

## **Education Visitors' Report**

## Monitoring of a Programme

Name of institution	London South Bank University	
Programme name	Masters in Chiropractic (MChiro)	
Date GCC approval granted	September 2018	
Date of monitoring visit	21 November 2022	

Panel Chair	Grahame Pope
Panel Members	Daniel Heritage
Observers (if applicable)	Penny Bance (GCC)
Panel Secretary	Elizabeth Austin (GCC)

#### Introduction

In September 2018, the MChiro degree programme at London South Bank University (LSBU) was granted recognition subject to four approval conditions, which included that the institution/programme would be subject to annual monitoring visits to ensure that standards continued to be met and would continue until the first cohort of students had graduated.

In person education visits to LSBU took place in **2018**, **2019** and **2021** where approval report conditions and recommendations were reviewed. As a result of the Covid-19 pandemic the **2020** annual monitoring took place remotely. As was agreed previously by the Education Committee, for consistency the monitoring Panel compromised two members from the original approval Panel, one lay and one chiropractic member.

Details of the conditions and recommendations from all the visits are detailed in this report:

- The first monitoring visit took place on 7 November 2018 and all conditions relating to this visit have been met by the institution
- The second monitoring visit took place on 25 October 2019, where three conditions
  were imposed and four recommendations. Two conditions have been met with one
  partially met, this has been picked up in the 2020 conditions
- The third monitoring visit took place on 7 October 2020 and four conditions were imposed and three recommendations. All conditions relating to this visit have been met by the institution.
- The fourth monitoring visit took place on **3 December 2021** where five conditions were imposed, five recommendations and one commendation. All conditions relating to this visit have been met by the institution

In terms of recommendations while not mandatory, there is an expectation that institutions also report progress back on these areas.

Staff members, groups, facilities and resources seen			
	Yes	No	N/A
Dean/ Deputy Dean/pro-vice- chancellor/deputy vice chancellor	×		
Representative(s) from validating institution			$\boxtimes$
Senior management responsible for programme resources.			
Programme Leader	$\boxtimes$		
Faculty staff	$\boxtimes$		
Students	$\boxtimes$		
Patients	$\boxtimes$		
Clinic facilities	$\boxtimes$		
Learning Resources ( e.g. IT, library facilities)	$\boxtimes$		
Other (Please specify):	Chiropractic		
Chiropractic Placement Providers	Placement		
	Providers		

## Conditions imposed on the institution at the time of approval and decision on whether they have been met. (if applicable) 2017

Condition	Deadline	Condition met?
The GCC will conduct annual monitoring visits until the first graduating cohort has been achieved to ensure it is satisfied that the programme is meeting all of the requirements set out in the GCC's Education Standards.	Autumn 2022	Y 🛛 N 🗆
The institution must recruit appropriately qualified chiropractic staff who must take up post by the end of June 2018.	June 2018	Y 🛭 N 🗆
The institution must review the appropriateness of assessments for particular units in years 2, 3 and 4 and provide evidence	Autumn 2018	Y 🗵 N 🗆
Introduce an element of shadowing or observation of chiropractic practice within the first two years of the programme to promote professional identity.	Autumn 2019	Y 🗵 N 🗆

## Conditions imposed on the institution at the time of approval and decision on whether they have been met. (if applicable) 2018

Condition	Deadline	Condition met?
The institution must supply the GCC with a detailed timeline for the recruitment of staff up until the graduation of the first cohort, along with a map of the governance structure	April 2019	Y 🗵 N 🗆
The institution must provide detailed information on resources available in regards to onsite clinic space as well as a timeline for when the clinic will become fully functional	October 2019	Y 🗵 N 🗆
The institution must provide the GCC with a list of providers offering student clinic placements	April 2019	Y 🗵 N 🗆

The institution must provide assurance to the GCC that the institution or clinic holds correct level of insurance that will cover students treating patients while on their clinical placements. In addition the institution must provide copies of the clinic placement contracts by April 2019	April 2019	Y 🗵 N 🗆
The institution must review how much access students have to space for practising manual techniques and consider increasing the accessibility to this space by October 2019.	October 2019	Y 🗵 N 🗆

# Conditions imposed on the institution at the time of approval and decision on whether they have been met. (if applicable) 2019

