms. We will also seek the views of the student body through the use of surveys, representative focus groups and one to one meetings. The results of these consultations will inform future iterations of the Access and Participation Plan as well as feeding into immediate enhancements to the way we attract and support students from under-represented groups.

We envisage that student feedback will enable us to further tailor our support provision more closely to the needs of each under-represented group. For example, what types of financial support would be most effective in enabling students from Polar 4, quintile 1 to attend open days (such as travel expenses) or engaging them through providing free chiropractic treatments locally. We also expect there to be some intersectional overlap[ between the needs of these different groups based on, for example financial need and debt aversion, while others will be specific to the culture of a community, such as the provision of prayer rooms.

Traditional and whole population mechanisms for engaging students as partners will continue to be used throughout the duration of study and delivery of programmes. All student representatives will be inducted into the expectations of their role and receive regular updates to ensure they are fully conversant with the College's inclusion and diversity agenda and Access & Participation matters and priorities.

The review and engagement of students' progress will begin in the Spring term 2021 and the initial findings be considered by Academic Council in the Summer term 2021. These will then inform enhancements in the academic year 2021/22 and further approaches to Access and Participation.

## Evaluation Strategy & Monitoring of Progress

Dedicated investment will be committed to ensuring effective evaluation of the progress of our Access & Participation initiatives against our strategic aims, objectives and targets to ensure continuous improvement in practice is achieved throughout the plan.

Analysis, evaluation and decision making will be underpinned by accurate and updated data to monitor access, success, retention and progression, to identify trends as well as to put measures in place to support at risk students

As part of our evaluation and monitoring strategy we will strive to further develop and foster a positive evaluation culture and sharing of best practice across our entire institution and at all stages of the student life cycle to enable meaningful evaluation of our Access & Participation initiatives through incorporation into the following:

- Annual Programme Monitoring Review (APMR)
- Programme Development Committee meetings
- Staff Student Liaison
- Committee meetings
- Staff meetings
- Patient Engagement Group Meetings
- Academic Council
- Board of Directors

Our data management and evaluation will be supported by dedicated human resource of a newly appointed Student Information Analyst who will be supported by our Director of Research to equip all staff with the necessary evaluation skills required. We will also strive to submit our experience and initiatives for publication externally.



Progress against the plan will be considered at the Board of Directors, Academic Council and Student Council and will be overseen by the Chief Academic Officer who is ultimately responsible for monitoring.

Our starting point is to recognise that we are insufficiently informed about the backgrounds and influences on the behaviours of our potential applicants and students. Consequently, our first set of actions will be to:

**1. 2020/21: Establish the knowledge base.**

- (a) Throughout the Autumn Term 2020/2021 we will access and analyse the data that does exist on current cohorts and identify the gaps in information that we need to effectively track who we are supporting and what interventions might be necessary in addition to, or instead of, those that we have currently identified;
- (b) In the Spring Term we will publish our tentative plan to students and seek their feedback on whether, in their experience, the approach and interventions identified will have a positive impact. Throughout the Spring and Summer terms feedback will be sought through surveys, focus groups and one-to-one interviews. Given our low-knowledge base and the complexity of this area, especially at the intersections of disadvantage, we hope to adopt a grounded theory approach that will be practical and proportionate, as well as systematic in establishing both understanding and generating theories on which to base interventions;
- (c) Throughout 2020/21 we will be seeking to back-fill and augment the richness of the data that we hold on students to enable more informed analysis and establish the nature of our population;
- (d) By the end of 2020/21 we will have developed a data system that will be sufficiently sophisticated to enable us, once implemented and configured, to collect and analyse data on students that will facilitate tracking learning behaviours, retention, success and progression allowing for both individual interventions for students at risk of not completing their studies and analysis of group trends and the effect of both inclusive and exclusive interventions;
- (e) Throughout the year, led by our Director of Research, we will continue to develop our literature review, going into depth on material that aligns with our student demographics and the interventions that have been agreed. The literature review will be augmented by contact with, and where possible advice and consultancy from, those who have led successful interventions that demonstrate a causal link;
- (f) Interim and annual progress reports will be presented to the Academic Council at its Spring and Summer term meetings on each of the actions. This pattern will be replicated in future years with the Summer Term meeting taking a deeper dive into the reports. We consider that the form of this meeting may be an awayday with a wider group of students than just the Council student representatives and that for the students the awayday will provide them with a substantive opportunity to feed into decisions on future plans as well as to discuss and progress their own Student Written Submission.

