

**EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION**

**ACCREDITATION PROCEDURES AND STANDARDS  
IN  
FIRST QUALIFICATION CHIROPRACTIC EDUCATION AND TRAINING**

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## PREFACE

The ECCE is an international autonomous organization concerned with *accreditation (and re-accreditation) of institutions* offering chiropractic education and training. Accreditation (and re-accreditation) of institutions is determined by the quality of their chiropractic education and training programmes judged against a set of educational *Standards*.

The *Standards* are intended for use by chiropractic institutions, both in the private and public sectors, predominately (but not exclusively) in Europe, in institutional self-evaluation of their educational programmes, and for use by international committees and bodies involved in the recognition and accreditation of chiropractic education worldwide.

The *Standards* are themselves subject to review reflecting changes in the profession and in education practices. The current revision is based on the ECCE Standards (Version August 2001), the Councils on Chiropractic Education (CCEI) Model Standards (adopted January 2001), the World Federation of Medical Education (WFME) International Standards in Basic Medical Education<sup>1</sup>, and the Australian Medical Council (AMC) Assessment and Accreditation of Medical Schools<sup>2</sup> and the General Medical Council (UK) Tomorrow's Doctors<sup>3</sup>.

These *Standards* are based on the following definition and description of a chiropractor (ECCE Standards, Version August 2001):

*'The chiropractor is concerned with the health needs of the public as a member of the healing arts. He/she gives particular attention to the relationship of the structural and neurological aspects of the body in health and disease. He/she is educated in the basic and clinical sciences as well as in related health subjects. The purpose of his/her professional education is to prepare for practice as a primary contact provider. As a portal of entry to the healthcare system, the chiropractor must be well educated to diagnose, to care for the human body in health and disease, and to consult with, or refer to, other healthcare providers.'*

Although much of the current revision is based in part on developments in medical education, the *Standards* in no way reflect a move towards a medical education rather than a chiropractic education. However, the standards in other healthcare professions encompass many of the global and generic principles of educating and training practitioners of whatever discipline in today's healthcare environment, and quite properly they reflect many (but not all) of the standards relevant to educating and training the chiropractor who is fit to practise as a diagnostician and primary contact practitioner.

ECCE Executive Committee  
2020

This current revision of the ECCE Accreditation Procedures and Standards (Version 5.3, November 2019) is based on the fifth version (Version 5.2, November 2017).

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<sup>1</sup> World Federation for Medical Education, University of Copenhagen, Denmark, [www.wfme.org](http://www.wfme.org), 2001.

<sup>2</sup> Australian Medical Council. *Guidelines for the Assessment and Accreditation of Medical Schools*. Australian Medical Council, Canberra 2002.

<sup>3</sup> General Medical Council. *Tomorrow's Doctors. Recommendations on Undergraduate Medical Education*. The Education Committee of the General Medical Council, [www.gmc-uk.org](http://www.gmc-uk.org)

The ECCE complies with the ESG and is in agreement with the Standards and Guidelines outlined therein, specifically with the accreditation of institutions in compliance with Part 1 (European Standards and Guidelines for Internal Quality Assurance within Higher Education Institutions) and the ECCE itself adhering to parts 2 (European Standards and Guidelines for the External Quality Assurance of Higher Education) and 3 (European Standards and Guidelines for the External Quality Assurance Agencies).

## **1 PART 1 BACKGROUND**

### **1.1 HISTORY**

Following a number of initiatives to oversee and enhance the quality of chiropractic education in the USA, the Council on Chiropractic Education (CCE) was incorporated as an autonomous national organisation in 1971, and continues to function as such today. Since 1974, the CCE has received formal national recognition for accreditation of chiropractic education from the US government. In 1978, CCE Canada and CCE Australasia were similarly established to accredit chiropractic education in their respective jurisdictions.

In 1981, the General Council of the European Chiropractors' Union (ECU) established the European Council on Chiropractic Education (ECCE) to oversee the accreditation of chiropractic education in Europe. In 1986, the ECCE formally separated from the ECU, and developed its own Constitution and *Standards* for the accreditation of chiropractic education. In 1991, the ECCE was registered as a non-profit organisation in Germany, and accredited its first institution (the Anglo-European College of Chiropractic, Bournemouth, UK) in 1992. Although the ECCE has no direct mandate from any government agency, ECCE accreditation is referred to in the legislation of some European countries as a condition to practise chiropractic.

In keeping with CCE (USA) policy on American-Foreign Co-operation in Accreditation of Chiropractic Institutions, the CCE (USA) announced full reciprocal agreements with CCE (Canada) in 1982, with the Australasian CCE (ACCE) in 1986, and with the ECCE in 1993. The close relationship between the CCEs led to the formation of the Councils on Chiropractic Education International (CCEI) in 2001. Membership of this umbrella organisation is founded on compliance with the CCEI Model Standards and Model Procedures, and facilitates students from CCE-accredited institutions to be recognised within the jurisdiction of other CCE members.

### **1.2 PURPOSE**

Accreditation is designed to attest the educational quality of new and established chiropractic educational institutions. To achieve and maintain accreditation by the ECCE, undergraduate chiropractic programmes delivered by those institutions must comply with the *Standards* outlined in this document. Undergraduate education and training refers to the process that leads a student to become a chiropractor able to practise within his/her levels of competency in a primary contact setting, and who does not put the patient at unnecessary risk. It also encompasses the knowledge, skills and attitudes of working effectively with colleagues and other healthcare professionals, and keeping up-to-date and maintaining competencies and skills throughout professional life. Thus, first qualification education and training<sup>4</sup> refer to that period at the end of which, the chiropractor is fit

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<sup>4</sup> Although students may enter the undergraduate programme already holding a degree in another subject, this period of chiropractic education and training is referred to as first qualification education and

to practise as a primary contact practitioner in a competent and safe manner. A clear distinction is made between this and autonomy in a professional role. Normally, the transition from safe and competent practice to autonomous and independent professional practice is undertaken during the (normally twelve-month) period of postgraduate education and training immediately following graduation from the undergraduate programme.

The ECCE *Standards* are a common set of standards that can be applied to all first qualification chiropractic education and training programmes, in that the common objective of chiropractic education is to produce competent healthcare professionals that can serve the needs of patients in the primary contact setting, interact and co-operate with other healthcare professionals and function as a member of the wider healthcare community. Notwithstanding this, the ECCE is cognisant of the fact that there are variations among countries in Europe in chiropractic education as well as regulations regarding chiropractic practice. Thus, international standards must be modified or supplemented according to national legislation, and where appropriate, national legislation will take priority provided this is consistent with, and does not compromise, the *Standards*. Similarly, the institutions delivering chiropractic education will differ, and again international standards must be interpreted according to institutional needs and priorities. Moreover, there is much richness in diversity and innovation, and there is no benefit in restricting chiropractic education to a uniform and unvaried educational process. The accreditation process thus respects the autonomy of the educational institution, national legislation and regulations, and acknowledges that there is no single best way to produce a safe and competent chiropractor.

Notwithstanding these variations however, there is a high degree of equivalence of structure, process and product of chiropractic education. The international *Standards* address the core outcomes that MUST BE MET in order to produce safe primary contact practitioners who are competent in their field of practice. It is essential in the educational process in chiropractic that the exit outcomes are identified, made explicit and unambiguous, and communicated to all concerned, including students, faculty, the profession and other stakeholders. In this sense, chiropractic is an outcomes-based education,<sup>5</sup> in which the learning outcomes determine the curriculum content and its organization, the teaching and learning methods and strategies, the assessment process and the infrastructure of the educational environment that facilitates the process. This process of chiropractic education in achieving the exit outcomes is therefore also relevant to standards of education. As a result, BOTH the learning (exit) outcomes and the educational processes are addressed in the *Standards*.

A global set of core standards relating to outcomes (competencies) in terms of knowledge, attitudes and skills is not the same as a set of specific standards in terms of content of the curriculum. Therefore, the *Standards* do not prescribe a detailed curriculum content. Instead, each institution's curriculum should provide the means to achieve the educational outcomes, as well as the systems for assessing whether students have achieved the required outcomes in terms of knowledge, skills and attitudes, and for evaluating and monitoring the effectiveness of the curriculum in achieving those outcomes.

A potential disadvantage of adherence to a set of standards is that this may result in a lowering of the quality of education to the lowest common denominator. Thus, although basic standards MUST BE MET, there is room to improve on these standards leading to an elevation of educational standards and improving the quality of chiropractic education. The use of standards therefore has

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training. The use of the term 'first qualification' throughout the document is used irrespective of the level of education (i.e. undergraduate (Bachelors(Hons)/Masters) and/or postgraduate (Masters)) during this period.

<sup>5</sup> Harden RM, Crosby JR, Davis MH. Outcome-based education: Part 1: an introduction to outcome-based education. *Med Teacher* 1999; 21;7-14.

two objectives: firstly, to assure minimal requirements for the education and training of primary contact chiropractors, and secondly to provide a framework for institutions to systematically review their programmes and procedures, and from this to raise the quality of the education they provide. Standards are thus as much about continual quality improvement as they are about accreditation for the purposes of international acceptance and exchange.

### 1.3 USE OF STANDARDS

Standards for basic (first qualification) chiropractic education have been used for many years in national and international systems of evaluation and accreditation of chiropractic education. The methods used differ from country to country. The ECCE accredits established chiropractic programmes on a regular basis, as well as newly developed programmes. Chiropractic institutions/programmes delivering these programmes are accredited against educational standards, which themselves are subject to periodic review. The *Standards* are designed not only to accredit institutions, but also to assist in reviewing current programmes and improving the quality of chiropractic education.

### 1.4 TERMINOLOGY

The *Standards* are designed so that they can be applied to all institutions operating in different countries that offer undergraduate chiropractic education. Although the terminology may differ between countries, and institutions may be part of the public or the private sector, the *Standards* are a global set that can be applied in different settings. Inevitably, the terminology will differ between different educational systems in different countries. The **chiropractic institution** referred to in the *Standards* is EITHER the department (or equivalent) within a university, OR it is the autonomous institution (that may be associated with a university but is not part of that university), that is responsible for delivering the undergraduate chiropractic programme and educating and training chiropractors.

Throughout the *Standards*, the **programme** (or **curriculum**) refers to the entire curriculum that underpins the undergraduate education and training of chiropractors. The **course**, on the other hand, refers to those parts of the curriculum that make up the entire programme. Again, terminology may differ between institutions and between countries (see Glossary).

## 2 PART 2: EDUCATIONAL STANDARDS

The ECCE defines the education and training of a chiropractor in terms of: i) first qualification education and training, at the end of which the graduate is safe and competent to enter practice, and ii) postgraduate education and training<sup>6</sup> that normally immediately follows graduation for a defined period of time, at the end of which the chiropractor is fit to practise in an autonomous and independent manner. Both components (first qualification and postgraduate) are considered essential in producing a primary contact provider acting in a professional role. The *Standards* herein, only apply to the first qualification part of that education and training.

Chiropractors must possess a sufficient educational base to be able to care for the health needs of the public by acting as primary contact practitioners, and in particular by delivering chiropractic care in a safe and competent manner. As a primary contact practitioner, the chiropractor must be able to diagnose, to prevent and treat illness, and to consult with, or refer to, other healthcare providers in the best interests of the patient. Educational programmes must produce chiropractors who are willing and able to develop further their knowledge and skills, and a commitment to keep up to date and respond to evolving and changing health needs of patients and the community throughout their professional careers.

### 2.1 COMPETENCIES OF CHIROPRACTIC GRADUATES

#### 1. GRADUATE CHIROPRACTORS WILL HAVE KNOWLEDGE AND UNDERSTANDING OF:

The normal structure and function of the human body and the interactions between body and mind.

The aetiology, pathology, symptoms and signs, natural history and prognosis of neuromusculoskeletal complaints, pain syndromes and associated conditions presenting to chiropractors, including the psychological and social aspects of these conditions.

The evaluation of the health status of a patient, including common diagnostic procedures and findings, their reliability, appropriateness, uses and limitations, and appropriate referral procedures.

The management of common conditions, including manual therapies, rehabilitation and nutritional advice, and the principles of health promotion and disease prevention.

The scientific method to provide and understand the evidence-base for current chiropractic practice, and to acquire and incorporate the advances in knowledge that will occur throughout professional life.

The theory and principles of chiropractic practice, based on the biopsychosocial model of illness, its limitations, and its role in the primary healthcare setting.

The principles of ethics related to chiropractic care, legal responsibilities and codes of professional conduct and practice.

The varying cultural, gender and ethnic differences of patients.

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<sup>6</sup> Postgraduate education and training is NOT the same as Continuing Professional Development (CPD).

2. GRADUATE CHIROPRACTORS WILL HAVE DEVELOPED THE FOLLOWING **SKILLS**:

The ability to take a comprehensive and problem-focused case history, perform an appropriate general physical examination and neuromusculoskeletal examination.

The ability to integrate history and physical examination findings to arrive at an appropriate diagnosis and/or differential diagnosis with comprehensive documentation.

