

Forum of Chiropractic Deans



The Royal College of
Chiropractors

Chiropractic Placement Educator Standards 2025

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Sumaya Ahmed

Chiropractic Programme Lead – London South Bank University

Professor David Byfield

Head of Clinical Services - The Welsh Institute of Chiropractic, University of South Wales

Professor Christina Cunliffe

Principal – McTimoney College of Chiropractic

Faye Deane

Course Leader, Chiropractic – Teesside University

Philip Dewhurst

Associate Professor – Health Sciences University

Rob Finch

Chief Executive – Royal College of Chiropractors

Paul McCambridge

Senior Lecturer and Course Leader, Chiropractic - The Welsh Institute of Chiropractic, University of South Wales

Daniel Moore

Senior Lecturer, Chiropractic – Teesside University

Stuart Smellie

Director of Academic Affairs, Royal College of Chiropractors (Chair)

Mark Thomas

Professional Lead, Chiropractic – London South Bank University

Lead Authors

Daniel Moore

Senior Lecturer, Chiropractic – Teesside University

Faye Deane

Course Leader, Chiropractic – Teesside University

Professor Paul Chesterton

Professor of Learning & Teaching – School of Health and Life Sciences, Teesside University

Forum of Chiropractic Deans

The Royal College of Chiropractors

Chiltern House

45 Station Road

Henley-on-Thames

RG9 1AT

UK

T: +44 (0)1491 340022

E: admin@rcc-uk.org

W: rcc-uk.org

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Introduction

The purpose of the Chiropractic Placement Educator Standards

This document defines the knowledge, skills, and behaviours expected of a UK placement educator who engages with higher education institutions to provide clinical placements for chiropractic students. This document:

- provides a clear framework for new and established practice placement educators, including the core competencies required to meet the needs of learners and educational institutions.
- facilitates the identification of knowledge, skills, and behaviours that can become development opportunities for practice placement educators, and
- fosters the development of consistent standards in practice-based education required to maintain high standards of undergraduate chiropractic education.

Practice Placement Educator Standards and the General Chiropractic Council's standards

The General Chiropractic Council (GCC) protects the public by setting standards for practice and professional conduct for all chiropractors, defined in The Code¹, and educational standards for chiropractic students and educators, defined in Education Standards². The GCC has also published Supplementary Advice to the Education Standards: Clinical Placements³.

The *Chiropractic Placement Educator Standards* are aligned with these GCC standards and advice.

Responsibility for delivering Chiropractic Placement Educator Standards

Chiropractic programmes deliver education that enables chiropractic students to fulfil all degree requirements, equipping them with essential skills and knowledge for safe and effective practice. The programmes incorporate authentic learning experiences, guided by educators, which is crucial for transitioning students from learners to practitioners.

Chiropractors have ultimate responsibility for their own learning but should refer to this document following their undergraduate education to better understand what is expected of them should they become involved in education.

Institutions are also encouraged to consult this document and incorporate the standards defined therein when training placement educators.

Keeping the Placement Educator Standards current

The Forum of Chiropractic Deans (FCD), which comprises leaders of the UK's chiropractic programmes and the Royal College of Chiropractors, aims to support undergraduate education and training outcomes for chiropractic in the UK. It also considers contemporary issues such as placement educator training requirements. It is thus the FCD's role to keep *Chiropractic Placement Educator Standards* up to date in consultation with the profession and the General Chiropractic Council*.

These standards provide general guidance notwithstanding the variations which may occur within

individual institutions. The guidance provides a framework for placement educators to work with, alongside the expectations and policies from local Higher Education Institutions.

Glossary of Terms

Assessment Criteria - descriptive statements, likely generated by the Higher Education Institution, providing details of the qualities, skills, characteristics and overall aspects of specific learning objectives learners are required to meet.

Authentic Experience - an emergent experience where learners examine and treat patients in environments expected of them post-graduation.

Clinical Placement - as defined by the GCC (Supplementary advice to the Education Standards 2023). "A form of clinical experiential learning which includes an arrangement in which a chiropractic student is present, for educational purposes, in an environment that provides healthcare, or related services to patients or the public".