- (g) By the end of the Summer Term 2020/21 we aim to have acquired an informed view of our student population by protected characteristics and under-represented groups. With the possible exception of the January 2021 intake, this will be on the basis of the previous data system. Consequently, the data is likely to be less sophisticated and therefore less informative than that for the January 2021 and successive cohorts. Nevertheless, we will be in a better position to meaningfully set targets and agree to continue, amend or initiate new interventions.
- (h) At this stage the premise for the targets we set and the interventions we choose will be based on:
- a better understanding of the identities of our population;
  - a sophisticated understanding of the literature;
  - empirical evidence drawn from qualitative feedback from our students;
  - empirical evidence (both qualitative and quantitative) drawn from support services led by a Student Support Officer dedicated to supporting students from under-represented groups;
  - comparative analysis of similar providers to ourselves;
  - statistical benchmarking against sector norms and expectations.
- (i) Following review and approval of the annual report at Academic Council this will result in the publication of more specific targets and actions in our Access and Participation Plan in the Summer Term 2020/21, following consultation with students.

## **2. 2022/23: Review and evaluate the targets and the impact of the interventions.**

- (a) 2022/23 will be the earliest date by which we will have had a full cohort progress from year 1 to year 2 under our own data system. This will enable us to begin to track (albeit over a short period of time) the behaviours of our students and effect of interventions. The tentative results drawn from the statistical data will be triangulated with qualitative data from the student support services, the Director of Research and student feedback. Internal data will be benchmarked against sector data and the, again, tentative conclusions as to whether there is any evidence of a statistical pattern of behaviours within and across groups irrespective of intervention, or a correlation between behaviours and interventions (especially in terms of integration, attitude, retention and progression), and whether the statistical significance and/or contextual qualitative data indicates that there is a causal link between the two. However, we suspect the timeframes are too short and the data too limited to come to any concrete conclusions internally. So, again, internal interventions will be mapped to external literature to see if we have achieved a degree of replicability.
- (b) As indicated above, interim and annual reports will be made to the Academic Council. The Summer meeting will be extended to enable a thorough analysis and discussion of the data so far and the implications for our Access and Participation Plan.

### **3. 2023/24 – 2025/26: Repeat, refine and triangulate.**

- (a) The academic years 23/24 - 25/26 will provide further data (both qualitative and quantitative) that will be mapped onto and compared with the previous years' data. Analysis will become possible about the effect or otherwise of the interventions over time, both individually and collectively. We will also look for changes in the patterns of students over time both within under-represented groups and across the cohorts as a whole to identify whether there are other factors that come into play, irrespective of interventions, as student's progression builds. This may give rise to indications that interventions are more important in the early years or equally important over time as the student encounters different stages in their academic career and new events.
- (b) The richness of the data now available to us will enable us to draw upon population groups of sufficient size to begin to distinguish effects on those who took advantage of interventions versus those that did not. This, will, in effect, provide a control group comparison that will enable us to determine whether a causal link exists between interventions and outcomes.
- (c) The end of 2025/26 provides us with our first opportunity to analyse and review our first graduating cohort from the full MChiro degree progressing into practice or further study. We will then be able to begin to evaluate whether the preparation in general that we have put in place and the interventions in particular have had any effect.
- (d) At the end of 2025/26 we will conduct a quinquennial review of our findings to date through a College-wide conference which shall include students and alumni as well as external experts and representatives of mission bodies. That review will focus on establishing what we need to do to meet the targets set for 2025/26, what we have learned, how it maps to the sector and how we are going to use it in framing our approach to the future.

## **Evaluation of Financial Support**

The College has two broad approaches to financial investment in support of students from under-represented groups.

The first is an inclusive approach investing in resources specific to student support and counselling. While this investment should benefit all students we shall seek to measure the take up by students from under-represented groups and establish a control standard using (a) the overall population statistics (b) benchmarking against sector norms through the literature and (c) comparing the performance of students from under-represented groups who took up support from those in the group who did not.