The ability to interpret diagnostic procedures taking into consideration the reliability of data/test/examinations and make an appropriate response.

The ability to select appropriate clinical skills, to formulate a management plan in concert with the patient and to evaluate patient progress by conducting case follow-up and review.

The ability to apply appropriate clinical skills in the treatment of a patient, and to provide information and advice for recovery and continued health.

The ability to communicate clearly with patients, their families, other healthcare professionals, and the general public, and to ensure patients are fully informed of their treatment and care.

The ability to interpret scientific evidence in a critical manner, and to find and use information relating to healthcare.

The ability and integrity to create complete, accurate, up-to-date, and professional patient records, respecting patient confidentiality and legal requirements of the respective country or jurisdiction.

3. GRADUATE CHIROPRACTORS WILL DEMONSTRATE THE FOLLOWING **ATTITUDES** ESSENTIAL TO SAFE AND COMPETENT CHIROPRACTIC PRACTICE:

Recognition that the chiropractor's primary professional responsibilities are the health and care of the patient.

Respect for the values and attitudes of the patient, a commitment to patient-centred care and a respect for patient-practitioner and other professional boundaries.

Commitment to safe and ethical practice, and to maintain standards of chiropractic practice at the highest possible level throughout professional life.

Appreciation of the need to recognise when a condition exceeds capacity to deal with it safely and effectively, and of the need to refer patients for help from other healthcare practitioners when this occurs.

Appreciation of the need to continually update knowledge and skills throughout professional life, and to contribute towards the generation of knowledge and the education of junior colleagues.



Willingness to work in the wider healthcare context, and in a team with other healthcare professionals.

## 2.2 THE STANDARDS

The *Standards* have been compiled to reflect the structure and process of chiropractic education and training that is required to achieve the competencies (exit outcomes) required of graduating chiropractors.

### DEFINITIONS

The *Standards* are structured according to 10 areas with a total of 36 sub-areas.

**AREAS** are defined as broad components in the structure and process of chiropractic education.

These are:

- Aims and Objectives
- Educational Programme
- Assessment of Students
- Students
- Academic and Clinical Staff
- Educational Resources
- The Relationship between Teaching and Research
- Programme Evaluation
- Governance and Administration
- Continuous Renewal and Improvement

**SUB-AREAS** are defined as specific aspects of an area, corresponding to performance indicators.

**STANDARD(S)** are specified for each sub-area:

This means that the institution/programme must demonstrate compliance with the standard during evaluation of the programme.

**ANNOTATIONS** are used to clarify, amplify or exemplify expressions used in the *Standards*, as is the OUTLINE FOR THE SELF-STUDY REPORT (see PART 3).

The quality standards with the respective annotations serve as benchmarks for the self-evaluation process and for evaluations made by external experts. They represent a vital instrument that is used to identify commendations, recommendations and concerns in education and training. Full compliance with all areas of the Standards is not necessary to qualify for accreditation. However certain Standards must achieve at least a “Substantially Compliant” level of compliance in order to achieve the maximum accreditation time frame. These specific Standards are identified with the \* sign and listed below. Please refer to Tables 1 and 2 at the end of the Standards for guidelines on determining the level of compliance for each Standard. Expert recommendations for an accreditation decision result from a global evaluation.

Standards that need to be at least “Substantially compliant” (in the document labeled with a \*sign):

- 1.4 Educational Outcomes
- 2.2 The Scientific Method
- 2.4 Behavioural and Social Sciences, Ethics and Jurisprudence
- 2.5 Clinical Sciences and Skills
- 2.7 Clinical Training
- 2.8 Curriculum Structure, Composition and Duration
- 3.1 Assessment Methods

- 3.2 Relation Between Assessment and Learning
- 4.1 Admission Policies and Selection
- 4.4 Student Representation
- 5.1 Faculty (Staff) Recruitment
- 6.1 Physical Facilities
- 6.2 Clinical Training Resources
- 6.4 Educational Expertise
- 7 The Relationship Between Clinical or Basic Sciences Research
- 8.1 Mechanisms for Programme Evaluation
- 9.2 Academic Leadership
- 9.3 Educational Budget and Resource Allocation

**The following colour coded system is used by the expert evaluation team to indicate the level of compliance with each standard:**

**Green** = This is on track and good (Fully compliant/no risk)

**Light Green** = Broadly on track with some areas which may be addressed (Substantially compliant/low risk)

**Yellow** = Some significant areas which could be detrimental if not addressed; (Partially compliant/medium risk)

**Red** = Serious concerns threaten this area; high risk in the organisation's overall performance (Does not comply/high risk)

## 1 AIMS AND OBJECTIVES

### 1.1 STATEMENT OF AIMS AND OBJECTIVES

#### **Standard:**

**The institution/programme must define the overall aims and objectives of the first qualification chiropractic programme and make them known to all 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.**

Annotations:

- *Postgraduate education and training refer to pre-registration training.*
- *Life long learning includes continuing professional development (CPD) to keep up to date and maintain and improve competencies throughout professional life.*

### 1.2 PARTICIPATION IN FORMULATION OF AIMS AND OBJECTIVES

#### **Standard:**

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

Annotations:

- *Principal stakeholders include the academic staff and students of the chiropractic institution, the university, the chiropractic profession, government (including regulatory) authorities, bodies involved with postgraduate education and training, and the community.*

### 1.3 ACADEMIC AUTONOMY

#### **Standard:**

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

Annotations:

- *Although there are many ways to manage and administer a chiropractic institution, the chiropractic institution must have sufficient control over the curriculum to ensure that its aims and objectives are achieved.*
- *In areas where chiropractic students are taught together with other health science or basic science students, the specific needs of chiropractic students must be identified and addressed. The chiropractic institution must have sufficient curriculum control so that the specific aims and objectives of chiropractic education can be achieved.*

## 1.4 EDUCATIONAL OUTCOME\*

### **Standard:**

**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.**

### Annotations:

- *Educational outcome is defined in terms of the competencies the students will acquire before graduation.*
- *Competencies within chiropractic and chiropractic practice based on practice in a primary contact setting include knowledge and understanding of the basic, clinical, behavioural and social sciences, and ethics relevant to the practice of chiropractic; attitudes and clinical skills (with respect to establishment of diagnosis and differential diagnosis, examination and contemporary diagnostic imaging procedures, communication skills, treatment (including the psychomotor skills) and prevention of disease, health promotion, rehabilitation, clinical reasoning and problem solving); and the ability to undertake lifelong learning and professional development.*
- *It is difficult to define competencies simply as a set of factual knowledge and practical skills as many are essentially abstract qualities. Although knowledge and practical skills are essential, so too are cognitive and problem-solving abilities and attitudes.*
- *The institution should encourage a variety of student-centred teaching and learning approaches to obtaining the required competencies.*
- *The competencies expected of a chiropractic graduate are listed in this document (see COMPETENCIES OF CHIROPRACTIC GRADUATES, Part 2). Whilst each institution defines the objectives and outcomes of its curriculum, these must encompass the competencies listed in these Standards.*

## 2 EDUCATIONAL PROGRAMME

### 2.1 CURRICULUM MODEL AND EDUCATIONAL METHODS

#### **Standards:**

**The institution/programme must define a curriculum model and educational (teaching and learning) methods consistent with the objectives of the curriculum. The curriculum model should be 'student centred' taking into account the health-care needs of their future patients.**

**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 as well as preparing them for interdisciplinary practice.**

### Annotations:

- *Curriculum models include discipline, system, integrated, spiral, problem or case-based learning models, using organising principles such as themes and domains.*
- *Instructional methods encompass teaching and learning methods that while not neglecting the transmission of factual knowledge and skills, also stimulate enquiry, critical analysis and problem-solving abilities. The curriculum must encourage active participation*

*through the principles of self-directed and student-centred learning, and foster the concept that the curriculum is not only 'taught' based solely on didactic models.*

- *Teaching and learning methods should be diverse, integrative, interactive, and clinically relevant as much as possible and include a variety of methods, e.g. prosection (or dissection), computer assisted methods, and large and small group classes.*
- *The curriculum and educational methods should foster life-long learning skills and an appreciation of the need to undertake CPD.*
- *Multidisciplinary teaching and learning environments are encouraged.*
- *Assessments should reflect the teaching and learning methods and facilitate higher-level learning.*

## 2.2 THE SCIENTIFIC METHOD\*

### **Standards:**

**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.**

#### *Annotations:*

- *The role of empirical evidence in informing knowledge and principles of practice will be examined.*
- *Training in scientific thinking and research methods will include the use of research projects (or equivalents) to be conducted by chiropractic students.*

## 2.3 BIOMEDICAL SCIENCES

### **Standard:**

**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.**

#### *Annotations:*

- *The basic biomedical sciences include anatomy, biochemistry, physiology, biophysics, molecular biology, cell biology, genetics, microbiology, immunology, pharmacology, pathology and biomechanics.*
- *It is essential that basic science teaching is relevant to the overall objectives of the chiropractic curriculum, and its relevance is apparent to students.*
- *It is essential to ensure that there is sufficient integration of the biomedical sciences with the clinical elements of the programme, highlighting the relevance of the basic sciences to clinical practice.*
- *It is desirable for the basic sciences faculty and clinicians to collaborate in combined teaching sessions based around clinical problems.*

## 2.4 BEHAVIOURAL AND SOCIAL SCIENCES, ETHICS AND JURISPRUDENCE\*

**Standard:**

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

*Annotations:*

- *Behavioural and social sciences include:*
  - *psychology, sociology, and the biopsychosocial model of chronic pain and non-specific neuromusculoskeletal pain conditions.*
  - *aspects of patient-centred care models, practitioner-patient encounters and oral and written communications skills, and the transferable skills including IT and reflective practice skills.*
  - *all aspects regulating professional practice including legal requirements, requirements of local national regulatory bodies and codes of ethical practice.*
  - *other areas of professional practice including business management and administration issues and current practice models in a multidisciplinary healthcare setting.*
- *Ethical practice includes the principles of clinical governance including clinical audit, clinical guidelines and risk assessment and management.*

## 2.5 CLINICAL SCIENCES AND SKILLS\*

**Standard:**

**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.**

*Annotations:*

- *The clinical sciences include general diagnosis, diagnostic imaging, physical, clinical and laboratory diagnostic procedures, orthopaedics, special populations, nutrition, dermatology, pathological anatomy, neurology, spinal analysis including motion palpation, manipulative-, mobilisation- and supportive- techniques, rehabilitation.*
- *To reflect the most common conditions treated by chiropractors, the curriculum should emphasise pain management particularly as it relates to neuromusculoskeletal conditions.*
- *Clinical skills include radiography, history taking, general physical examination, neuromusculoskeletal examination, procedures and investigations, communication skills, treatment procedures, patient care and management including case follow-up and review, patient advice and education, disease prevention and health promotion, first aid and emergency procedures.*
- *Clinical skills include competency in general diagnosis and referral procedures consistent with scope of practice in a primary contact setting.*

## 2.6 CHIROPRACTIC

### **Standards:**

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

#### *Annotations:*

- *The curriculum should include relevant aspects of chiropractic history and development.*
- *The curriculum should keep up to date with evolving knowledge of chiropractic and of other healthcare fields relevant to chiropractic through an appreciation of the importance of research evidence and of research participation.*

## 2.7 CLINICAL TRAINING\*

### **Standards:**

**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.**

#### *Annotations:*

- *An essential component of the curriculum is a significant period of time devoted to the students' one-to-one contact with patients. This will normally be a minimum of one academic year (i.e. two (2) semesters, three (3) trimesters) spent primarily in contact with patients). The clinical training period provides the opportunity to undertake the role of primary contact practitioner within a supervised outpatient clinical environment, and develop clinical competency and most importantly, clinical judgment. Clinical training, including 'new patient assessments', treatment visits and the case mix of patients, must be sufficient to achieve the specific learning outcomes of the curriculum, as evaluated by OSCEs or other relevant assessments, and prepare the student for safe and competent practice as a primary contact practitioner. Above all, this period develops a level of clinical sophistication to enter practice and for a period of postgraduate training. (It would normally be expected that a student would complete 35 new patient encounters.)*
- *This period of training will reinforce issues of good record keeping, teamwork, communication with other healthcare practitioners, responsibilities of clinic management, ethics and jurisprudence.*
- *This period of training will reinforce issues of self-evaluation through reflective practice, self-directed learning principles and an appetite for life-long learning.*
- *The importance of faculty/clinician role models and the influence of standards in chiropractic practice set at this stage must be recognized in the clinical training facility offered to students.*
- *Close supervision of students at this stage is of paramount importance, including formative and summative feedback mechanisms.*
- *A clinic observation programme will be in place to provide opportunities for students throughout the curriculum to observe clinical procedures in practice, learn from more experienced colleagues, and to maintain the motivation for becoming a chiropractor.*



- *Multidisciplinary clinical placements are also encouraged to facilitate inter-professional communication and to enhance diagnostic and therapeutic skills.*

