

**EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION
QUALITY ASSURANCE AND ACCREDITATION
COMMITTEE**

EVALUATION TEAM REPORT

**DEPARTMENT OF CHIROPRACTIC
LONDON SOUTH BANK UNIVERSITY
LONDON, ENGLAND
13- 15 February 2025**

1. EXECUTIVE SUMMARY

1.1 The Integrated Masters of Chiropractic (MChiro) at London South Bank University (LSBU) has been successfully delivered since its validation and first student intake in 2018. The programme spans four years (Levels 4-7), with the final year at Level 7, integrating master's level credits. Students earn 480 credits upon completion.

1.2 Over the academic period 2022-2024, the course has consistently exceeded its recruitment targets, enrolling 40 students per cohort. While the first graduating cohorts have been relatively small, there has been a 100% employment rate, largely due to the strong placement network developed by the programme team.

1.3 The MChiro programme was originally based at LSBU's Southwark campus in London. However, in 2020-2021, LSBU established a healthcare hub in Croydon, responding to local healthcare needs. The MChiro course transitioned to Croydon, where most teaching now takes place. Students still have access to all facilities at the Southwark campus, but the Chiropractic skills labs and Clinic are now based in Croydon. This move has allowed LSBU to offer affordable healthcare to the local community, while also broadening the clinical experience for students through exposure to a diverse patient base.

1.4 The MChiro course incorporates external observational placements across all years, providing students with valuable hands-on learning experiences that prepare them for professional practice. The combination of clinical exposure, external placements, and high-quality education ensures graduates are well-prepared for the workforce.

1.5 The programme is accredited by the General Chiropractic Council (GCC), the UK's chiropractic regulator. Initially mapped to the 2017 GCC Education Standards, the course underwent an international revalidation in 2023-2024 alongside an update to align with the new GCC Education Standards (2023). Following a rigorous review process, LSBU successfully achieved reaccreditation from the GCC and revalidation from the University, securing the programme's approval for the 2024-2029 academic cycle.

1.6 In September 2024, LSBU submitted its Self-Study Report (SSR) for ECCE accreditation review. A three-day site visit was conducted by the Evaluation Team, assessing LSBU's compliance with ECCE standards through document analysis, interviews, and on-site observations.

Key Commendations

The Evaluation Team commended LSBU for the following aspects:

- **Leadership & Institutional Support:** The programme is led by an enthusiastic and highly engaging leadership team with strong institutional backing and alignment with LSBU's ethos of diversity, inclusivity, and community engagement.
- **Staff Commitment & Quality:** The loyal and dedicated faculty contribute significantly to the programme's success, ensuring a high-quality educational experience.
- **Student Diversity & Support:** LSBU demonstrates a strong commitment to supporting students from socially deprived backgrounds, providing extensive student support and well-being initiatives.
- **Programme Management:** The administrative and quality assurance framework is robust, ensuring consistent feedback loops for continuous improvement.
- **Clinical Exposure & Placements:** The course's strong placement network and exposure to a diverse patient base enhance clinical training, with placements offering real-world experience from early years.
- **Innovative Educational Approaches:** The integration of simulation, digital tools, and video-based learning demonstrates a commitment to modern teaching methodologies.
- **Chiropractic Research & Interprofessional Engagement:** The Chiropractic Research Project, Health HUB, and REACT initiative provide valuable opportunities for academic and clinical collaboration.

Key Recommendations

The Evaluation Team provided recommendations for improvement, including:

- **Strengthening Programme Identity at Croydon:** While efforts have been made to establish LSBU identity at the Croydon campus, further work is needed to fully integrate the programme into the wider university structure to avoid siloing.
- **Refining Competency-Based Education (CBE) Implementation:** The programme currently blends traditional and competency-based models; however, for consistency, the CBE approach must be fully embedded throughout the curriculum.
- **Aligning Learning Outcomes, Teaching, and Assessment:** Greater emphasis is needed on formative assessments, reflective learning, and self-assessment tools to support competency progression.
- **Enhancing Faculty Development:** While faculty members are highly motivated, further investment in pedagogical training and educational CPD is necessary to support the CBE model. Faculty recruitment should also focus on increasing staff engagement in Doctoral and Professional Doctorate programmes.
- **Ensuring Long-Term Staff Sustainability:** The current faculty workload distribution may impact the long-term sustainability of the programme, especially if student intake increases. Expanding faculty numbers should be prioritized.
- **Increasing Clinical Training Opportunities:** While clinical exposure is commendable, additional training opportunities in pregnancy and paediatrics should be incorporated to further enrich student experiences.
- **Improving IT & Timetabling Systems:** Technical issues related to the central university system have impacted students, requiring urgent resolution.

Key Opportunities and Threats

- The Chiropractic Research Project, Health HUB, and REACT initiative represent significant growth opportunities that should be fully leveraged. However, the UK higher education financial constraints and the risk of programme isolation at Croydon pose potential threats to sustainability.
- No critical concerns were identified during the evaluation. LSBU was recognized for its transparent approach to accreditation, strong institutional commitment, and continuous improvement efforts, ensuring that the MChiro programme remains a high-quality chiropractic education provider.

Concerns:

There were none.

2. INTRODUCTION

2.1 London South Bank University (LSBU) has a strong reputation in health and social care education and has been delivering chiropractic education since 2018. The MChiro programme was first accredited by the General Chiropractic Council (GCC) and underwent its most recent reaccreditation in 2023-2024. The Self-Study Report (SSR) with appendices was submitted to the Quality Assurance and Accreditation Committee (QAAC) of the European Council on Chiropractic Education (ECCE) in September 2024 as part of the university's application for accreditation. The subsequent 2-day site visit (13th -15th February 2025) assessed the programme's compliance with ECCE Standards for Chiropractic Education and Training.

2.2 The Evaluation Team Report noted the following Commendations and Recommendations:
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- **Leadership & Institutional Support:** The programme is led by an enthusiastic and highly engaging leadership team with strong institutional backing and alignment with LSBU's ethos of diversity, inclusivity, and community engagement.
- **Staff Commitment & Quality:** The loyal and dedicated faculty contribute significantly to the programme's success, ensuring a high-quality educational experience.
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- **Programme Management:** The administrative and quality assurance framework is robust, ensuring consistent feedback loops for continuous improvement.
- **Clinical Exposure & Placements:** The course's strong placement network and exposure to a diverse patient base enhance clinical training, with placements offering real-world experience from early years.
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Recommendations:

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- **Refining Competency-Based Education (CBE) Implementation:** The programme currently blends traditional and competency-based models; however, for consistency, the CBE approach must be fully embedded throughout the curriculum.
- **Aligning Learning Outcomes, Teaching, and Assessment:** Greater emphasis is needed on formative assessments, reflective learning, and self-assessment tools to support competency progression.
- **Enhancing Faculty Development:** While faculty members are highly motivated, further investment in pedagogical training and educational CPD is necessary to support the CBE model. Faculty recruitment should also focus on increasing staff engagement in Doctoral and Professional Doctorate programmes.
- **Ensuring Long-Term Staff Sustainability:** The current faculty workload distribution may impact the long-term sustainability of the programme, especially if student intake increases. Expanding faculty numbers should be prioritized.
- **Increasing Clinical Training Opportunities:** While clinical exposure is commendable, additional training opportunities in pregnancy and paediatrics should be incorporated to further enrich student experiences.
- **Improving IT & Timetabling Systems:** Technical issues related to the central university system have impacted students, requiring urgent resolution.

- 2.3. Members of the Evaluation Team were appointed by the ECCE Executive and each member received the SSR, appendices and written comments from the Quality Assurance and Accreditation Committee related to the documents prior to the visit. The members of the Evaluation Team were:

Rui Amaral Mendes	Chair, Professor of the Medical School of the University of Porto and Oral Surgeon, Educationalist, Portugal.
Esmarie Agenbag	Secretary, Private Practice, The Netherlands
Matthew Bennett	Member, Private Practice, United Kingdom.
Flora Bergeon-Azibeiro	Member, Student, France

Professor Rui Amaral Mendes acted as Chair to the team and Dr. Esmarie Agenbag acted as Secretary. Members of the Evaluation Team were allocated specific areas of responsibility before arriving at LSBU.

