

Education Visitors' Report

Recognition of a Satellite Programme

This form is to be completed by the panel secretary following an approval visit to an institution.

Name of institution	Health Sciences University (HSU) - London
Programme name	MChiro
Start date of programme	September 2025
Date of meeting	17 March 2025

Panel Chair	Rabia Ahmed
Panel Members	Mark Webster
Observers	Penny Bance
Panel Secretary	Elizabeth Austin

Introduction
<p>After discussions with the GCC during early 2025, HSU submitted documentation in February 2025 for consideration through the GCC satellite recognition process. Recognition of satellite programmes.pdf (gcc-uk.org)</p> <p>HSU completed the Stage 2 Outline Business Case template and the Stage 3 mapping document, focusing primarily on Section 2 of the Education Standards. The Approval Panel consisted of Rabia Ahmed and Mark Webster, who supported HSU with the implementation of the new Education Standards and carried out the previous satellite programme recognition.</p> <p>Following a desk top analysis, a meeting was arranged for 17 March 2025 to meet with Senior leaders and programme staff.</p>

Staff members, groups, facilities and resources seen			
	Yes	No	N/A
Representative(s) from validating institution			✓
Senior management responsible for programme resources.	✓		
Programme Leader	✓		
Faculty staff	✓		
Students			✓
Patients			✓
Clinic facilities			✓
Learning Resources (e.g. IT, library facilities)			✓

How areas of concern were addressed

During the pre-meeting on 14 March, the Panel highlighted areas of interest that had been identified in the submission analysis that would be explored in further detail at the meetings with senior staff and programme team.

Panel meeting with Senior Management Team (SMT) and Clinic Team

The Panel met with six members of the SMT and clinic team.

The Panel asked the SMT to provide an overview of the recent changes in the senior management structure at HSU. The acting Head of School (HoS) explained that the Deputy Vice Chancellor responsible for academic provision, who was also the previous acting HoS for the AECC School of Chiropractic, left before Christmas. This role has not yet been permanently replaced. The University plans to advertise a permanent replacement for the HoS in the coming weeks, aiming to have long-term leadership in place by summer.

Despite these changes, there are no expected structural alterations to the chiropractic academic units. The school will continue to operate across both Bournemouth and London campuses, with leadership working collaboratively to ensure smooth operations.

Regarding staffing and leadership requirements across the campuses, the HoS explained that senior leadership members will need to travel between Bournemouth and London. This requirement for travel among senior staff is recognised as a potential challenge, but measures are being taken to manage working hours and timetables effectively. Digital platforms like Microsoft Teams will be used to facilitate remote meetings and teaching.

In the first year of the London provision, some Bournemouth-based staff will travel to London to deliver specialist teaching, ensuring consistency. However, the long-term plan is to establish a dedicated team in London. Recruitment for London-based staff, including a course leader, is expected to begin around Easter, ensuring that staff members are in place for the start of the academic year. The university aims to build a mix of permanent staff and associate lecturers to support the course as it grows.

While the curriculum will remain the same between Bournemouth and London, the delivery method may be adapted to suit the location. The clinic provision in London will also differ slightly, integrating a different mix of healthcare professionals compared to Bournemouth.

The Panel asked Senior managers to explain the strategic vision for the programme. The HoS explained that London is seen as a strategic opportunity for the university, particularly in the field of Allied Health and Musculoskeletal (MSK) services. The university is engaging with NHS Trusts and private healthcare providers to assess workforce needs and explore potential partnerships. There is also a growing focus on developing apprenticeship programmes and enhancing clinical services within the London campus.

From a market research perspective, a gap was identified in central London following the relocation of LSBU's chiropractic program to Croydon. The absence of a chiropractic course in central London presents an opportunity to attract students from the local area as well as international applicants. London's accessibility and global reputation make it a desirable location for students, particularly from overseas, who may prefer studying in a major city over traveling further to Bournemouth.

The university anticipates that establishing the MChiro course in London will strengthen its reputation and attract a diverse student body, ensuring the long-term success of the programme.

The Panel were provided with an overview of the Allied Healthcare courses and provisions being introduced to the London campus. Alongside osteopathy, courses include radiography and diagnostic imaging, with medical ultrasound already set up. There are also plans for advanced clinical practice, psychological services and potentially physiotherapy. The decision-making process is influenced by discussions with stakeholders like Great Ormond Street Hospital, which has shown interest in paediatric diagnostic imaging, and Guy's and St Thomas' Hospital. There is also interest in CPD short courses and postgraduate certificates, with an overall focus on supporting the workforce challenges in London.

