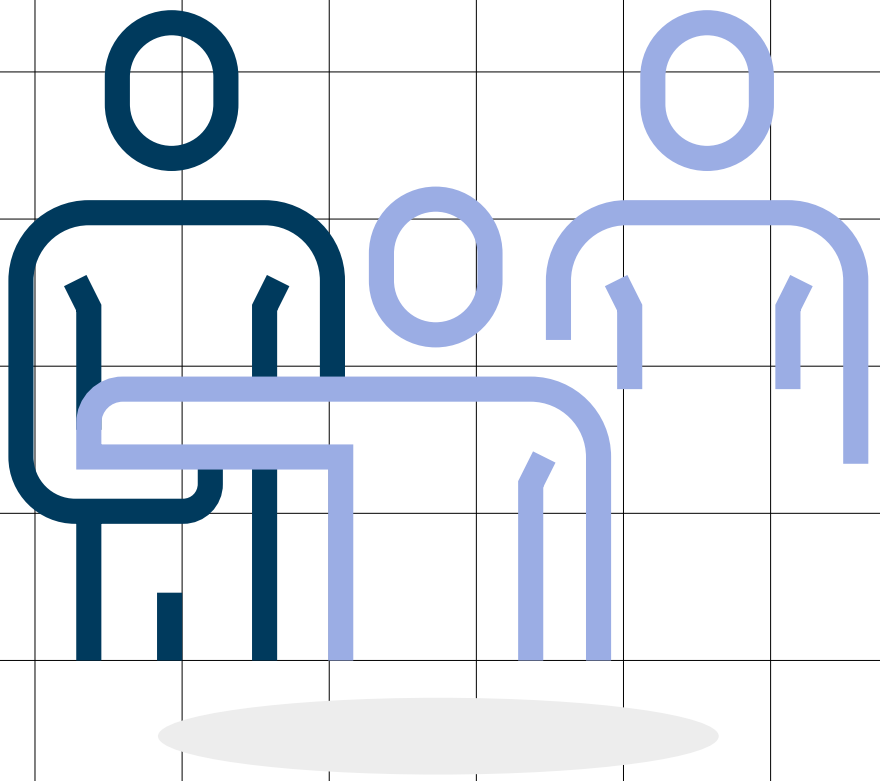
General Chiropractic Council

GCC Registrant Toolkit

Clinical Placement

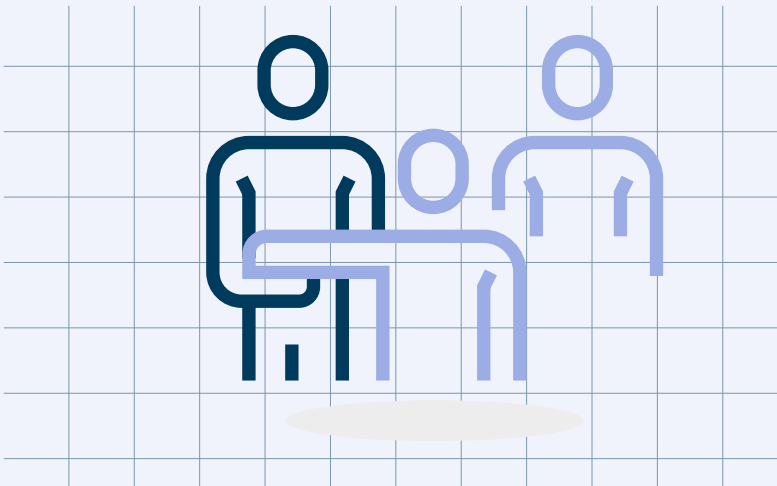
Professionalism in chiropractic

toolkit



General Chiropractic Council

Contents



1. Introduction

Purpose of the toolkit

This toolkit has been developed to provide comprehensive guidance and support for those individuals and institutions engaging in or looking to develop clinical placements in chiropractic education. It aims to support educators, clinical supervisors and students by offering practical advice, best practices and resources to enhance the quality and effectiveness of clinical placements. The toolkit is designed to ensure it is aligned with the General Chiropractic Council's (GCC) Education Standards [1], promoting high-quality learning experiences and patient safety.

Who is it for

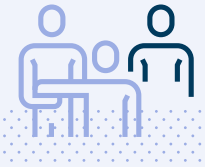
This toolkit is intended for a diverse audience involved in chiropractic education, including:

Educators

Academic staff responsible for designing and delivering chiropractic programmes.

Placement providers

Organisations and clinics that offer placement opportunities for chiropractic students.



Placement educators

Chiropractors or regulated healthcare professionals who oversee and mentor students during their clinical placement.

Other groups

Regulatory bodies, associations or colleges that set standards and/or guidelines for chiropractic education.

Learners

Chiropractic students who are undertaking clinical placement as part of their education.

How to use the toolkit

This toolkit is structured to be user-friendly and practical. Here is how to make the most of its contents.

1. Navigate by sections: Each section of the toolkit addresses a specific aspect of clinical placements, from setting up placements to supporting student learning and quality assurance.
2. Follow step-by-step guides: Detailed steps are provided to aid the process of setting up placements, establishing partnerships, and ensuring quality. These are intended to be guides and not rigid processes to follow.
3. Use resources and checklists: Access the provided checklists to streamline processes and support compliance with standards.
4. Incorporate best practices: Learn from the best practices and innovative models highlighted in the toolkit to enhance the quality of clinical placements.
5. Engage with the content: Reflect on the guidance provided, adapt it to your specific context, and engage with the broader chiropractic education community to share insights and experiences.

2. Understanding Clinical Placement in Chiropractic Education

Definitions of clinical placement and importance

Calls for transformation of undergraduate health professions education [2-4] make several key recommendations for best practice that are important for providers to consider when designing their programmes, including:

1. Implementing early [4] and progressive competency-based[3] education, that aligns with active learning models[5]
2. Integrating formal knowledge with clinical experience [4]
3. Providing opportunities where learners can take on the multiple roles and commitments that are relevant to their profession [4]
4. Providing opportunities for interprofessional education and collaborative practice [2].

Experiential learning [6] is the part of clinical education where learners gain experience that enables them to develop and apply learned knowledge and skills to the care of patients. This provides good opportunities to apply the above recommendations.

Clinical placements provide a form of practice-based experiential learning. In this toolkit, a clinical placement is defined as any arrangement in which a learner is present, for educational purposes, in an environment that provides healthcare, or related services, to patients or the public [7,8]. For chiropractic students, clinical placements may include chiropractic or non-chiropractic clinical services, as well as placements in either external or in-house settings, with a variety of possible arrangements for supervision. Clinical placement settings are identified by the provider, who also makes the arrangements for learners to undertake placements. Learners should have opportunities for direct contact with patients but may also gain experience of non-patient-facing tasks associated with professional clinical practice. They may be observing or assisting with tasks or can be actively involved in patient care. In addition to developing patient-facing clinical skills and competencies, effective clinical placements should also support the development of learners towards meeting their wider learning outcomes (these are set out in section 1 of the GCC's Education Standards) and should prepare them for practice. While the advantages of clinical placements are promoted, they need to be integrated into chiropractic education to ensure capacity, cost-effectiveness and an effective learning environment.

Internships in in-house settings are a form of clinical placement. In this situation, the programme provider or institution may also be the placement provider. Internship clinic supervisors are considered ***clinical placement educators***.