- 2.4. The purpose of the Evaluation Visit was to verify the SSR and other evidence presented by LSBU, and to evaluate the institution in terms of its compliance with the ECCE Standards in Chiropractic Education and Training (hereafter referred to as the ECCE Standards, or Standards). On the basis of the SSR and its supporting documents, and on oral and other documentary evidence given and consulted during the on-site visit, an Evaluation Report compiled by the Evaluation Team was submitted to LSBU for correction of any factual errors, and thereafter to the Quality Assurance and Accreditation Committee for a decision on the accreditation of LSBU.
- 2.5. All members of the Evaluation Team were presented by name beforehand to LSBU, and no objection to any member was received. All members of the Evaluation Team signed confidentiality and conflict of interest statements before the on-site visit. No conflicts of interest by any of the members were declared.
- 2.6. A draft timetable for the visit was sent to LSBU on date, and the final schedule agreed with LSBU on date. A copy of the schedule is appended to this Report (Appendix 1).
- 2.7. Members of the Evaluation Team held a meeting in London on 12th February to complete the final preparations prior to the visit. The on-site visit was from 13th to 15th February 2025 (inclusive). Meetings were held with the institution over the first two days and time was allocated for the Evaluation Team to hold private meetings as the visit proceeded. This allowed the Evaluation Team to reflect on the (written and oral) evidence it had been presented with, and enable the Evaluation Team to request further evidence where clarification was necessary. The Report was compiled on an on-going basis during the visit, and part of the final day (15th of February) was set aside to complete the draft Report and on the 16th of February feedback was orally given to the institution via Microsoft Teams.
- 2.8. Members of the Evaluation Team were very well hosted by LSBU, afforded every courtesy and had full access to documentation and to staff, students and other stakeholders in the institution. Members of the Evaluation Team and the ECCE extend their thanks and appreciation to LSBU.
- 2.9. The report was finalized by the Chair of the Team and sent to Team members for comments. Based on these, the final draft Report was sent to LSBU for factual verification on April 22nd
- 2.10. The response was received from LSBU on ****. The Chair and Secretary finalized the Report and this was submitted to the Quality Assurance and Accreditation Committee (QAAC) on *****.

2.11. The Report includes an Executive Summary, a description of LSBU and the findings of the Evaluation Team regarding compliance of LSBU with the ECCE Standards. The Report ends with the Conclusions of the Team and any Commendations, Recommendations and/or Concerns the Team wished to draw to the attention of the Quality Assurance and Accreditation Committee. The Evaluation Report was based on the ENQA Guidelines for external reviews of quality assurance agencies in the European Higher Education Area (www.enqa.eu)

3. DEPARTMENT OF CHIROPRACTIC, LONDON SOUTH BANK UNIVERSITY (LSBU)

3.1 The Department of Chiropractic at London South Bank University (LSBU) is part of the School of Allied and Community Health within the Institute of Health and Social Care. The department offers the Integrated Master's in Chiropractic (MChiro), a four-year undergraduate programme that integrates master's-level credits in the final year. The programme has been successfully delivered since its validation in 2018 and is accredited by the General Chiropractic Council (GCC).

3.2 LSBU is a well-established higher education institution in the United Kingdom, with a strong emphasis on diversity, inclusion, and community engagement. The MChiro programme originally operated from the Southwark campus but transitioned in 2021 to the university's Croydon campus, a healthcare hub designed to meet the needs of the local community. Students benefit from access to both campuses, with chiropractic-specific facilities, including the clinical skills labs and student clinic, based in Croydon.

3.3 The Department of Chiropractic operates within LSBU's broader institutional governance and quality assurance framework. Decisions regarding the chiropractic programme are made at the departmental level and are reviewed by faculty leadership, the university's academic board, and external regulatory bodies. The programme undergoes continuous review and improvement through LSBU's quality assurance processes, alongside external reaccreditation by the GCC. LSBU has a well-structured framework for monitoring educational outcomes, ensuring alignment with evolving chiropractic education standards.

3.4 The MChiro programme is structured to integrate theoretical knowledge, clinical skills, and practical experience. Students undertake external observational placements throughout their studies and complete their final-year clinical training at the LSBU Chiropractic Clinic in Croydon. The diverse patient base in Croydon enhances students' clinical exposure, preparing them for independent practice.





3.5 LSBU has established strong connections with stakeholders, including regulatory bodies, professional associations, and external clinical partners. The programme has demonstrated a commitment to widening participation, particularly supporting students from socioeconomically diverse backgrounds. Additionally, the student clinic provides affordable chiropractic care to the Croydon community, allowing students to engage with a wide range of clinical cases.

3.6 The evaluation team noted several strengths of the programme, including enthusiastic leadership, a committed faculty, and a strong institutional ethos of diversity and inclusion. The programme benefits from well-defined quality assurance mechanisms, innovative teaching approaches, and an expanding research culture. However, challenges include the need for further alignment of the curriculum with a competency-based education (CBE) model, increased faculty development in educational methodologies, and long-term sustainability in staffing, particularly as student intake grows.

3.7 The LSBU MChiro programme is well-integrated within the university's academic structure, supported by a dedicated faculty and strong institutional backing. With ongoing curriculum refinement and faculty development, the programme is well-positioned to continue producing competent graduates ready for professional chiropractic practice.

3.8 The following section details the findings of the Evaluation Team with regard to the compliance of the University with ECCE Standards in the provision of chiropractic education and training through the award of MChiro. The findings of the Evaluation Team are based on documentation presented by the University prior and during the on-site visit.

3.9 The colour-coded system outlined below was used by the Evaluation Team to indicate the level of compliance with each standard:

	<u>Dark Green</u> = Fully compliant/no risk. (This is on track)
	<u>Light Green</u> = Substantially compliant/low risk. (Broadly on track with some areas which could be addressed)
	<u>Yellow</u> = Partially compliant/medium risk. (Some significant areas which could be detrimental if not addressed)
	<u>Red</u> = does not comply/High risk. (Serious concerns threaten this area; high risk in the organisation's overall performance).

4. ECCE STANDARDS COMPLIANCE

4.1 AIMS AND OBJECTIVES

4.1.1 Statement of Aims and Objectives

The institution/programme must define the overall aims and objectives of the first qualification chiropractic programme and make them known to its stakeholders. The statements must describe the aims and objectives resulting in a chiropractor that is competent and safe to enter practice as a primary contact practitioner in the current healthcare environment, with the appropriate foundation for postgraduate education and training, and a commitment to, and capacity for, life-long learning.

4.1.1 a Description:

The LSBU MChiro programme defines a clear and coherent set of aims that align with both university-wide values and the expectations set by ECCE. The stated aims encompass access to opportunity, student success, real-world impact, and future readiness. These are embedded into the programme's structure, student support systems, and community-facing clinical practice.

4.1.1 b Analysis:

The stated aims reflect a socially responsible and inclusive educational philosophy. These aims are operationalised through targeted recruitment from underrepresented groups, a rich clinical placement infrastructure, and a curriculum that emphasises evidence-based and community-oriented practice. There is strong alignment between the programme's values and the broader goals of healthcare education in the UK. However, alignment between stated aims and assessment strategies (particularly formative assessment) could be further improved.

The LSBU MChiro programme has clearly stated aims and objectives, which are well aligned with ECCE expectations and institutional priorities. Greater integration of competency-based formative strategies would further support these objectives.

4.1.1C Conclusion:

LSBU fully complies with Standard 1.1



4.1.2 Participation in formulation of Aims and Objectives

The overall aims and objectives of the chiropractic programme must be defined by its principal stakeholders.

4.1.2 a Description

The process of programme development and revalidation has been participatory, involving a broad range of internal and external stakeholders. Feedback from alumni, students, placement providers, and professional bodies has informed curricular changes, particularly during the 2023–2024 revalidation.

4.1.2 b Analysis

Stakeholder participation was clearly structured and documented. Recommendations were considered in light of national chiropractic standards and ECCE expectations, and changes were made accordingly. The process ensures relevance to real-world chiropractic practice and healthcare delivery.

There is ample evidence of inclusive and iterative stakeholder engagement in the development and revision of the programme's aims and objectives, in full alignment with ECCE standards.