Competency - a knowledge, skill, ability or behaviour that contributes to a learner's individual performance and can be demonstrated through assessment.

Fitness to Practise - an appropriate level of skills, knowledge, character and health of which learners must meet to be able to practise safely and effectively in a defined placement environment.

Fitness to Study - a learner's ability to commence or continue a placement experience in relation to their medical, psychological or emotional health and well-being.

Formative Feedback - a method of continuous evaluation of a learner's progress which provides information and guidance throughout the learning process.

Higher Education Institutions (HEI) - universities, colleges, and other professional schools providing education beyond secondary level.

Learning Outcomes - a measurable statement which explains to learners the knowledge, skills and attributes they should possess and demonstrate upon completion of the placement experience.

Student Support Plan or SSP - a document, often prepared by a disability advisor, which outlines reasonable adjustments recommended for a learner to attend a placement experience.

Summative Feedback - measurement of a learner's competencies against pre-arranged criteria at the end of the placement experience.

The General Chiropractic Council (GCC) - an independent statutory body established by, and accountable to, Parliament to regulate the chiropractic profession.

Roles Definition

Learner	An individual who actively engages with clinical placement learning experiences and policies, meeting expectations for professional conduct.
Placement Educator	A multi-faceted role of a registered chiropractor who ensures clinical supervision is appropriate and provides a high-quality supportive clinical placement environment for learners.
Lead Placement Educator	An individual with overall responsibility for providing a safe and productive learning environment for learners. Leads communications with the Higher Education Institution to ensure learners are prepared for the challenges and remit of their clinical placement environment/setting.
Institutional Placement Lead	An individual working within an institution who holds overall leadership responsibility for chiropractic placements.

*The FCD's broader objectives include fostering discussion and cooperation among leaders of the UK chiropractic programmes in order to improve and harmonise chiropractic education, and to facilitate the exchange of information, and the potential sharing of teaching resources, among institutions.

Placement Educator Preparation

It is important that learners are supported appropriately in a clinical placement setting. To achieve this, placement educators should be clear about their role. They should understand each student's unique learning needs and plan accordingly to support these throughout each placement. Applying sound principles and judgements in assessing learners' performance in the practice setting is seminal in developing learners' competence and confidence. Continual evaluation of learner performance, in a supportive and flexible way, fosters a collaborative learning environment.

It is important for placement educators to have access to the following resources to fully integrate learners into their environment:

- Course specific documentation, which may include:
 - a. Programme specifications
 - b. Course handbooks
 - c. Module guides
 - d. Assessment criteria
- Placement specific documentation, which may include:
 - a. Formative and summative documentation
 - b. Knowledge of learners theoretical learning and likely competencies
 - c. Appropriate and relevant student support plans.
- Access to HEI policies and practices in relation to practice placements
- A link HEI staff member (Institutional Placement Lead)
- FCD Chiropractic Placement Educator Standards

Each clinical placement should include a learner induction to support integration into the workplace. The following should take place during a workplace induction. Please also refer to local policies for detailed guidance.

General induction

- Understand learners' aims and objectives for the placement.
- Consider any concerns learners may have and discuss overcoming barriers.
- Describe the types of experiences learners will encounter.
- Consider any additional learner needs (speak to local HEI for support).

Clarify Expectations

- Ensure learners are aware of local policies involving time keeping, what to do if unable to attend placement, dress codes, practice values and expectations.
- Introduce additional local policies as required.
- Include an appropriate health and safety induction.
- Ensure confidentiality is discussed.
- Discuss expectations against the GCC standards for practice in relation to patients' consultations.
- Signpost to support (internally and externally) for any issues which may occur.
- Provide a tour of the facilities.

1. Role of the Placement Educator

In order to ensure a high standard of clinical learning through placement, **placement educators** have the responsibility to:

1.1 Maintain their registration and ensure compliance with regulatory standards throughout their tenure as a placement educator.

Be registered as practising with the GCC and ensure adherence to the most recently published regulatory code defining professional practice. Be familiar with the most recently published Education Standards and supplementary advice as it relates to clinical placements.