## 2.8 CURRICULUM STRUCTURE, COMPOSITION AND DURATION\*

### **Standard:**

**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.**

### *Annotations:*

- *The duration of the programme must satisfy national requirements for graduates to practise as a chiropractor (either for pre-registration or full registration depending on national requirements for post-graduate and pre-registration training).*
- *The programme should facilitate international mobility.*
- *Chiropractic programmes may be diverse in points of entry reflecting prior learning achievements. The final qualification, must be at least equivalent to a Masters degree level 7 or higher in the European Qualification Framework.*
- *Integration of disciplines includes both horizontal (concurrent) and vertical (sequential) integration of curricular components. The process of integration can enhance student learning by demonstrating the relationship between programme material and future chiropractic practice. There should also be opportunities to revisit and further develop material covered early in the programme.*
- *The curriculum should develop as well as educate and train students through models of self-directed learning, student-centred learning as well as opportunities to develop in particular areas of interest, e.g. in the research project (or equivalent).*
- *All courses within the curriculum must have explicit learning outcomes in terms of the level of knowledge and understanding, skills and attitudes expected on completion of the course.*

## 2.9 PROGRAMME MANAGEMENT

### **Standards:**

**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.**

### *Annotations:*

- *The curriculum committee should include a variety of stakeholders, including students.*
- *The curriculum committee (or equivalent) is that system that manages the instruction (teaching and learning methods), content and assessment of the programme.*
- *The authority of the curriculum committee includes supremacy over specific departmental and subject interests, and the control of the curriculum within existing rules and regulations as defined by the governance structure of the institution, and governmental and professional authorities.*

- *Other stakeholders might include other participants in the educational process, representatives of the chiropractic profession and other healthcare professions, and/or other Faculties in the university.*
- *A curriculum committee is concerned with all aspects of the curriculum including content and sequencing, instruction (teaching and learning methods) and assessment.*
- *It is appropriate that review of the overall curriculum will lead to major restructuring from time to time, as well as more gradual changes in the short- to medium-terms. Mechanisms must exist for both minor and major changes to the curriculum. Additions to the curriculum must be accompanied by corresponding review in other areas to prevent curriculum overload.*

## 2.10 LINKAGE WITH SUBSEQUENT STAGES OF EDUCATION AND TRAINING, CHIROPRACTIC PRACTICE AND THE HEALTH CARE SYSTEM

### **Standards:**

**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.**

### *Annotations:*

- *Subsequent stages of training may include pre-registration training as appropriate and post-graduate residency programmes.*
- *Operational linkage implies a clear complementary relationship between undergraduate and early postgraduate education and training, and an undergraduate curriculum that in its final year ensures a smooth transition into the postgraduate training period (as appropriate).*

### 3 ASSESSMENT OF STUDENTS

#### 3.1 ASSESSMENT METHODS\*

**Standard:**

**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.**

*Annotations:*

- *The definition of methods used for assessment includes consideration of the balance between formative and summative assessment, the number of examinations and other tests, the balance between written and oral examinations, the use of normative and criterion referenced judgements, and the use of special types of examinations, e.g. objective structured clinical examinations (OSCE), and the role of external examiners.*
- *Evaluation of assessment methods should include an evaluation of how they promote learning.*
- *Evaluation of assessment methods includes the quantity and quality (reliability and validity) of assessment methods, in particular the reliability and validity of assessments in clinical skills and competencies.*

### 3.2 RELATION BETWEEN ASSESSMENT AND LEARNING\*

#### **Standard:**

**The assessment principles, methods and practices must be appropriate to the learning outcomes and the educational aims and objectives, and promote appropriate learning practices.**

#### *Annotations:*

- *Assessment methods and assessment criteria must be made known to students at the outset of the programme, or course component, and clearly reflect the course's learning outcomes.*
- *The number of assessments should not require excessive amounts of learning of detailed information to the detriment of time to reflect and assimilate the material.*
- *The type of assessments should encourage an integrated approach to learning, and encourage material delivered early in the programme to be revisited at later stages.*
- *Assessments throughout the programme should progressively facilitate higher-level learning.*
- *Rules and regulations for the preparing, reviewing and final approval of summative assessments must be transparent and available to all stakeholders.*
- *Rules and regulations governing student progression must be transparent and available to all stakeholders.*
- *Rules and regulations governing the 'appeals processes' (failed assessments/lack of student progression) must be transparent and available to all stakeholders.*

## 4 STUDENTS

### 4.1 ADMISSION POLICIES AND SELECTION\*

#### **Standard:**

**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.**

#### *Annotations:*

- *The admissions policy should be periodically reviewed to reflect changes in national and global educational practices.*
- *The admissions policy should make explicit any disabilities/impairments or other factors that either inhibits or disadvantages a person from being able to practise as a chiropractor.*
- *The policy must make explicit the entry requirements consistent with entry to a tertiary level education in a science-based discipline, including any language requirements.*
- *The policy must make explicit entry requirements at each of the entry points to the curriculum (where there is more than one), and where entry with advanced standing (Accreditation for Prior (Experiential) Learning (AP(E)L)) is possible. Students must, as a minimum, complete two years (equivalent to 120 ECTS credits) at the chiropractic institution/programme.*
- *The institution/programme may wish to make explicit policy on recruiting international students, particularly where governmental authorities define quotas.*
- *The institution/programme must have a Prospectus for recruiting students.*

#### 4.2 STUDENT INTAKE

**Standard:**

**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.**

*Annotations:*

- *Institutions/programmes must state whether or not they have plans to increase enrolment over the period of the accreditation.*

#### 4.3 STUDENT SUPPORT AND COUNSELLING

**Standard:**

**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.**

*Annotations:*

- *Social and personal needs include academic support, career guidance, health problems and financial matters.*
- *Appropriate student support includes access to counselling services with trained staff*
- *The institution must have a policy on procedures for the support of students (and staff) with disabilities.*
- *Student extra-curricular activities should be supported and facilitated by the institution.*

#### 4.4 STUDENT REPRESENTATION\*

**Standard:**

**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.**

*Annotation:*

- *Students should be formally represented on academic committees and other relevant bodies in the institution.*

## 5 ACADEMIC and CLINICAL FACULTY (STAFF)

### 5.1 FACULTY (STAFF) RECRUITMENT\*

#### **Standard:**

**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.**

#### *Annotations:*

- *The quality of teaching faculty is a vital ingredient of chiropractic education. Effective teachers not only have a strong knowledge of their own discipline, but also understand curricular design and pedagogic issues. For this reason, there must be an appropriate balance between part-time faculty, who in the main will bring their (clinical) expertise and experience to the programme, and full-time faculty who are accountable to the institution, and who will provide stability and continuity to the education and training of chiropractors.*
- *Quality education occurs in an academic environment that allows scientific and clinical faculty to interact in teaching and in research.*
- *Where difficulty in recruiting appropriate faculty exists, the institution should recognise the problem, and take appropriate steps to resolve it.*
- *The SSR (staff/student ratio) must be at a level to effectively deliver the curriculum and achieve the learning outcomes. This ratio should be significantly lower in the final clinical training period.*
- *The institution must have induction procedures for new members of faculty.*
- *There must be a Faculty Handbook (or equivalent) for all faculty members, and the institution must operate an Equal Opportunities Policy which is compliant with the national employment law.*

### 5.2 FACULTY PROMOTION AND DEVELOPMENT

#### **Standard:**

**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.**

#### *Annotations:*

- *Regular faculty appraisal (or equivalent) processes should be carried out, in particular to recognise and reward achievement and to set future goals and objectives.*
- *A strategic faculty development plan should identify faculty development needs of both the institution and individual members of faculty, and the resources necessary to support development of faculty, including research.*
- *Recognition of meritorious academic activities in teaching, research and administration is by rewards, promotion and/or remuneration.*

## 6 EDUCATIONAL RESOURCES

### 6.1 PHYSICAL FACILITIES\*

#### Standard:

**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.**

#### *Annotations:*

- *Physical facilities include lecture halls, tutorial rooms, science, radiology and clinical skills laboratories, clinical facilities, technique rooms, number and type of adjusting tables, libraries, IT facilities, recreational facilities, teaching and research equipment.*
- *All facilities must conform to local Health and Safety regulations and laws.*

### 6.2 CLINICAL TRAINING RESOURCES\*

#### Standard:

**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.**

#### *Annotations:*

- *Clinical training facilities include the institution's/programme's own clinical facilities, off-site chiropractic practices and clinics approved by the institution for training, clinical skills laboratories, placements in hospitals and other healthcare centres including primary healthcare settings.*
- *Facilities for clinical training both on- and off-site must be evaluated regularly for meeting appropriate standards regarding chiropractic training.*
- *Students need exposure to a range of clinical problems, both in quantity and case mix (see 2.7).*

### 6.3 INFORMATION TECHNOLOGY

#### Standards:

**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.**

*Annotations:*

- *A policy regarding the use of computers, internal and external networks and other means of information and communication technology include coordination with the library services of the institution.*
- *The use of information and communication technology is essential to a student-centred learning approach, and should be part of the education for evidence-based chiropractic and in preparing students for continuing chiropractic education and professional development.*

6.4 EDUCATIONAL EXPERTISE\*

**Standard:**

**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.**

*Annotations:*

- *Educational expertise deals with problems, processes and practice of chiropractic education and includes basic science and chiropractic staff with knowledge/research experience in chiropractic and discipline-related education.*
- *Educational expertise should be provided to teaching staff in staff development programmes.*
- *Education research improves practice and should be encouraged as part of the research profile of the institution.*

6.5 ADMINISTRATIVE and TECHNICAL STAFF

**Standard:**

**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.**

*Annotations:*

- *Administrative and technical staff may include those providing secretarial and personal assistant services, laboratory and radiological technicians, research assistants and other support staff.*



## 7 THE RELATIONSHIP BETWEEN TEACHING AND CLINICAL OR BASIC SCIENCES RESEARCH\*

### **Standard:**

**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 of the institution/programme.**

### *Annotations:*

- *An institution in which research is actively pursued by faculty and staff enhances undergraduate (and postgraduate) chiropractic education. A research ethos attracts high calibre faculty/staff that can engender the attitudes of critical appraisal, and contribute to the generation of new knowledge. All students can benefit from direct contact with active researchers, and from exposure to an atmosphere of intellectual curiosity and enquiry. A significant proportion of research-active faculty/staff is essential to underpin research in the curriculum, particularly in supervising undergraduate research projects (or equivalents).*
- *The interaction between research and teaching must be reflected in the curriculum and influence current teaching, and encourage and prepare students to engage in research.*
- *The institution/programme must clearly demonstrate its commitment to research activity, particularly in its supportive mechanisms including time allocation to research-active faculty/staff and allocation of financial resources.*
- *The institution/programme must have appropriate policies and procedures relating to research governance (in particular, ethics approval procedures) for research projects undertaken by students and faculty/staff.*

## 8 PROGRAMME EVALUATION

### 8.1 MECHANISMS FOR PROGRAMME EVALUATION\*

### **Standard:**

**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.**

### *Annotations:*

- *Mechanisms for programme evaluation imply the systematic use of valid and reliable methods for monitoring and evaluating the curriculum against educational outcomes.*
- *QA procedures must be transparent, and a detailed annual QA report produced.*
- *External examiners (or equivalent) must be an integral part of QA policy and procedures.*
- *Identified concerns include problems presented to the curriculum committee (or equivalent(s)).*
- *QA procedures must clearly show an audit trail demonstrating how problems/concerns are identified, acted upon, and actions evaluated.*

## 8.2 FACULTY AND STUDENT FEEDBACK

### **Standard:**

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

#### *Annotations:*

- *Feedback from student questionnaires is valuable to identify potential problems. Mechanisms for feeding the information back to those responsible for delivering the courses must exist, and in a manner to allow such feedback to be acted on.*
- *In addition to questionnaires, other mechanisms for student feedback must exist.*
- *The institution must have in place a range of QA procedures and not only rely on the feedback of students.*

## 8.3 STUDENT COHORT PERFORMANCE

### **Standard:**

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

#### *Annotation:*

- *Measures of student performance include annual information about average scores, pass and failure rates at examinations, dropout rates and student progression.*
- *Cohort performance is analysed in relation to the component parts of the curriculum in order to identify areas of concern.*

## 8.4 INVOLVEMENT OF STAKEHOLDERS

### **Standard:**

**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.**

#### *Annotation:*

- *A range of stakeholders includes the university, validating universities, national regulatory bodies, those responsible for postgraduate education and training, and international accrediting bodies.*

## 9 GOVERNANCE AND ADMINISTRATION

### 9.1 GOVERNANCE

#### **Standard:**

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

#### *Annotations:*

- *The committee structure includes a curriculum committee (or equivalent(s)) with the authority to design and manage the chiropractic curriculum.*
- *Relationship with a university is where the institution is part of, or associated/affiliated to a university, or other formal links with a university.*

### 9.2 ACADEMIC LEADERSHIP\*

#### **Standard:**

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

#### *Annotation:*

- *The academic head must have sufficient authority to administer the educational programme to meet the aims and objectives of the programme.*
- *The academic head should also undergo annual peer and supervisor evaluation.*

