Education Visitors’ Report (Approval of a Programme)

<table>
<thead>
<tr>
<th>Name of Educational Institution</th>
<th>University of South Wales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme Name</td>
<td>Master of Chiropractic (MChiro)</td>
</tr>
<tr>
<td>Proposed Start Date of Programme</td>
<td>September 2018</td>
</tr>
<tr>
<td>Date of Visit</td>
<td>19th April 2018</td>
</tr>
</tbody>
</table>

| Panel Chair                     | Barry Mitchell            |
| Panel Members                   | Hazel Jensen              |
| Observers                       | Mandy Stagg and Phillip Davies (ECCE) |
| Panel Secretary                 | Anouska Annan             |

Introduction

The University of South Wales made a submission to the GCC for the re-approval of its Master of Chiropractic (MChiro) degree programme. GCC recognition of this programme was due to end at the completion of the 2017-18 academic year.

The programme submission was analysed by one chiropractic and one lay Education Visitor.

Following the analysis, the Approval Panel requested further clarification on teaching, learning and assessment, the clinical aspect of the course and research before the visit was carried out. Following the review of the additional information that was supplied, the panel was able to focus the visit on changes to the programme since the last recognition process.

The Education Committee agreed that the visiting panel would consist of the two Education Visitors who conducted the analysis.

Staff members, groups, facilities and resources seen

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dean/ pro-vice-chancellor/deputy vice chancellor</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Representative(s) from validating institution</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Senior management responsible for programme resources.</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Programme Leader</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Faculty staff</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Students</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Patients</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>
Meeting with the senior management team
The senior management team was asked to give a general update to the panel on any significant changes that had occurred within the programme or institution since the last GCC visit.

The senior team explained that the clinical services provided at the institution had expanded. The Panel was informed that, under supervision, students in clinic provided services to the local police and fire departments as well as sports teams and the general public.

The Panel was informed that the faculty had produced a paper that had gone to the university’s Vice Chancellor which gave consideration to how the chiropractic degree programme could be progressed and expanded in order to mitigate the risks of Brexit. It was reported that the institution was considering providing a postgraduate medicine CPD short courses.

The changes to the staffing structure were discussed. Since the last visit, the position of Head of Chiropractic had been split into two roles (*Academic Manager, Head of Clinical Services* and *Academic Subject Manager, Head of Chiropractic*). Staff reported that this had allowed for a higher level of focus on the different elements of the programme as one role could focus specifically on clinical delivery, while the other could focus on the more academic elements of the course.

The senior management team explained that the recent replacement of the Academic Subject Manager at the beginning of the year was a seamless transition and that all vacancies created as a result of this change had been filled.

The Panel was told about the initiatives that the faculty had in place in order to facilitate multidisciplinary learning for students; it was explained that students had the opportunity to observe and interact with other healthcare professionals at a local hospital. The on-campus ultrasound suite being run by a specialist GP also gave students the opportunity to learn from another healthcare professional.

In regards to how the institution planned to encourage patient involvement; staff reported that the institution’s Patient Engagement Group (PEG) helped to influence the running of the clinic and have had involvement in student entrance exams and partake in student council meetings.

Meeting with module leaders for years 1 and 2.
Module leaders were asked about Evidence-Based Health Care and how and when it was taught within the first two years of the course. Staff explained that this was not taught as a standalone subject but instead was integrated throughout all of the modules. It was explained that students’ knowledge of this was assessed by evaluating whether or not students could identify the reasoning for providing treatments.

Staff were asked about personal academic coaching and whether it was managed in a way
that it did not become a burden on staff. It was explained that although this created more paperwork, it was not considered to have a significant impact on teaching staff. It was seen as a useful tool for identifying academic problems early on so that they could be addressed before impacting on a student’s performance.

The senior team was asked about how much exposure students in the earlier years of the course had to the clinic. It was explained that students in the foundation year and the first year were given the opportunity to shadow and observe chiropractic practice in the student clinic, this activity was not assessed.

The team was asked about the recent purchase of an ‘Anatomage Table’ and how it would be used in the earlier years of the course. Staff reported that it was planned that it would be used for all four years of the programme. The ‘Anatomage Table’ would be used alongside cadavers that would continue to be used and would form part of the normal teaching of anatomy.