1.2 Demonstrate a commitment to Equality, Diversity and Inclusion.

Exemplify a steadfast dedication to Equality, Diversity and Inclusion (EDI) principles across all areas of clinical practice and placement education in line with the GCC EDI Registrant Toolkit⁴.

1.3 Uphold roles and responsibilities of a placement educator.

Advocate for and uphold the roles and responsibilities of placement educators as outlined in recent up-to-date regulatory standards or guidance, thereby contributing to the overall success and satisfaction of learners and ensuring the delivery of high-quality placement experiences.

1.4 Prioritise patient safety at all times.

Prioritise patient safety and well-being by implementing policies, procedures, and processes that promote a culture of patient safety in the clinical placement setting. Uphold a patient's right not to take part in education without prejudice to their care.

1.5 Report absenteeism through the appropriate channels.

Report absenteeism through the designated and appropriate channels as outlined by the practice setting or educational institution at the earliest convenience. Following established procedures for documenting and addressing absenteeism ensures that any concerns regarding attendance are addressed promptly and appropriately.

In addition, Lead Placement Educators have the responsibility to:

1.6 Ensure there are relevant policies, resources and services in place to ensure the safety and wellbeing of service users, staff and learners.

Lead placement educators should ensure a high standard of clinical governance is in place to safeguard the safety and well-being of patients, staff, and learners.

1.7 Establish and maintain effective communication channels between the practice setting, the higher education institution, staff and learners.

Lead placement educators must maintain clearly defined lines of communication before, during, and after a placement visit with both the learner and the education provider, as required. This involves establishing protocols for scheduling visits, sharing relevant information, and promptly addressing any concerns or feedback. This fosters a culture of transparency, active listening, and mutual respect ensuring that all stakeholders remain informed and engaged in the educational process.

Lead Placement Educators have the responsibility with the educational provider to:**1.8 Establish formal written agreements with educational institutions.**

Lead placement educators must demonstrate a commitment by ensuring that the placement setting complies with the qualities, values and standards detailed in the most recent regulatory standards.

1.9 Ensure a placement setting and all placement educators have adequate indemnity insurance coverage.

Placement educators, along with their respective clinical settings, are required to possess and maintain sufficient indemnity insurance coverage.

1.10 Carry out a comprehensive audit for all placement settings to ensure all policies and processes within the clinical setting are adequate and fit for purpose.

The audit aims to identify strengths, weaknesses, and areas for improvement, ultimately ensuring that policies and processes are robust, compliant, and conducive to providing high-quality care for patients and supporting the learning needs of learners. A clinical placement educator must only act in the capacity of a placement educator within a placement location that has been audited by the education provider. An appropriate ongoing monitoring programme should be implemented.

1.11 Ensure that all chiropractors working with learners within the practice location have undergone placement educator training, as specified by the education provider and demonstrate a commitment to ongoing training.

Placement educator training ensures that educators possess the necessary competencies to effectively mentor and support learners during their placement experiences. Moreover, continuous training reflects a dedication to staying updated with best practices and evolving standards in chiropractic education, thereby enhancing the quality of the learning environment and the educational outcomes for learners.

1.12 Specify the number of learners that the placement location can manage and support effectively, based on the number of trained placement educators and clinic rooms at the placement location.

Lead placement educators must establish realistic limits on the number of learners accepted at the placement location by considering the ratio of trained placement educators to learners and the availability of clinical space. This optimises the educational experience for all involved parties, ensuring the placement experience remains conducive to effective learning and that each learner receives adequate supervision and support.

1.13 Specify the duration, frequency and number of placement visits the clinic is willing or able to accommodate.

This includes outlining the length of each placement visit, the frequency of visits, and the total number of visits permitted per placement period. By defining these parameters, lead placement educators can ensure proper planning and allocation of resources, as well as maintain consistency and fairness in scheduling placements for learners. Additionally, communicating these details to educational institutions helps streamline the placement process and ensures alignment with educational requirements and objectives.

1.14 Have the clinical governance systems in place to support high-quality of care and prioritise the safety of patients and learners.

Key components of clinical governance should include quality assurance, risk management, education and training, patient involvement, regulatory compliance, continuous improvement and incident reporting mechanisms.