### 9.3 EDUCATIONAL BUDGET AND RESOURCE ALLOCATION\*

#### **Standard:**

**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.**

#### *Annotations:*

- *The educational budget depends on the budgetary practice in each institution.*
- *There must be clear evidence of financial planning and resources to ensure that all students currently enrolled on a programme can complete it.*
- *The institution should have the financial resources to employ an adequate number of faculty to develop and sustain the program on a continuing basis.*

#### 9.4 INTERACTION WITH PROFESSIONAL SECTOR

**Standard:**

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

*Annotation:*

- *There should be effective communication between the institution and the university (where appropriate), other chiropractic and higher education institutions, professional bodies, regulatory bodies and other health-related institutions. The more harmonious these relationships are, the more likely that an appropriate environment for teaching and research will be developed. Wherever possible, these relationships should be formalised through appointments on committees.*

## 10 CONTINUOUS RENEWAL and IMPROVEMENT

### Standard:

**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) 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.**

In so doing it should address the following issues:

- Adaptation of the aims and objectives of the chiropractic institution to the scientific, socio-economic and cultural development of healthcare.
- Modification of the required competencies of the graduating students in accordance with documented needs of the environment graduates will enter. The modification shall include the clinical skills training and involvement in patient care appropriate to responsibilities encountered upon graduation.
- Adaptation of the curricular model and instructional methods to ensure that these are appropriate and relevant.
- Adjustment of curricular elements and their relationships in keeping with developments in the biomedical sciences, the behavioural sciences, the social sciences, the clinical sciences, and changes in the demographic profile and health/disease pattern of the population, and socio-economic and cultural conditions. The adjustment shall assure that new and relevant knowledge, concepts and methods are included and outdated ones discarded.
- Development of assessment principles, and the methods and the number of examinations according to changes in educational objectives and learning goals and methods.
- Adaptation of student recruitment policy and selection methods to changing expectations and circumstances, human resource needs, changes in the secondary/pre-chiropractic education system and the requirements of the educational programme.
- Adaptation of recruitment and staffing policy regarding the academic staff according to changing needs of the chiropractic institution.
- Updating of educational resources according to changing national policies and changing needs of the chiropractic institution, i.e. the student intake, size and profile of academic staff, the educational programme and contemporary educational principles.
- Refinement of the process of programme monitoring and evaluation.
- Development of the organizational structure and management principles in order to cope with changing circumstances and needs of the chiropractic institution and, over time, accommodating to the interests of the different groups of stakeholders.

### 3 PART 3: INSTITUTIONAL SELF-EVALUATION

#### 3.1 OUTLINE FOR SELF-STUDY REPORT

This Outline is to assist institutions/programmes in reviewing their programmes against the ECCE *Standards* in undergraduate chiropractic education.

The Self-Study Report must follow the format that mirrors the Standards document. If it does not, the evaluation visit may not take place. The Self-Study Report, based on the Areas and Sub-areas in the *Standards*, must be written in English and result in a document providing comprehensive answers to ALL the topic areas and numbered appropriately. Quality of the report is more important than the quantity or length of the report. Answers must, if possible, be referenced to specific documents including Prospectus, Programme Handbook and Programme Document, Assessment Regulations and Appeals Procedures, and Clinic Training Manual (or equivalents), which either must be appended or made available at the (on site) Evaluation Visit. Where necessary, supporting documentation must be translated into English.

Compilation of the Self-Study Report by the institution must be carried out using the *Standards* as a reference source. The Self-Study Report must be a critical reflection on current practices of the institution/programme. The end of each of the 10 sections of the Self-Study Report must contain a completed table listing the strengths and weaknesses identified in that particular section of the report.

A statement at the start of the Self-Study Report must provide written evidence that the institution continues to comply with the Eligibility Criteria (refer to Part 4, 2.1 to 2.6 inclusive).

#### 1 AIMS AND OBJECTIVES

##### 1.1 Statements of Aims and Objectives

- *Provide a copy of the published aims and objectives of the undergraduate programme (curriculum). The detailed objectives of the chiropractic programme must be described.*
- *How are they made known to the relevant parties?*

##### 1.2 Participation in Formulation of Aims and Objectives

- *Who are the institution's principal stakeholders?*
- *How has the institution involved its principal stakeholders in formulating the aims and objectives statements?*
- *What groups other than the above principal stakeholders (if any) does the institution consult?*
- *How does the institution consult and involve its stakeholders in ongoing refinement to the overall aims and objectives statements?*

### 1.3 Academic Autonomy

- *Describe or provide copies of institutional policies that confer responsibility for the design and development of the curriculum and allocation of resources.*
- *What policies and practices does the institution have to ensure teaching by individual staff and by other departments (in universities) appropriately addresses the aims and objectives of the chiropractic curriculum?*
- *How is this evaluated and, if necessary, redressed?*

### 1.4 Educational Outcome

- *What are the competencies (knowledge, skills and attitudes) required of students at graduation?*
- *Describe how the competencies (exit outcomes) match the Competencies of Chiropractic Graduates as described in Part 2 of the Standards.*
- *Describe, in general terms, how each of the outcomes is covered within the curriculum.*
- *Specify how the outcomes at graduation are bridged with postgraduate training.*
- *How does the institution measure and get information about the competencies of its graduates after entering practice?*
- *How does the institution feed back this information into programme development?*
- *Describe the student-centred teaching and learning approaches used to obtain the required competencies.*

## 2 EDUCATIONAL PROGRAMME

### 2.1 Curriculum Model and Educational Methods

- *What are the principles guiding the design of the curriculum and the types of teaching and learning (instructional) methods used to deliver it?*
- *How do the curriculum and the instructional methods encourage students to take active responsibility for their learning (i.e. student-centred learning)?*
- *Specify how the institution envisages that these methods prepare students for life long learning, reflective practice and continuing professional development.*

- Describe any multidisciplinary teaching and learning environments and the effects that these have on the students.

## 2.2 The Scientific Method

- *Which components of the programme inculcate the principles of the scientific method and evidence-based practice, and foster analytical and critical thinking?*
- *Which components of the programme teach students how to find and critically appraise knowledge from research inquiry and other sources?*
- *What specific opportunities are there for students to acquire research training?*

## 2.3 Biomedical Sciences

- *Which of the basic biomedical sciences contribute to the chiropractic programme?*
- *How is their contribution integrated with clinical sciences at the different stages of the curriculum?*
- *What is the process by which the institution adapts the curricular contributions of the various basic biomedical sciences to developments in the science, practice and delivery of healthcare?*

## 2.4 Behavioural and Social Sciences, Ethics and Jurisprudence

- *Which of the behavioural and social sciences, the disciplines of ethics and jurisprudence, and the principles of clinical governance contribute to the chiropractic programme?*
- *How does the curriculum provide for contributions of these sciences, disciplines and guiding principles to foster effective communication, clinical decision-making and ethical practices?*
- *What is the process by which the institution adapts the curricular contributions of the behavioural sciences, the social sciences, ethics and jurisprudence, and issues of clinical governance to developments in the science, practice and delivery of healthcare?*

## 2.5 Clinical Sciences and Skills

- *What are the specific competencies (knowledge, skills and attitudes) specified as exit outcomes to ensure clinical competence on graduation?*
- *What are the specific clinical disciplines and skills in the curriculum, and the levels of involvement in which these competencies (knowledge, skills and attitudes) are to be acquired?*
- *How does the curriculum provide for contributions of these disciplines and skills*



*to foster effective clinical decision-making and patient management specifically as a primary contact practitioner?*

- *What is the process by which the institution adapts the curricular contributions of the clinical sciences and skills to developments in the science, practice and delivery of healthcare?*

## 2.6 Chiropractic

- *How does the curriculum link the contributions from chiropractic history and development to current evidence-based chiropractic practice?*

## 2.7 Clinical Training

- *What opportunities are there for application of the clinical disciplines and skills in direct participation in supervised patient care?*
- *How does the institution provide appropriate patient contact and case-mix to ensure clinical competence on graduation? Attach information on how this is managed to ensure that students achieve competency and overall programme outcomes.*
- *What feedback, assessment and supportive mechanisms are in place to ensure clinical competence on graduation?*
- *How does the clinical training year prepare students for reflective practice and life-long learning?*
- *What specific opportunities are there for early and ongoing observation in patient care?*
- *What specific opportunities are there for relevant community experience and for working with other health professionals?*
- *Attach all documentation on the clinical training year supporting the student's learning experience.*
- *Include a definition of how the institution defines a new patient encounter.*

## 2.8 Curriculum Structure, Composition and Duration

- *For ALL elements (courses) of the curriculum provide a summary in terms of topics/subjects taught, and length (hours/weeks) by Term/Semester/Year. Indicate balance between direct contact time, directed and self-directed learning time spent for ALL courses in ALL years of the programme. Indicate balance between lectures, small group teaching, seminars, laboratory sessions and internships (Refer to Programme Documentation as appropriate).*
- *Provide a synopsis of ALL individual courses including learning outcomes, course syllabi, directed learning material and assessment methods. (Refer to Programme Documentation as appropriate).*
- *What policies guide integration (horizontal/vertical and basic/clinical sciences) of the curriculum?*
- *What mechanisms exist to ensure that it occurs?*
- *How does the programme facilitate international mobility?*

Identify, if possible, the proportion of graduates working outside the country of graduation.

## 2.9 Programme Management

- *What are the terms of reference and composition of the curriculum committee (or equivalent(s))? Specifically, what authority does the committee have to resolve conflicts of educational principle and to determine the contributions of specific content to the chiropractic programme?*
- *How are its decisions implemented?*
- *How is the delivery of the programme managed?*
- *How is the assessment of students managed?*
- *What is the institution's mechanism for introducing major and minor changes to the instruction (teaching and learning methods), content and assessment of the curriculum? How are major and minor changes distinguished?*
- *What are the resources of the curriculum committee (or equivalent(s)) for introducing teaching and learning, assessment and curriculum innovations?*

## 2.10 Linkage with Subsequent Stage of Education and Training, Chiropractic Practice and the Healthcare System

- *What links exist between the first qualification chiropractic programme and the next stage of training for practice?*
- *What specific contributions occur in the final year of the programme to facilitate transition to the next stage of training for practice?*
- *Are there reciprocal representations between the committees responsible for the undergraduate chiropractic programme and the subsequent phases of education and training?*
- *What mechanisms exist to obtain and make use of feedback from graduates, the profession and the community?*

## 3 ASSESSMENT OF STUDENTS

### 3.1 Assessment Methods

- *Describe the assessment methods used in the curriculum, including the timing, number and type of assessments.*
- *Who is responsible for assessment policy and procedures?*

- *Describe the composition of involved committees and their terms of reference.*
- *How does the institution monitor the reliability and validity of assessments?*
- *How are internal assessments validated against external standards?*
- *How are new assessment methods researched, tested and introduced?*
- *Provide the general policy on appeals procedures.*

### 3.2 Relation between Assessment and Learning

- *How are assessment practices made compatible with educational outcomes and learning methods?*
- *How are the assessment criteria for progression, assessment weighting and timing of assessments made known to students? (Provide documents made available to students).*
- *How does the institution monitor assessment to reduce curriculum overload and encourage integrated learning?*
- *To what extent is integrated assessment of various curricular elements obtained?*

## 4 STUDENTS

### 4.1 Admission Policies and Selection

- *What are the admission policies and procedures?*
- *What are the academic criteria for admission (at all entry points) to the chiropractic programme?*
- *Are there additional requirements?*
- *At what stages of entry to the programme is the AP(E)L policy applicable?*
- *How do the methods used to select students test their suitability and capability to practise as a chiropractor?*
- *What are the academic criteria for transfer from another chiropractic programme?*
- *How does the admissions committee (or equivalent) evaluate the outcome of its policies on subsequent educational achievement?*
- *Attach the Prospectus for recruiting new students to the institution.*

### 4.2 Student Intake

- *Describe the size of student intake, and the current student body, and any distribution on different demographic categories of students. Include the numbers at: i) Advanced entry: ii) Standard entry: iii) Non-standard entry for the last 3 years.*
- *How is the intake determined in relation to the capacity of the institution?*
- *What mechanisms exist for adjusting the intake and quotas (if applicable)?*
- *How does the institution define standard and non-standard entry?*

#### 4.3 Student Support and Counselling

- *What counselling services are available to students in the institution?*
- *What other student support programmes are available through the institution?*
- *What mechanisms exist to identify students in need of pastoral, psychological, social and/or academic support?*
- *What provision is made for students with specific learning difficulties or other disabilities?*

#### 4.4 Student Representation

- *What is the institution's policy on student contribution to curriculum matters?*
- *Show how students are represented on academic committees.*
- *What is the institution's policy on student contribution in other matters relevant to the students?*
- *What practical measures does the institution have for encouraging student self-government and participation in the activities of the governing bodies of the institution?*

## 5 ACADEMIC STAFF/FACULTY

### 5.1 Faculty Recruitment

- *What procedures does the institution have for ensuring that the faculty profile matches the range, level and balance of teaching skills required to deliver the curriculum?*
- *What are the requirements related to the qualifications for appointment? Provide CVs of all academic (full- and part-time) chiropractic faculty showing relevant information.*
- *What is the SSR (FTE) for clinical training part, for the past 3 years? Show how the SSR has been calculated.*

