

General Chiropractic Council

Clinical placement strategy

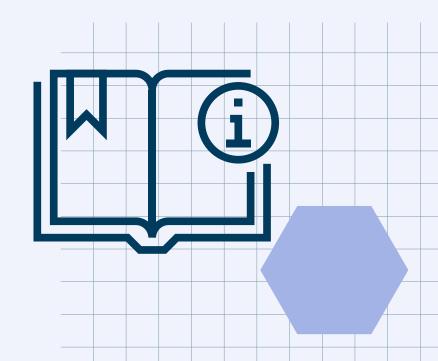
A strategy for clinical placements in chiropractic education for 2025 to 2030, developed for the General Chiropractic Council





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Clinical Placement Strategy for Chiropractic Education in the United Kingdom: **Executive Summary**

Clinical placements are an essential aspect of chiropractic education, offering students the opportunity to apply theoretical knowledge in real-world healthcare settings. The General Chiropractic Council (GCC) has implemented new Education Standards (2023) to ensure quality and patient safety in clinical placements, with a strong emphasis on interprofessional learning. This document outlines the development of, and suggestions for, a five-year strategy to enhance clinical placements for chiropractic students across the UK, addressing key challenges such as capacity and model variety.

Key Goals of the Strategy: The strategy's primary goal is to provide a framework that supports the consistent delivery of high-quality clinical placements, aligning them across the UK's chiropractic education landscape. It also aims to promote meaningful engagement from the profession, increase integration with the broader healthcare sector, and foster innovation in placement models to meet future demands.

Current Clinical Placement Models: Interviews with chiropractic education providers and Practice Placement Educators revealed a variety of placement models in use, including both traditional chiropractic settings and non-chiropractic environments. These include block placements as a traditional 'internship', but also take place in practices away from the academic institution, offering diverse learning opportunities. While some innovative models were identified, the strategy seeks to

further develop and elevate these experiences across all providers to promote high quality clinical experience for all chiropractic undergraduates in the UK.

Methodology: Through combining an extensive literature review, focus groups, interviews and strategy day with chiropractic institutions, current placement providers and stakeholders, a current overview of clinical placements was identified across chiropractic and other similar healthcare professions. The strategy day provided opinions from a range of stakeholders with regards key challenges and possible solutions.

Responses and outputs from each stage of this project were analysed through Reflexive Thematic Analysis (RTA) and key themes emerged. These themes formed the basis of the proposed strategic vision, objectives and suggested operational tactics outlined below.

Strategic Vision

By 2030, UK chiropractic clinical placements are:

High quality, authentic learning experiences that engage students and the profession effectively, to develop future facing graduates, benefit patients and society, and enhance integration with the wider healthcare environment.





Strategic Objectives:

The strategy is organised around five key pillars: Quality, Enablement, Profession, Integration, Capacity.

STRATEGIC OBJECTIVE	STRA

STRATEGIC ACTIVITY¹

QUALITY

Ensure consistently high-quality clinical placement experiences by implementing best practice quality assurance processes.

- Toolkit to support institutions without mandating standardised process, to include agreed audit formats, Health and Safety (H&S) factors, and examples of assessment formats.
- Training / Information dissemination for GCC Education Visitors regards contemporary placement education models to ensure upskilling in developing areas of pedagogy.

ENABLEMENT

Ensure that learning enables graduates to meet the needs of patients, communities, and society, preparing them for their role in contemporary healthcare.

- · Embedded in Education Standards (ES's).
- Conduct or facilitate research to establish the opinions of students regards their views of how placement prepares them for practice and the future roles they may wish to undertake.

PROFESSION

Develop a culture and infrastructure where the profession is widely engaged with education as a pillar to practice.

- Consider a model for Continuing Professional Development (CPD) credit for meaningful placement education engagement.
- Develop or support the concept of Certification marks or awards for placement educators where robust process exists to assess and award these.
- Develop a communication channel to inform all stakeholders within the profession, on a regular basis, of factors linked to higher education to encourage identification with that sector.