1.15 Establish and maintain effective communication with the course team and key HEI placement contacts before, during, and after placement visits to ensure timely exchange of information

and address any issues promptly.

Lead placement educators should establish and maintain effective communication channels to facilitate various aspects of placement management. This includes seeking information, providing feedback, and reporting any notifiable incidents or challenges related to the placement experience. By maintaining open lines of communication, educators can collaborate with the course team and placement contacts to address concerns, optimise the placement experience, and promote the overall success of learners.

1.16 Have a clear governance procedure to recognise, monitor, respond to, and act upon learner feedback in partnership with the education provider.

The governance procedure should outline a structured process for responding to feedback in a timely manner, acknowledging learners' concerns, and providing transparent communication about actions taken or planned. This demonstrates a commitment to continuous improvement and responsiveness to learner needs.

Placement educators have the responsibility with the learners to:**1.17 Provide a comprehensive induction and orientation for each learner.**

By providing a comprehensive induction and orientation, placement educators can ensure that learners feel welcome, informed, and prepared to engage effectively in their placement experience, creating a safe and positive foundation for learning.

1.18 Ensure the implementation of policies and procedures related to the management of the learners during clinical placement including induction, health and safety, ionising radiation and fire safety and demonstrate compliance in maintaining such legislation.

By proactively implementing and enforcing policies and procedures related to the management of learners' clinical placements, placement educators can create a secure and conducive learning environment that promotes the well-being and professional development of learners while remaining compliant with relevant legislation and regulations.

1.19 Play an active role in maintaining the quality of clinical education experiences.

Placement educators play a pivotal role in maintaining high-quality clinical education experiences, ensuring the learning environment provides suitable educational facilities and resources for both learners and educators.

1.20 Actively support learners with reasonable adjustments and additional learning needs as specified in student support plans.

Support ensures that learners with diverse needs can fully participate in and benefit from the placement experience. To fulfil this responsibility, placement educators should:

- a. familiarise themselves with learner's student support plan.
- b. engage with the GCC EDI toolkit, champions, and professional collaborative EDI support network, (the GCC, the associations and the profession) for profession specific support.
- c. implement the necessary accommodations and reasonable adjustments in the placement setting.
- d. communicate regularly with learners to understand their evolving needs and provide ongoing support.
- e. collaborate with relevant stakeholders, such as disability support services or healthcare professionals, to address complex or specialized support requirements.
- f. provide constructive feedback and encouragement to learners, acknowledging their strengths and progress while also addressing any challenges they may encounter.

1.21 Ensure there is a process in place to support learners to raise concerns.

By establishing a clear process to support learners in raising concerns, placement settings demonstrate their commitment to promoting learner well-being and addressing any issues that may arise during the placement experience in a timely manner.

1.22 Understand placement learning outcomes across year groups, set objectives for learners' professional development based on these and provide a range of clinical education opportunities for learning.

Set clear and achievable objectives for each learner's professional development during their placement. These objectives should align with the desired learning outcomes and provide learners with opportunities to acquire and demonstrate the necessary competencies.

1.23 Act as a mentor to learners, ensuring they are fully supported across all components of the placement experience.

As mentors, placement educators should actively engage with learners, offering constructive feedback, helping them navigate challenges, and encouraging reflection on their experiences, fostering a supportive and nurturing environment where learners feel empowered to explore, learn and grow.

1.24 Promote the importance of interprofessional learning, patient safety, and teamwork in clinical settings.

Placement educators should facilitate opportunities for learners to engage in interprofessional collaboration and teamwork, enhancing the learner's ability to work effectively in multidisciplinary healthcare teams and contribute to improving patient care outcomes.

1.25 Deliver pertinent and timely feedback to learners to support their growth and facilitate learning through assessment.

Provide constructive feedback that is specific, actionable, and aligned with learning objectives, enabling learners to identify areas for improvement and enhance their understanding of course material. Timely feedback ensures that learners can promptly address any misconceptions or gaps in knowledge, fostering continuous growth and improvement throughout their learning journey.

1.26 Set objectives to support a learner's continued professional development and ensure arrangements are in place to monitor quality standards.