4.1.2 c Conclusion

LSBU fully complies with Standard 1.2



4.1.3 Academic autonomy

The institution/programme must have sufficient autonomy to design and develop the curriculum.

4.1.3 a Description

Academic and administrative structures grant the LSBU chiropractic team autonomy to design, deliver and assess the curriculum. While shared modules exist, chiropractic-specific teaching and assessments are implemented to preserve professional specificity.

4.1.3 b Analysis

The chiropractic faculty has a high degree of curricular and operational independence. Programme-specific learning outcomes are preserved even in interprofessional modules. Placement appendices and custom assessments reinforce discipline-specific autonomy.

The programme enjoys appropriate academic autonomy that safeguards the profession-specific educational goals, in accordance with ECCE standards.

4.1.3 c Conclusion

LSBU fully complies with Standard 1.3



4.1.4 Educational outcome

The institution/programme must define the competencies (exit outcomes) that students will exhibit on graduation in relation to their subsequent training and future roles in the profession and the wider healthcare system.

4.1.4 a Description

The programme defines robust educational outcomes mapped across four years. These outcomes encompass theoretical knowledge, practical skills, clinical reasoning, and professional behaviours.

4.1.4 b Analysis

Learning outcomes align well with ECCE graduate competencies. However, while the curriculum includes summative assessments and sign-offs, the implementation of competency-based education (CBE) remains partial. Reflection, portfolio-building, and progressive formative feedback need to be strengthened.

Educational outcomes are clearly defined and meet ECCE expectations, but full integration of CBE principles will enhance alignment between learning objectives and actual student progression.

4.1.4 c Conclusion

LSBU fully complies with Standard 1.4



4.2 EDUCATIONAL PROGRAMME

4.2.1 Curriculum model and educational methods

The institution/programme must define a curriculum model and educational (teaching and learning) methods consistent with the objectives of the curriculum.

The curriculum and educational methods must ensure the students have responsibility for their learning, and prepare them for lifelong, self-directed learning throughout professional life.

4.2.1 a Description

LSBU's integrated Master's programme follows a spiral curriculum, reinforcing knowledge progressively to Level 7. While chiropractic techniques follow a spiral model, subjects like neuroanatomy and neurology adopt a linear approach, ensuring structured learning. Bloom's taxonomy shapes module learning outcomes.

A blended learning approach incorporates:

- **Constructivist learning (Levels 4-5)** – Introduces foundational knowledge.
- **Reflective practice** – Strengthens practical skills, particularly in technique classes.
- **Collaborative learning** – Used in problem-based sessions.
- **Integrative learning** – Involves AHP elements and external placements (Years 1-3).
- **Inquiry-based learning** – Encourages independent problem-solving, especially in the final year.

Delivery methods include workshops, theory-based sessions, online learning, practical skill labs, collaborative group work, problem-based learning, and clinical placements. Students also engage in cadaver labs (Years 1-2) and interprofessional learning modules, reinforcing interdisciplinary collaboration.

4.2.1b Analysis

LSBU's curriculum effectively integrates student-centred and interdisciplinary learning, ensuring progressive knowledge retention and real-world application. The combination of problem-based learning, workshops, and clinical placements fosters active learning.

However, while the programme is student-centred, the connection between the curriculum model and educational methods requires refinement to ensure coherence and continuity. To enhance student progression, aligning assessments with learning outcomes and increasing formative feedback would be beneficial. Expanding interdisciplinary collaboration could further strengthen practical application and professional readiness. Overall, LSBU's curriculum meets ECCE standards, equipping graduates with critical thinking and clinical competence.

4.2.1c Conclusion

LSBU fully complies with Standard 2.1



4.2.2 The Scientific Method

The institution/programme must teach the scientific method, other forms of research inquiry and evidence-based practice, including analytical and critical thinking.

The curriculum must include elements for training students in scientific thinking and research methods.

4.2.2 a Description

LSBU embeds the scientific method throughout the curriculum to develop students' critical thinking and research skills for evidence-based practice.

- Year 1: Introduction to Healthcare module establishes evidence-based practice principles.
- Year 2: Appraising Evidence module introduces research methodologies, critical appraisal, and data analysis.
- Year 3: Evidence-Based and Contemporary Practice module develops research questions, methodology skills, and patient management evaluation.
- Year 4: Chiropractic Research Project involves primary or secondary research, ethics board interaction, and research dissemination via journal articles and conference posters.

4.2.2 b Analysis

LSBU effectively builds research competency, from foundational evidence-based practice to independent inquiry and dissemination. The interprofessional approach and ethics integration reinforce governance understanding. Further strengthening research mentorship and interdisciplinary collaborations could enhance student engagement and professional development.

4.2.2 c Conclusion

LSBU fully complies with Standard 2.2.



4.2.3 Biomedical Sciences

The institution/programme must identify and include in the curriculum those contributions of the basic biomedical sciences that enable a knowledge and understanding of the basic sciences applicable to the practice of chiropractic.

4.2.4a Description

Biomedical sciences form the foundation of the Integrated MChiro programme, with a progressive integration into clinical practice. Faculty from basic and clinical sciences collaborate to ensure continuity.

- Year 1: Focus on normal human function through Clinical Anatomy (biomechanics, muscle testing) and Clinical Physiology (molecular biology, genetics, microbiology, immunology, biochemistry).
- Year 2: Application to clinical scenarios with General Diagnosis (pathophysiology, diagnostics), Chiropractic II (biomechanics, manual therapy), and MSK Pathology and Pain (mechanical and psychosocial aspects of MSK conditions).
- Year 3: Case-based integration via Exercise Rehabilitation, Chiropractic III, and Clinical Development, preparing students for clinical placements.

4.2.3 b Analysis

LSBU effectively integrates biomedical sciences into chiropractic education, linking foundational knowledge to clinical application. The scaffolded curriculum ensures progressive development, while interdisciplinary learning with allied health programmes and cadaver labs enhances practical understanding. Expanding case-based learning and interdisciplinary collaborations could further strengthen real-world application.

4.2.3 c Conclusion

LSBU fully complies with Standard 2.3



4.2.4 Behavioural and Social Sciences, Ethics and Jurisprudence

The institution/programme must identify and include in the curriculum those contributions of the behavioural sciences, social sciences, ethics, scope of practice and legal requirements that enable effective communication, clinical decision-making and ethical practice.

4.2.5 a Description

LSBU incorporates behavioural and social sciences, ethics, and jurisprudence to support effective communication, decision-making, and professional conduct:

- **Year 1:** Introduction to Healthcare and Interprofessional Collaboration cover professionalism, ethics, and regulatory frameworks.
- **Year 2:** Applied Neurology addresses cognitive and neurological impairments; MSK Pathology & Pain introduces pain assessment and management.
- **Year 3:** Patient Communication & Health Promotion and Clinical Development explore psychosocial barriers and managing complex cases.
- **Year 3:** Evidence-Based and Contemporary Practice integrates professional ethics, 'The Code,' and relevant legislation.

4.2.4 b Analysis

LSBU effectively embeds behavioural and social sciences, ethics, and jurisprudence across the curriculum, reinforcing professionalism and ethical practice. Expanding interdisciplinary learning and ethical case-based discussions could further enhance student readiness for diverse clinical settings.

4.2.5c Conclusion

LSBU fully complies with Standard 2.4



4.2.6 Clinical sciences and skills

The institution/programme must identify and include in the curriculum those contributions of the clinical sciences that ensure students have acquired sufficient clinical knowledge and skills to apply to chiropractic practice in a primary contact setting.

4.2.6 a Description

Year 1 students begin with thorough basic sciences, for example, physical examination skills and radiological anatomy. Anatomy and physiology are taught with students from other programmes.

Topics are revisited, extended and applied in Years 2 and 3, culminating in simulated cases in the Year 3 Clinical Development module. External lecturers specialising in for example, communication skills and nutrition are used to enhance the teaching.

As the programme progresses, learning scaffolding is gradually removed through the Year 3 Junior Clinic and Year 4 Clinical Placement at the university's student clinic in Croydon.

There is a mix of learning experiences including lectures, tutorials, workshops, online virtual learning and clinic placements.

Technology is used effectively with highly advanced, ethnically diverse, interactive mannikins deployed to simulate medical conditions and assist in training. Video is extensively used to ensure all students can adequately see demonstrations. Video is also used for feedback.