We appreciate that this will require the use of multi-variate analysis to distinguish between students from different groups within the over-arching, under-represented group population. We envisage conducting this analysis from the academic year 2020/21, reporting tentative findings annually

before undertaking an interim review after three years (2022/23) and a full review after five-years (2025/26) when we will have had a cohort graduate and move into practice or further study.

The second is an exclusive approach in which funds are allocated on an exclusive basis to students from under-represented groups who are at risk of being unable to either access events or engage fully in the learning process because of coming from a low-income background. The types of support we envisage are:

- a. Expenses to attend open days and interviews;
- b. Allocation of a lap-top;
- c. Travel grants;
- d. Living expense bursaries to support students in hardship.

The actual types of support will be determined in consultation with students, a closer review of the literature and closer knowledge of our student population in relation to those from under-represented groups. This will in turn determine the criteria for accessing these funds. These awards will, then, be in place for 2021/2022, and included in the 2021/22 iteration of our Access and Participation Plan. In the mean-time we will continue to support students as we do now and continue to assist students in financial hardship.

Where appropriate the OfS Financial Support Evaluation Toolkit will be employed to evaluate impact on success. Necessarily, the evaluation of the value of these funds and the interventions they support will be dependent on each type of intervention, which will be determined and embedded in the intervention design. This, again, will be determined by a closer review of the literature on interventions similar to those that we choose. However, at this stage, we envisage the following broad approach:

Inclusive Interventions:

- i. Statistical analysis of comparative performance of populations year on year;
- ii. Multivariate analysis of differences in performance of group-type within the populations within the same year;
- iii. Qualitative feedback via surveys and focus groups and through the Student Written Submission;

Exclusive Interventions:

- i. Pre-award/allocation information capture;
- ii. One-to-one interviews;
- iii. Grounded theory coding of emerging concepts;
- iv. Statistical analysis against whole population and target group;

We envisage the first results of this analysis being available in tentative form by the end of the Autumn Term of 2021/22.

## Provision of Information to Students

The College of Health recognises that the provision of full and accurate information in an easily accessible format is key to enabling prospective applicants to make informed decisions and that the care with which these decisions are made will affect their future.

The information provided to prospective applicants is based on well-established media that has been provided to students historically wishing to enrol on a Chiropractic programme.

To aid transparency and to ensure that prospective students have comprehensive and relevant information, a website will be provided that is clear and easily navigable, and which provides clear and intuitive links to the information students require. In designing the website, the College of Health has considered the diversity of student backgrounds and how this influences their approach to and navigation of the site. The College of Health is particularly concerned to ensure that the site seeks to attract those potential applicants from social groups who are under-represented in higher education.

As part of the comprehensive information provided to potential students, a clear breakdown of direct and indirect fees required for the duration of their studies, financial support available (including clear reference to eligibility criteria), study mode options and future employability options and average earnings will be included.

Through the publication of this range of information together with the oversight mechanisms to ensure its accuracy, transparency and fitness for purpose we believe we are providing potential applicants with all the information they require to make an informed decision.

Feedback will be gained through a feedback email on the website, a student survey in the first term, ad hoc focus groups on the provision of information and the analysis of appeals and complaints applications to ensure our information for prospective applicants is fit for purpose.

Students will be supported through the application process by members of staff who tailor and personalise the information and offering to the needs and goals of the student, in line with current practice at the McTimoney College of Chiropractic. For example, this includes discussing entry tariffs, the content of programmes in relation to their career needs and aspirations, study patterns in relation to their work and home life requirements, and fee payments and plans.

Formal offer and acceptance will be supported by a clearly specified documentation, provided in a durable form, that includes:

- The offer letter;
- The terms and conditions that must be agreed in accepting the offer;
- The programme specification;
- A fees payment plan (if separately agreed);
- A contact person to whom queries may be addressed.