Practice placements is used in this toolkit where clinical placements for chiropractic students take place *offsite*, in practices away from the academic institution i.e. in the field/workplace. These can provide valuable 'real-world' learning and experience and may include placements in:

- Chiropractic practices
- Non-chiropractic or multidisciplinary practice settings
- Social care or community health settings

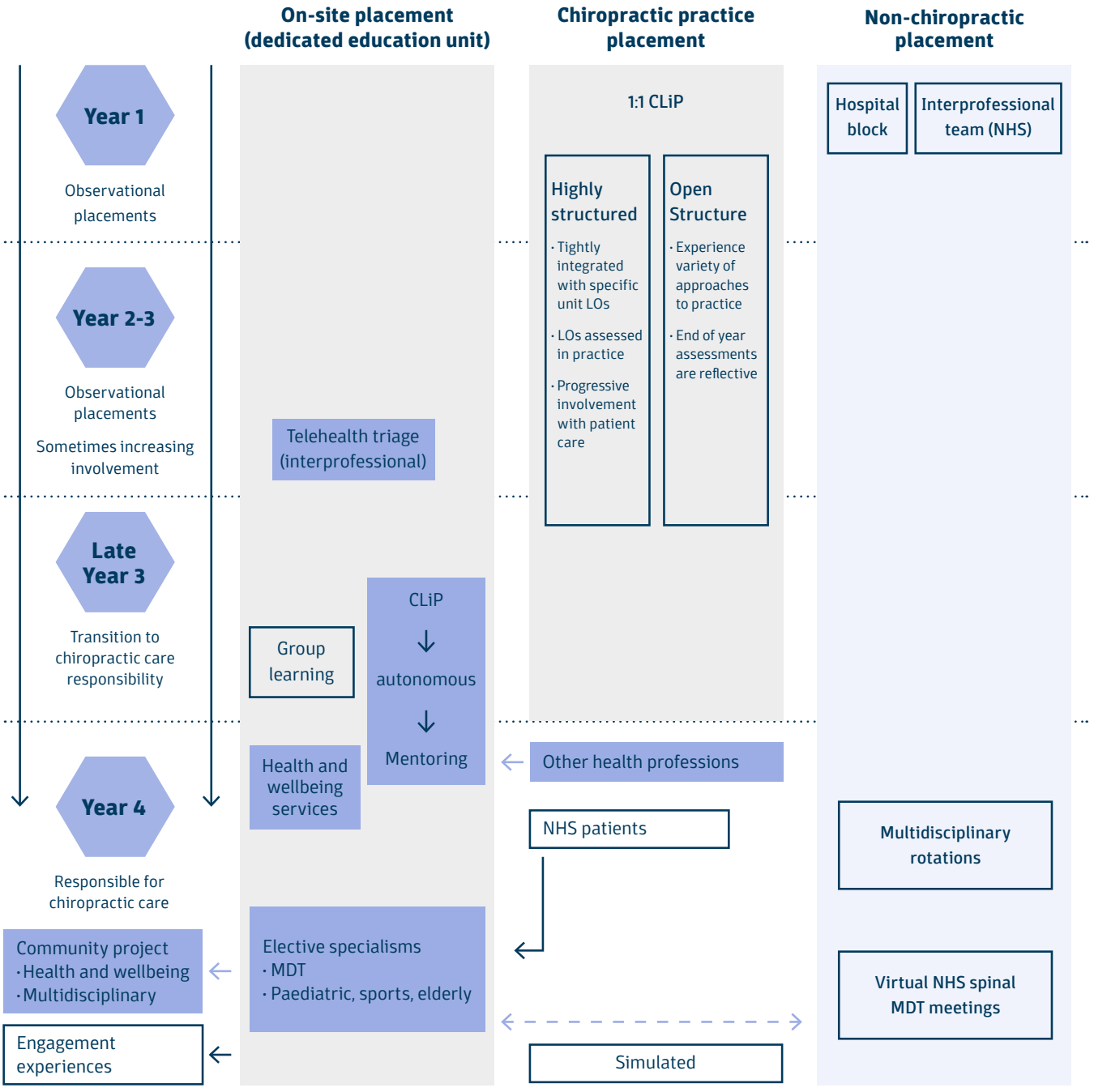
Robust quality assurance is important in all clinical placements, but can be particularly challenging for practice placements, where there is a need to ensure the suitability and preparedness of placement providers, from initial selection through to ongoing monitoring of educational quality. Crucial considerations are that:

- Placement settings are safe for everyone
- The requirements of the GCC's Education Standards are met
- The student experience and educational outcomes are high quality
- Patients are protected while they are involved in the education of students

Overview of current clinical placement models in the UK

Research by the GCC in 2024 identified that providers of chiropractic education use a variety of clinical placement models and innovations to support their students' learning. These are in line with the different placement models that are also used by other health professions. Figure 1 provides an overview of these, with key features of the current clinical placement models further outlined below.

Figure 1: Clinical placement models used for chiropractic programmes



Key features of clinical placement models used for chiropractic programmes

1. **Clinical placements start early and develop progressively**

   Experiential learning through clinical placements commences with observational learning experiences in the first year of chiropractic education and develops progressively to students having autonomous responsibility for providing chiropractic care (under arms-length supervision) by the end of each programme.

2. **Students undertake both chiropractic and interprofessional placements**

   In addition to chiropractic placements, a variety of different arrangements, settings and types of interprofessional placement experience are implemented, including some in NHS settings.

3. **Final year placements are in onsite clinics**

   All providers have an onsite clinic ('dedicated education unit') that they utilise throughout their programme and where the majority of final year clinical placements take place.

4. **Onsite clinics are used innovatively**

   The new Education Standards of the GCC have moved away from the focus on inputs (such as patient numbers or contact hours) to requirements that are based upon the outputs of clinical experiential learning, enabling greater flexibility in how this may be organised and promoting greater interprofessional learning. While programmes still include the majority of final year clinical experiential learning on-site, there have been innovations in how onsite placements are used to enable new learning experiences for students. These include:

   i. *Integration of a collaborative learning in practice (CLiP) model into the placement* – this draws upon peer-to-peer learning, where responsibility for providing care to patients is initially shared and learners support each other, before progressing to sole responsibility for care of their own patients. In line with the more adult learning model, they develop their autonomy and progress eventually to take on a mentor role for other learners.

   ii. *Experience of public health and wellbeing services* – these may be considered a role-emerging (or non-traditional role/setting) placement model. Examples include learners being trained and providing free NHS health checks or working alongside wellness improvement lifestyle coaches within an onsite clinic.

   iii. *Other health professionals and students may deliver specialist services with chiropractic students* – In this interprofessional placement model, chiropractic students work alongside other professions to deliver specialist services such as paediatric, sports and elderly care.

   iv. *Group learning is organised and delivered within placements* - learning within placements in onsite clinics may be structured to enable students to participate in and benefit from group learning experiences. These include scheduled case discussion sessions that groups of students participate in.

   v. *Students attend institutional multidisciplinary team (MDT) clinical meetings and grand rounds* - chiropractic students participate in regular MDT meetings and grand rounds sessions established across health disciplines programmes. They may attend these face-to-face in their clinical placement, and they are also streamed so that other students and staff may attend.

5. Practice placements (chiropractic settings) are established for some programmes

Learners are placed into private chiropractic clinic settings that are off-site, through the first 3 years of the undergraduate programme. In these placements there is 1:1 supervision between a student and a practice educator. In some examples learning is largely observational. Students are not assessed in practice but are assessed at the end of the year based upon reflective work. An alternative model defines learning outcomes for placements that are tightly integrated with the academic curriculum and are assessed within the practice placements. There is progressive involvement of the student in supervised patient care provision as they achieve competencies.