- *What is the SSR (FTE) for chiropractic practical skills classes/laboratories?*
- *Describe the induction procedures for new members of faculty.*

## 5.2 Faculty Promotion and Development

- *What is the institution's policy for ensuring that teaching, research and service contributions are appropriately recognised and rewarded?*
- *What faculty development programmes exist, or are proposed, to enable teachers to upgrade their skills and to obtain appraisals of their teaching performance?*
- *How is participation in faculty development programmes encouraged and supported?*

## 6 EDUCATIONAL RESOURCES

### 6.1 Physical Facilities

- *Provide a description of the physical facilities available for the delivery of the basic science and clinical (excluding clinical training) components of the curriculum.*
- *Provide a description of the library facilities available to staff and students.*
- *How does the institution review the adequacy of the educational resources?*
- *What mechanisms exist for gathering feedback from students and staff on the facilities?*
- *What authority does the institution (as part of a university) have to direct resources to respond to deficiencies?*
- *Indicate what plans exist for improving these facilities in relation to development of the curriculum.*

### 6.2 Clinical Training Resources

- *Provide a description of the facilities available for clinical training at the institution, including the number of treatment rooms and equipment.*
- *How does the institution review the adequacy of the facilities and the number and case-mix of patients available for clinical teaching?*
- *What mechanisms exist to deal with deficiencies?*
- *How is the institution adjusting and improving its use of clinical training facilities in relation to changing needs?*

### 6.3 Information Technology

- *What committee or body is responsible for formulating the institution's policy on IT?*
- *How does the institution make use of IT in its teaching programme?*
- *To what extent are information and communication technologies used by teachers and students for self-learning, finding information and managing patients?*
- *What training is available to faculty and students in the use of IT?*

#### 6.4 Educational Expertise

- *How does the institution make use of educational expertise in the design and development of the curriculum?*
- *Does the institution have access to an expert health-related education unit or other educational expertise?*
- *How is educational expertise enhanced through faculty development programmes?*

#### 6.5 Administrative Staff and Management

- *What administrative and technical support functions does staff of the institution provide?*
- *Describe the administrative and technical staffing structure to support these functions. Give number of technical staff, administrative, and secretarial/clerical staff.*
- *How is the size of the support staff determined in relation to the programme and other activities?*

### **7 THE RELATIONSHIP BETWEEN TEACHING AND RESEARCH**

- *Provide a description of the research facilities and research programmes of the institution.*
- *How does the institution foster interaction between its research and teaching activities?*
- *What mechanisms exist to ensure that research activities are reflected in the curriculum and teaching?*
- *How does the institution engage students in research?*
- *What are the institution's policies and procedures for obtaining ethics approval for research studies carried out by students and staff?*

## 8 PROGRAMME EVALUATION

### 8.1 Mechanisms for Programme Evaluation

- *How does the institution evaluate its programme?*
- *Is there a group that monitors performance and outcomes data and ensures that identified concerns are addressed by an appropriate body?*
- *What evaluation data are being collected?*
- *Attach QA Reports for the last 3 years together with external examiner (or equivalent) reports for the same period.*
- *Describe how external examiners (or equivalent) are selected, appointed and trained.*
- *Attach a list of all external examiners (or equivalent) appointed over the last 3 years, and the areas for which each is responsible.*
- *How are actions arising from QA procedures and external examiner reports documented and monitored?*

### 8.2 Staff and Student Feedback

- *How does the institution sample, analyse and use the opinions of staff and students about its educational programme?*
- *How does the institution encourage individual staff and students to participate in its evaluation activities and in subsequent programme development?*

### 8.3 Student Cohort Performance

- *What statistical data on student performance and student progression are collected and analysed, and how are they used in development of the curriculum?*
- *What individual student parameters are monitored in relation to performance during the programme and how is this fed back into student selection and curriculum planning?*
- *Provide original number for each cohort/ no. joining/ no. completing year (for each year of the programme) for the past 3 years.*

### 8.4 Involvement of Stakeholders

- *How are the principal stakeholders within the institution involved in programme evaluation?*
- *How does the institution communicate the outcomes of programme evaluation to stakeholders?*



- *To what extent is a wider range of stakeholders involved in the evaluation and development of the programme?*
- *What mechanism (formal and informal) is established to ensure considerations of stakeholders' views?*

## 9 GOVERNANCE AND ADMINISTRATION

### 9.1 Governance

- *Describe the governance structure, its components and their functions.*
- *Describe the relationships between the institution and the university (if the institution is part of, or affiliated to, a university).*
- *Describe the representation and functions of academic staff, students and other stakeholders in the various governance structures and committees.*

### 9.2 Academic Leadership

- *Describe the academic management structure of the institution indicating the line of responsibility for individual areas of the chiropractic programme.*
- *How is the performance of the academic leadership of the institution evaluated and appraised in relation to the aims and objectives of the programme?*

### 9.3 Educational Budget and Resource Allocation

- *Describe the budgetary practice and responsibility of the institution.*
- *How is appropriate resource allocation assured to achieve the aims and objectives of the programme?*
- *What is the institution's process for reviewing resource allocation in support of an evolving curriculum?*

### 9.4 Interaction with Professional Sector

- *Describe the relationships between the institution and the profession with which it interacts, regarding aims and objectives of the programme, the educational programme, the provision of resources, teaching facilities and staff.*
- *What formal mechanisms exist to ensure that the institution interacts constructively with the profession, national associations, accrediting and regulatory bodies, the health sector, and other higher education and chiropractic institutions?*

## 10 CONTINUOUS RENEWAL

- *What procedures does the institution use for regular reviewing and updating its educational aims and objectives, structures and activities?*
- *How frequently does the institution undertake such reviews?*

- *Describe recent and projected activities undertaken with the purpose to ensure that the institution remains responsive to its changing environment.*

### **3.2 OUTLINE FOR ANNUAL MONITORING REPORT (AMoR)**

This will take the form of a questionnaire provided by the ECCE. The purpose of the questionnaire is to document **current practice**, and any **changes/developments** in the programme since completion of the institution's last AMoR. The questionnaire describes current practice and identifies any changes/developments in:

- Overall aims and objectives of the programme
- Curriculum content
- Teaching and Learning methods
- Assessment methods
- Programme management
- Patterns of staffing:
- Faculty Development and Appraisal activities
- Research activities
- Educational Resources
- Quality Management
- Governance & Administration
- Patient exposure during final clinical training year:
  - Numbers of: i) new patients (mean no. per student cohort/range): ii) (returning) patient treatment visits (mean no. per student cohort/range)
- Evaluation of student cohort outcomes:
  - Original number for each cohort/no. completing year (for each year of the programme)
- Plans for future development
- Areas of concern/weaknesses from the most recent Evaluation Report.
- Examples of good academic practice
- Difficulties or challenges anticipated
- Units of study with unusually low or high average marks.

*A copy of the questionnaire (AMoR) is included under separate cover and available on request to the Executive Secretary.*

## **4 PART 4: PROCEDURES FOR ACCREDITATION AND RE-ACCREDITATION OF INSTITUTIONS/PROGRAMMES**

Accreditation policies and procedures are designed to make clear to the chiropractic institution the nature of the information required, and the process for assessing the institution against the *Standards* outlined in this document.

### **1 ADMINISTRATION OF THE ACCREDITATION PROCESS**

#### **1.1 STATUS OF INSTITUTIONS**

For the purpose of this document, the name 'institution' applies to EITHER:

Single-purpose institution, the primary goal of which is the delivery of chiropractic Education.

OR:

An institution as part of a wider, multi-purpose institution (normally a university), the primary goal of which is the delivery of a broad portfolio of higher education programmes of which chiropractic is one.

For the purpose of this document, the name 'institution' applies to 'school', 'department' or any other name that implies the primary place where chiropractic education and training is administered and delivered.

#### **1.2 THE ECCE AND THE QUALITY ASSURANCE AND ACCREDITATION COMMITTEE (QAAC)**

##### **1.2.1 ECCE (Council)**

The structure and function of the Council are specified in the 'Constitution'. A list of institutions with Accredited status with the Council is updated on the web site regularly.

##### **1.2.2 Executive Committee**

The structure and function of the Executive Committee are specified in the 'Constitution'. The Executive Committee is responsible for appointing members of Evaluation Teams.

##### **1.2.3 The QAAC arranges the orientation and training of the Evaluation Teams.**

##### **1.2.4 Quality Assurance and Accreditation Committee**

The structure and function of the Quality Assurance and Accreditation Committee (QAAC) are specified in the 'Constitution'. The QAAC is responsible for implementing the Council's policies and procedures relating to accreditation of institutions. The QAAC acts in determining an annual programme of accreditation activities, making decisions on the accreditation and re-accreditation of institutions, receiving and acting on Annual Monitoring Reports (AMoRs) from institutions, and presenting an annual report to the Council on institutions with Accredited (any) status with the Council.

### 1.3. ACCREDITED STATUS

There is only one type of status with the Council which is granted by the QAAC:

#### 1.3.1 Accredited status

This recognizes that an institution meets the Eligibility Criteria for Accredited status, and delivers chiropractic education and training in compliance with the *Standards*.

### 1.4 EVALUATION TEAMS

1.4.1 Evaluation Teams are contracted by the Executive Committee to conduct evaluation of an institution for the purposes of the award of Accredited status. The Executive Secretary organizes and coordinates the Evaluation visit. Teams report to the QAAC and work within the policies, procedures and *Standards* of the Council.

1.4.2 Proposed members of the Team are required to sign a written declaration to the Executive Committee regarding any personal or professional interest, which might, or might be perceived to, impact on their capacity to undertake impartially their role as members of the Evaluation Team. If such a declaration is made, and it is decided that the member should continue to participate, this declared interest will be disclosed to the institution. Where a proposed member has given informal advice to an institution, this must also be declared to the Executive Committee. Persons from institutions/programmes that have given substantial advice or significant parts of their curriculum to another institution/programme may be prevented from participating on the evaluation team pending a decision by the Executive.

1.4.3 Institutions will have an opportunity to comment on the proposed membership of the Team. The Executive Committee will have full regard to such comments when finally appointing the Team. The institution has the right to request a change(s) to the proposed membership on production of valid reasons as determined by the Executive Committee. The final decision on the membership of the Evaluation Team remains with the Executive Committee.

1.4.4 The composition of the Team should provide a balance of evaluators in terms of areas of expertise, experience, and wherever possible, gender. The Executive Committee will appoint one member, who is normally an experienced evaluator, as Chair. The Chair is responsible for the on-site conduct of the Team, feedback at the end of the Evaluation Visit to the institution, and presentation of the Final Evaluation Report to the QAAC. All communication between the institution and the Team will be through the Head/Principal and Secretary respectively. The Chair and Secretary of the Team will allocate specific responsibilities to each member. These responsibilities are reflected in the reviews/interviews conducted by the evaluators during the Evaluation Visit, and in the contents of the Final Evaluation Report. The Team is collectively responsible for the Final Evaluation Report.

1.4.5 The Team will normally consist of up to 5 members, including a current chiropractic student(s), and normally spend 3 days at the institution. The Evaluation Visit will normally include a tour(s) of the facilities, meetings with the Head/Principal, senior managers, teaching staff and current (and past) students, and review of programme documentation.

- 1.4.6 The Team will normally spend 1-2 days at the institution for the purpose of re-accreditation.

## 2 ELIGIBILITY CRITERIA FOR ACCREDITED STATUS

To be eligible to apply for Accredited status, an institution shall:

- 2.1 Be EITHER a department/school (or equivalent) within a university (or equivalent) OR a private institution that may or may not be affiliated/associated with a university (or equivalent), and where the undergraduate programme has or has not been validated by a university (or equivalent).
- 2.2 A private institution must be incorporated under the laws of the country to which it belongs, have a properly constituted governing body, be non-profit making and registered as an educational institution.
- 2.3 Have a full-time Chief Executive Officer, or full-time Head/Principal, or equivalent.
- 2.4 Have graduated its first cohort of chiropractic students.
- 2.5 Have the internal organisation, sufficient facilities and staff, and sufficiently sound financial status to enable it to deliver a quality programme of undergraduate chiropractic education and training at the highest standards, and one that is in compliance with the *Standards*.
- 2.6 Agree to follow and abide by the policies and procedures for the award of Accredited status as set out in the official documentation of the ECCE, and to furnish the QAAC with a certified copy of a formal undertaking by its governing body (or equivalent senior authority) at a legally constituted meeting indicating institutional agreement.

## 3 ACCREDITATION PROCEDURES

### 3.1 Initial accreditation of an institution applying for Accredited status (see Flowchart)

#### 3.1.1 Initial Contact

The first stage in the accreditation procedure shall be a written application to the Chair of the QAAC from the Head/Principal of the institution with the approval of its governing body (or equivalent). Written evidence of compliance with all the Eligibility Criteria (2.1 to 2.6 inclusive) must be attached. (See also section 7 'FEES'.)