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**Summary of 2020-21 entrant course fees**

\*course type not listed

**Inflationary statement:**

Subject to the maximum fee limits set out in Regulations we intend to increase fees each year using the RPI-X

**Table 4a - Full-time course fee levels for 2020-21 entrants**

Full-time course type:	Additional information:	Course fee:
First degree	N/A	£8,000
Foundation degree	*	*
Foundation year/Year 0	*	*
HNC/HND	*	*
CertHE/DipHE	*	*
Postgraduate ITT	*	*
Accelerated degree	*	*
Sandwich year	*	*
Erasmus and overseas study years	*	*
Other	*	*

**Table 4b - Sub-contractual full-time course fee levels for 2020-21 entrants**

Sub-contractual full-time course type:	Additional information:	Course fee:
First degree	*	*
Foundation degree	*	*
Foundation year/Year 0	*	*
HNC/HND	*	*
CertHE/DipHE	*	*
Postgraduate ITT	*	*
Accelerated degree	*	*
Sandwich year	*	*
Erasmus and overseas study years	*	*
Other	*	*

**Table 4c - Part-time course fee levels for 2020-21 entrants**

Part-time course type:	Additional information:	Course fee:
First degree	N/A	£6,400
Foundation degree	*	*
Foundation year/Year 0	*	*
HNC/HND	*	*
CertHE/DipHE	*	*
Postgraduate ITT	*	*
Accelerated degree	*	*
Sandwich year	*	*
Erasmus and overseas study years	*	*
Other	*	*

**Table 4d - Sub-contractual part-time course fee levels for 2020-21 entrants**

Sub-contractual part-time course type:	Additional information:	Course fee:
First degree	*	*
Foundation degree	*	*
Foundation year/Year 0	*	*
HNC/HND	*	*
CertHE/DipHE	*	*
Postgraduate ITT	*	*
Accelerated degree	*	*
Sandwich year	*	*
Erasmus and overseas study years	*	*
Other	*	*

# Targets and investment plan

## 2020-21 to 2024-25

Provider name: The College of Health Ltd

Provider UKPRN: 10066502

### Investment summary

The OFS requires providers to report on their planned investment in access, financial support and research and evaluation in their access and participation plan. The OFS does not require providers to report on investment in student success and progression in the access and participation plans and therefore investment in these areas is not recorded here.

#### Note about the data:

The figures in Table 4a relate to all expenditure on activities and measures that support the ambitions set out in an access and participation plan, where they relate to access to higher education. The figures in Table 4b only relate to the expenditure on activities and measures that support the ambitions set out in an access and participation plan, where they relate to access to higher education which is funded by higher fee income. The OFS does not require providers to report on investment in success and progression and therefore investment in these areas is not represented.

The figures below are not comparable to previous access and participation plans or access agreements as data published in previous years does not reflect latest provider projections on student numbers.

Table 4a - Investment summary (£)

Access and participation plan investment summary (£)	Academic year				
	2020-21	2021-22	2022-23	2023-24	2024-25
<b>Total access activity investment (£)</b>	£11,250.00	£0.00	£0.00	£0.00	£0.00
Access (pre-16)	£3,425.00	£0.00	£0.00	£0.00	£0.00
Access (post-16)	£2,025.00	£0.00	£0.00	£0.00	£0.00
Access (adults and the community)	£1,550.00	£0.00	£0.00	£0.00	£0.00
Access (other)	£4,250.00	£0.00	£0.00	£0.00	£0.00
<b>Financial support (£)</b>	£20,000.00	£0.00	£0.00	£0.00	£0.00
<b>Research and evaluation (£)</b>	£6,750.00	£0.00	£0.00	£0.00	£0.00

Table 4b - Investment summary (HFI%)

Access and participation plan investment summary (%HFI)	Academic year				
	2020-21	2021-22	2022-23	2023-24	2024-25
<b>Higher fee income (£HFI)</b>	£121,500.00	£0.00	£0.00	£0.00	£0.00
<b>Access investment</b>	9.3%	0.0%	0.0%	0.0%	0.0%
<b>Financial support</b>	16.5%	0.0%	0.0%	0.0%	0.0%
<b>Research and evaluation</b>	5.6%	0.0%	0.0%	0.0%	0.0%
<b>Total investment (as %HFI)</b>	31.3%	0.0%	0.0%	0.0%	0.0%



