



# External Assessor's International Monitoring Report

Educational Programme: \_\_\_\_\_

Member Organisation: \_\_\_\_\_

Date of completion: \_\_\_\_\_

## REPORT OF THE EXTERNAL ASSESSOR

### Section 1 General Data

Question	Details from External Assessor
1.1 Name of External Assessor Contact information	Email address:
1.2 Date of the Report	
1.3 Name and location of Educational Programme	
1.4 Name of the Educational Programme Leader	
1.5 Level of Approval (MSc or Postgraduate Diploma) Title of any exit awards	
1.6 Academic Year(s) that the report covers	
1.7 Years as External Assessor for this programme	
1.8 Explain your involvement in this programme over the last three years (visits, reviewing marking, meetings with students, observing examinations)	
1.9 Can you confirm you have remained independent as External Assessor?	

Yes/No If no, explain:

**Section 2 Evaluation Of Curriculum Relating To Theory Modules And Assessments**

	<b>Question</b>	<b>Yes or No</b>	<b>Please explain and provide the supporting evidence for either Yes or No (to include any cross referencing to attached documents).</b>
<b>2.1</b>	Are the programme's learning outcomes appropriate?		
<b>2.2</b>	Can you confirm that the curriculum offers a minimum of 200 contact hours at an advanced level for clinical sciences, medical sciences, behavioural sciences and research?		
<b>2.3</b>	Are the module descriptions, learning outcomes, teaching methods, teachers for each module and course related referencing materials appropriate?		

<b>2.4</b>	Can you confirm that the structure, organisation, design of written assignments and marking/feedback procedures are appropriate?		
<b>2.5</b>	Can you confirm that the quality of theory assessments and marking procedures are appropriate?		
<b>2.6</b>	a) Have there been any changes to the programme since the last EA report (i.e. organisation, structure, delivery or curricula)?		
	b) Do these changes still enable the programme to meet the requirements of the Standards Document?		
<b>Summary Statement:</b>			

Section 3 Evaluation Of Curriculum Relating To Practical Skills And Assessment

	Question	Yes or No	Please explain and provide the supporting evidence for either Yes or No (to include any cross referencing to attached documents).
3.1	Can you confirm that the curriculum, related to practical skills, offers a minimum of 150 contact hours at an advanced level for theory and practice of manipulative / neuro-musculoskeletal physiotherapy?		
3.2	Does the curriculum, related to practical skills, offer a balanced neuro-musculoskeletal approach, recognising different concepts, practical techniques, treatment approaches and philosophies?		
3.3	Does the curriculum, related to practical skills, provide the students with the opportunities to critically select and implement outcome measures to inform advanced clinical reasoning?		

<b>3.4</b>	Do the practical sessions incorporate clinical reasoning models?		
<b>3.5</b>	Can you confirm that both mobilizations and manipulations (peripheral and spinal) are included in the curriculum?		
<b>3.6</b>	Is there sufficient guidance and time to develop the practical skills?		
<b>3.7</b>	Can you confirm that the curriculum offers the students the opportunities to select and apply practical skills with precision in a clinical reasoning framework with patients and/or patient scenarios?		

3.8	Was the quality of the practical skill learning experience satisfactory?		
3.9	Are the methods of evaluation of the practical skills appropriate and effective?		
<b>Summary Statement:</b>			

**Section 4 Evaluation Of Curriculum Relating To Evidence-Informed Practice And Application Of The Process Of Research.**

	Question	Yes or No	Please explain and provide the supporting evidence for either Yes or No (to include any cross referencing to attached documents).
4.1	Can you confirm that the curriculum offers the students the opportunities to retrieve, integrate and critically apply evidence into clinical practice?		
4.2	Are the methods of delivery and evaluation of the content appropriate and meet the learning objectives as described in Dimension 1 of the Standards Document?		



4.3	Can you confirm that the quality of the research project (Dimension 9 of the Standards Document) is appropriate and fulfils the requirements? Please provide examples of the types of research projects that are being used to fulfil this requirement.		
4.4	Are all of the required components of a research project addressed? (e.g., critical evaluation of qualitative and quantitative research designs; generation of appropriate research questions; ethical considerations; effective execution of a research project).		
4.5	Are the conclusions/results of the research project disseminated and are the methods appropriate?		

4.6	Are the methods of evaluation and marking of the research project appropriate?		
4.7	Can you identify any particular barriers to the implementation of the research project within the curriculum?		
<b>Summary Statement:</b>			

**Section 5 Evaluation Of Curriculum Relating To Mentored Clinical Practice (MCP)**

	<b>Question</b>	<b>Yes or No</b>	<b>Please explain and provide the supporting evidence for either Yes or No (to include any cross referencing to attached documents).</b>
<b>5.1</b>	Have you observed Mentored Clinical Practice this academic year? (Either directly or through video, etc.)		
<b>5.2</b>	Can you confirm a minimum of 150 hours of supervised/mentored clinical practice?		
<b>5.3</b>	Is the organisation and standard of Mentored Clinical Practice satisfactory (e.g. number and suitability of patients)?		

<b>5.4</b>	a) Were the Clinical mentors suitable?		
	b) Do processes exist to ensure the clinical mentors are qualified?		
<b>5.5</b>	Was the quality of the mentored clinical practice satisfactory?		
<b>Summary Statement:</b>			

## Section 6 Evaluation Of Clinical Examinations

	Question	Yes or No	Please explain and provide the supporting evidence for either Yes or No (to include any cross referencing to attached documents).
6.1	Have you observed clinical examinations this academic year? (either directly or through video, etc.)		
6.2	Was the organisation and standard of clinical examinations of patient assessment and management satisfactory?		
6.3	Was the marking of performance transparent and appropriate?		

<b>Summary Statement:</b>			

## Section 7 Evaluation Of The Quality Of The Educational Experience

	Question	Yes or No	Please explain and provide the supporting evidence for either Yes or No (to include any cross referencing to attached documents).
7.1	Did you meet with participants of the programme to discuss key issues?		
7.2	Is the overall quality of the educational experience for the students satisfactory?		

<b>7.3</b>	Have you reviewed student feedback on the programme and modules?		
<b>7.4</b>	Did you meet with the organisers and/or teachers of the programme to discuss key issues?		
<b>7.5</b>	Is the internal process of quality monitoring and evaluation of the programme satisfactory e.g. by including student feedback?		

<b>Summary Statement:</b>			

## Section 8 Conclusions

	Question	Please explain and provide the supporting evidence for either Yes or No (to include any cross referencing to attached documents).
8.1	Does the OMT programme fully meet the requirements of the IFOMPT Standards Document?	
8.2	What do you think are the strengths of the educational programme?	



<b>8.3</b>	What do you think are the weaknesses of the educational programme?	
<b>8.4</b>	Is the process of continuous development of the programme satisfactory?	
<b>8.5</b>	Are there any new developments planned for the programme?	

<b>8.6</b>	Have all concerns from the last EA report been appropriately considered?	
<b>8.7</b>	Are there any particular areas of good practice worthy of dissemination to the other MOs within IFOMPT? Please describe.	
<b>8.8</b>	What areas have you identified that require attention by the Educational programme leaders?	1. 2. 3. etc.

<b>8.7</b>	Do you have any other comments?	
<b>Summary/Recommendations:</b>		

**Name of the Educational Institution/Member Organisation:**

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**Name of External Assessor:**

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**Signature of External Assessor:**

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Date of completion: \_\_\_\_\_