Each module has a set of clinical skills which students are required to demonstrate with satisfactory clinical competency within practical sessions. There are examinations to allow progress to the Student Clinic at the end of Year 3.

4.2.5 b Analysis

Clinical skills are inculcated throughout the whole curriculum. For example, it is commendable that Year 1 Clinical Anatomy involves practical sessions including hands on examination and muscle testing including clinical application and significance.

There is an appropriate focus on neuromusculoskeletal knowledge and skills with a wide range of topics such as nutrition and dermatology also taught. The Module Descriptors are clear and appropriately referenced along with additional optional reading. It is commendable that the Module Descriptors include a section called Employability which describes the relevance of the content to everyday practice.

It is also commendable that technology is used in skills training and that placements with local clinics occur early in the programme allowing students to see real life practice. Students are encouraged to observe a

wide range of practice styles and this is not restricted. This is likely to help students understand practice and the profession very well.

4.2.5 c Conclusion

LSBU fully complies with Standard 2.5



4.2.7 Chiropractic

The institution/programme must foster the ability to participate in the scientific development of chiropractic.
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4.2.6 a Description

LSBU ensures students understand chiropractic history, evolving practice, and research engagement:

- **Year 1:** Introduction to Healthcare covers chiropractic history and development.
- **Year 3:** Evidence-Based and Contemporary Practice explores employment options, ethics, EDI, and treating special populations.
- **Year 4:** Chiropractic Research Project involves conducting primary research or systematic reviews, reinforcing research methodologies.

Research skills are developed throughout the programme:

- **Year 1:** Concepts of Interprofessional and Collaborative Working introduces reflective practice and interprofessional experiences.
- **Year 2:** Appraising Evidence for Research Informed Practice covers literature appraisal and critical reviews.

4.2.7 b Analysis

LSBU effectively integrates chiropractic-specific education and research, ensuring students appreciate its historical development and evolving evidence base. The structured research progression fosters analytical skills, and encouraging further research participation and interdisciplinary studies could strengthen evidence-based practice.

4.2.6 c Conclusion

LSBU fully complies with Standard 2.6



4.2.8 Clinical training

The institution/programme must identify and include a period of supervised clinical training to ensure the clinical knowledge and skills, communication skills and ethical appreciation accrued by the student can be applied in practice, and so enable the student to assume appropriate clinical responsibility upon graduation.

Every student must have early patient contact leading to participation in patient care.

4.2.8a Description

Early patient contact occurs in a variety of clinic placements in the local community and further afield. Following examinations, Year 3 students are introduced to the Student Clinic. Students undergo an induction and patient handover process from Year 4 clinicians, ensuring continuity of care, where they begin managing patients under supervision.

Across both years, students are required to manage 35 clinical cases, conduct 10 comprehensive physical examinations followed by written and referenced case presentations to supervisors. Records are maintained electronically and countersigned.

Year 4 students are organised into teams of 5–8 to collaboratively manage all aspects of clinic operations, including patient care, marketing, appointment scheduling and quality audits. Daily team briefings encourage peer collaboration, critical discussion of cases and observational learning.

The clinic serves a diverse and economically disadvantaged community, providing students with exposure to a wide range of musculoskeletal conditions, often complicated by co-morbidities. Multidisciplinary referrals are made when necessary. Partnerships with local organisations further enhance students' clinical experience and foster a commitment to community service. New links with local healthcare providers are being developed after the move from the Southwark campus disrupted links there.

Future developments include the integration of a diagnostic musculoskeletal ultrasound clinic and a postgraduate certificate programme.

4.2.9 b Analysis

Clinical training is robust, well supported by staff and embraced by students. It is highly regarded in the local community.

The case mix is good especially because of the community the clinic serves. The placements programme is an excellent way to introduce early patient contact.

The programme meets the standards and prepares the students well for clinical responsibility upon graduation.

4.2.7 c Conclusion

LSBU fully complies with Standard 2.7



4.2.8. Curriculum Structure, Composition and Duration

The institution/programme must describe the content, duration and sequencing of courses that guide both staff and students on the learning outcomes expected at each stage of the programme, and the level of integration between the basic sciences and clinical sciences.

4.2.8.a Description

The programme is a four-year full-time integrated masters degree which satisfies the UK's General Chiropractic Council standards to allow registration as a chiropractor upon completion. There is no part-time or accelerated programme.

Years 1 and 2 involve 120 Level 4 credits each. Year 3 accrues a further 120 credits up to level 6 and 7; Year 4, a further 120 credits at Level 7 and incorporates a research project at 60 credits.

The Modules are delivered in a linear or spiral model as appropriate, e.g. the chiropractic technique modules demonstrate the spiral curriculum, however modules such as neuroanatomy and neurology are introduced in a linear model.

Each module has a descriptor with explicit learning outcomes including the level of knowledge and understanding and include the expected substantial level of self-directed learning.

4.2.8 b Analysis

The programme emphasises cumulative learning, with each year building upon the previous one, creating a solid foundation for advanced study and professional practice. As students progress, the material becomes more complex and specialised. Clinical internship, placements and research projects provide opportunities to apply theoretical knowledge in real-world settings.

Each module descriptor is comprehensive and clear with references underpinning the content.

There is, however, a need to streamline the competency-based approach across the entire programme, not just in clinical years. Learning outcomes, content delivery, and assessment methods should be consistently aligned with this approach from Year 1 to Year 4. **(Recommendation)**

4.2.8 c Conclusion

LSBU substantially complies with standard 2.8



4.2.9 Programme management

A curriculum committee (or equivalent (s)) must be given the resources, responsibility, authority and capacity to plan, implement and review the curriculum to achieve the aims and objectives of the chiropractic programme.

4.2.9 a Description

The programme sits in the LSBU School of Allied & Community Health and has been running since 2018. The University requires all programmes to be internally revalidated and reaccredited every four to five years. Module changes in between revalidation require University approval¹. There are various committees and advisors within the university hierarchy involved.

The programme satisfies latest Education Standard (2023) of the UK's chiropractic regulator, the General Chiropractic Council (GCC), which conducts annual monitoring.

The programme has a small team of six with a course leader, professional lead, lecturers and clinic lead and supervisors.

Most of the modules for the chiropractic programme are delivered by the chiropractic course team who are also responsible for creating the module descriptors and writing the assessments for each module. Some modules are delivered by associated programmes e.g. anatomy and physiology, with additional input and assessment from the chiropractic staff.

4.2.9 b Analysis

University oversight of the programme is commendably robust and allows for challenge with appropriate mechanisms for course development. The management and governance structures are well-defined.

The LSBU MChiro programme benefits from a well-established governance structure that includes clear curricular oversight and regular review processes. The curriculum committee, as part of the broader programme management structure, is empowered to make data-informed decisions regarding teaching, learning, and assessment. Evidence gathered during the site visit confirms that curriculum planning is responsive to internal evaluations (e.g. module feedback, NSS) and external input (e.g. GCC revalidation, ECCE consultation).

However, while the committee has formal authority, its operational capacity is challenged by the relatively small faculty size and the dual-campus delivery model. The current structure relies heavily on a few key individuals, which may place limits on innovation and responsiveness. The Evaluation Team recognises commendable efforts to engage in curriculum reform, including the shift toward a competency-based education model, but stresses the need for strategic support and investment in curriculum leadership and faculty development to sustain this momentum.

Overall, the programme complies with ECCE Standard 2.9. Nonetheless, to fully realise its curricular ambitions - particularly around the implementation of a CBE model - the curriculum committee would benefit from additional structural support. This includes expanding the leadership capacity within the academic team and ensuring sustained resourcing for curricular innovation and review.

4.2.9 c Conclusion

LSBU fully complies with Standard 2.9



4.2.9 Linkage with subsequent stages of education and training, chiropractic practice and the health care system

Operational linkage must be assured between the first qualification programme and the subsequent stage of training or practice that the student will enter after graduation.

The curriculum must reflect the environment in which graduates will be expected to work and be responsive to feedback from graduates, the profession and the community.

4.2.10 a Description

Key stakeholders have been involved in developing the course including chiropractors. The programme reflects practice, including thorough the Concepts of Interprofessional and Collaborative Working (Year 1) and Evidence-Based and Contemporary Practice (Year 3) modules.