Condition	Deadline	Condition met?
The institution must formalise its quality assurance processes with regard to selection of clinics and make better use of in-house University resources which can assist and support with this process to look to other parts of the university for their resources which can feed into this process	January 2020	Y ⊠ N □  Partially met Y □ N □  carried over
The institution must provide a formal plan for the provision of an onsite student clinic and a timeline for operation	Summer 2020	Y 🗵 N 🗆
The institution must provide assurance around student access to practical skills rooms outside normal teaching hours, reported as an ongoing issue	January 2020	Y 🗵 N 🗆
Recommendati	ons	
The institution to improve and formalise feedback to students following clinic observations/placements.		Y □ N □  Partially met Y ⋈ N □
The course team to review how observational placements are organised and to consider a mixed model of formal management from the university which also allows students to still select and proactively manage placements.		Y □ N ⊠
The institution to review current documentation e.g. feedback templates, Clinic placement guidance		Y □ N □  Partially met Y □ N □
The institution to improve general student communications around key developments relating to the chiropractic programme.		Y 🗵 N 🗆

# Conditions imposed on the institution at the time of approval and decision on whether they have been met. (if applicable) 2020

Condition	Deadline	Condition met?
The institution must provide  a written plan for the operational aspect of students passing into the fourth year and being placed in student clinic/s to enable completion of the fourth year;  a full staffing plan for (i) the student clinic and (ii) to support student in placements outside of the university		Y ⊠ N □  Partially Met Y □ N □
The course team must provide comprehensive and detailed plan which allows students to catch up on missed observational placements and practice skills teaching – across all year groups	Interim update December 2020, full update January 2021 if any further changes	Y ⊠ N □  Partially Met Y □ N □
The course team must provide a complete programme specification of year one and two of the programme, which maps all changes, whether substantial or minor and highlights where areas have bgeen moved to and from	December 2020	Y 🗵 N 🗆
<ul> <li>The institution must revisit the quality assurance documents in relation to placements.</li> <li>The audit tool requires further development to include clinical guidelines and markers;</li> <li>The revised placement guidance appears to be directed at providers and students and straddles generic healthcare/chiropractic. A decision needs to be made as to whether to keep the document as generic but also include chiropractic or a separate document that is chiropractic specific. Clarity needed about which areas relate to the placement provider and which to the student.</li> </ul>	March 2021	Y ⊠ N □  Partially Met Y □ N □
Recommendati	ons	
The institution to continue to ensure that appropriate PPE is provided to students for all in house practical and observational practice skills sessions in line with Public Health England guidance		Y⊠ N□  Partially met Y□ N□
Develop a synopsis /inventory of placement clinics information to allow students the opportunity to know in advance what to expect of particular specialities, normal hours of attendance, dress code etc		Y ⊠ N □  Partially met Y □ N □
Given students are being taught and supported at a distance it is recommended that the programme/schools give some thought to developing non academic/pastoral/social interactions/activities to improve social bonding at a difficult time.		Y □ N □  Partially met Y □ N □

## Conditions imposed on the institution at the time of approval and decision on whether they have been met. (if applicable) 2021 Condition Deadline Condition met? Y 🛛 N 🗆 Provide a project plan outlining the transition and March 2022 transfer of the chiropractic course from Southwark to Croydon Y 🛛 N 🗆 Provide a plan for developing and operationalizing the March 2022 new Croydon clinic, including how they intend to build a new client list for the Croydon clinic Y⊠ $N \square$ Provide a governance and organizational structure with January 2022 role descriptors Provide a plan for a private consultation/treatment room Y⊠ $\mathsf{N} \square$ January 2022 at the Southwark clinic alongside clear advertising of this provision made to patients Y⊠ $\square$ Implement a training programme for clinic educators January 2022 Recommendations Review the QA loop regarding external examiner reports and responses to ensure completion $Y \bowtie N \sqcap$ Partially met $Y \square N \square$ Review the inclusion of under-18 patients at the clinic $Y \boxtimes N \square$ Partially met $Y \square N \square$ Review the processes and paperwork for obtaining and $\mathsf{Y} \boxtimes$ $N \square$ recording consent, particularly a phased consent process Partially met $Y \square N \square$ Formalise a screening procedure for students before $Y \boxtimes N \square$ they practice techniques on each other Partially met Υ□ $N \square$ Y 🛛 N 🗆 Monitor and review the impact of reflective assignments using a pass/fail methodology and report back at next year's monitoring meeting

### Commendations

Partially met Y □ N □

The GCC would like to commend LSBU for developing and offering a choice in how assessments could be created and submitted ie written and video options

## How conditions, recommendations and areas of concern were addressed

## Panel meeting with Senior Management Team (SMT)

The Panel met with senior members of staff to discuss the progress of the course since the last visit in 2021.