6. Practice placements in non-chiropractic settings/ interprofessional placements

There are several types of placement currently implemented in non-traditional settings, where care is provided by health or care professionals from other disciplines. These include:

i. Hospital placements – e.g. pairs of students attend a short block placement (1 week), observing a range of experiences (e.g. orthopaedic surgery, fracture clinics, ward rounds) and engaging with other health professionals (e.g. registrars, surgeons, nurses).

ii. Interprofessional team-based placements within NHS trusts – e.g. students are put into wards or teams (e.g. therapeutic care team, rehabilitation ward), observing and also participating within the team role.

iii. Rotations in other settings (e.g. dentistry, care home, stroke unit), where students attend in small groups, accompanied by a supervisor.

iv. Weekly virtual access to local NHS hospital spinal MDT meetings that students are rotated to experience two or three times

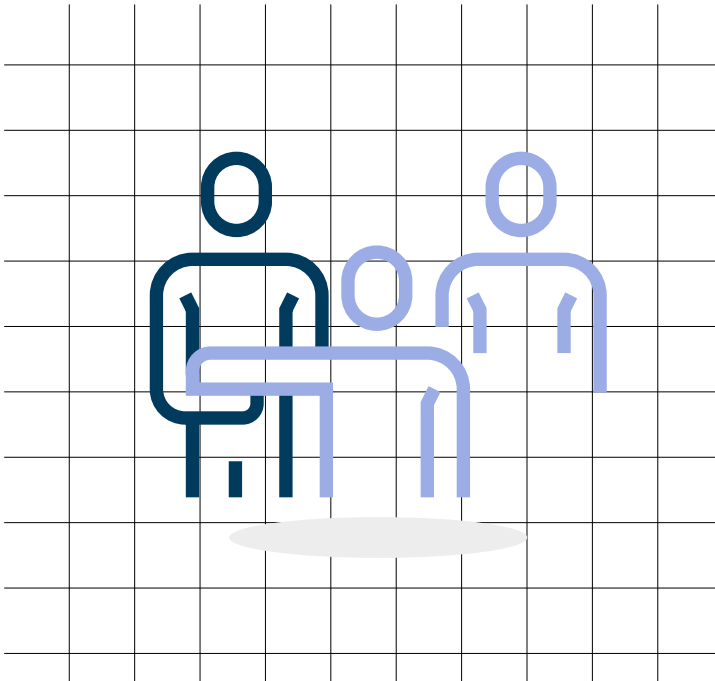
v. Multidisciplinary specialist services within onsite clinics – e.g where other health professionals are brought into the onsite clinic and students undertake elective placements within the service (see also onsite clinics, above)

vi. Onsite multidisciplinary team meetings (face-to-face and streamed, see also onsite clinics above))

vii. Telehealth (triage) placement where undergraduates are contacting patients, working out their health needs and directing them to the right services.

7. Community-based practice placements

These include 'pop-up' health initiatives where students from different health disciplines, as well as external partners, work together to provide a drop-in service giving health care advice, support and signposting.



Alignment with the Education Standards

An important consideration in designing chiropractic programmes is making sure that all clinical placements meet the Education Standards of the GCC. Both Section 1 and Section 2 include Standards that are relevant to clinical placements.

Section 1 of the Education Standards

Standards in Section 1 address curriculum content, specifying the learning outcomes required of a programme. These Standards are organised into five domains:

- **A** Care of patients
- **B** Safety and quality
- **C** Professionalism
- **D** Clinical approaches
- **E** Collaborative healthcare

Many of the learning outcomes specified by these Standards will be developed through the learning experiences gained during clinical placements. Furthermore, some of the learning outcomes will be assessed during, or at the end of clinical placements. Standard 22.1 (in Section 2 of the Education Standards) specifies that providers must:

> *Design clinical experiential learning to be outcomes-based, enabling learners to achieve all relevant learning outcomes in Section 1 of the GCC Education Standards and to gain sufficient experience of the care of patients to prepare them for practice.*

Providers thus need to consider and demonstrate how their clinical placements contribute to Standards in Section 1, including both how learning will be developed through placements and how the relevant learning outcomes will be assessed.

Section 2 of the Education Standards

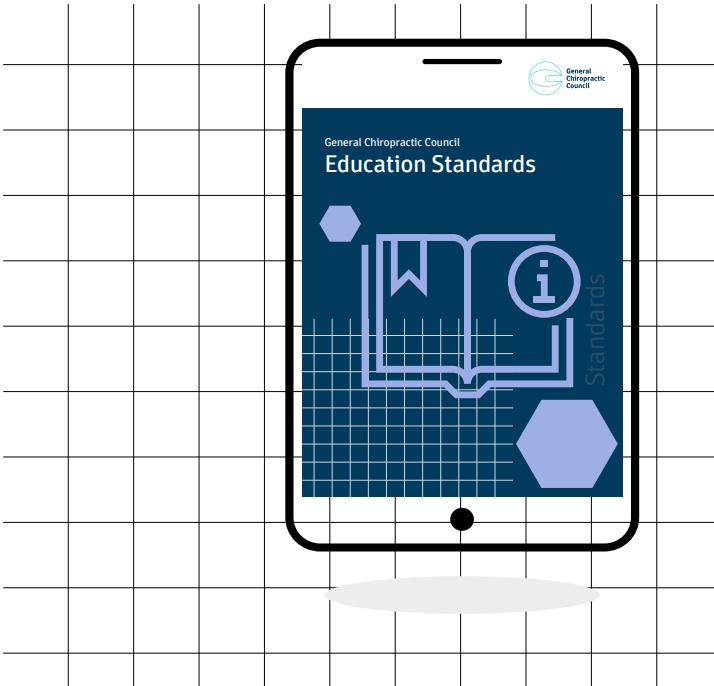
Section 2 of the Education Standards sets out requirements for how a programme is designed, delivered, assessed and monitored. 5 domains address:

- **F** The programme
- **G** Resources
- **H** Teaching, learning and assessment
- **I** Patients
- **J** Learners

As clinical placements are an integral part of a programme, most of the Standards in these domains will apply to clinical placements (as well as to other aspects of the programme). The '*expectation*' that follows each Standard gives more detail explaining the requirements.

Supplementary advice

The GCC's publication *Supplementary Advice to the Education Standards 2023: Clinical Placements* provides detailed advice as to what providers could or should do to make sure they meet the Education Standards, in the context of clinical placements.



3. Setting up external clinical placement

Step 1 – Identifying Placement Opportunities

- Types of placement settings
- Considerations for selecting placement providers

1

As has been described, there are many formats for clinical placement that give rise to a variety of placement settings. The following list is not exhaustive but is a good starting point for considering appropriate in-person placement settings.

- **Chiropractic practices**: Chiropractic clinics where students can observe and participate in aspects of patient care relevant to the stage of their learning journey.
- **Multidisciplinary practices**: Settings that include other healthcare professionals, providing a broader learning experience.
- **Social care or community health settings**: Environments where students can engage with community health initiatives and social care services.
- **Hospital placements**: Opportunities to observe and participate in various hospital departments.
- **Telehealth services**: Virtual placements where students can learn about remote patient care and triage.

There are many aspects of placement education to consider when looking to set up placement providers and opportunities for students in settings presented above. Some important examples are detailed below:

- **Educational quality**: Ensure the placement setting can provide high-quality learning experiences that align with the GCC Education Standards[1].
- **Patient safety**: Verify that the placement provider is able to maintain high standards of patient safety and ethical practice with students in practice.
- **Supervision and support**: Assess the availability and qualifications of clinical supervisors who will support students and ensure this is aligned to insurance requirements. Ensure also that the environment is safe to support students. (Audit checklist attached to support this).
- **Learning opportunity**: Evaluate the range of learning opportunities available, including direct patient care, interprofessional collaboration, and non-patient facing tasks.
- **Capacity and resources**: Confirm that the placement provider has the capacity and resources to accommodate students without compromising the quality of care, and/or education.