The placement programme allows students to experience practice life. On graduation students are expected to complete a GEP(PRT) run by the Royal College of Chiropractors with which the programme has strong links throughout the course. LSBU maintains contacts with alumni.

There is limited engagement with the wider healthcare system due to recent relocation. Other links with the local community are strong e.g. clinical care is provided to a homeless charity and is highly valued by the users.

4.2.10 b Analysis

There is strong emphasis on early exposure to clinical practice and helpful links with the profession with the Royal College of Chiropractors playing an active role. The doctorate level training offered to post-graduate chiropractors is robust and valued by the doctoral students.

4.2.10c Conclusion

LSBU fully complies with Standard 2.10



4.3 ASSESSMENT OF STUDENTS

4.3.1 Assessment methods

The chiropractic institution/programme must define and document the methods used for assessment, including the criteria for progression and appeals procedures. Assessment methods must be regularly evaluated, and new assessment methods developed as appropriate.

4.3.1 a Description

A wide range of formative and summative assessments take place including OSCE and a placement portfolio. These are well described in the Module Descriptors. Plagiarism and AI detection software is widely used for written work. Staff innovate using pilots before extending changes to assessment e.g. competency sign off. There is also extensive use of video which can also be used in assessment.

An exam pass mark of 40% in years 1 to 3 is regarded by students and staff as too low but is imposed by the university. Most students exceed this minimum and student performance is closely monitored. The pass mark for Year 4 is 50%.

External examiners are used as well as a described process for assessments including ratification of marks at university level. Pass rates are monitored and changes implemented where necessary. Moderation procedures are described in the detailed Operations Manual. There is a well described appeals procedure (Appendix K) which is also published on the website.

There is a method for ensuring standardisation of marking for practical assessments using live video feeds.

4.3.1 b Analysis

Assessment methods employed in the LSBU MChiro programme are varied and, in many cases, innovative. A combination of OSCEs, written exams, practical demonstrations, presentations, and clinical sign-offs are used throughout the programme, with oversight by external examiners and alignment with university policies. Assessment documentation is comprehensive and includes progression and appeals procedures, satisfying the basic requirements of ECCE Standard 3.1.

However, the programme's implementation of competency-based education (CBE) remains in a transitional phase. While isolated modules (e.g. General Diagnosis) incorporate competency sign-offs and formative strategies, these are not consistently applied across the curriculum. This partial application creates gaps in how competencies are assessed longitudinally.

Crucially, the programme lacks a systematic method to track student progression in competencies across all four years. Without a digital or portfolio-based tracking system, it is difficult for students and faculty to monitor growth, identify areas needing remediation, or ensure developmental alignment between years. This undermines the formative potential of the CBE approach, which relies on continuous feedback and scaffolding of learning outcomes.

The Evaluation Team acknowledges efforts toward innovation and recognises institutional support for pedagogical experimentation. However, the absence of structured progression tracking and inconsistent faculty training in CBE principles limit the effectiveness and reliability of the current assessment framework.

4.3.1c Conclusion

LSBU substantially complies with Standard 3.1



4.3.2 Relation between assessment and learning

4.3.2 a Description

Course outcomes, assessment approaches and appeals are outlined and mapped in detail. These are explained to students at the start of a module. Module descriptors are also made available to students and external examiners. There is a policy for assessment of those with special learning needs.

4.3.2 b Analysis

There is a clear and appropriate relationship between assessment and learning. The need for competency-based assessments throughout the course is described elsewhere.

4.3.2 c Conclusion

LSBU fully complies with Standard 3.2.



4.4 STUDENTS

4.4.1 Admission policies and selection

The institution/programme must have a clearly defined admission policy that is consistently applied, and that includes a clear statement on the rationale and process of selection of students.

4.4.1 a Description

LSBU has a clear and transparent admissions policy, which is adhered to throughout the admissions process, handled by and regularly updated for both UK and international students. The procedure and the requirements are well defined in the prospectus, which is available at any moment of the admission process.

LSBU operates an equal opportunities policy and ensures no discrimination based on any difference: religious beliefs, socio-economic background, disability, gender, age, or race. Applications from candidates with disabilities are seriously considered, ensuring that assessments of abilities and needs are carried out carefully. The safety and well-being of all potential students are key considerations.

All applicants must be 18 years or older at the start of the course. For international students, whose first language is not English, a minimum score of 7.0 (inclusive) for the IELTS (International English Language Test) is required. A special prospectus has been set up for international students to make it easier for them to identify the procedures that apply to them. The prospectus for recruiting students is available at any moment during the admission process.

4.4.1 b Analysis

LSBU has a well-defined admissions policy that is properly documented and in line with changes in national and international chiropractic regulations.

LSBU offers its applicants a clear, transparent, and detailed admissions policy that is accessible to all. The prospectus is available and presents all the necessary requirements for both national and international applicants.

The policy responds to national and international changes. Students state that the admissions policy has been well explained to them throughout the process.

The accommodation and funding systems, as well as the application forms, are easy to find, with a question-and-answer system to clarify doubts before accessing various appointments to check the applicant's physical ability. If the student passes the tests, they are admitted for a welcome week. LSBU has measures in place to welcome people with disabilities and ensure that they can study and practice chiropractic.

As the school's values are based on diversity and acceptance, LSBU ensures that it does not discriminate in any way during the recruitment of its students.

4.4.1 c Conclusion

LSBU fully complies with Standard 4.1



4.4.2 Student intake

The size of student intake must be defined and related to the capacity of the chiropractic institution/programme to provide adequate resources at all stages of the education.

4.4.2 a Description

Several cohort studies were presented, showing an overall increase in student numbers, alongside a gradual rise in international student enrolment. LSBU has consistently met its admissions target of 40 students per intake during the academic period 2022-2024 and aims to further expand, particularly with the potential for ECCE accreditation. i

The staff-to-student ratio is 1:25, supported by three full-time and two part-time staff members, along with three clinical supervisors. As student numbers grow, LSBU plans to recruit additional staff to maintain appropriate support. The school currently has approximately 130 students and has the capacity to accommodate more.

4.4.2 b Analysis

LSBU is transparent about its student numbers and expansion goals. The institution has shown consistent growth while ensuring resources are available to meet demand. Internet resources, libraries, and other learning tools support both students and staff, demonstrating LSBU's ability to sustain and develop its programme further. The planned recruitment strategy will be essential in maintaining educational quality as student numbers continue to rise.

4.4.2 c Conclusion

LSBU fully complies with Standard 4.2



4.4.3 Student support and counselling

The institution/programme must offer appropriate student support, including induction of new students, counselling in terms of student progress and other academic matters, and personal and social needs of students.

4.4.3 a Description

LSBU has implemented a tutoring system to provide accessible academic support. Each tutor, a staff member, is assigned up to 25 students and is available for meetings upon student request.

A range of specialist support services is available to promote student well-being, including dyslexia support, learning disability screening, psychological support by appointment, and assistance for students with disabilities. LSBU also offers financial support upon request and provides flexible timetabling for students with dependents.

Extracurricular activities, including various sports associations, are encouraged and facilitated to promote student engagement and work-life balance.

4.4.3 b Analysis

LSBU ensures comprehensive student support, covering academic, personal, and social needs. The tutoring system is well-structured, maintaining a staff-to-student ratio that allows each tutor to support up to 25 students, while additional support services address a wide range of student concerns, including learning disabilities, mental health, and financial matters.

Qualified staff oversee different aspects of student well-being, ensuring a supportive learning environment. Students appreciate the guidance and resources available to them, which contribute to a positive educational experience.

4.4.3 c Conclusion

LSBU fully complies with Standard 4.3



4.4.4 Student representation

The institution/programme must support student representation and appropriate participation in the design, management and evaluation of the curriculum, and in other matters relevant to students.

4.4.4 a Description

Each year, students elect representatives to act as their voice in various meetings and discussions with LSBU staff. These representatives provide feedback on different modules twice a year, playing an active role in evaluating and refining the programme. Their input contributes to the continuous improvement of LSBU's teaching methods and curriculum.

4.4.4 b Analysis

LSBU has established an effective student representation system, ensuring regular communication between students and faculty. The structured approach, with multiple meetings throughout the year, allows student concerns and suggestions to be heard and addressed. This system fosters a collaborative environment that supports student well-being, curriculum enhancement, and institutional progress.