The SMT stated that the programme had relocated to the new Croydon campus in July 2022, in advance of the new academic year. While this was a considerable task, there had been a smooth transition and they were fully operational by October 2022.

When asked how the SMT envisaged the further development of chiropractic, the Dean reported that she would like to develop a 'centre of MSK excellence' at Croydon, with chiropractic being central to that vision, alongside physiotherapy and sport rehabilitation. Since the relocation, they have been very active in the community, developing new business links and relationships. The SMT see a long-term future in the area.

SMT reported that student recruitment was buoyant, and the September 2022 intake had seen 48 new students enrol on the programme. The programme is growing 'strongly and steadily' and they plan to increase enrolments over the next two years. The additional clinic space means they could comfortably accommodate up to 60 students. With the planned increase in numbers, SMT hope to grow the number of international students on the course, which remains very low. There is a belief there is huge scope for this and work with the international team is underway.

## Inter professional learning (IPL)

It was reported that following the Covid pandemic, several IPL modules have remained online. The Course Director reported that one module, 'Concepts of Interprofessional and Collaborative Practice' succeeded in bring together the students from across the allied healthcare spectrum to work together.

There are also ambitions for the sport rehabilitation students and physiotherapists to work with the chiropractic students in the clinic setting. Core teaching staff are from different backgrounds and while it is important to retain professional identity the SMT realise that integration has real benefits for the students.

## Research activity

Research was continuing to develop, and all staff were being encouraged to undertake a PhD or professional doctorate while Mark Thomas was being supported on his Doctorate. SMT would like to develop more student research and would like to establish studentships for when students graduate at year four. These would be supervised by appropriate staff from within the school. The Dean felt 'a strategy and structure' was emerging and there had been 'real' development over the last two years in this area.

## <u>Structure</u>

Mark Thomas has been appointed the new Course Director.

The budget for the course sits with the Dean and there is an additional budget for the move to Croydon that sits with Richard Fenn (Campus Director). The Course Director has fortnightly meetings to discuss budget requirements and funding is strong. The SMT felt the relocation had been a very well managed project and most importantly, the feedback from students has been very positive.

The Dean concluded that looking ahead, the three priorities for the school are a growth in research, postgraduate provision and student numbers.

## Tour of the campus and Clinic Facility

The Panel was pleased to be taken on a tour of the new campus which included the new library area, IT facilities, lecture rooms and clinic facility.

## Panel meeting with students working in the clinic

The panel met with three year four students who were working in the clinic.

The students confirmed they felt prepared for their clinical placement year and although Covid had been a hindrance, they had caught up on the essential communication and clinical skills required. The clinic entrance exam had changed, and focus was now specifically on clinical skills, diagnosis and patient skills.

Although the transition to Croydon was slightly delayed, the students were 'happy to be based in the new campus'. The students informed the Panel that patient numbers in the clinic were picking up and they had seen a diverse range of patients. While students still account for the majority of patients in clinic, the patient base is growing, and they have all been involved in activities such as flyer/leaflet drops in the local area. Another week of community awareness activities is planned shortly.

The students reported that the clinic staff were 'very accessible and supportive'. Initially there were two staff members supervising in the clinic, but a third member of staff was starting this week.

Four students are on shift at a given time within the clinic. There are three teams of four, and they undertake three shifts during the week. Each shift lasts four hours. The students explained there was a briefing at the start of each shift before they were allocated patients. It is structured so patients see the same student each time they attend. Completed consent forms and history taking were signed off by tutors, who then observed the students as required. Student/patient communication is also observed and feedback given. The students are required to write up case summaries which are signed off by the clinic tutors and at the end of their shift they are required to complete their log sheets before leaving.

Students reported they were able to shadow colleagues during 'down time' if given permission and on a normal day they see around 30 patients. Students informed the Panel that they had not referred any patients themselves yet and 'could learn more about the process'.

When asked about the placement model, the students reported they attend placement for 30 hours, 10 hours internally in the clinical skills space, demonstrating chiropractic techniques to the lower year groups. External placements are planned by the placement co-ordinator, and they attend a range of clinics for observation. There are some opportunities for multidisciplinary learning within the placement settings, for example with massage therapists.