INTEGRATION

Ensure that clinical placements develop integration with the wider healthcare sector underpinned by interprofessional collaboration.

- · Embedded within toolkit.
- GCC and/or key stakeholder to proactively work with other regulators to promote placement-based Inter-professional learning (IPL) / Interprofessional Education (IPE). Consider leading the development of an IPE group amongst Professional, Statutory and Regulatory Bodies (PSRBs).

CAPACITY

Promote and encourage innovation to support sustainable clinical placement capacity.

- · Embedded within toolkit.
- · Embedded within ES's.
- · Support development of Royal College of Chiropractic (RCC) Education Faculty.

Recommendations & Conclusion:

Following this extensive research and engagement project the GCC are recommended to consider and disseminate where appropriate the strategic vision, objectives and suggested actions outlined above.

This is based upon sound evidence of best practice in clinical placement education, perceptions of key stakeholders and understanding of the advantages, disadvantages, barriers and facilitators to the implementation of clinical placement models.



Clinical Placement Strategy for Chiropractic Education in the United Kingdom

Clinical placements are an important part of clinical education for health professions where learners gain experience that enables them to develop and apply learned knowledge and skills to the care of patients, preparing them for practice upon graduation. Clinical placements are defined here as any arrangement in which a chiropractic student is present, for educational purposes, in an environment that provides healthcare, or related services to patients or the public. Clinical placement settings are identified by the provider, who also makes the arrangements for learners to undertake placements. Placements may include chiropractic or non-chiropractic clinical services, as well as placements in either external or in-house settings. We use practice placements where clinical placements for chiropractic students take place offsite, in practices away from the academic institution i.e. in the field/workplace.

The General Chiropractic Council's (GCC's) Education Standards (2023), addressed developments in clinical placement education for chiropractors and in health professions more widely. Changes acknowledged the implementation of a greater variety of clinical placement models, to ensure that threshold standards of educational quality and patient protection in clinical education settings are met. Requirements for interprofessional learning were also strengthened. Following publication of the Education Standards, Supplementary Advice to the Education Standards 2023: Clinical Placements was developed to give further detail and guidance to help providers to interpret and to meet the requirements of the Education Standards, as they relate to clinical placements.

Recognising the evolving nature of clinical placement education, driven by changes in healthcare practice, educational theory and challenges of capacity and implementation, the GCC commissioned a project to explore clinical placement models and to develop a 5-year strategy for the development of clinical placements, for the profession. The project sought to:

- Characterise the current implementation of clinical placement models across chiropractic undergraduate education in the UK
- Review peer-reviewed literature relating to models for clinical placements
- Identify models for clinical placements that are implemented in other comparable health professions
- Understand the perceptions of providers on the benefits, disadvantages, barriers and facilitators for different clinical placement models
- In relation to practice-based placements, understand the perceived benefits, disadvantages, barriers and facilitators of chiropractors who host practice-placements, and of chiropractors who do not currently do so.
- Gain the input of stakeholders to inform development of a clinical placement strategy
- Use the information gained to develop a 5-year clinical placement strategy

What is the purpose of the Clinical Placement Strategy?