Step 2 – Establishing Partnerships

- Developing agreements with placement sites
- Roles and responsibilities

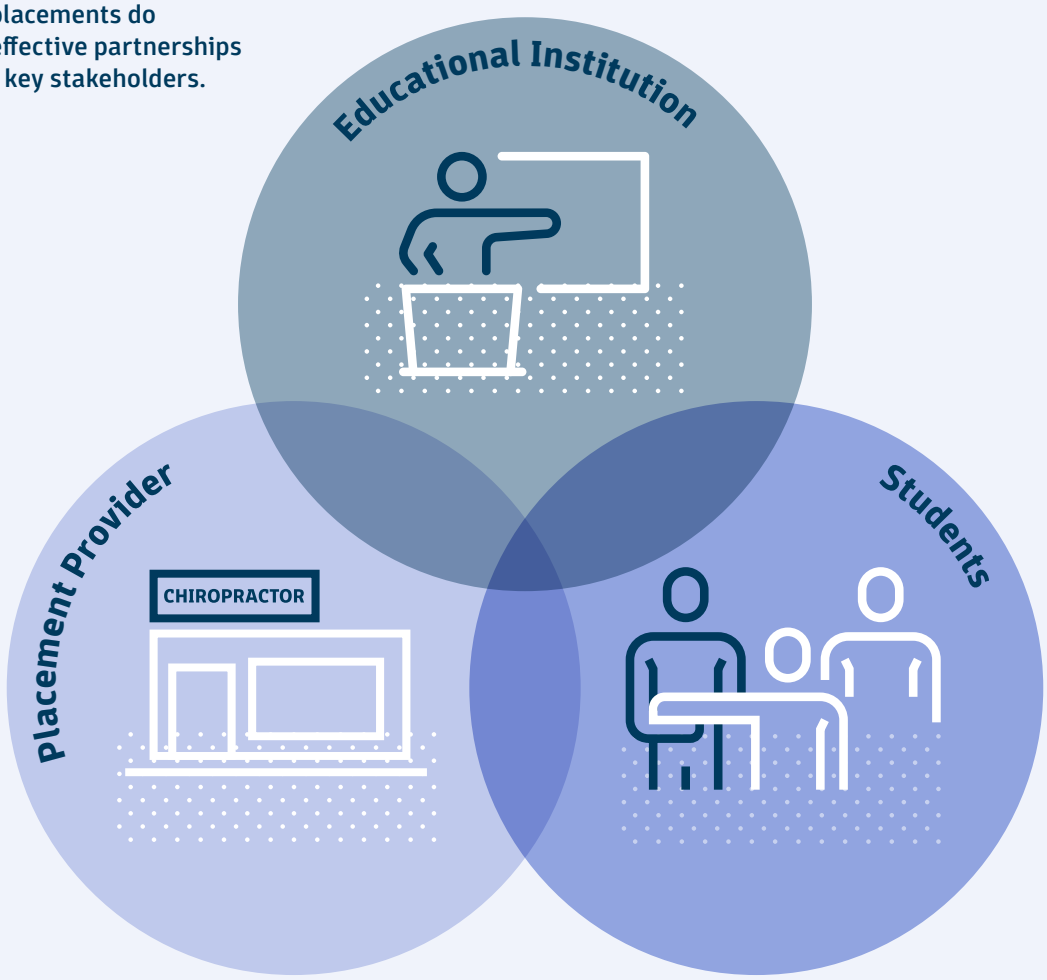
2

Given the formal nature of in-person clinical placements, agreements can be supportive of the partnership. They have the potential to define expectations, agree capacity and clarify educational requirements and outcomes.

Roles and Responsibilities

A useful document has been developed by the Royal College of Chiropractors. The Chiropractic Placement Educator Standards 2025 clearly sets out expectations for stakeholders engaged in clinical placement and could be referred to in support of defining roles and responsibilities.

Clinical placements do require effective partnerships between key stakeholders.



Step 3 – Quality Assurance and Best Practice

- Audit formats and H&S considerations
- Feedback mechanisms
- Training for placement educators
- Audit Checklist (Appendix)

Processes related to quality assurance (QA) in education are always important factors to consider. As valuable educational experiences, clinical placements should also be subject to robust QA processes. The first section here will address placement site QA and audit, and the second section will address student learning experience.

Audit Tool

Audit is a crucial component of QA and governance, providing a systematic review of a placement environment against set criteria. It ensures clinical placement sites meet high standards of both quality and safety, safeguarding both patients and students. Audits help identify areas for improvement, ensuring that placements are effective learning environments and comply with regulatory requirements.

An audit of policies, and site are both mentioned in our Supplementary Advice to the Education Standards 2023: Clinical Placements.

Any audit tool should achieve the standards set out in guidance if they include evaluation of:

- Health and Safety policy.
- Incident / accident reporting policy.
- Risk assessment including students.
- Ionising radiation regulation policy (if applicable).
- Confidentiality and consent policy.
- Equal opportunities policy.
- Infection prevention and control policy.
- COSHH signage (as appropriate).
- Lone worker policy.
- Fire / emergency procedures policy.
- Bullying and harassment process.
- Raising and escalating concerns / whistle blowing procedures.
- Evaluation of all regulated placement educators against the relevant statutory register.

Evidence should be sought to evaluate these areas to ensure a safe environment prior to education providers commencing clinical placements at a particular site. Quality assurance procedures detailed below, should address the areas outlined above.

Health and safety evaluation should also consider **insurance provision** which will differ between environment, supervisory status, and insurance policy.

Important Note: Prior to allowing students to engage in clinical placement activity, institutional insurances should be thoroughly evaluated, together with your legal and governance service team to ensure activity is appropriately covered.

Quality Assurance and Enhancement of Clinical Placements

Providers should have a robust QA framework to address the challenges posed by various clinical placement settings. This could include:

- **Routine collection of quality data**: Procedures to monitor, evaluate and enhance the quality of clinical placements continuously could be gained from student evaluations following placement activity.
- **Mechanisms for feedback**: Mechanisms for feedback to and from higher education institutions could be established to strengthen transparency and promote a culture of feedback and continuous improvement.
- **Visits to clinical placement providers**: Depending on the length of placements, visiting students whilst on placement for evaluation could be helpful. Alternatively, infrequent site visits to update audit could provide opportunity to explore continuous improvement.
- **Support and development opportunities**: Training days, update evenings or webinars can be used to ensure peer-to-peer support for placement educators and higher education institutions.

Assuring the student learning experience

There are considerations that should be addressed to ensure the standard of learning provided by clinical placements is high. This should be subject to a robust QA process, as with all elements of education. Key areas of focus could be:

1. **Induction of learners.** Providing appropriate induction of learners commencing placement.
2. **Teaching.** Ensuring effective learning opportunities exist.
3. **Support or mentorship.** Ensure support is in place from both placement educators whilst on placement, and from institution staff when not on placement.
4. **Feedback.** As detailed above, feedback could be sought from students to effect efficient continuous improvement processes.

Further useful information regarding roles in placement education has been published by the Royal College of Chiropractors; Chiropractic Placement Educator Standards 2025.

It is suggested that a written agreement is created by the education institution that outlines the commitment from both parties that could include (but is not limited to): Capacity, timeframe of the commitment, confirmation of insurances, commitment to training and development induction and commitment to maintain audited policies throughout the time of the agreement.

Patient Care

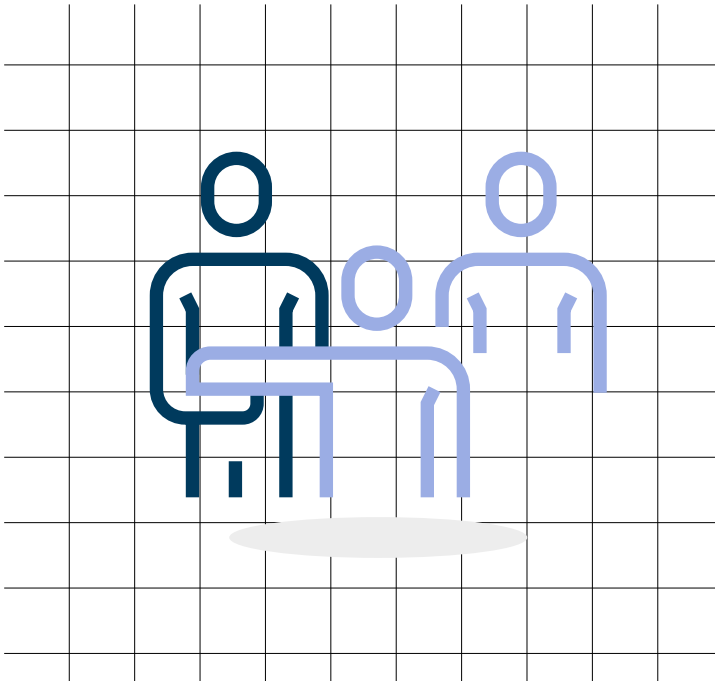
It should be noted that ensuring the quality of placement experiences in advance of any student activity is essential to maintaining the high standards of patient care that chiropractors prioritise. This also enables the delivery of a valuable clinical placement experience for students.