Set clear and achievable goals that align with learners' learning needs, providing opportunities for skill enhancement, knowledge acquisition, and personal growth. Implement processes for evaluating learners' progress and assess their performance against institution defined assessment metrics.

1.27 Discuss and address with the learner, issues relating to clinical competency, as per learners learning objectives, and jointly agree action steps.

Provide learner feedback on areas of strength and areas needing improvement, based on observed behaviour and performance. Identify specific action steps to address any identified concerns or challenges, ensuring mutual agreement on the course of action, facilitating the learner's progress towards achieving competency in their clinical practice.

1.28 Ensure there are sufficient opportunities for learners to become digitally empowered through engagement with digital health resources.

Educators should provide guidance and support to learners in navigating digital resources such as electronic health records, information systems and mobile applications effectively, fostering digital literacy and proficiency.

1.29 Establish a systematic process to recognise and address concerns about learner performance and conduct, should they fall below the expected standards as specified by the GCC Code of Conduct.

Clear guidelines and protocols should be in place to address any breaches of professional conduct or competency issues, ensuring that learners receive necessary guidance, feedback, and remediation as needed to uphold professional standards.

2. Role of the Education Institutions

In order to ensure a high standard of clinical learning through placement, **education institutions** have the responsibility to:

2.1 Ensure that the course curriculum is contemporary, and evidence-based.

It is important that learners have the required, up-to-date knowledge to engage meaningfully in the placement experience. This knowledge must be grounded in the most contemporary evidence to ensure learners can reflect appropriately on their placement experience.

2.2 Ensure the course academic standards are at the appropriate standard required by the GCC.

The quality of the institutions' overall academic provision should be maintained, and consistent with the most recent national regulatory standard defined by the GCC.

2.3 Support learners to develop the concept of lifelong learning and continuous improvement prior to clinical placement.

Through emphasis on key skills and learning strategies during the preparation of learners for placement and practice, the institution should teach the fundamental aspects of lifelong learning and continuous improvement. This should be reinforced throughout the programme of study.

2.4 Audit clinical learning provision prior to learner placements.

Institutions should formalise audit processes to investigate aspects of quality, safety and capacity prior to learners visiting a location on placement.

2.5 Ensure placement educators are appropriately prepared to fulfil their role(s).

Institutions should provide mandatory training for placement educators that includes the following topics:

- a. Assessment methods (formative and summative).
- b. Giving and receiving feedback.
- c. Student Support Plans (SSP) and Reasonable Adjustments.
- d. Equality, diversity, and inclusion.
- e. Neurodiversity in education.
- f. Challenging behaviours and managing conflict.
- g. Supervision techniques.
- h. Incident reporting.

2.6 Ensure learners are appropriately prepared to engage with clinical placement.

Institutions should conduct pre-placement checks appropriate to the placement setting and provide mandatory training for learners relevant to the placement setting.

2.7 Provide enhanced health and safety / occupational health assessments for learners appropriate to the placement environment.

Institutions should risk assess the learning environment and if this requires an enhanced health

and safety or occupational health evaluation of learners, this should be provided and administrated prior to learners engaging in that environment. Note: Some NHS settings can present different and significant risks when compared to private chiropractic clinics.

2.8 Regularly audit the ongoing consistency of clinical placement.

Institutions should provide regular feedback channels to ensure the learning method is appraised by placement educators and learners. Where risks or improvements are identified these should be collaboratively addressed with placement educators.

2.9 Develop effective measures to monitor and assure the proficiency of placement educators and any other personnel involved in the clinical placement process.

Institutions should provide ongoing training within an appropriate timeframe to ensure the standards of practice-based learning remain appropriately high.

2.10 Provide a placement lead who acts as point of contact.

Institutions should provide a designated placement leader who acts as a point of contact in case an issue arises in practice, or a query develops regards a learner's curriculum or progress.

2.11 Communicate with the lead placement educator at appropriate times throughout the academic year to ensure placement capacity is appropriately managed for the institution and the placement location.

Institutions' placement leads should organise communication at strategic times in the academic calendar to ensure accurate forward planning for placement capacity takes place.

2.12 Ensure fairness with regards the learning experience learners engage in.

Institutions will ensure, through planning capacity, that all learners have access to equal opportunities when on placement. This should be achieved without affecting clinical service delivery in clinical practice.