When asked about the new rehabilitation centre within the Croydon site, some of the students had already used it with their patients. All students had completed the rehab module, but some were still waiting for formal training on the equipment before they could utilise the centre.

The students informed the panel they felt prepared for life after graduation and around February/March, job vacancy lists, sourced by the university and the BCA are promoted amongst the students. The students also stated they expected to enrol on the post registration training with the RCC.

## Panel meeting with patients

The Panel met with three patients, who all provided positive accounts of their experiences in the clinic.

The students manning the front reception desk were described as 'welcoming' and 'helpful' and the dates and times available for appointments are accessible. The whole booking process runs smoothly.

Patients all agreed that there was a 'caring, empathetic' approach to their care and the clinic team were 'polite and had a 'great approach.' Patients felt they were given full explanations of their treatment plan and following their sessions, they received emails with exercises attached, to complete at home.

One patient spoke extensively on the care she had received and the improvements she was beginning to notice. When asked if her GP had received a referral letter from the clinic, she reported that she did not think that had happened.

## Panel meeting with graduates

The Panel met virtually with three graduates of the chiropractic course.

The transition from university to the workplace, had been 'a learning curve' for the graduates but they all felt they were prepared for the new challenge. They felt they had become more independent during their final clinic year and now, three months into their roles, they were feeling more confident.

Reflecting on their final year, the students spoke positively of the support they received to find jobs and that they saw a 'good mix of patients' while in clinic in their final year.

They also agreed that the systematic reviews were very challenging and difficult to undertake. When asked by the Panel what areas could have been improved, the graduates felt that more content on pregnancy/paediatric conditions would have been helpful, as would more 'hands-on rehabilitation'. One graduate commented it would also have been good to have a female chiropractor on the course delivery team, but they did have this in their final year.

## Panel meeting with placement providers

The Panel met with three current placement providers.

The placement providers all confirmed there was 'good structure and processes in place' and expectations were set around professionalism. The students were 'well prepared' for placement and there was consensus that the students were fully engaged with both the placement and patients.

The students attending placements mainly observed chiropractors, but there were also opportunities for multi-disciplinary observations at some of the practices. As well as observing, some students were involved in discussions or question and answer sessions and working at

the front desk. None of the providers reported that students had been involved with history and note taking or undertaking physical assessments under supervision.

Providers reported there was effective communication and support from LSBU and the required paperwork was 'clear and straightforward'. There will also be an online CPD module to complete and an opportunity for the placement providers to meet and discuss their experiences, although this has not happened yet.

At the end of a placement there is a debriefing session and students complete their log sheets and a feedback form. Feedback is positive. There are plans to also create an anonymous survey following the placements to capture additional information. Overall, the providers felt that being part of the scheme was a 'hugely beneficial experience'.

Students are also required to complete a reflective essay following their placement.

Due to growing student numbers, additional providers will be required to meet the demands of the course.

## Panel meeting with course delivery team

In advance of the meeting with the course delivery team, the Panel had suggested they reflect on the progress and challenges they had experienced over the length of the course. The Course Director presented a PowerPoint with key issues highlighted.

### Staffing

Staffing on the course has grown each year and currently there are 5.5 staff members in the academic team and three members of the clinic team. There have been opportunities for staff progression with hourly paid lecturers securing full time posts. Other opportunities for staff have included research opportunities and staff development. The course team felt they were coping with the larger student numbers and had introduced techniques such as problem based learning and splitting the practical classes into two groups to make it more manageable. There are in total 21 staff members across the division, which allows for cover rotas to be implemented, if necessary, which is a huge difference from when the course started with just two members of staff.

There were challenges however with the staffing model and transition from clinician to educator. Staff also faced a very significant cyber-attack on LSBU that resulted in major disruption to IT systems for many months.

#### Student Journey

In 2018, 13 students enrolled onto the new course. This number has increased 3.5 times over the four-year period with 48 students enrolling on year one in 2022. The male: female ratio is evenly split and there is very positive Equality, Diversity and Inclusion data with approximately 52% of students identifying as BAME across year one to year four. The Team have also noticed increasing numbers of white British students and mature students.

Throughout the four-year journey, student opportunities have grown with involvement in the World Congress of Chiropractic Students (WCCS) and the International Federation of Sports Chiropractic (FICS).