Meeting with module leaders for years 3 and 4.
The Panel asked for clarification on what the clinical induction process entailed. It was explained that students would work under the supervision of a ‘team leader’ who would be a member of the teaching staff. Students would initially learn how the clinic would run day to day including housekeeping, booking patients, data protection, infection control and general patient management. Students are able to give feedback to the institution on this experience using their online course and module evaluation system, Loop.

Module leaders were asked about the MRI facilities and if and how the institution could ensure equity of experience for all students. It was explained that all students were required to observe MRIs being taken and produce a reflective essay on the experience. It was understood that this activity was entirely patient-driven, therefore it was not possible to ensure that all students had the same experience of this aspect of the course although students did have the opportunity to discuss different imaging techniques with one another.

Meeting with students
The Panel met with a number of students who were in different years of the programme from year 0 to year 4. Amongst the group of students were a number of student representatives who had volunteered to represent the student body and relay information between students and the University. Overall, students felt that mechanisms for giving feedback worked well and they felt as though their issues, comments and suggestions were always taken into consideration.

Students were asked about the ‘Personal Academic Coaching Programme’ (an initiative replacing the Personal Tutoring System, which provides students with a member of teaching staff acting as a Personal Academic Coach to aid academic progress and to provide or refer them to appropriate support) and whether they considered it to be useful. Students clarified that this was only something offered in year 1 of the programme; it also became apparent that some students were unaware of this being available to them.

Students were questioned over how much access they had to the MRI facilities in the final year. Students reported that they were required to have a minimum of two observations but some students chose to do more.

Students spoke highly of the practical masterclasses that students had the option to attend where specific adjustive techniques would be revised. They also spoke highly of the technology that was available at the university.
Meeting with staff responsible for the clinical aspect of the programme

Staff were asked about what advice was given to students regarding giving information to patients about over the counter medications. Staff explained that there was a pharmacology component within one of the final year modules that was taught by an expert in pharmacology.

The panel also asked faculty staff about how interprofessional learning was managed in the clinical stages. Staff explained that chiropractic students did have the opportunity to learn with other students from other health care disciplines but this was not formal.

Account of verbal summary given to the institution

The Approval Panel informed the senior management team that it would recommend approval of the course without conditions, although there was a total of three recommendations made that were in relation to interdisciplinary learning, patient involvement and student support.

The Panel also commended the institution on its use of technology in teaching and learning and the way in which the programme team managed the changes to the staff structure. The institution was commended further on the maturity and enthusiasm of the students who the panel had met with.

Recommendation to Education Committee

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>1. Approve without conditions</th>
<th>☒</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Approve with conditions</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>3. No approval (insufficient evidence due to serious deficiencies)</td>
<td>☐</td>
</tr>
</tbody>
</table>

Commendations to the institution

The Approval Panel commended the institution on the following:

1. The University’s use of technology to aid teaching and learning.
2. The way in which the programme team has dealt with the changes within senior management.
Conditions for the institution with reasons and timeframe in which they must be met. (Recommendation 2)
* Conditions are requirements that the education provider must meet before the programme can be recommended for ongoing approval. If conditions are placed upon the programme by the GCC the institution must disclose this decision to prospective and current students.
N/A

Recommendations for the institution and reasons
* Recommendations do not need to be met before the programme is granted ongoing approval. Recommendations are normally set to encourage further enhancements to the programme.

The Approval Panel recommended the following:
1. Consideration should be given to creating more formal interactions between chiropractic students and students on other healthcare degree courses to further develop interdisciplinary learning.

2. Further consideration should be given to whether patients can be used as a tool for course design in future.

3. The institution should consider embedding the Personal Academic Coaching Programme in all years of the course and take steps to make sure that all students are fully aware of the service to ensure equity of experience.

Further Evidence Required (Recommendation 3)
N/A

Conclusion
The Panel concluded that the programme content adequately met the GCC’s Education Standards.

Signed: [Signature]
Panel Chair: Barry Mitchell
Date: 23.05.2018