4.4.4 c Conclusion

LSBU fully complies with Standard 4.4



4.5 ACADEMIC and CLINICAL FACULTY (STAFF)

4.5.1 Faculty (Staff) recruitment

The institution/programme must have a faculty recruitment policy which outlines the type, responsibilities and balance of faculty required to deliver the curriculum adequately, including the balance between chiropractic and non-chiropractic faculty, and between full-time and part-time faculty.

4.5.1 a Description

Faculty recruitment at LSBU follows institutional policies that support diversity and professional qualification. Staff selection emphasizes alignment with LSBU's mission and community focus. The programme currently operates with a limited number of highly dedicated staff, many of whom serve multiple roles.

4.5.1 b Analysis

While recruitment policies are inclusive and robust, staff numbers are currently insufficient to sustain potential growth or to support enhanced research activity. The evaluation team identified this as a potential threat to long-term sustainability.

4.5.1c Conclusion

Faculty recruitment policies align with ECCE requirements; however, strategic planning is needed to ensure sustainability and strengthen academic leadership.

LSBU fully complies with Standard 5.1



4.5.2 Faculty Promotion and Development

The institution must have a faculty policy that addresses processes for development and appraisal of academic staff, and ensures recognition of meritorious academic activities with appropriate emphasis on teaching and research.

4.5.2 a Description

The university offers induction, career progression frameworks, and CPD opportunities. However, structured pedagogical training is not uniformly embedded in the chiropractic programme's faculty development.

4.5.2 b Analysis

For the successful implementation of CBE, pedagogical development is essential. Current CPD structures place stronger emphasis on clinical practice than on educational theory and methods. There is limited formalised peer review or mentorship in educational delivery.

4.5.2 c Conclusion

Faculty development meets baseline requirements but would benefit from a structured, pedagogically oriented development plan, particularly to support the transition to a CBE model.

LSBU fully complies with the Standard 5.2



4.6 EDUCATIONAL RESOURCES

4.6.1 Physical facilities

The institution/programme must have sufficient physical facilities for the faculty, staff and the student population to ensure that the curriculum can be delivered adequately, and library facilities available to faculty, staff and students that include access to computer-based reference systems, support staff and a reference collection adequate to meet teaching and research needs.

4.6.1 a Description

LSBU's chiropractic programme operates primarily at the Croydon campus, with additional resources available at the Southwark campus. The Croydon campus includes large lecture halls with capacities of 170 and 100 students, an auditorium for micro-lectures, and smaller classrooms accommodating 25 to 30 students. Students have access to a canteen, informal study spaces, a dedicated social area with a kitchenette, and a multi-faith room. The library and student centre provide physical and digital resources, including laptops, desktop computers, assistive technology, and referencing software. Clinical training is supported by a chiropractic skills room equipped with Atlas C2 and static treatment tables, as well as a rehabilitation room containing massage tables, exercise machines, and resistance training equipment. Two hospital-style simulation wards feature full-body patient simulators and real medical equipment. Teaching spaces are fitted with SMOTS™ cameras, allowing live streaming of demonstrations and practical sessions. All facilities comply with Health and Safety regulations.

4.6.1 b Analysis

LSBU offers well-equipped facilities that support chiropractic education, hands-on clinical training, and independent study. The combination of lecture spaces, clinical rooms, and advanced simulation technology enhances student learning. Further investment in upgrading facilities and increasing access to practical training spaces would further strengthen the learning experience.

4.6.1c Conclusion

LSBU fully complies with Standard 6.1



4.6.2 Clinical training resources

The institution/programme must ensure adequate clinical experience and the necessary resources, including sufficient patients with an appropriate case-mix, and sufficient clinical training facilities including sufficient equipment and treatment rooms.

4.6.2 a Description

LSBU provides clinical training through its on-site chiropractic clinic in central Croydon, which consists of eight treatment rooms, a waiting area, a briefing room, and a rehabilitation space. Each treatment room is fully equipped with Atlas C2 treatment tables, desks, storage, and necessary clinical waste facilities. Students have access to laptops for recording patient notes via practice management software. The clinic operates four days a week and is accessible to a diverse patient population, representing a wide range of ethnicities and socio-economic backgrounds, with a tiered pricing system to improve accessibility for the local community.

Beyond the on-site clinic, LSBU students gain valuable experience through external placements in private chiropractic practices, rehabilitation centres, hospitals, and sports medicine clinics. These placements expose students to a diverse case mix, including complex cases and underserved populations such as those at the homeless shelter, which enriches their clinical education.

4.6.3 b Analysis

LSBU is commended for its placement structure, which provides students with a well-rounded clinical experience across various healthcare settings. The exposure to a broad patient demographic and diverse case mix, including underserved communities, is particularly commendable. To further enhance clinical training, increased opportunities for working with pregnant patients and paediatric cases would be beneficial, ensuring students develop competence across all key patient groups. Regular evaluation and potential expansion of placement opportunities will further strengthen students' practical experience and readiness for professional practice.

4.6.2 c Conclusion

LSBU fully complies with Standard 4.6.2



4.6.3 Information Technology

The institution/programme must have sufficient IT facilities for faculty, staff and students to ensure the curriculum can be delivered adequately, and that IT is effectively used in the curriculum. Students must be able to use IT for self-learning, accessing information and managing patients.

4.6.4 a Description

LSBU provides sufficient IT resources for faculty, staff, and students, ensuring smooth curriculum delivery and supporting self-directed learning. Dedicated IT support is available on both the Croydon and Southwark campuses, offering remote assistance and on-site troubleshooting, particularly for AV issues. The university's virtual learning environment (VLE), Moodle, is regularly updated for each

module and follows best practices in digital accessibility. Microsoft Teams enhances communication between staff and students, serving as a backup in case of IT outages.

The chiropractic programme integrates IT into teaching through tools like video review software (VEO) for self-reflection, patient simulators and virtual reality in clinical training, and Smots AV systems for live and on-demand teaching. Additional resources include Panopto for lecture capture, virtual dissection via Complete Anatomy, AV robots for interactive lectures, and interactive polling software to enhance engagement. A range of university-wide IT policies ensures secure and effective use of digital resources.

4.6.3 b Analysis

LSBU effectively utilizes IT to enhance learning, communication, and clinical training. The integration of digital tools into teaching supports evidence-based practice and self-directed learning. However, technical issues related to the central university system, particularly concerning timetabling, have had a significant impact on students and should be addressed to improve the overall learning experience. Strengthening IT reliability and ensuring seamless scheduling would further enhance the student experience.

4.6.3 c Conclusion

LSBU fully complies with Standard 6.3



4.6.5 Educational expertise

The institution must ensure the appropriate use of educational expertise in the design and development of the curriculum and instructional (teaching and learning) and assessment methods.

4.6.4 a Description

LSBU ensures that educational expertise informs curriculum design, instructional methods, and assessments. The chiropractic team is supported by the Centre for Research Informed Teaching (CRIT), which provides evidence-based guidance on pedagogy, curriculum development, and learning technologies. CRIT staff, including academic developers and learning technologists, collaborate with faculty to enhance course delivery and ensure an engaging, inclusive student experience.

The chiropractic faculty possesses diverse expertise, contributing to both teaching and research. Key strengths include educational knowledge, research and patient safety, clinical experience, and technology-enhanced learning. Faculty members actively engage in professional development, strengthening the programme's alignment with best educational practices. However, there is a lack of expertise in competency assessment methods, which impacts the evaluation of student proficiency and progression.

4.6.4 b Analysis

LSBU effectively integrates educational expertise into curriculum development and faculty support, ensuring evidence-based teaching and continuous professional development. The collaboration with CRIT enhances instructional quality and learning design. However, strengthening faculty expertise in competency assessment methods would improve the reliability and consistency of student evaluations. Further encouragement of educational research within the faculty could also support innovation in chiropractic education and enrich student learning.

4.6.4 c Conclusion

LSBU fully complies with Standard 6.4.



4.6.5 Administrative and technical staff

The administrative and technical staff of the institution/programme must be appropriate to support the implementation of the undergraduate programme and other activities, and to ensure good management and deployment of its resources.