There have also been opportunities for students to engage with the profession directly from undertaking their external placements. LSBU were the first provider to introduce a placement model and currently they have 43 providers around England. Last year 85 students went on placement increasing to 115 this year. The Team reported they had received valuable support from the profession during their journey.

Reflecting on challenges, by far the largest was the Covid pandemic which impacted on all aspects of the student experience. The Team was proud however with the quick response put in place and the introduction of MS Teams which enabled staff to communicate and engage with students effectively. The relocation of campus was also another substantial challenge, but the student response to the move has been 'incredibly positive'.

#### **Placements**

As mentioned above, there are currently 43 placement providers working with LSBU as part of their placement model. The Team reflected that these clinics provide an excellent opportunity for student engagement alongside an opportunity for multi-disciplinary teaching. Many clinics have a range of specialities including paediatric, sports chiropractic and Shockwave. The Team have developed an e-learning module that placement providers can work through at their own pace, and developed an 'Educating the educator' training session which will be delivered annually.

Challenges within this area included Covid, which resulted in the suspension of the placement provision and the need to increase the number of providers year on year to meet the growing student numbers. Some placement providers have also shown a reservation to allow students to participate in any activities, other than observations. Governance requirements have been perceived as a barrier by some placement providers and the Team are keen to make this process as easy as possible for them going forward.

#### Interprofessional practice

The Team confirmed that there were opportunities for interprofessional practice across the course, within certain modules in every year group. This enabled students to learn from other professionals and 'break down barriers' in their learning. The Team commented that the next steps were for interprofessional practice to be extended to the clinic setting.

Although committed to developing this, there were however challenges related to this area, including student engagement and large cohort sizes, which meant many of the modules were taught online. There were also challenges around timetabling difficulties and varying learning objectives.

#### Overall

Reflecting on the overall journey, the Team identified several key challenges, including the initial clinic set up, establishing a student community, the relocation of the campus and the pressures of annual monitoring visits from the regulator.

They were particularly proud of their placement model, and greatly appreciated the support they had received from the profession during the last four years.

#### Meeting those responsible for the clinical aspects of the course

#### In person visit

The Panel met with staff from the clinic team although the Clinic Director was unavailable for the meeting.

The team reflected on the campus move which was 'challenging' at the time, but 'well worth' the upheaval. The new facilities and accommodation provide a more suitable environment for the students to work in, compared with the previous temporary clinic at Southwark.

The team felt they had the opportunity to integrate into the local community and are busy trying to increase their profile. Building a patient base is a challenge, but they currently have the required patient footfall for the number of students in the clinic. This will need to increase going forward as next year there will be 20 students in the clinic.

The year three clinic entrance exam is in early June and the current year four students will leave at the end of June. This allows time for handovers, which the Team regard as crucial for the smooth running of the clinic.

Currently there is a 1:5 staff student ratio in the clinic which has worked well.

Reflecting on the completion of their first clinic year, the Team felt they 'grew and developed' as the year progressed. There was a definite transition observed with the students moving from observations and feeling hesitant regarding treating their first patients to becoming independent by the end of June. Feedback from their new employers has been excellent.

The team reflected that including teaching on pregnancy and paediatrics would add more 'depth and breadth' to the curriculum and this will be covered going forward. They have also engaged a spine consultant to speak to year three and four students.

When asked if students in the clinic communicate with other healthcare professionals, the Team replied it was not a 'matter of course to communicate with GPs', but letters of referral, prepared by the students and signed by the clinical supervisor, have been sent.

## Additional Virtual MS Teams meeting with those responsible for the clinical aspects of the course

On December 16<sup>th</sup> the Panel met for a further meeting with the current clinic team. The Course Director explained that the Clinical Director role had been divided among four key staff members while the post is vacant.

The Course Director explained to the Panel that all the key roles and responsibilities of the post had been identified and allocated accordingly. Each staff member spent an allocated amount of time on the clinic floor, supporting the clinic tutors and looking at development and progression opportunities. Communication between the four members of staff was strong and frequent meetings held.

Regarding the marketing of the clinic, the Team reported that they have used their links with the local BME forum, elderly groups and 'BoxPark' to try and diversify the patient demographic attending the clinic. The Teams' local knowledge has been 'invaluable' in creating these new community links and relationships and believe this will continue to develop into the New Year. Additionally, the Business School/Centre is also promoting the marketing of the clinic. Latest figures show there were 152 new patients attending the clinic, including patients from the local community with a 'complex mix of different needs'.