Mandatory Training: Prior to students engaging in patient facing clinical placements, it would be best practice to ensure a level of mandatory training is delivered to students. This helps to ensure that in a clinical environment students in early years of chiropractic education possess critical knowledge required to ensure they conduct themselves in an appropriate and safe way.

Topics of suggested mandatory training include:

- Health and Safety.
- Safe moving and handling.
- Basic Life Support.
- Infection prevention and control.
- Safeguarding.
- Conflict resolution.
- Data security awareness.
- Equality, Diversity, and Inclusion.
- Consent and Confidentiality.

Important Note: It would be standard practice, prior to any student engaging in clinical placements that are patient facing, that an **Enhanced DBS** is carried out and any disclosures about the student evaluated by both academic and professional colleagues in line with local policies.



4. Supporting student learning during placement

Embedding interprofessional learning

This section considers how student learning may be supported during clinical placements by considering:

1) Embedding interprofessional learning
2) Aligning the various learning outcomes that apply to clinical placements
3) Incorporating reflective practice and reflective learning into clinical placements
4) Students both providing and receiving feedback

Interprofessional education (IPE) occurs when students from two or more professions learn about, from, and with each other. Interprofessional learning (IPL) can develop through IPE, as well as through other interactions between healthcare students and professionals while in educational or clinical practice settings. The World Health Organisation recognises the value of IPL to develop skills that are essential for the application of interprofessional collaboration in clinical practice settings (IPP). Evidence suggests[2] that IPP, in turn, results in:

- higher levels of patient satisfaction
- better acceptance of care
- improved health outcomes
- Improved patient care and safety, with a reduction in clinical errors

The importance of IPE, in the development of IPP is signalled in the GCC's Education Standards. In Section 1, a series of relevant learning outcomes for students are set out in Domain D: collaborative healthcare. In Section 2, standards set out IPE requirements for the way programmes are designed to support IPL, and also a specific requirement that clinical experiential learning promotes IPP:

23. Build in an interprofessional approach within the programme structure, such that learners gain understanding of other professions and develop collaborative approaches to healthcare

38.4. Ensure that clinical experiential learning promotes interprofessional, collaborative practice, in the best interest of patients, and that appropriate methods of assessing competence in this are applied

A further useful information source is the core competencies of IPP identified by the Interprofessional Education Collaborative (IPEC) [9]. These are organised into 4 themes:

1. Values and Ethics - Work with team members to maintain a climate of shared values, ethical conduct, and mutual respect.
2. Roles and Responsibilities - Use the knowledge of one's own role and team members' expertise to address individual and population health outcomes.
3. Communication - Communicate in a responsive, responsible, respectful, and compassionate manner with team members.
4. Teams and Teamwork - Apply values and principles of the science of teamwork to adapt one's own role in a variety of team settings.

A comprehensive evaluation of the evidence investigating IPE can be found in a scoping review by Patel et al (2025) [10]. It concludes that evidence supports the development by health professions students of the IPEC competencies as outcomes of IPE. The review also identifies and outlines evidence for positive and negative educational outcomes of IPE. Positive impacts of IPE include significant improvements in:

- Role clarity
- Communication skills
- Teamwork dynamics

Negative impacts noted included:

- Logistical challenges
- Interpersonal issues like power dynamics
- Communication barriers
- The burden of the extra workload required for IPE activities

In developing clinical placement models that embed IPP, providers will need to consider and address these identified challenges while implementing best practices, to support student learning through placements and further enhance the effectiveness of IPE.

There are several validated scales that providers and/or learners could use to evaluate aspects of IPE/IPL in their programmes. These are comprehensively detailed in a systematic review of self-report instruments in undergraduate health professions education by Allvin et al (2024) [11].

Alignment to Learning Outcomes

An important consideration is that clinical placements are designed, planned and implemented to provide opportunities for learning and positive outcomes of learning for students. This section of the toolkit outlines the relationship between:

1. The GCC's Education Standards
2. The learning outcomes of a programme, and
3. Learning outcomes for individual clinical placements

1) **The GCC's Education Standards:** The learning opportunities provided through clinical placements should ensure the student gains the breadth of experience and develops the knowledge, skill and competency required for registration (set out in section 1 of the GCC's Education Standards) as specified in Section 2:

   38.1. Ensure that clinical teaching, learning and assessment enables learners to progressively develop and achieve competence in the learning outcomes specified in Section 1 of the Education Standards

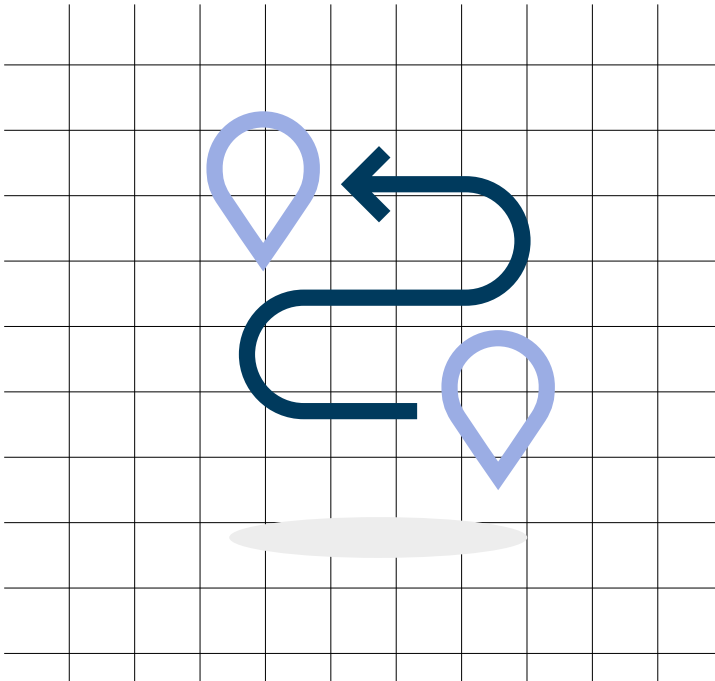
2) **The programme learning outcomes:** There should be a clear plan for how the clinical placement contributes to helping the learner develop towards meeting the *programme* learning outcomes that are relevant to each stage of their training, and how this corresponds to meeting the learning outcomes in Section 1 of the GCC's Education Standards.

3) **Learning outcomes for clinical placements:** In addition to considering learning outcomes of the *programme*, specifying narrower predetermined learning outcomes for each *placement* can give direction to the clinical placement and ensure that both learners and educators optimise the valuable clinical placement experience. Placement learning outcomes should consider what it is intended that the learner will achieve during the placement and should be framed to be specific, measurable, attainable, relevant and time-bound ('SMART'). There should be a means to assess and monitor progress of the learner towards achieving these outcomes.

To ensure that all learning outcomes are met, providers will need to:

- Make sure there is enough capacity for learning in clinical placements, and that learners can meet their learning outcomes.
- Ensure that clinical placement providers and educators are well prepared to receive learners, including being clear of the learning outcomes for the placement
- Ensure that learners are clear on what are their learning outcomes are for the placement. Clinical placement providers and educators should plan sessions, so all learners are given equivalent learning opportunities.
- Feedback and evaluation of a learner's progress towards their placement learning outcomes should be an active and continuous process throughout the clinical placement.
- Ensure they monitor whether learners have achieved the learning outcomes for their placement and take action (involving learners and/or placement providers or educators) where these are not achieved.