The management must include a programme of quality assurance, and the management itself should submit itself to regular review to ensure best employment of its resources.

4.6.5 a Description

LSBU's chiropractic programme is supported by a centralised administrative structure managed by the university's professional services group. While this setup ensures consistent access to administrative support, it may sometimes result in a lack of continuity for the chiropractic team. Various teams handle specific responsibilities, including technical services and simulation, exam data management, professional practice requirements, and admissions.

Students can access administrative and support services through the "MyAccount" website or the "MyLSBU" app, which triages requests to the appropriate department. Additional support is provided through student services, including enrolment assistance, disability and wellbeing services, and placement-related processes such as DBS and occupational health checks.

4.6.5 b Analysis

LSBU's administrative structure provides extensive support, ensuring that key processes such as enrolment, assessments, and placements run smoothly. The availability of centralised services benefits students by offering accessible and structured support.

4.6.5 c Conclusion

LSBU fully complies with Standard 6.5



4.7 RELATIONSHIP BETWEEN TEACHING AND CLINICAL OR BASIC SCIENCE RESEARCH

The chiropractic institution/programme must facilitate the relationship between teaching and research, and must describe the research facilities to support this relationship as well as the research priorities at the institution/programme.

4.7 a Description

The University framework governs and supports research, including training and funding. It has been recognised by the EU HR Award in Research Excellence and by the work of the Researcher Development Group.

The University has robust governance and ethics processes including relevant ethics committees and code of practise. This is not relevant for the systematic reviews commonly carried out by 4th Year students, however, but may become so should plans for primary research be implemented.

There is student training in systematic reviews in preparation for 4th Year dissertation, which includes librarian input. The dissertation can lead to poster presentations at conferences.

Students are active in research through their dissertation, usually a systematic review with the topics chosen being student led.

Staff are research active and ongoing projects include:

- Technology in Chiropractic Teaching
- Pain Neuroscience education in Chiropractic Education

Development of further research is limited due to the small staff, a busy programme and limited time. There does not appear to be an overall research strategy for the programme.

4.7 b Analysis

There is a culture of research at LSBU with extensive support from the University with staff encouraged to progress to doctorate level training. The teaching of systematic review methods to students is thorough and commendable.

If an overall research strategy for the programme was developed, then it would build an area of expertise, help attract external funding, improve patient outcomes, and enhance the reputation and influence of the University.

4.7 c Conclusion

LSBU fully complies with Standard 7



4.8 PROGRAMME EVALUATION

4.8.1 Mechanisms for programme evaluation

The institution/programme must establish a mechanism for programme evaluation that monitors the curriculum, quality of teaching, student progress and student outcomes, and ensures that concerns are identified and addressed.

4.8.1 a Description

The External examiner (EE) is responsible for the quality assurance of the assessments and assessment processes.

The Subject Area Board monitors for assessments with high failure rates or to reflect any shortcomings in module teaching. The Awards Board ensures fairness.

The Course Boards audit quality and students are regularly asked for feedback on the programme.

4.8.1 b Analysis

The LSBU MChiro programme is supported by a comprehensive set of evaluation mechanisms, including internal boards (Subject Area Board, Awards and Progression Boards), structured student feedback via module and mid-semester surveys, External Examiner reports, and periodic revalidation. Revalidation cycles involve broad stakeholder engagement and have led to notable changes, for example, in aligning the curriculum with updated GCC standards.

Student progress and outcomes are monitored through the formal academic governance structures and data captured at institutional level, with Course Boards regularly reviewing attainment and progression data. External Examiner input is systematically gathered and discussed at programme level. This triangulated oversight supports programme quality.

The programme complies with ECCE Standard 8.1 in terms of formal structures for evaluation. In fact, mechanisms for evaluating teaching quality are embedded through student surveys and external review. While no formal peer review of teaching was highlighted, the School-level quality assurance processes ensure that teaching quality is regularly monitored.

Nonetheless, greater formalisation of teaching observation and pedagogical development could strengthen the feedback loop, particularly in the context of the programme's ambition to embed CBE more broadly.

4.8.1 c Conclusion

LSBU fully complies with Standard 8.1



4.8.2 Faculty and student feedback

Both faculty and student feedback must be systematically sought, analysed and responded to so as to develop and improve the curriculum.

4.8.2 a Description

LSBU collects student feedback through multiple channels, including meetings with tutors at least once per semester, mid-semester surveys, a national student survey for final-year students, and regular communication between module managers and student representatives. Graduate feedback is also gathered via satisfaction surveys.

A structured monitoring tool records meeting minutes from course representatives, allowing for systematic analysis and escalation when necessary.

For staff feedback, LSBU employs weekly academic team meetings, bi-monthly course leader checks, biannual staff reviews, and forums with course leaders and senior management, held both monthly and annually. Feedback analysis is conducted monthly at both campus management and academic leadership levels. Additionally, the academic team continuously monitors online platforms, manages course deadlines, and ensures timely exam result publication to maintain smooth programme operations.

4.8.2 b Analysis

The feedback system is structured and effective across all levels. Students and staff have clear channels for communication, and mechanisms are in place to ensure their concerns are addressed. Regularly scheduled surveys and meetings allow for continuous monitoring and improvement of the programme.

Feedback follows a structured hierarchy, starting with students at the base and escalating to management, ensuring a systematic approach to quality assurance. The use of monitoring tools and scheduled reviews ensures that feedback is acted upon efficiently, enhancing the overall academic experience.

4.8.2 c Conclusion

LSBU fully complies with Standard 8.2



4.8.3 Student cohort performance

Student cohort performance must be analysed in relation to the curriculum and the aims and objectives of the programme.

4.8.3 a Description

LSBU employs multiple tools to assess and monitor student performance:

- End-of-semester summative evaluations with analysis of results.
- Formative assessments requiring the validation of specific skills.
- Attendance tracking to monitor student engagement.
- Gap analyses to identify areas of difficulty, where modules with high failure rates are examined question by question.
- Evaluation scores are documented and reviewed by the award committee.

A colour-coded system (red, orange, and green) is used to evaluate module performance, providing a clear visual representation of student progress. Additionally, surveys are conducted throughout the year to gather feedback from students and staff regarding the modules.

4.8.3 b Analysis

LSBU has effective measures in place to track and evaluate student performance. The award committee oversees student results, ensuring transparency and structured monitoring of progress. The colour-coded system allows for easy identification of student success and areas requiring improvement.

When failure rates for a specific module or exam question are high, a detailed analysis is conducted to assess the validity of the question or identify patterns of difficulty. This data-driven approach helps refine assessments and maintain the quality of the curriculum.

4.8.3c Conclusion

LSBU fully complies with Standard 8.3



4.8.4 Involvement of stakeholders

Programme evaluation must involve the governance and administration of the institution, the faculty, staff and the students, and the outcomes communicated to a range of stakeholders.

4.8.5a Description

LSBU ensures stakeholder involvement in programme evaluation through structured student representation and external collaborations. Student course representatives, chosen to reflect the cohort, collect and present feedback to relevant staff, with formal discussions taking place at biannual Student-Staff course boards. External stakeholders, including professional associations, the Royal College of Chiropractors, alumni, and placement providers, contribute to the programme's ongoing development. In 2023, key external collaborators participated in engagement sessions to support course redesign and continue to provide input through guest sessions and advisory roles.

4.8.4 b Analysis

LSBU effectively integrates stakeholder feedback into programme development, fostering a responsive and student-centred educational environment. The structured student representation ensures that concerns and successes are regularly communicated, while external stakeholder engagement enhances industry relevance and professional alignment. Beyond their involvement, stakeholders are actively backing the programme, reinforcing its credibility and long-term sustainability. Continued expansion of external input, particularly in emerging areas of chiropractic education, could further strengthen the programme's adaptability and innovation.

4.8.4 c Conclusion

LSBU fully complies with Standard 8.4



4.9 GOVERNANCE AND ADMINISTRATION

4.9.1 Governance

Governance and committee structures and functions of the chiropractic institution/programme must be defined, including their relationships within the university (as appropriate). university (as appropriate).
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4.9.1 a Description

The chiropractic course currently sits within the Division of Physiotherapy, Sports Rehabilitation and Chiropractic, which is situated within Allied and Community Health; together with nursing and midwifery make up the School of Health and Social care. This structure will change next year but will remain similar.