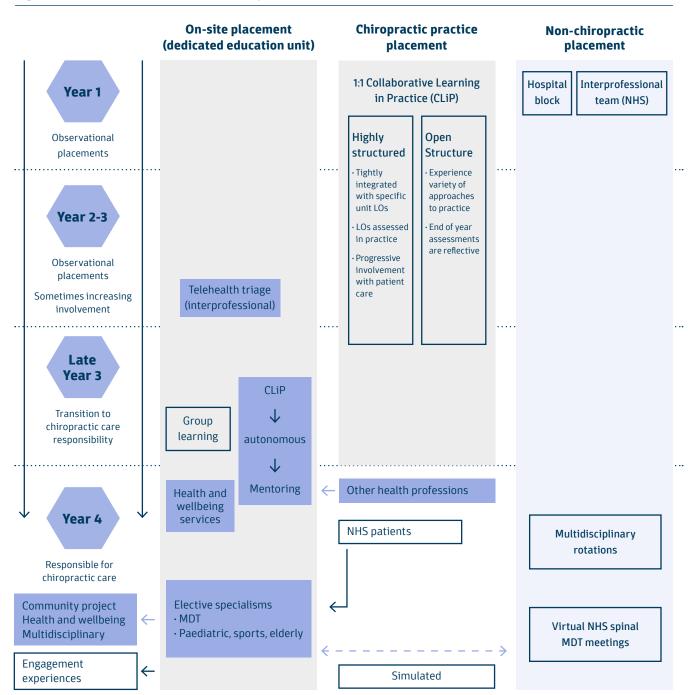
The purpose of the resulting strategy is to provide a framework for the profession, towards which all stakeholders may work, to promote enhancement and alignment of clinical placements across chiropractic education in the UK. Strategic actions that the GCC may take towards realising this strategy are also identified.



What clinical placement models are currently implemented across chiropractic undergraduate education in the United Kingdom?

Interviews with each of the providers of chiropractic undergraduate programmes in the United Kingdom enabled a baseline picture to be established, characterising how clinical placements are implemented currently. While there are some variations between providers, a range of models, including innovative ways of providing clinical placement experiences were detailed. These are illustrated in Figure 1. Further details are provided in the Stakeholder Perspectives on Clinical Placement Education document.

Figure 1: Clinical placement models currently implemented in UK undergraduate chiropractic education





How was the Clinical Placement Strategy developed?

A process of research and engagement with stakeholders was followed, that informed development of the strategy. The methodology is outlined in figure 2. Detailed methodologies and findings can be found in the Clinical Placements Literature Review and Stakeholder Perspectives on Clinical Placement Education documents.

Information obtained from the literature review, interviews, focus groups and the stakeholder strategy event were evaluated to identify themes to inform the strategy.

Identified strategic themes were:



These informed the development of the strategic vision and of strategic objectives organised according to 5 key pillars

Quality - Enablement - Profession - Integration - Capacity

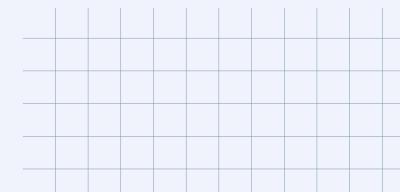




Figure 2: Process for development of the clinical placement strategy

RESEARCH

· literature review

- Peer-reviewed research on: available placement models; outcomes of placements; barriers and facilitators to implementation
- Clinical placement models used by other healthcare professions

· stakeholder experiences & perspectives

 Interviews and focus groups with: providers; practice educators; registrants who are not educators

STAKEHOLDER EVENT

· disseminated research findings

- to providers (current and prospective), clinical placement experts, RCC, education committee members
- established current position of clinical placements
- gained ideas for strategic vision, objectives and tactics



· identified key themes from research findings and stakeholder inputs



- · developed strategic vision from identified themes
- · formulated strategic objectives (SMART) to achieve the vision
- · identified potential actions (tactics) to achieve strategic objectives and vision





Clinical Placement Strategy

Strategic vision

In 2030 clinical placements are:

High quality, authentic learning experiences that engage students and the profession effectively, to develop future facing graduates, benefit patients and society, and enhance integration with the wider healthcare environment

Strategic objectives:

QUALITY

Ensure consistently high-quality clinical placement experiences by implementing best practice quality assurance processes.

ENABLEMENT

Ensure that learning enables graduates to meet the needs of patients, communities, and society, preparing them for their role in contemporary healthcare.