The GCCs *Supplementary Advice to the Education Standards 2023: Clinical Placements* [7] outlines further recommendations for providing learning opportunities through clinical placements, for preparing learners and educators for placements. for monitoring learning opportunities and experience, learner progress and for quality assurance and enhancement of learning through clinical placements.



Encouraging reflective practice

This part of the toolkit distinguishes between reflective *practice* and reflective *learning*, and considers how clinical placements may contribute to both.

Reflective practice

Reflection is the thought process where individuals consider their experiences to gain insights about their whole practice. Reflection supports individuals to continually improve the way they work or the quality of care they give to people. It is a familiar, continuous and routine part of the work of health and care professionals and its importance is emphasised in the joint regulatory statement Benefits of becoming a reflective practitioner [11]. The ES [12] include a 'knowledge' level learning outcome for reflective practice, that may be developed through clinical placements:

13.1 Explain the value of reflection on clinical reasoning and decision-making practice and the need to record the outcome of such reflection

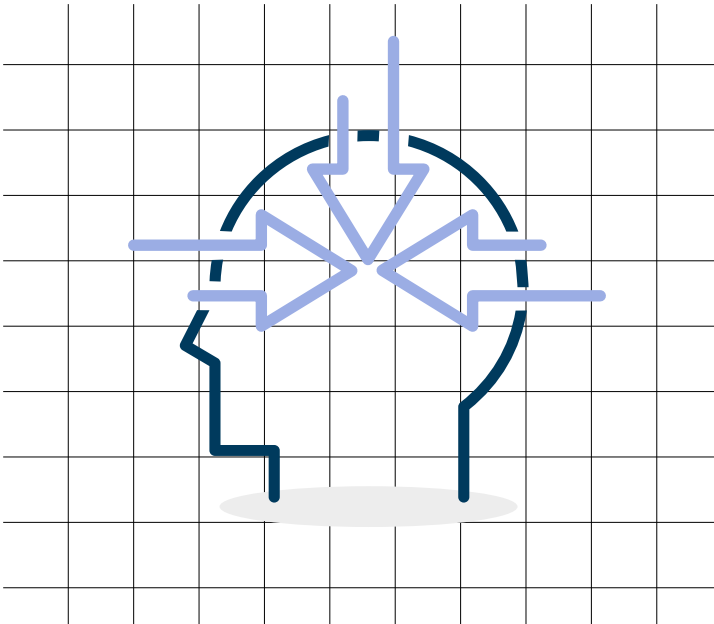
Reflective learning

As well as developing *reflective practice*, clinical placements can provide opportunities for *reflective learning*, that is important for turning real experiences into learning. An extensive systematic review by Macaskill et al (2023) identified benefits reported of reflection in medical education that included improvements in empathizing with others, recognizing multiple perspectives, processing thoughts and emotions, and self-care. Other potential benefits present in some methods included improved two-way communication skills, patient-centred care, positive interactions with others, and developing trust and commonality. The review also outlines creative methods used to support reflective learning and its outcomes, providing opportunities to address diverse student needs using innovative, non-conventional methods [14].

Reflective learning and practice in clinical placements

Learner experiences through clinical placements provide good opportunities to utilise reflective learning and to also support the development of reflective practice. Some ways that these may be optimised in the context of clinical placements include:

- Preparing learners for reflective learning and practice through teaching and learning prior to commencing clinical placements.
- Including reflection on clinical reasoning and decision-making practice, and recording this reflection, within the defined objectives for a clinical placement.
- Including tools to support reflective learning within clinical placement materials (e.g. learning journals) and making recorded reflections a requirement (e.g. within clinical placement portfolios)
- Organising clinical placements to include opportunities for individual and/or group reflective learning (e.g. debriefing sessions, opportunities for learners to share their work and experiences with peers, and to gain feedback, opportunities for learners to receive feedback from patients, or employing self-assessment).
- Making sure that clinical placement educators are sufficiently prepared and supported to facilitate reflective learning (e.g. in their ability to ask reflective questions and in their ability to facilitate effective debriefing following the learning experience [15]).



Providing and receiving feedback from students

Effective feedback mechanisms are crucial for the continuous improvement of clinical placements. As previously mentioned in this document, robust quality assurance, linked to audit and ongoing improvement, includes receiving feedback from students about their placement experiences.

Providing feedback to students is equally as important to support their learning journey.

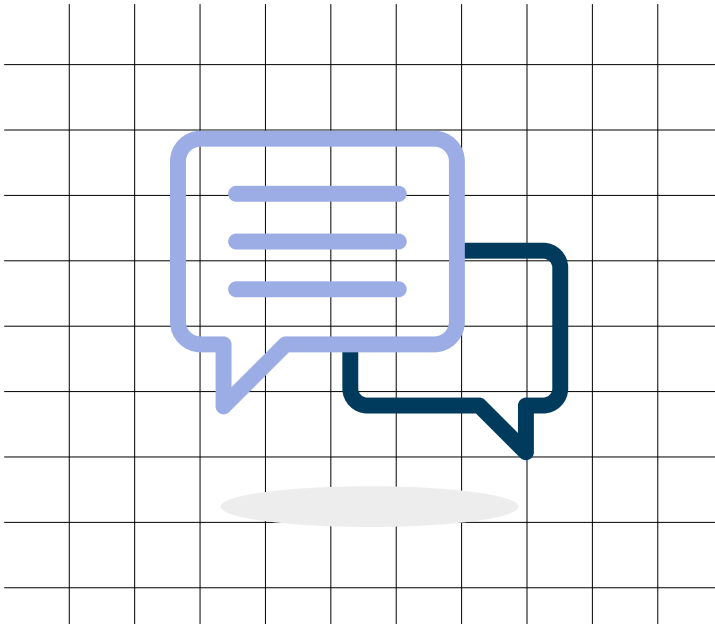
Receiving feedback from students

- Continuous improvement: Student feedback is essential for identifying areas for improvement in clinical placements. It helps the institution and placement providers understand the student experience, perceptions and challenges, allowing all parties to make the necessary adjustments to enhance learning outcomes.
- Advance warning system: Feedback from students can also act as an early warning system for potential issues within placement. By regularly collecting and evaluating this feedback, institutions can proactively address concerns and ensure a positive learning environment.
- Mechanisms: Various mechanisms could be in place to collect student feedback, including regular feedback sessions, anonymous surveys, and performance reviews. These mechanisms should be designed to create a safe environment where students feel comfortable sharing their opinions and experiences.

Providing feedback to students

- Support and mentorship: Providing constructive feedback to students is vital for their professional development and to make the most of their experiences. Feedback from both institutional staff and placement educators helps students understand their strengths and areas for improvement, guiding their growth and enhancing their clinical skills. Mechanisms should be developed to cultivate opportunity for these interactions.
- Patient feedback: Although valuable, and sought where possible, care should be taken to ensure the focus of clinical interactions does not shift from patient centred to student centred.

The overarching goal of clinical placements is to support the holistic development of students, preparing them for professional practice. Effective feedback mechanisms contribute to this by ensuring that students receive the guidance and support they need, and they are also deemed stakeholders in the development of clinical placements over time. Incorporating feedback mechanisms into the placement process will only contribute to the ongoing positive experiences gained from clinical placements.



5. Capacity building and innovation

Strategies for increasing placement opportunities

Expanding the capacity for clinical placements is essential to accommodate the growing number of chiropractic institutions looking to incorporate this style of learning experience into their courses. Innovative strategies and models can help increase placement opportunities while maintaining educational standards and patient safety. Section 2 of this toolkit outlined current models in use and touched on innovations in the field. This section will detail those clearly and hopefully inspire institutions to 'try something new'.

Partnership Development

It is critical to establish and strengthen partnerships with a variety of healthcare providers, including private chiropractic practices, hospitals and local NHS trusts, community health centres and multidisciplinary clinics. These partnerships can provide a broader range of placement settings and experience for students, all of which are valuable.