The QAAC will acknowledge, normally within thirty (30) days of receipt, the fact that the institution wishes to be accredited, and if the Eligibility Criteria are met, shall request a Self-Study Report (see Part 3).

#### 3.1.2 Accreditation Agreement Contract

Prior to QAAC considering the Self-Study Report, the institution/programme must sign the accreditation agreement.

### 3.1.3 Self-Study Report (see Part 3)

The second stage will require the institution to submit six (6) copies of a Self-Study Report based on the *Standards*, together with a list of all current staff and number of students in each year of the programme. This will normally be done within six (6) months of the initial application to the QAAC. The Executive secretary will provide a list of persons to whom copies of the Self-Study Report should be sent directly.

The ability of the institution to present a Self-Study Report will be taken as an indication of the ability of the institution to deliver a high quality first qualification chiropractic programme. At this point the QAAC will make a decision on the Report and notify the institution, normally within sixty (60) days of receipt of the Report. If necessary, further information may be requested and/or a representative of the QAAC (appointed by the QAAC) may make a brief preliminary visit to the institution to verify the accuracy of the Report, before a decision can be made.

The QAAC will make ONE of the following decisions, and the Chair of the QAAC will inform the Executive Committee and the institution:

#### 3.1.3.1 Satisfactory

The Self-Study Report provides sufficient evidence of compliance with the *Standards*, and the institution is judged to be ready to undergo a full on-site Evaluation Visit by an Evaluation Team. The Chair of the QAAC will then arrange with the institution for an Evaluation Team appointed by the Executive Committee to visit the institution, normally during term-time, and at a time mutually acceptable to the Evaluation Team and the institution.

#### 3.1.3.2 Unsatisfactory

The Self-Study Report does not provide evidence of sufficient compliance with the *Standards* and thus the institution is not ready to undergo an Evaluation Visit by the Evaluation Team. The QAAC will provide feedback to the institution and time will be given to enable the institution to revise and resubmit a Self-Study Report within a period of not less than twelve (12) months and not more than twenty four (24) months of the decision of the QAAC. After this period of time has elapsed, a new initial accreditation process must begin.

### 3.1.4 Evaluation Visit

3.1.4.1 The Executive Secretary will provide the institution with a timetable for the Evaluation Visit at least 1 month prior to the Visit. The schedule should have a degree of flexibility to allow for additional meetings should they be needed. All communication will be through the Head/Principal. In consultation with the

Head/Principal, the Chair of the Evaluation Team (or his/her representative) may make a preliminary visit to the institution to prepare for the Visit.

- 3.1.4.2 The Evaluation Team will normally spend three (3) days at the institution (see Part 4, 1.4.5). The institution shall afford unhampered opportunity to the Team to inspect facilities, meet formally and informally with staff and students, study financial and corporate records (if appropriate), and examine student records and patient files. All patient files and official records will be treated in strict confidence and will not be removed from the premises.
- 3.1.4.3 The Evaluation Team will prepare a draft of identified commendations, recommendations and concerns, and report **verbally** on these to the institution at the end of the Visit.
- 3.1.4.4 A draft of the Evaluation Report of the Evaluation Team will be sent to the Head/Principal for correction of errors of fact only, normally within thirty (30) days of the Evaluation Visit.
- 3.1.4.5 The institution will have the opportunity to comment on any factual errors contained in the draft Evaluation Report. Responses from the institution will be expected within thirty (30) days of receipt of the draft Evaluation Report

### 3.1.5 Final decision on the award of Accredited status

3.1.5.1 The Final Evaluation Report will be sent to the Head/Principal of the institution, with the opportunity to make a formal written response before the meeting of the QAAC (normally held biannually) to consider its decision on the award of Accredited status. A representative(s) of the institution will be invited to attend this meeting.

3.1.5.2 At this meeting, the QAAC will make ONE of the following decisions based on the Final Evaluation Report (and the institution's Response):

#### 3.1.5.2.1 Award of Accredited status:

EITHER:

- a. Accredited for a period up to a maximum of three (3) years, subject to satisfactory annual monitoring reports (AMoRs).

OR:

- b. Accredited for a period up to a maximum of three (3) years, subject to satisfactory annual monitoring reports (AMoRs) and subject to specified conditions being addressed within a specified period of time.

#### 3.1.5.2.2 Deferment of a decision to award Accredited status:

Deferment of a decision to award Accredited status for a specified period of time, subject to ONE or MORE of the following:



- a. Meeting specified conditions within a specified period of time.
- b. Satisfactory report of representative(s) appointed by the QAAC.
- c. A meeting(s) with representative(s) of the institution.

**3.1.5.2.3 Refusal to award Accredited status:**

Accredited status is refused where the deficiencies are so serious to warrant such action. The decision may include ONE or BOTH of the following:

- a. Recommendation(s) to assist the institution in meeting the *Standards*
- b. Recommendation to appoint a consultant(s) (as recommended by the QAAC, see 8. Consultancy) to assist the institution in meeting the *Standards*. The institution will meet all consultancy expenses.

3.1.5.3 The decision of the QAAC will be notified by the Chair in writing to the institution, normally within 30 days of the meeting of the QAAC.

**3.1.6 Failure of an institution to achieve initial Accredited status**

An institution may re-apply for Accredited status at the earliest twelve (12) months after the decision to refuse to award Accredited status, and subject to the normal procedures for accreditation (3.1).

**3.2 Re-accreditation of an institution for Accredited status**  
**(see Flowchart)**

**3.2.1 Initial Contact**

Following contact by the Chair of the QAAC or the Executive Secretary with the institution, the first stage in the re-accreditation procedure shall be agreement between the Chair of the QAAC and the Head/Principal of the institution for the date of submission of the Self-Study Report and a provisional schedule for the Evaluation Visit.

Re-accreditation will be conducted at intervals of 3-8 years (see 3.2.4.2.1). The length of the interval will be determined by the QAAC on the basis of the criteria listed in the Risk Based compliance Table (p.53) and on those listed in the Table of Risk-based Accreditation Criteria (p.52). The level of compliance and the presence of risk criteria will also determine the number of days and the number of evaluators needed for the re-evaluation visit.

An on-site Evaluation Visit by an Evaluation Team will normally occur within ninety (90) days of acceptance by the QAAC of the Self-Study Report and will ideally be timed to coincide with any upcoming national accreditation visit whenever possible.

**3.2.1.1 Re-accreditation of an Institution with more than 1 site**

After a successful initial accreditation, the second site will then be included within the normal scheduling of re-accreditation for the main institution.

### 3.2.2 Self-Study Report (as 3.1.3 and Part 3).

A decision on the Self-Study Report by the QAAC will be given within sixty (60) days of receipt. If at this stage the Self-Study Report is deemed unsatisfactory and therefore not accepted by the QAAC, a resubmission is allowed once only, and at a time set (not more than six (6) months from the original submission) by mutual agreement between the institution and the QAAC. Accreditation remains in place during this process and the institution is liable for payment of full fees and dues (see Financial Policy). If, at the end of this period, the Self-Study Report is still not satisfactory, the institution will be put on probation (3.2.4.2.2).

### 3.2.3 Evaluation Visit (as 3.1.4)

### 3.2.4 Final decision on the award of Accredited status (re-accreditation)

3.2.4.1 The Final Evaluation Report will be sent to the Head/Principal of the institution, with the opportunity to make a formal written Response before the meeting of the QAAC to consider its decision to award Accredited status (re-accreditation). A representative(s) of the institution will be invited to attend this meeting.

3.2.4.2 At this meeting, the QAAC will make ONE of the following decisions:

#### 3.2.4.2.1 Re-accredit (award Accredited status):

EITHER:

- a. Accredited for a period up to a maximum of eight (8) years, subject to satisfactory annual monitoring reports (AMoRs).

OR:

- b. Accredited for a period up to a maximum of eight (8) years, subject to satisfactory annual monitoring reports (AMoRs) and subject to specified conditions being addressed within a specified period of time.

#### 3.2.4.2.2 Deferment of a decision to re-accredit (award Accredited status):

Deferment of a decision to re-accredit (award Accredited status) will apply for no longer than a period of twelve (12) months, and during the deferment period, the institution will retain its Accredited status and be liable for payment of full dues and fees (see Financial Policy). For this period, the institution will be on confidential probation for a period of six months or until such time within that period that the QAAC renders a decision to re-accredit (award Accredited status). If the institution is not re-accredited during this period, after the six-month deadline, the institution will be placed on public probation for a further six months, or until such time within that period that the QAAC renders a decision to re-accredit (award Accredited status).

The decision of the QAAC to re-accredit (award Accredited status) will be based on ONE or MORE of the following:

- a. Meeting specified conditions within a specified period of time.
- b. Satisfactory report of a representative(s) appointed by the QAAC.
- c. A meeting(s) with representative(s) of the institution.

#### 3.2.4.2.3 Refusal to re-accredit (award Accredited status):

Refusal to re-accredit (award Accredited status) will follow a one-year probationary period (3.2.4.2.2.), and where the deficiencies are so serious to warrant such action. The decision may include ONE or BOTH of the following:

- a. Recommendation(s) to assist the institution in meeting the *Standards*.
- b. Recommendation to appoint a consultant(s) (as recommended by the QAAC, see 8. Consultancy) to assist the institution in meeting the *Standards*. The institution will meet all consultancy expenses.

#### 3.2.4.3 Notification of Decision

The decision of the QAAC will be provided by the Chair in writing to the institution/programme, normally within 30 days of the meeting of the QAAC.

#### 3.2.4.4 Publication of Reports

Once an accreditation decision has been made, the evaluation report will be made public on the ECCE website irrespective of the decision.

#### 3.2.5 Failure of an institution/programme to achieve Accredited status (re-accreditation):

An institution may apply to re-instate its Accredited status EITHER at the earliest twelve (12) months after the decision to refuse to re-accredit (award Accredited status), OR at the end of an appeals process (if applicable) (see 4. Appeals), whichever is the sooner, and subject to the normal procedures for accreditation. Students who graduate during the year that Accreditation is withdrawn, will still be considered to have graduated from an accredited programme as they will have completed 4 of their 5 years of study within a programme that was accredited.

### 3.3 Quality Assurance

At the end of the accreditation process, institutions/programmes will be given the opportunity to provide feedback to the QAAC for continual improvement purposes on the part of the QAAC. This will normally be after receipt of the Final Evaluation Report by the institution and after the decision on the award of Accredited status by the QAAC (see 3.1.4 and 3.2.4).

### 3.4 Joint Evaluation Visits

Evaluation Visits may, wherever possible, and by mutual agreement, be joint events with other accrediting and validating bodies, provided that the timing, documentation and accreditation procedures comply fully with, and do not compromise, the requirements of the ECCE.

## **4. APPEAL AND COMPLAINT PROCESS**

### 4.1 Appeals and Complaints Committee

4.1.1 ECCE has put into place an internal Appeals and Complaints Committee comprising four members of ECCE and one lay member agreed by the parties. The members of the Committee are nominated by ECCE Executive and appointed by the General Council for a four-year term. The members of the Committee will serve continuously for a maximum of eight years. A member of the Committee cannot also be a member of the Executive or the QAAC, but at least one of the members should normally be a former member of the Executive.

4.1.2 The members of the Appeal and Complaints Committee cannot be involved in any other ECCE matters and must sign a no conflict of interest statement.

4.1.3 The Appeal and Complaints Committee will hear appeals and complaints against QAAC decisions and the complaints due to failure to adhere to ECCE procedures and policies.

### 4.2 Policies and Procedures for filing an Appeal or Complaint

4.2.1 A written appeal/complaint by the institution, stating the ground(s) for the appeal/complaint, must be made within two calendar months from the date of receipt of the QAAC's or Executive's decision. The appeal/complaint is normally addressed to the Executive Secretary and must contain a copy of formal action authorizing the appeal/complaint taken by the institution at a lawfully constituted meeting of its governing body (or equivalent senior authority).

4.2.2 The ECCE Executive Secretary will acknowledge the receipt of appeals/complaints within seven days.

4.2.3 In filing an appeal/complaint, the institution agrees to abide by the policies and procedures as set out in the official documentation of the ECCE, and to abide by the decision of the Appeals and Complaints Committee.

4.2.4 An appeal or complaint shall only be considered as official if substantiated and supported by appropriate evidence, references and examples. An appeal or complaint shall clearly and concisely set forth the grounds for the appeal/complaint, referring to specific sections of the ECCE educational standards or policies.

4.2.5 The evidence supplied should be in plain text or pdf format, in English, and where the original is in another language, a certified copy in English should be submitted. Evidence should be directly relevant and proportionate to the concerns raised.

4.2.6 All appeals and complaints are considered on the basis of documentation only, submitted by the appellant or the complainant. The Committee shall examine the appeal or complaint and undertake any further investigations which it considers necessary, as soon as reasonably practicable. This may involve obtaining documents or papers from the appellant or interviewing (in person or by conference call) members of the appellant institution or the complainant.