PROFESSION

Develop a culture and infrastructure where the profession is widely engaged with education as a pillar to practice.

INTEGRATION

Ensure that clinical placements develop integration with the wider healthcare sector underpinned by interprofessional collaboration.

CAPACITY

Promote and encourage innovation to support sustainable clinical placement capacity.



Clinical placement strategic plan for the GCC

STRATEGIC OBJECTIVE

RECOMMENDED STRATEGIC ACTIVITY

QUALITY

Ensure consistently high-quality clinical placement experiences by implementing best practice quality assurance processes.

- Toolkit to support institutions without mandating standardised process, to include agreed audit formats, H&S factors, and examples of assessment
- Training / Information dissemination for GCC Education Visitors regards contemporary placement education models to ensure upskilling in developing areas of pedagogy.

ENABLEMENT

Ensure that learning enables graduates to meet the needs of patients, communities, and society, preparing them for their role in contemporary healthcare.

- · Embedded in ES's.
- Conduct or facilitate research to establish the opinions of students regards their views of how placement prepares them for practice and the future roles they may wish to undertake.

PROFESSION

Develop a culture and infrastructure where the profession is widely engaged with education as a pillar to practice.

- Consider a model for CPD credit for meaningful placement education engagement.
- Develop or support the concept of kite marks or awards for placement educators where robust process exists to assess and award these.
- Develop a communication channel to inform all stakeholders within the profession, on a regular basis, of factors linked to higher education to encourage identification with that sector.

INTEGRATION

Ensure that clinical placements develop integration with the wider healthcare sector underpinned by interprofessional collaboration.

- · Embedded within toolkit.
- GCC and/or key stakeholder to proactively work with other regulators to promote placement-based IPL / IPE. Consider leading the development of an IPE group amongst PSRB's.

CAPACITY

Promote and encourage innovation to support sustainable clinical placement capacity.

- · Embedded within toolkit.
- · Embedded within ES's.
- · Support development of RCC Education Faculty.



Recommendations

- **1.** Taking into consideration the framework of strategic objectives, underpinned by the research and engagement process, strategic actions that the GCC could take to meet the objectives are suggested. The GCC is recommended to consider these, in deciding its strategic plan. Once the details of actions are decided, these will need to be formulated into SMART actions, including timelines, to complete the clinical placement strategic plan.
- **2.** The GCC is recommended to disseminate and promote the clinical placement strategy (the strategic vision and objectives) and to encourage relevant stakeholders to follow this in developing their own strategic plans, aligned to this common vision and framework.

Risk Analysis

Risks associated with the implementation of this strategy have been carefully considered. Two broad risk categories have been identified and mitigated as outlined in the table below. Prior to engaging in any activity linked to this strategy all associated risks will be thoroughly evaluated to ensure alignment with the GCC's broader strategic plan.

RISK	LEVEL OF RISK	MITIGATION	
Financial	Low	Prior to engagement in any given activity, consideration should be given to cost, in the context of the GCC's broader strategic aims.	
Liability	Low	Due diligence should be conducted for all activities aligned with this strategy adhering to the GCC's standard policy and process.	

Conclusion

This work included extensive research and engagement with stakeholders to characterise the baseline provision of clinical placements across chiropractic education in the UK in 2024 and to develop a 5 year strategy to develop these. The result is a strategy underpinned by sound evidence of best practice in clinical placement education, perceptions of key stakeholders and understanding of the advantages, disadvantages, barriers and facilitators to the implementation of clinical placement models. A number of strategic activities have been identified that the GCC may

take towards realising the strategy. These provide a basis for the GCC's strategic plan. The final strategy is derived from co-production of ideas with stakeholders, combined with findings of the research (literature, focus groups and interviews). The result is a strategic framework that can be used in the coming 5 years by the profession, promoting enhancement and alignment of clinical placements across chiropractic education in the UK.

How would you rate this document?





Click a face, or scan the QR code to share your views

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