Regarding student numbers, the Panel noted that the projected minimum for a viable student experience is 10. The first few years are expected to run at a loss due to necessary staffing and resource investments. While the HoS acknowledged that the university executive team may not want a cap on student numbers, launching a new course with large numbers poses challenges. A gradual increase over the first few years is preferable to ensure flexibility and quality. Additionally, setting up and running a new clinic in London will require careful management. The expectation is not to start with very high numbers, as that would put excessive strain on resources and staff.

Regarding recruitment impacts on Bournemouth, the HoS stated that some applicants have applied to both Bournemouth and London, but the university hopes to grow overall applicant numbers rather than simply shift them between campuses. The AECC brand is expected to help in the London market, and international recruitment is also being considered. The first two years of data will be critical in assessing whether London enrolment affects Bournemouth numbers.

Addressing capital expenditure, the HoS confirmed that London is receiving significant investment. Simulation facilities will be replicated in London, although some resources, like the prosection lab in Bournemouth, will not be duplicated. However, London will feature a virtual reality suite for anatomy teaching. Additional investments will be made in chiropractic clinics and student learning resources as student numbers increase.

Specialist equipment will be shared with osteopathy students where appropriate, particularly for anatomy-related provision, but chiropractic-specific resources will be maintained separately. It was emphasised that chiropractic remains the university's flagship provision and the largest income generator, making it essential to maintain quality standards.

The team confirmed that with growing student numbers, student services and non-teaching staff provisions will be expanded. There has already been investment in areas like library services, student welfare, and support services, ensuring that London students receive the same level of support as those in Bournemouth. Additional investment in student finance, learning technology, and other services will continue as the campus develops.

Regarding delivery of the programme, it was confirmed that the course structure would be condensed. It was acknowledged that there has been a trend towards fewer but more intensive teaching days in response to student preferences, particularly those who commute longer distances and would prefer to have fewer days on-site.

The team explained that the current planning aims to replicate the existing course delivery as closely as possible, condensing the timetable from five days to approximately three. Most of the teaching will remain in-person, although some online elements, such as sessions delivered via Microsoft Teams, will continue as appropriate. The emphasis remains on ensuring that students gain the most value from their time on campus.

The team estimated that there would be approximately 12 contact hours per week and the total contact hours would remain the same across both the Bournemouth and London sites.

Regarding attendance, the team confirmed that an 80% attendance rate is recommended—based on research linking higher attendance to better academic outcomes. The university prefers a supportive approach, monitoring attendance to identify students who may require additional support. The only exceptions are for visa compliance and cases where students' engagement with the course is reviewed due to poor performance.

Regarding the clinical provision for chiropractic students, the Panel enquired about the scaling-up of clinical facilities to accommodate increasing student numbers. The clinic lead assured the Panel that there is sufficient space within the clinic to support growth. Planning is ongoing to ensure that chiropractic students will receive a high-quality clinical experience, including integrating multidisciplinary team (MDT) activities and interprofessional learning. When the Mchiro students enter clinic, pre reg students would have already started to build up patient footfall to make transition easier with larger numbers

Regarding preclinical observation opportunities, the team explained that this will be a two-week compulsory external placement, similar to the one used for pre-registration students. Observations are strictly non-participatory due to insurance reasons, and students are encouraged to observe multidisciplinary practices. Quality assurance is maintained by ensuring that all supervisors are registered healthcare professionals and by verifying placements in advance.

The Panel asked about the similarities and differences between the clinical provision for chiropractic and osteopathy students. The clinic lead confirmed that while the two professions share many similarities, there are also distinct differences in their approaches. The team are currently reviewing existing policies and clinic processes in London and Bournemouth to develop an equitable experience for students.

Meeting with the Course Delivery Team

The Panel met with six members of the course delivery team.

The Panel asked the team to expand on the similarities and differences between the MChiro provision in London and Bournemouth. The team provided examples focusing on teaching delivery, timetabling, staffing, simulation technology, and student experience. The London programme is designed to closely mirror the Bournemouth course in terms of content, contact hours, and practical teaching. However, due to the logistical considerations of students travelling within London, the timetable will be structured over fewer days per week, allowing for more concentrated teaching blocks. This approach aims to enhance student engagement and flexibility, particularly for those with external commitments such as work or caring responsibilities.

The team shared that the number of faculty members based in London will initially be lower than in Bournemouth, given that the chiropractic faculty at Bournemouth is

already well established. However, existing staff will travel to London to deliver teaching, and new staff will be recruited to provide on-site support. The intention is to maintain a high level of student-staff interaction, ensuring that London-based students receive similar access to academic support as their Bournemouth counterparts. While the total number of contact hours will remain consistent across both locations, the structure of delivery will be adapted to suit the needs of the London student cohort.

The Panel was keen to learn about the provision of simulation-based learning. The team stated that while simulation is an important aspect of the programme, the use of high-tech mannequins is not as central as in some other healthcare disciplines. Plans are in place to establish equivalent simulation resources at the London campus, and a dedicated team is assessing space and resource allocation. If necessary, students will be transported to Bournemouth for simulation training until the London facilities are fully operational. The university has already trialled this approach successfully with osteopathy students, who travelled to Bournemouth for practical training days.