The Team reported it can be a challenge to ensure there is 'depth and breadth' to the conditions seen in clinic but there is a rota in place which hopefully allows all students exposure to different conditions and demographics. Students on placement also have exposure to a range of conditions, and the briefings system, pre and post clinic, allow the opportunity to discuss many interesting cases presenting in clinic.

The Panel asked for more information on the plans for the year three students transitioning into clinic during the summer period. The Team explained that plenty of notice had been given to the students and they 'understood the benefits' of working in the clinic over the summer, minimising disruption to the clinic and patient base. The Team has attempted to minimise student costs and travel expenses by working closely with them to agree suitable shift patterns and rotas.

Regarding the staff structure of the clinic, the Team reported that a clinic tutor was on shift everyday and there is a 1:5 staff: student ratio. As student numbers increase, so will the staffing, and the staff: student ratio will remain the same. The post for an interim Clinic Director has been advertised and interviews for the post are scheduled for 9<sup>th</sup> January 2023.

On the previous monitoring visit, the Panel set a recommendation to review the processes and paperwork for obtaining and recording consent. Reflecting on this, the Team felt the initial consent form was still quite long, but this was a requirement from the university legal department and must be adhered to. Consent is also noted on the Jane app and is an on-going process.

The Panel were keen to hear about the processes in place for referrals to other health professionals. The Team reported that a relationship has been established with a private local diagnostic imaging provider, but so far, no referrals have been made this year. Students are also required to write a GP letter to outline the diagnosis and the plan of management for all community-based patients. There is also a referral process for emergency cases, where they use the RCC emergency referral form.

The Panel wondered how the new rehabilitation suite was being integrated into patient care, student education and how staff were using the facility. The Course Director explained the year three students complete a module on rehabilitation and are utilising the rehab suite and equipment alongside this. This allows the students to build up their knowledge and confidence of the rehabilitation suite in preparation for their entry into year four. The current year four students, however, need further input to integrate this space effectively as the suite and equipment is new to them. This will be completed during the second semester and the Team view this as an 'integral part' of the student experience. The Team clarified that the delivery of the rehabilitation module has changed slightly, due to the additional rehabilitation equipment now available, such as parallel bars, treadmills and exercise bikes. The Team reported that previously, chiropractic students had access to a shared space, but this is the first time they have their own dedicated equipment and rehabilitation suite.

The Team informed the Panel that they had reviewed the inclusion of under-18 patients at the clinic and had decided that they will now phase this in over time. The clinic will begin to phase in the treatment of 16-18 year old patients following a review of staffing levels, expertise and health and safety policies. In conjunction with this, the curriculum will include more detail on paediatric content, and several placement providers also specialise in paediatrics and pregnancy.

The Panel queried how the placement model aids the development of students' skills as they transition into the clinic. The placement coordinator explained that the placements have been more targeted and strategic this year to develop the area of expertise the students are interested in. As placement providers are spread around the whole of the UK, the quality assurance of placement settings can be more challenging. All placement providers will meet with the coordinator via MS Teams to go through the audit document and ensure procedures are in place. Current guidelines state that the placement providers are audited every two years. The student feedback forms will also be rewritten to be more inline with the rest of the division. Currently, no student feedback has been received highlighting poor or non-evidence-based practice, following placements.

Regarding the outstanding condition from 2020 on revised placement guidance, the Team advised they had not made any changes to the generic document, but each profession now has their own appendix. The placement coordinator will share this with the Panel for their consideration following the meeting.

The Course Director updated the Panel that they had developed and implemented a formal screening process for students before they practise techniques on each other. There are three possible outcomes from the screening process and in addition, students complete a 'directional statement', where they must record any new medical information or contraindications to them acting as patients. Tutors have an overview of this new information and outcomes are checked weekly.

Lastly, the Course Director informed the Panel that the' pass/fail reflective essay' students complete following their placement will be reviewed/ adapted following the publication of the new Education Standards. The Panel agreed that it was sensible to wait until the Standards are published and then adjust accordingly.

## Meeting with students

The Panel met with a total of five students from all four chiropractic year groups.