Flexible Placement Models

Implementing flexible placement modules that can adapt to different settings and student needs could include; considering part-time placements, block placements, rotation between sites and models of joint student placements such as the CLiP model.

Telehealth and Remote Placement

Using telehealth and remote placements to expand opportunities for students to engage in patient care and interprofessional collaboration is possible. This approach can also help overcome geographical barriers and increase access to placements in underserved areas. Geography is a significant barrier noted by chiropractors wishing to engage in placement activity.

Interprofessional Placements

Developing interprofessional placement, where chiropractic students can work alongside other healthcare professionals is an excellent way to develop meaningful interprofessional learning (IPL), increase placement capacity and enhance students' understanding of collaborative practice.

Community-based Placements

Exploring community-based placements in non-traditional settings, such as schools, sports clubs or social clubs improves placement diversity. These could be shorter term 'events', as opposed to long term placement opportunities. These opportunities can provide valuable learning experiences and promote chiropractic care within the community.

Innovative placement models

Many healthcare professions continually look to improve capacity when it comes to clinical placements and in recent years this has driven innovation. Many education providers have embraced advances in technology and the digital space to foster innovation. Peer support has also been used as a tool to achieve more with the same capacity. Below are a few examples of innovative placement models.

Collaborative Learning in Practice (CLiP)

This model involves peer-to-peer learning, where students initially share responsibility and experience and progress to solo experience over time. This is especially useful early in the student learning journey.

Role-Emerging Placements

These placements involve students working in settings where chiropractic care is not traditionally provided, such as public health initiatives or wellness programmes. This model is linked to both the IPL and community-based placements mentioned earlier.

Integrated Specialist Services

In this model, chiropractic students work alongside other healthcare professionals to deliver specialist services such as sports or elderly care or advice. This interprofessional approach enhances students' clinical skills and understanding of specialist care environments. It also is potentially easier to establish as a 'pop up' service.

Group Learning Experiences

Organise group learning experiences within placements such as discussions, rounds, or multidisciplinary team meetings. This could include online group discussions as part of a virtual case-based discussion which is easier to set up, deliver and control.

Telehealth and Virtual Placements

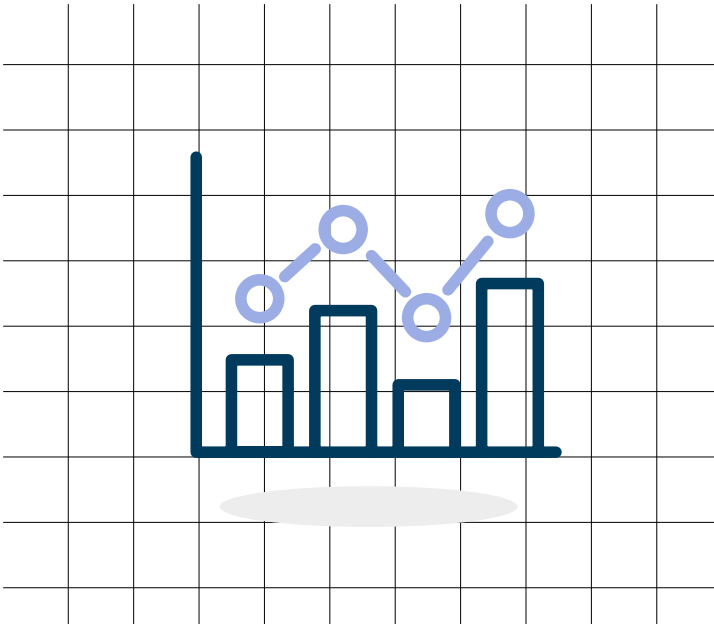
Using remote technologies to give students experience of remote patient care and digital health initiatives can be particularly useful as these modalities become more common in practice.

As demand for placement experience increases it is crucial as a profession to embrace innovation to service the needs of learners and consistently strive for high quality learning experiences. Effectively overlapping education into the community through placement is also a valuable way to promote the profession and support local communities.

Funding and sustainability considerations

Ensuring the sustainability of clinical placement requires careful planning and resource allocation. Funding considerations are crucial to support the development and maintenance of high-quality placement opportunities.

- **Funding Models**: Chiropractic placements do not currently attract tariff from NHS funders. Institutions need to consider their ability to fund placements or develop partnerships that are sustainable without funding. In this case, consideration should be given to the level of commitment and engagement placement providers have when funding is not available.
- **Cost-Effective Practices**: Implement cost-effective practices to maximise the use of available resources. This includes optimising placement schedules, and utilising innovative models that require less financial outlay.
- **Continuous Evaluation**: Regularly evaluate the effectiveness and sustainability of placement programmes. Use feedback from students, educators, and placement providers to identify areas for improvement and ensure the long-term success of the programmes. This can be used within institutions to consider where funding is best deployed to gain maximum educational benefit.



6. Engaging the profession in education

CPD offers

Clinical placement education, whether in on-site settings or in-the-field practice placements, relies upon the willingness of clinics/sites to host placements (for practice placements) and the willingness and ability of clinicians to be educators (for all clinical placements).

Identified motivators, barriers, obstacles and facilitators to becoming an educator from across other health professions [16] are consistent with perspectives gathered by the GCC from chiropractors [17]. Knowledge of motivators and facilitators may usefully inform local and wider activities to promote engagement of the profession in education. Addressing barriers and obstacles may overcome reluctance among chiropractors to engage in education.

This section outlines some evidence-informed considerations for engaging the profession in education, including:

1) The role of CPD as a motivator for engagement
2) Developing community of practice for clinical educators
3) Communication strategies for fostering professional engagement.

The role of CPD in local engagement of the profession

Motivators for engaging in education include contributing to one's own personal development and being given opportunities to keep up to date with the latest knowledge, while facilitators include providing opportunities for the mutual exchange of knowledge, and providing further training and contacts with colleagues [16,17]. This suggests that offering continuing professional development (CPD) opportunities, particularly focussed on updating clinical knowledge and fostering professional networks may provide value that helps to engage the profession in educational initiatives.

Developing Community of Practice for clinical educators

This section of the toolkit outlines the factors that may contribute to developing Community of Practice (CoP) for clinical educators. It discusses the role of the attitude of clinicians towards education, the need to demonstrate that educators are supported and valued, the need to identify and address perceived barriers to engagement in practice placements and the benefits of promoting a wider community of practice among clinical educators beyond the locality of individual institutions. The information considered here informs the communication strategy outlined in the following section.

Fostering a positive attitude towards education

Identification with and having a positive attitude towards education is a key motivator for clinicians engaged in education. Developing a community of practice for clinical educators may foster such motivations, contributing to interest in education and the engagement and retention of clinical educators. Specific motivators include:

- In relation to practice placements, seeing these as giving students valuable, real-world clinical experience and enabling the chiropractor to 'give back to the profession'
- Having an opportunity to be involved in, and a sense of ownership of education
- Perceiving that the curriculum is fit to support a changing profession
- The curriculum and its learning outcomes being seen as aligned with the nature of practice [20]
- Feeling able to promote future clinicians
- Positive mutual preconceptions and relations between the institution and clinical educators

These findings suggest that the development of a strong community of practice for clinical educators will be supported where institutions engage meaningfully with them to develop and enhance curricula, including making sure that clinical educators know how their inputs have been taken into account. There should be clear communication and explanations of learning outcomes, teaching and learning methods, and their rationale with respect to the requirements of contemporary clinical practice.

Demonstrating that educators are supported and valued

Motivators and facilitators for clinicians to engage in education relate to how prepared for, and how supported and valued they feel in their roles as educators [16], including:

- Mutual preconceptions and relations with institutions
- Their perceived readiness for teaching [19];
- Having educator role models from their own early training [19]
- Receiving recognition and Internal awards [19]
- Receiving formal feedback
- Mentorship from more experienced educators
- Having clarity on what will be required of them, guidance from the provider, clear and effective development and support mechanisms

There is a strong emphasis on the need for clear educator learning and development for those engaged in practice placements [17]. Local development of a CoP for clinical educators may therefore also benefit from ensuring that there are mechanisms to identify and support the varied needs of clinical educators in their roles and also to have means to recognise the valued contribution that they make.