4.2.7 On receipt, an appeal or complaint will be reviewed within two weeks by the Chair and one other member of the Appeal and Complaints Committee to determine whether eligible grounds and supporting evidence have been presented. Where this is not the case, the appeal or complaint may either be rejected or a request for further information or evidence made.

4.2.8 The Appeals and Complaints Committee reserves the right not to continue with the operation of appeals or complaints procedures if the appeal or complaint is pursued in an abusive, offensive, defamatory, aggressive or intimidating manner.

4.2.9 The Chair of the Appeals and Complaints Committee will forward the appeal or complaint for the consideration of the other committee members. The Committee will submit a report within one month of the receipt of the appeal or complaint.

#### 4.3 Grounds for Appeal or Complaint:

Grounds for Appeal or Complaint do NOT include the decisions of the QAAC based on the Final Evaluation Report (and the institution's response).

Grounds are ONE or MORE of the following:

- a. That a procedural error occurred at one or more specified stage(s) of the accreditation process.
- b. That an error of fact was evident in the Final Evaluation Team Report, and that this was not corrected, in spite of the institution's response to this matter at the appropriate point in the process.
- c. That due to mitigating circumstances, material to inform the process was not made available either at the time of the institution's report (Self-Study Report), and/or the deliberations by the Evaluation Team (the Final Evaluation Report and the institution's response), and/or the

deliberations by the QAAC in making its decision on the award of accredited status.

- d. That members of ECCE, the Evaluation Team, or QAAC behaved in a discriminatory or unprofessional manner.

#### 4.4 Decisions of the Appeals and Complaints Committee:

4.4.1 After considering the evidence, the Committee may decide:

- a. To dismiss the appeal or complaint;
- b. To uphold the appeal or complaint and require the QAAC or Executive to reconsider its decision. Taking into account the findings of the Appeals and Complaints Committee, the QAAC or the Executive will engage in open and transparent discussion with the appellant institution or the complainant to resolve the issue.

4.4.2 The QAAC's decision on the appeal, or the Executive's decision on the complaint shall be taken in light of the Committee's report and will be final and non-appealable. The QAAC will meet at its earliest convenience after receiving the Appeals and Complaints Committee's decision.

4.4.3 Appellant institutions or the complainant will be notified in writing of the QAAC's decision within five working days of the date of its meeting.

4.4.4 The ECCE will only make its decision public when the QAAC or Executive has informed and agreed with the institution regarding the result of the accreditation process and should wait until the end of the Appeal/Complaint period to publish the evaluation report with the agreement of the institution. This policy will protect the institution from any potential reputational damage regarding the Appeal/Complaint with a positive outcome for the Appellant/Complainant.

## 5 ANNUAL MONITORING AND REPORTING PROCESS

- 5.1 Institutions with Accredited status are required to submit Annual Monitoring Reports (AMoR) to inform the QAAC of continuing good practice and any changes or emerging issues that may affect the institution's ability to deliver the curriculum in compliance with the *Standards*.
- 5.2 Additional reports may be requested by the QAAC where there are, or may be, matters of concern or lack of clarity in relation to the continued accreditation of the institution.
- 5.3 All annual and additional reports will be submitted to the QAAC at dates specified by the

- QAAC. A representative of the institution will be invited to present the AMoR to the annual meeting of the QAAC, which normally takes place in the autumn, and discuss any relevant issues. The AMoR will refer to the immediate past academic year.
- 5.4 Any action points arising from annual and/or additional reports will be notified in writing to the Head/Principal of the institution.
- 5.5 Where there is evidence of substantial non-compliance with the *Standards*, the QAAC may,  
 at any time and during the occasion of annual and/or additional reports and subsequent meetings, decide on ONE or BOTH of the following:
- 5.5.1 Imposition of new or additional conditions on an existing accreditation.
- 5.5.2 Imposition of a period of confidential probation and subsequent actions as described under 3.2.4.2.2.
- 5.6 The AMoRs will be made available to Evaluation Teams at initial and re-accreditation events.

## 6 FEES

(According to the ECCE Financial Policy on Institutional Fees and Dues. Document available under separate cover).

## 7 CONSULTANCY

- 7.1. The QAAC may recommend that an institution avail itself of a consultant(s). Recommendations will propose the name(s) of a consultant(s) on the basis of his/her experience and expertise. Once an institution has agreed, the arrangements, objectives, fees and expenses are by mutual agreement between the consultant(s) and the institution. All financial expenses are borne by the institution.
- 7.2 The institution may, at its discretion, make known to the QAAC the findings and report of the consultant(s). The QAAC will receive such reports, which it may or may not take into consideration and/or act on.
- 7.3 Consultants proposed on this basis by the QAAC, cannot be members of the QAAC or the Executive Committee. Also see Part 4, 1.4 Evaluations Teams: 1.4.2.

## 8 COMPLAINTS PROCEDURES

- 8.1 Complaints concerning issues related to the process of the accreditation (i.e. the administration process or standards of professional behavior) should be directed in writing to the Chair of the QAAC no later than 14 working days from the last day of the site evaluation visit.
- 8.2 All other complaints should be directed in the first instance to the Secretary (normally the Executive Secretary) of the Council (see section 4 on Appeals.)
- 8.3 The Secretary/Executive Secretary will refer complaints not relating to the process of accreditation to the Executive for an initial response.
- 8.4 Should the complainant not be satisfied with the initial response of Executive, The Complainant will be referred to an independent Complaints Panel.

8.4.1 The Complaints Panel will consist of 3 members:

- i) One member appointed by the Council on the recommendation of the President of the Council.
- ii) One member appointed by the QAC on the recommendation of the Chair of QAC.
- iii) One member appointed by the complainant.

8.4.2 A member of the Complaints Panel will:

- i) Not be a member of the ECCE Council
- ii) Not be a member of staff (either permanent, temporary or visiting) or external examiner of the institution, either current or in the previous 5 years, should the complainant be an institution
- iii) Not be related to a member of staff, or student, currently at the complainant institution
- iv) Sign a statement declaring no conflict of interest and a confidentiality agreement.

8.5 The Complaints Panel will appoint a Chair and normally a Secretary from among its members, set the hearing date and place and notify the President of the Council and the Complainant of the membership of the Panel and its procedures.

8.6 The Complainant must provide written evidence supporting the complaint no less than thirty (30) days before the date of the hearing to the Chair of the Complaints Panel and to the President of the Council. The President of the Council will have the right of reply in writing to the Complaints Panel no less than ten (10) days before the date of the hearing, and which will immediately be disclosed to the Complainant.

8.7 The Complaints Panel will consider the documentary evidence supplied by the Complainant and the written Response of the President of the Council. The Council and the Complainant will each have the right to be represented at the hearing by up to two representatives. These representatives will have the opportunity to give supporting oral testimony only on the written evidence submitted to the Complaints Panel. Any oral testimony must be given in open forum with the Complaints Panel and all representatives present, with the right of all parties to ask questions of all present at the hearing.

8.8 The Chair of the Complaints Panel will inform the members of the Complaints Panel of how he/she wishes to conduct proceedings (in line with the regulations herein) at the start of the hearing.

8.9 At the conclusion of the hearing, the Complaints Panel will make ONE of the following decisions:

- a. Overturn the appeal and sustain the decision of the Executive of the Council.
- b. Uphold the complaint, and refer the decision back to the Executive of the Council



for reconsideration in light of the complaints process. The detail of the evidence that led the Panel to uphold the complaint must be clearly specified.

- 8.10 The full and final decision of the Complaints Panel will be in the form of a written report by the Chair of the Complaints Panel to the Complainant and to the President of the Council. The decision must be supported by the reasons for reaching that decision, and any supporting documentation.
- 8.11 Costs of the complaints process, other than those incurred in the preparation of documentary evidence by the Council and the Complainant, shall be borne by the Council and the Complainant and are to be paid in advance of the appeal hearing. These shared costs are those incurred by the Complaints Panel and the costs of the appeal hearing. The costs of representatives of the Council and the Complainant attending the hearing shall be borne solely by the respective party.
- 8.12 Both the Council and the Complainant will make equal contributions to cover the shared costs of the complaints process. These shared costs will be estimated and agreed in advance by the Council and by the Complainant. Equal cash escrow deposits will be made not later than thirty (30) days from the date of filing an appeal by the institution to the Treasurer of the Council. Any unused portion of the escrow deposit shall be returned at the end of the process to the Council and the Complainant in equal amounts. In cases of the escrow deposit not covering the costs in full, it is agreed that in filing a complaint, the Complainant and the Council will cover these costs equally, irrespective of the decision of the Complaints Panel, and within thirty (30) days of written notification of the decision by the Chair of the Complaints Panel.

## **9 STATEMENT OF INTERPRETATION**

- 9.1 The final decision on the interpretation of the Accreditation Procedures and *Standards* as described herein, resides with the Council.

**Table 1: Risk based accreditation criteria**

Risk Criteria	Fact identified	QAAC Commentary	Level of risk
Has the institution been accredited by ECCE?			
Has previous evaluation identified high risk for the programme or the quality of the education provided?			
Has the institution demonstrated its ability for improvement in regards to previous evaluation by ECCE?			
Does the institution have an efficient internal quality assurance management?			
Does the institution operate in a country where the chiropractic education is officially recognized and regulated?			
Does the institution have its programme approved by national authorities?			
Is the institution/Programme evaluated on a regular basis by a National Quality Agency in higher education?			
Is the institution/Programme part of a public university?			
If not part of a public university, has the programme developed links with a public university?			