2.13 Create robust mechanisms for evaluating the clinical education provision.

Institutions should ensure mechanisms are in place to evaluate provision with input from learners, clinical staff, and the education provider. Outcomes from this process should feedback into ongoing placement educator training.

2.14 Ensure appropriate Fitness to Practise (FtP) / Fitness to Study (FtS) processes are in place.

Alongside appropriate training for learners prior to engaging in practice-based learning, institutional FtP & FtS processes should be in place and communicated to learners to safeguard patients, placement educators, and learners.

2.15 Support the management of incidents that occur during practice placements through a formal process which may include a Clinical Governance Committee.

A Clinical Governance Committee should ensure that any 'incidents' are logged and appropriately managed, safeguarding all involved. This committee will ensure incident audits occur to feed back into practice to ensure lessons are learnt and communicated with all parties.

2.16 Continuous monitoring and evaluation.

Provide placement educators with learners' practice evaluations and feedback and share relevant programme relevant information.

2.17 Develop a culture of safety and continuous learning across all learning environments.

Educate placement educators on the NHS Safe Learning Environment Charter, which is underpinned by principles of EDI, and aims to support learners and those responsible for supporting placement learning in different environments.



3. Role of Learners on Clinical Placements

In order to engage in a positive and meaningful way with a clinical placement model and ensure a high standard of clinical learning through practice-based learning, **learners** have the responsibility to:

3.1 Be proactive in identifying and understanding their own learning requirements and articulate these clearly.

Learners must be aware of the required learning outcomes expected from their clinical placement experience.

3.2 Engage with and take responsibility for pre-placement checks and/or mandatory training required prior to clinical placement.

Learners must engage in pre-placement checks and/or mandatory training required of them. Should they not engage in a timely manner they would not be eligible to attend clinical placement.

3.3 Take responsibility for planning their placement experience and auditing their own learning and progress in conjunction with clinical placement educators and the education provider.

Learners should demonstrate autonomy in their own learning by auditing, reflecting and setting objectives, with support from placement educators and their course team.

3.4 Contribute as a partner in achieving their learning outcomes.

Learners must positively engage in the clinical placement environment and do so in line with the most recent regulatory standards.

3.5 Take a proactive approach to contributing to their own learning and the learning of others.

Learners need to embrace the concepts of collaboration and interprofessional learning. Working with academic and clinical colleagues to achieve their outcomes will support their professional development.

3.6 Be aware and compliant at all times with local rules, the placement provider's policies, statutory and professional regulations and codes of conduct and behaviour.

Learners must take part in local inductions to understand what is required of them when on placement. It is a learner's responsibility to comply with the rules and policy as it applies to them.

3.7 Be aware of their limitations regarding scope of practice and intended learning outcomes when in a clinical placement environment.

Learners must not engage in activity beyond their level of competence.

3.8 Maintain confidentiality at all times.

Learners must take guidance from academic staff if they wish to discuss case-based enquiry in an academic environment or through written assessment.

3.9 Raise appropriate and valid concerns about clinical placement experiences.

Learners should make themselves aware of how they can raise concerns to the education

provider should these occur when on clinical placement.

3.10 Ensure they inform the education provider of any changes to personal circumstances likely to impact their engagement in practice-based learning.

Below are examples of when this would be appropriate:

- a. Changes to health status / illness.
- b. Changes to DBS (Disclosure and Barring Service) status.
- c. Any involvement with the police such as being arrested and / or charged of an offence.
- d. Anything that could affect a student's Fitness to Practise or Fitness to Study.

3.11 Maintain required attendance levels and punctuality.

If in exceptional circumstances learners are unable to attend their clinical placement, education institutions will provide a process learners must follow.

3.12 Maintain standards of uniform in accordance with the requirements of clinical placement environment.

Education providers will inform learners of specific workplace regulations regards uniforms and standards of dress. It is a learner's responsibility to follow those standards.



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Chiltern House
45 Station Road
Henley-on-Thames
RG9 1AT
UK

T: +44 (0)1491 340022
E: admin@rcc-uk.org
W: rcc-uk.org