Considering and addressing perceived barriers to engagement in practice placement education

Barriers *to engagement in practice-based clinical placement education* include:

- Being given insufficient time, space, resources for students and administrative help to meet the requirements [41]
- Concerns about not being able to treat the same number of patients and associated lost income, plus a possible disruption of practice operations [52].
- A perceived hierarchical relationship within clinical education
- Limited faculty development
- Incomplete knowledge of what the expectations are of the clinical placement educator
- Disengagement from the education provider and lack of mentors
- Stress associated with resourcing placements, such as being able to secure a sufficient caseload for students
- Risks to patients, their outcomes and satisfaction
- Risk to business reputation if hosting a poorly performing student

While evidence evaluating these issues is limited, there are indicators from other health professions that some of these concerns may not be born out in relation to financial concerns, patient satisfaction and patient outcomes. Local development of the CoP for clinical educators will require these known barriers and concerns to be addressed, both in designing the clinical placement model and in articulating how these barriers are taken into account and overcome (see communication strategy, below)

The benefit of wider Communities of Practice

As well as local CoP for clinical educators (centred around a particular institution), there is also likely benefit to developing the CoP more widely across the profession as this may contribute to a culture that places greater value on participation in education. One resource that supports this is the recently published Forum of Chiropractic Deans Placement Educator Standards (2025), published by the Royal College of Chiropractors. This provides a profession-wide, authoritative framework formalising expectations of what placement educators are required to do and what the responsibilities of providers are towards supporting placement educators.

Communication strategies for fostering professional engagement

Considering the information above on what is known about chiropractors' reasons for engaging, or not engaging with clinical placement education suggests that communication strategies for fostering professional engagement should:

1) **Raise awareness by communicating developments in chiropractic education**

   This could include information about new programmes or enhancements and innovations, particularly in relation to clinical experiential learning, including placements.

2) **Communicate the benefits to clinicians of engagement with education**

   This could include messaging supported by both the research evidence and chiropractic educator perspectives outlined in the previous section on CoP. This might include: the value of contributing to development of chiropractors of the future, including benefit to students of gaining real-life experience of practice; opportunities to share one's clinical experience; personal and professional development, including keeping up to date and sharing knowledge with others and developing educational skills; opportunities for involvement in curricula design and development to meet the requirements of contemporary practice.

3) **Communicate clearly what is entailed in clinical educator roles, what is required and what support is available**

   This could include: clear details of the required hours; required training and development commitments; the number of students that will be on placements and the number and nature of patients and learning opportunities that will need to be provided; the nature of student interactions and involvement in the care of patients; the support mechanisms available for clinical educators (that might include guidance sources, mentorship, how to seek help, how to raise concerns about a student and how this will be managed). Consider using the Royal College of Chiropractors publication: *Chiropractic Placement Educator Standards 2025*.

4) **Address specific perceived barriers to engagement**

   Proactively disseminate information that acknowledges the known concerns and be explicit about how these will be mitigated or managed. Consider providing clear FAQs around these concerns, with answers (For some concerns, this may include providing reassurance based upon the evidence). Provide clear opportunities for barriers or concerns to be raised by chiropractors and discussed directly with providers.

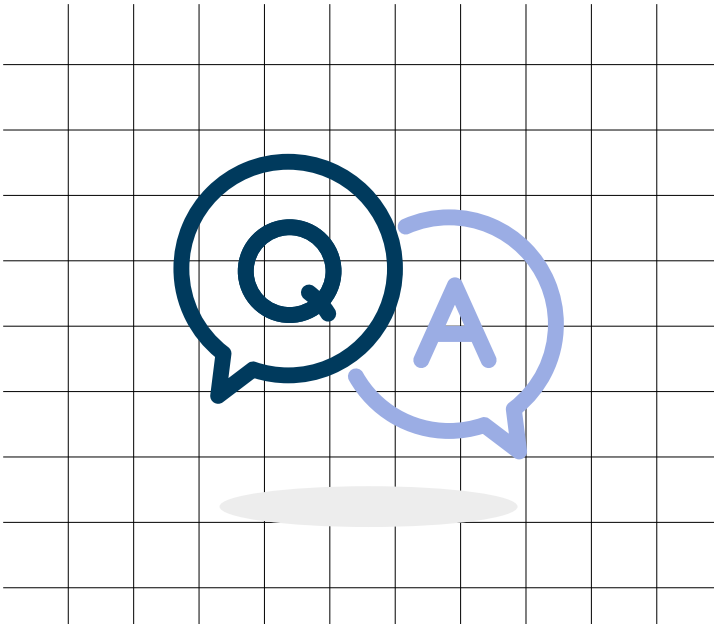
5) **Communicate recognition and achievements of clinical educators**

6) **Include in communications messaging a range of stakeholders who can speak from experience**

   This might include perspectives and experiences from students, educators who are practising chiropractors, and patients in education settings

7) **Utilise the communication media that practising chiropractors routinely use to keep up to date with practice issues.**

   This might include short videos, webinars, clinician-oriented social media networks and publications



7. Suggested Checklist for Audit

Clinical Placement Audit Checklist:

Is a suitable Health and Safety policy in place?	○
Has a suitable incident / accident reporting policy been created?	○
Has a risk assessment been undertaken that includes students?	○
Is an Ionising Radiation Regulation (IRR) policy in place (if applicable)?	○
Is a confidentiality and consent policy in place?	○
Is an equal opportunities policy in place?	○
Is an infection prevention and control policy in place?	○
Is COSHH signage appropriately used and in place?	○
Is a lone worker policy in place?	○
Is a fire / emergency procedures policy in place?	○
Is a bullying and harassment process clearly evident?	○
Are raising and escalating concerns / whistle blowing procedures clearly in place and disseminated appropriately?	○
Has an evaluation of all regulated placement educators against the appropriate register been completed?	○
Are all appropriate insurances in place as required?	○

Important links and resources

GCC Education Standards 2023

Supplementary Advice to the Education Standards 2023: Clinical Placements

RCC Chiropractic Placement Educator Standards 2025

1. General Chiropractic Council. Education Standards. 2023, General Chiropractic Council: London, England.

2. Organization, W.H., Framework for action on interprofessional education and collaborative practice. 2010: Geneva: WHO Press.

3. Organization, W.H., State of the World Nursing Report. 2020: Geneva: WHO Press.

4. Irby, D. and M.B.B. Cooke, Calls for reform of medical education by the Carnegie Foundation for the Advancement of Teaching: 1910 and 2010. 2010: Acad Med. p. 220-227.

5. Mackintosh-Franklin, C., Pedagogical principles underpinning undergraduate nurse education in the UK: a review. 2016: Nurse Educ Today. p. 118-122.

6. Kolb, D., Experiential learning: experience as the source of learning and development . 2nd ed. 2014: Upper Saddle River NJ: Pearson FT Press.

7. Council, G.C., Supplementary Advice to the Education Standards 2023: Clinical Placements. 2023: London, United Kingdom: General Chiropractic Council.

8. Physiotherapy, C.S.o., R.C.o.O. Therapists, and e. al, AHP Principles of practice-based learning. Chartered Society of Physiotherapy.

9. Interprofessional Education Collaborative. (2023). Core competencies for interprofessional collaborative practice. Version 3. 2023, Interprofessional Education Collaborative: Washington, DC: Interprofessional Education Collaborative.

10. Patel, H., et al., A scoping review of interprofessional education in healthcare: evaluating competency development, educational outcomes and challenges. BMC Medical Education, 2025. 25(1): p. 409.

11. Allvin, R., C. Thompson, and S. Edelbring, Variations in measurement of interprofessional core competencies: a systematic review of self-report instruments in undergraduate health professions education. J Interprof Care, 2024. 38(3): p. 486-498.

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