The Panel was also informed that the Bournemouth campus has a pro-section facility and an Anatomage table, whilst the London campus has a VR anatomy suite and the option for pro-section at Kings College (Guys Campus). Both sites are therefore able to offer anatomy learning with an equivalent learning experience.

Regarding radiography simulation, there are no current plans to establish a full radiography suite at the London campus. Instead, students requiring this training will travel to Bournemouth for intensive practical sessions. To facilitate this, the university will organise transport and structure the sessions to minimise disruption to the student experience.

Regarding the module specifications supplied in the documentation, it was noted by the Panel that nine new module specifications were included, and the question was raised as to whether any minor amendments had been made since their last submission. The team responded that amendments were primarily related to assessment types and the sequencing of learning content. Specifically, changes were made to ensure students were exposed to orthopaedics and neurology at both Level 5 and Level 6, rather than covering these topics in a single block. Additionally, internal course monitoring highlighted an excessive number of pass/fail assessments in the lower levels of study. To address this, a continuous assessment format was introduced for practical units at Levels 4 and 5, allowing students multiple opportunities to demonstrate and progress their skills without a single fail point significantly impacting their progression. The Panel noted that a full curriculum review and revalidation are scheduled for September 2026, meaning the September 2025 London intake will be the last cohort under the current programme.

Regarding clinical learning experiences, the Panel queried if multi-disciplinary team (MDT) meetings and grand rounds would be conducted online. It was clarified that most MDT meetings and grand rounds are already delivered via an online platform for Bournemouth students unless they are presenting their own case in person. The same model is expected to apply to London students. The university also plans to expand NHS services at the London campus to increase clinical learning opportunities, though this will take time to reach the same level as Bournemouth. For the time being, London students will continue to participate in Bournemouth's clinical settings to ensure they gain sufficient breadth and depth of experience.

The team highlighted the importance of maintaining a sense of community and parity between the London and Bournemouth cohorts. Given that the two programmes are

intended to be identical aside from location, efforts are being made to ensure neither group feels they are on a "better" or "worse" version of the course. Plans are already in place for joint events involving both campuses, and faculty members will teach across both sites to reinforce a sense of cohesion. Additionally, online MDT meetings and shared virtual learning platforms will contribute to fostering a unified learning experience.

To further integrate students across campuses, the university is exploring the possibility of six-week student exchanges between London and Bournemouth. The feasibility of this was discussed, including clinic capacity, continuity of patient care, and accommodation logistics. It was noted that Bournemouth is better equipped to absorb London students due to existing infrastructure and accommodation contracts. While movement from London to Bournemouth is relatively straightforward, placing Bournemouth students in London clinics presents more challenges and will require further planning. The university intends to gauge student interest before finalising the structure of the exchange programme.

An alternative approach being considered is a direct exchange model, where equal numbers of students from each campus switch places for six weeks. This would help maintain balance in clinic capacity and student support services. In terms of patient continuity, it was explained that students currently undertake eight-week placements in paediatrics or sports chiropractic, during which their patients may be seen by other students. A similar arrangement could be implemented for campus exchanges, ensuring that patient choice remains paramount.

Account of verbal summary given to the institution

During the final meeting with the Senior Management Team, the Panel Chair stated that its indicative recommendation to the Education Committee is to:

- recommend approval of the London campus MChiro programme with one condition

It was agreed that the approval report would be shared with HSU for fact checking, for return to the GCC by 24 March 2025. The report will be presented to the Education Committee at its April meeting. If it is agreed that the programme meets all the Education Standards, the Committee will recommend to the Council of the GCC that the programmes should be approved.

The Council of the GCC considers and decides whether to accept the recommendation of the Education Committee.

The Panel Chair concluded that subject to approval, the Panel looks forward to returning to the campus once the chiropractic clinic has been established.

Recommendation to Education Committee

1. Approve <u>without</u> conditions	
2. Approve <u>with</u> conditions	✓
3. No approval (insufficient evidence due to serious deficiencies)	

Conditions for the institution with reasons and timeframes in which they are to be met.
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| <ul style="list-style-type: none">- Develop the London clinic ahead of clinical training |
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Recommendations for the institution
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| <ul style="list-style-type: none">- To review staffing and expand as need or demand require.- Develop resources to run and deliver the programme (including simulation technology) as the programme requires. |
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Commendations to the institution

The panel would like to commend:

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| <ul style="list-style-type: none">- Considerations for parity of the student experience at both campuses, as well as the academic provision.- Wider stakeholder engagement at the London campus |
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Signed

Rabia Ahmed

Panel Chair

Date: 19/03/25