Regarding the relocation, all students commented positively on the new campus and facilities. Students appreciated having their own space and being integrated on one campus. One student commented that 'the learning environment is better here – it is more like home'. Students agreed there had been good communication and support and contact with their 'buddy' was readily available. Students spoke about the 'strong community feeling' on campus and the benefits of being such a diverse group.

Support services had spoken to the students regarding the library and IT facilities to support with their dissertation. Students informed the Panel that access to staff was 'good', and they had shared supervision. Library drop-ins had been useful, and the virtual learning environment is well organised and accessible.

Students informed the Panel they can use the clinical skills space, under supervision, when it is available.

The students reported that the quality of teaching was very good, both online and in person and it was easy to ask for help or clarification on topics.

The Panel asked the students for feedback on their experiences of inter disciplinary learning (IDL) on the course. The year one students explained that they had IDL workshops and MS Teams groups with sport rehabilitation students. The year two and three students did not think there was much IDL in their curriculum, while the year four student spoke about the 'academic writing' module to help with dissertations.

Regarding placements, all students spoke positively of their experiences. The year one students felt the placement 'had been inspiring' and had completed 15 hours/year. The year two student had completed 20 hours on placement and said how helpful the placement coordinator had been in sourcing the placement. The year three student had been on placement at a sports chiropractic clinic, which was his main area of interest, while the year four student had helped a local charity at the London Marathon.

Following the placement, the students are required to complete a reflective essay which all found beneficial.

All students informed the Panel, that communication with the course team was regular and involved both formal and informal channels. Course boards and student rep meetings were scheduled throughout the year, but direct feedback to the lecturers was encouraged with comments 'taken on board and acted upon'. All years felt communication with the team was a positive. Students also completed module feedback evaluation forms, but they weren't clear what the process was for these.

One of the students was heavily involved with the WCCS and the FICS. Presentations had been given to the whole student cohort and were supported by the lecturers. There is also a chiropractic student group at the Student Union, and one event has taken place, with another planned.

At the end of the meeting, the year three student commented that at the end of the academic year he will be involved in the summer clinic and will work with the current year four students for one month to gain an easier transition. He felt this was a 'great idea' and was looking forward to it.

## Final meeting with Senior Management Team

During the final meeting with the Senior Management Team, the Chair of the Panel gave a summary of the Panel's conclusions which are outlined below. In addition, the Panel Chair advised the institution that the conditions and recommendations would need to be agreed by the Education Committee.

The SMT were thanked for their support during the day.

Following the in person monitoring visit and additional virtual meeting, a further, **2 new conditions** were created, alongside 4 **recommendations** and **2 commendations**. See next section for detail.

Recommendation to Education Committee		
Conditions met fully (recommend approval without conditions)		
2. Conditions not yet met fully		
3. New conditions imposed		
No action to be taken (continue to monitor)		
Withdraw approval (serious deficiencies that are a major cause for concern)		

#### Conclusion

In terms of conditions and recommendations the Panel noted and agreed:

- All conditions imposed at the **2017** approval visit have been met
- all conditions imposed at the 2018 monitoring visit had been met.
- All conditions imposed at the **2019** monitoring visit had been met.
- While recommendations are just that, there is an expectation that these be considered, actioned and feedback provided to the Education Committee. Four recommendations were made by the visiting Panel at the 2019 visit of which one has been actioned, the three remaining have been partially met or are on hold (because of the pandemic):

- All conditions imposed at the 2020 monitoring visit had been met.
- all conditions imposed at the 2021 monitoring visit had been met

The panel recommended the continued approval of the programme, with 2 conditions imposed at the **2022** monitoring visit with 4 recommendations and 2 commendations.

## **Conditions**

- 1. The university must appoint an appropriately qualified and experienced Clinical Director/Lead
- 2. The university must monitor the participation of the online clinical educator course and ensure completion by each clinic taking students

#### Recommendations

- 1. Explore opportunities for greater IPL particularly in the clinic setting
- 2. Work with Placement Providers to ensure the course and students' expectations regarding non observation opportunities are met, particularly for Year 3 and 4 students
- 3. Monitor the range of referrals utilised by students in the clinic setting
- 4. Review the duplication of consent procedures and streamline the process

#### Commendations

- 1. The GCC would like to commend LSBU on its new campus and facilities
- 2. The GCC would like to commend the team on the support given to chiropractic students and the positive student feedback received during the visit

Signed:

Panel Chair: Grahame Pope

Date: 16 December 2022