4.9.1 b Analysis

Governance of the MChiro programme at LSBU is embedded in a multi-layered academic structure, with clearly defined lines of authority and responsibility. The programme sits within the Division of Physiotherapy, Sports Rehabilitation and Chiropractic, part of the School of Allied and Community Health. The governance model includes oversight from the Dean, the Head of Division, and the Associate Dean for Education and Student Experience (DESE), ensuring alignment with broader institutional policies and strategic direction.

Responsibilities for curriculum management, student progression, and academic quality are distributed across structured committees and operational roles, as outlined in the HSC Operations Manual. These include the School Academic Standards Committee (SASC), Subject Area Board, and Course Boards, all of which contribute to programme governance and quality assurance.

The programme benefits from both vertical integration with institutional leadership and horizontal coordination across clinical and academic teams. This facilitates informed decision-making, responsiveness to emerging needs, and compliance with external regulatory frameworks such as those of the GCC and ECCE. The use of annual course development plans and institutional dashboards ensures risk monitoring and strategic curriculum planning.

4.9.1c Conclusion

LSBU fully complies with Standard 9.1



4.9.2 Academic leadership

The responsibilities of the academic head of the first qualification chiropractic programme, and of the academic management structures, must be clearly stated.

4.9.2 a Description

The academic leadership of the MChiro programme is situated within the Division of Physiotherapy, Sports Rehabilitation and Chiropractic, which forms part of the School of Allied and Community Health. The programme is led by a Course Leader, who manages day-to-day delivery, academic coordination, and communication with teaching teams. Strategic oversight is provided by the Head of Division, with further support from the Director of Education and Student Experience (DESE).

Roles and responsibilities are outlined in the HSC Operations Manual and formalised through annual performance review processes. Course leaders participate in regular forums at School and University levels and contribute to programme-level decisions, including curriculum development and quality assurance activities.

4.9.2 b Analysis

The leadership structure is clearly defined and well-embedded within institutional frameworks. The Course Leader functions as both a pedagogical and administrative coordinator and is supported by robust reporting lines to the Head of Division and School leadership. Monthly Course Leader Forums, chaired by the DESE, provide a platform for cross-programme dialogue and policy alignment.

Academic leaders have shown initiative and responsiveness, particularly in the design and piloting of CBE methodologies and the integration of community-facing clinical placements. The structure supports distributed leadership while ensuring accountability and alignment with university strategy.

The LSBU MChiro programme complies fully with ECCE Standard 9.2. Academic leadership is well-defined, appropriately resourced, and actively engaged in both operational delivery and strategic planning. No recommendations.

4.9.2 c Conclusion

LSBU fully complies with Standard 9.2



4.9.3 Educational budget and resource allocation

The institution/programme must have a clear line of responsibility and authority for the curriculum and its resourcing, including remuneration of teaching staff, in order to achieve the overall aims and objectives of the programme.

4.9.3 a Description

At LSBU, all course-related income, including clinic-generated revenue, is collected centrally by the university. The educational budget for the MChiro programme is managed at the School level (School of Allied and Community Health), under the responsibility of the Dean. Budgetary planning and resource allocation are primarily student-number driven and determined annually in consultation with the Division and programme leads.

A centralised institutional budget supports digital and learning resources such as textbooks and e-learning platforms. The chiropractic course receives a module-specific allocation for educational materials based on student numbers. Additionally, the Croydon Campus maintains a local operational budget for facilities, equipment, and clinic infrastructure, managed by the Campus Director.

4.9.3 b Analysis

The budgeting system provides a structured and transparent mechanism for resource allocation, ensuring alignment between student numbers and educational needs. While the programme team does not manage a devolved budget directly, they report having adequate input in planning and resource prioritisation, particularly through the Head of Division and Dean's office.

This structure supports equity across the School and leverages institutional economies of scale, while ensuring that discipline-specific needs are met through targeted requests. The presence of a separate operational budget for Croydon further ensures responsiveness to the unique demands of the chiropractic programme's clinical facilities.

The model allows the university to safeguard programme viability and supports student access to standardised resources. However, the lack of direct budget control at the course level may limit agility in rapidly addressing emerging pedagogical or infrastructural needs. Continued engagement with senior leadership will be important to ensure that the programme's growing clinical and research ambitions are adequately resourced.

The LSBU MChiro programme complies with ECCE Standard 9.3. Resource allocation mechanisms are clear and appropriate to support the programme's delivery and student success. No recommendations.

4.9.3c Conclusion

LSBU fully complies with Standard 9.3



4.9.4 Interaction with professional sector

The institution/programme must have a constructive interaction with the chiropractic and chiropractic-related (health-related) sectors of society and government.

4.9.4 a Description

LSBU maintains a strong and constructive interaction with the chiropractic and broader healthcare sectors, fostering relationships with key professional and regulatory bodies. The professional lead and course leader participate in the Royal College of Chiropractors' (RCC) Forum of Deans, a biannual meeting that brings together representatives from all UK chiropractic educational institutions and the General Chiropractic Council (GCC) to discuss developments in chiropractic education. LSBU is also represented at the Interinstitutional Strategic Research Group (iSRG), collaborating on joint research projects. Regular contact with the GCC ensures compliance with educational standards through an annual review process. Additionally, the university has well-established links with the RCC and the British Chiropractic Association (BCA), with staff regularly invited to speak at conferences and CPD events. Students benefit from free student membership with the RCC and opportunities to engage with professional bodies through guest lectures and networking events.

4.9.4 b Analysis

LSBU demonstrates a proactive approach to engagement with the chiropractic profession and regulatory bodies, ensuring alignment with national educational standards and fostering research collaboration. The strong links with professional organisations such as the RCC and BCA provide students with valuable exposure to the wider chiropractic community, reinforcing the programme's industry relevance. The institution's representation at high-level forums, including the Forum of Deans and the iSRG, strengthens its influence in shaping chiropractic education in the UK. To further enhance professional integration, LSBU could explore additional structured partnerships with healthcare institutions beyond the chiropractic sector, broadening interdisciplinary collaboration and research opportunities.

4.9.4 c Conclusion

LSBU fully complies with Standard 9.4



4.10. CONTINUOUS RENEWAL AND IMPROVEMENT

The chiropractic institution/programme must have procedures for regular reviewing and updating of its structure and functions to rectify deficiencies and meet changing needs. (See 8.1 of standards) The outcomes of these procedures should be made public (i.e. institutional websites) and should lead to continuous improvement of the programme. Institutions should publish information about their activities, including programmes, which is clear, accurate, objective, up-to-date and readily accessible.

4.10.1 a Description

LSBU has established procedures for continuous review and improvement to ensure the chiropractic programme remains aligned with evolving healthcare needs, educational standards, and stakeholder

expectations. The programme undergoes regular assessment, including an annual review by the GCC through the monitoring form and a full revalidation and reaccreditation process every four to five years. These processes ensure compliance with national education standards and maintain consistency in graduate competencies, particularly in clinical skills and patient care.

Continuous improvement extends to curriculum updates in response to national policies, such as the latest GCC standards, and internal university evaluations of content relevance, module assessments, and academic policies. Faculty recruitment is also reviewed to ensure staff expertise aligns with academic and clinical demands. Additionally, operational processes - including enrolment, admissions, and facilities - are regularly evaluated and updated in line with university policies and national regulatory changes.

Programme outcomes and assessment data, including student demographics, are made publicly available through institutional reports, ensuring transparency and accountability. The programme's refinement process reflects LSBU's commitment to producing competent, well-trained graduates ready for independent practice.

4.10.1 b Analysis

LSBU has robust mechanisms for continuous renewal, ensuring the programme remains current, evidence-based, and responsive to changes in chiropractic education and healthcare. The structured review processes, including accreditation cycles and internal university evaluations, contribute to maintaining high academic and clinical training standards. Transparency in programme evaluation through published data further supports accountability.

To strengthen the programme's adaptability, LSBU could consider expanding interdisciplinary collaborations and incorporating emerging healthcare trends into curriculum updates. Additionally, refining assessment methodologies to align with evolving competency-based education models would further enhance student learning outcomes and professional readiness.

4.10.1 c Conclusion

LSBU fully complies with Standard 10.1