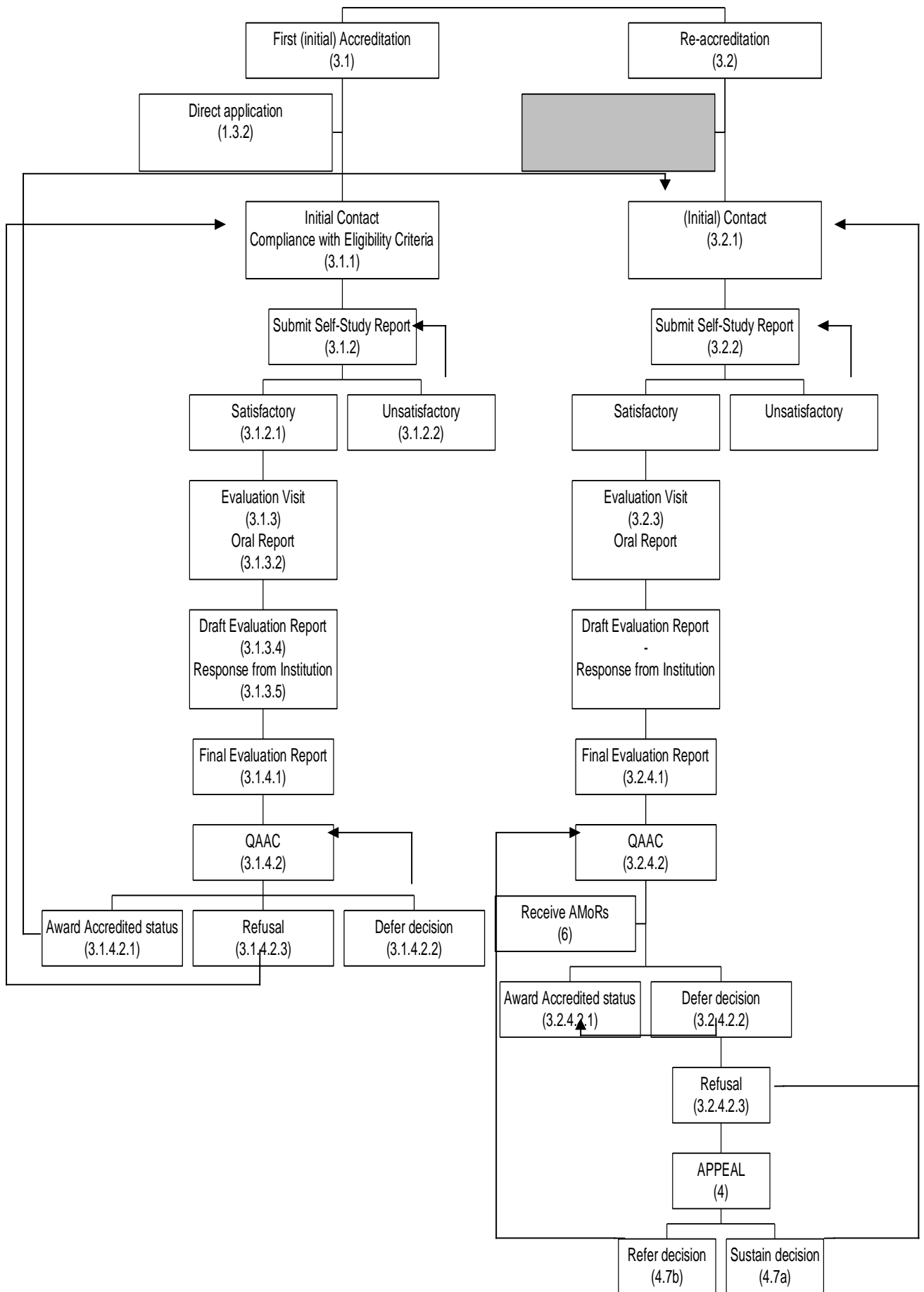
**Table 2: ECCE Compliance Table**

<b>Fully Compliant</b>	<b>Substantially Compliant</b>	<b>Partially Compliant</b>	<b>Non-Compliant</b>
All applicable 'Standards' have been met in full.	Nearly all applicable 'Standards' have been met.	Most applicable 'Standards' have been met.	Several applicable 'Standards' have not been met or there are major deficiencies in one or more of the applicable 'Standards'.
	'Standards' not met do not present any serious risks to patients, students, the institution or profession.	'Standards' not met, while not currently presenting serious risks, have moderate risks which could lead to serious problems over time.	'Standards' not met have serious risk(s) to either the patients, students, institution or profession.
<ul style="list-style-type: none"> <li>-There are examples of good practice in this area.</li> <li>-There are no recommendations for improvement.</li> </ul>	<ul style="list-style-type: none"> <li>-There are minor omissions or oversights.</li> <li>-Needed improvements do not require major structural, operational or procedural change.</li> <li>-The need for change or improvement has already been noted in either the submitted documentation or during the site evaluation visit.</li> </ul>	<p>Examples may include:</p> <ul style="list-style-type: none"> <li>-Weakness in the governance structure.</li> <li>-Insufficient emphasis or priority given to 'Critical Standards'.</li> <li>-Quality assurance procedures which have shortcomings in terms of rigour.</li> <li>-Plans presented to address identified problems are under-developed or not fully imbedded into the overall operation of the institution.</li> <li>-The institutions priorities or actions suggest that it may not be fully aware</li> </ul>	<p>Examples may include:</p> <ul style="list-style-type: none"> <li>-Minimal or no emphasis or priority given to 'Critical Standards'.</li> <li>-Inappropriate emphasis given to 'Critical Standards'.</li> <li>-Ineffective operation of parts of the institution's governance structure as it relates to quality assurance.</li> <li>-Significant gaps in policy structures or procedures relating to quality assurance.</li> <li>-Breaches by the institution of its own quality assurance procedures.</li> </ul>

		<p>of the significance of certain issues.</p>	<ul style="list-style-type: none"> <li>-Plans for identifying problems are not adequate to correct the problems or there is little evidence of progress since a previous review.</li> <li>-The institution has not recognized that it has major problems or has not planned significant action to address problems identified.</li> <li>-The institution has limited understanding of their responsibilities related to one or more key areas of the 'Standards' or may not be fully in control of parts of the organization.</li> <li>-The institution has repeatedly failed to take appropriate action in response to feedback from external evaluations.</li> </ul>
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**ACCREDITATION AND RE-ACCREDITATION PROCEDURES FLOWCHART**  
(see over)

### Accreditation and Re-accreditation Procedures



## GLOSSARY OF TERMS

## A

<b>Academic Autonomy</b>	Freedom of an institution or department to manage strategic development and operation of all issues related to teaching and learning, research and scholarship.
<b>Academic Year</b>	The calendar year in which the academic <b>Programme</b> starts and ends. Normally two semesters (approximately 15 weeks each) or three terms (approximately 10 weeks each).
<b>Accreditation</b>	Process of recognition of an institution to deliver a programme of education and training in compliance with the <b>Standards</b>
<b>Accredited Status</b>	Status conferred upon an institution/programme that meets the <b>Eligibility Criteria</b> for <b>Accredited Status</b> and delivers chiropractic education and training in <b>Compliance</b> with the <b>Standards</b> .
<b>Advanced Standing</b>	Prior valid (experiential) qualifications that may permit a student to enter a <b>Programme</b> at a stage later than the initial entry point. May be referred to as <b>AP(E)L</b> .
<b>Aims (Mission)</b>	General overview of the goals of the education and training experience. Not necessarily measurable (as opposed to <b>Learning Objectives/Outcomes</b> ).
<b>AMoR</b>	Annual Monitoring Report. Report to the CoA completed at the end of each <b>Academic Year</b> outlining current practice and changes/developments in the <b>Programme</b> .
<b>Annotations</b>	Used to clarify, amplify and exemplify statements used in the <b>Standards</b> .
<b>Appeal</b>	<ol style="list-style-type: none"> <li>1) An established formal procedure for reviewing student complaints about <b>Assessment</b>.</li> <li>2) An established formal procedure for reviewing disciplinary action taken against staff or students.</li> <li>3) An established procedure whereby an institution may challenge the decision of <b>CoA</b> to refuse <b>Accredited Status</b>.</li> </ol>
<b>AP(E)L</b>	Accreditation of Prior (Experiential) Learning. May be used in cases of <b>Advanced Standing</b> . (Not

to be confused with **Accreditation** of an institution).

<b>Appraisal</b>	An institutional system for the (normally annual) review of the performance of staff.
<b>Areas</b>	Broad components in the structure and process of chiropractic education.
<b>Assessment</b>	Method of measuring the achievement of <b>Learning Outcomes</b> (i.e. <b>Competencies</b> ) against a set of pre-determined criteria.
<b>Assessment Criteria</b>	Written guidelines that define the required level of achievement of <b>Learning Outcomes</b> .
<b>B</b>	
<b>Behavioural Sciences</b>	Psychological (emotional, cognitive, cognitive-behavioural) and social behaviour in health, disease and illness.
<b>C</b>	
<b>Clinic</b>	Normally the institution's own facility where <b>Clinical Training</b> takes place. (See <b>Off-site Clinics</b> and <b>Off-site Clinical Training</b> facilities).
<b>(Supervised) Clinical Training</b>	Period of time devoted to contact with patients under the supervision of a qualified person recognised by the institution as competent to supervise a student's clinical learning experience.
<b>Commendation</b>	Areas that fully comply with or exceed the <b>Standards</b> and worthy of specific recognition.
<b>Competency(ies)</b>	A measurable set of skills, knowledge, problem-solving abilities and attitudes in controlled representations of professional practice when performing at maximum levels of ability.
<b>Compliance</b>	Abiding by, and meeting the <b>Standards</b> . Compliance is verified <b>at Evaluation Visits</b> and annually through consideration of the <b>AMoR</b> .
<b>Concerns</b>	Areas of substantial weakness/concern as to jeopardise the <b>Accreditation</b> of an institution that



require specific attention and action by the institution *as a matter of urgency*.

**Conflict of Interest**

A situation where the interests of a **Council** member may be in direct opposition with those of the **Council**.

**Core competencies**

Those **Competencies** a student must possess at graduation irrespective of the educational institution he/she attended to enable entry to the profession as a safe and competent practitioner.

**Council**

Body comprising elected and appointed members of the ECCE. It is the supreme decision-making authority of the ECCE.

**Counselling Service**

A professional support service to provide appropriate support for the students' social, psychological and personal needs.

**Course**

Individual courses contributing to a **Programme**.

**Course Objectives**

See **Learning Objectives**.

**Course Handbook**

A publication made available to all students at the start of the **Programme** and for each stage (year) of the **Programme**.

**CPD**

Continuing Professional Development (normally conducted after graduation).

**Credits**

May be awarded for a **Course or Programme** in terms of the time spent on the achievement of the **Learning Outcomes**. Credit systems vary. For example, 120 UK credits constitute one **Academic Year** and 10 credits represent 100 hours of learning time (i.e.1200 hours a year) to include contact time, directed and independent study. Alternatively, the ECTS system refers to 60 credits constitute one **Academic Year** and 60 credits represent 1500 to1800 hours of learning to include contact time, directed and independent study, and preparation and taking of examinations.

**Curriculum (or Programme)**

Entire programme making up an exit award either at undergraduate or postgraduate level. The curriculum includes **Aims** and **Learning Objectives**, the subject areas (content) covered including sequencing and delivery, teaching and learning methods, and **Assessment** strategies.

<b>Curriculum Committee</b>	A committee of teaching staff and (sometimes) students that manages the content, delivery, and <b>Assessment</b> of the <b>Programme</b> .
<b>Curriculum Model</b>	The theoretical basis for the teaching and learning methods used on a <b>Course</b> or <b>Programme</b> . (May include discipline, system, integrated, and problem-based learning models).
<b>D</b>	
<b>E</b>	
<b>ECTS</b>	<b>European Credit Transfer Scheme.</b> 60 ECTS <b>Credits</b> is equivalent to 1 year of full-time study
<b>Eligibility criteria</b>	A set of conditions an institution must meet in order to apply for <b>Accredited Status</b> .
<b>Equal Opportunities Policy</b>	A written policy that covers the policy towards gender, race, religion and sexuality.
<b>ESG</b>	European Standards and Guidelines
<b>Evaluation</b>	A process that systematically and objectively determines the relevance, effectiveness and impact of activities/documentation in light of their objectives. (Not to be confused with <b>Assessment</b> which refers to measurement of achievement).
<b>Evaluation Team</b>	A team of people appointed to evaluate institutions and make recommendations on <b>Accreditation</b> to the CoA.
<b>Evaluation Visit</b>	Inspection (on-site) of the institution by the <b>Evaluation Team</b> .
<b>Executive Committee</b>	Committee of the <b>Council</b> comprising the Officers of the <b>Council</b> , the Chair of the <b>CoA</b> and the Chair of the <b>QAC</b> and responsible for the day to day management and operation of the ECCE.
<b>F</b>	
<b>Formative Assessment</b>	Assessment that is an integral part of the learning process but not used in determining <b>Progression</b> of the student.
<b>FTE</b>	Full-Time Equivalent. A measurement of total staff numbers based upon an aggregation of total

contracted time per week of all staff divided by the agreed, full-time contracted time.

**Full-time**

Refers to the time (i.e. the normal working week of 5 days @ 8 hrs/day) a student attends the institution during the **Academic Year** to undertake his/her education and training.

**G**

**H**

**I**

**Induction**

The formal process of familiarising and enrolling students on a programme normally organised at the start of the first **Academic Year**. Also, the formal process of familiarising new staff (both teaching and support staff) with the organisation, ethos, management and procedures of the institution and its programmes.

**Integrated**

Subjects presented as a meaningful whole, most usually between basic science and clinical subjects.

**J**

**Joint Evaluation Visit**

An **Evaluation Visit** that takes place in collaboration with other validating and accrediting bodies.

**K**

**L**

**Learning Objectives**

The level of knowledge and understanding, skills and attitudes expected to be acquired by a student by the end of a **Course** or **Programme**. Objectives should be measurable (by **Assessment**) and delineate a specific **Level of Competency**.

**Learning Outcomes**

The knowledge, understanding, skills and attitudes achieved by a student at the end of a **Course** or **Programme**. Outcomes should be measurable (by **Assessment**) and delineate a specific **Level of Competency**.

<b>Level</b>	Level (descriptors) are statements of what a student is expected to acquire (achieve) at the end of a level of learning ( <b>Learning Outcome</b> ). The level of learning is normally raised in an hierarchical manner as the <b>Curriculum</b> progresses over time.
<b>Life-long Learning</b>	Continuous education, training and development throughout a professional career.
<b>M</b>	
<b>Majority vote</b>	A simple majority of those present at a meeting.
<b>N</b>	
<b>O</b>	
<b>Objectives</b>	Learning objectives and learning outcomes already figure in the glossary.
<b>Offsite Clinics</b>	Approved chiropractic training facilities.
<b>Offsite Clinical Training</b>	Approved centres that might include hospitals and other healthcare centres including primary healthcare settings.
<b>Objective Structured Clinical Examination (OSCE)</b>	A standardised format to measure clinical skills often using simulated patients and clinical encounters.
<b>Outcomes-based education</b>	Emphasising <b>Learning Outcomes</b> as opposed to <b>Process</b> , and focused on the product of education and training through the <b>Competencies</b> required and their <b>Assessment</b> .
<b>P</b>	
<b>Patient Assessment (Treatment) Visit</b>	Quality Assurance A patient returning for treatment as part of a course of treatment.
<b>Performance Indicators</b>	Measurable indicators of academic achievement.
<b>Postgraduate Education and Training</b>	1) In the case of chiropractic this normally refers to a defined period of time immediately following graduation (and in some cases prior to full

registration) at the end of which the graduate is fit to practise in an autonomous and independent manner.

2) It may also refer to award-bearing **Programmes** such as Masters, PhD or Professional Doctorates.

**Primary Contact (Care) Practitioner**

Delivery of health care at the most local level of a country's health care system. A first-level health care provider who, when presented with a new health problem, initiates care, and may screen for referral to other healthcare professionals.

**Process**

The methods by which the **Learning Outcomes** are achieved (by **Assessment**), including the content, delivery and teaching and learning methods.

**Proficiency (ies)**

A measurable set of skills, knowledge, problem-solving abilities and attitudes in everyday routine professional practice.

**Progression**

The process of advancement from one stage (year) of a **Programme** to the next based on achievement of (pre-determined) **Learning Outcomes**.

**Prospectus**

A marketing publication providing information on the institution, the **Programme** and other useful information for prospective students and normally produced annually.

**Q**

**Quality Assurance**

Process of monitoring and evaluating policies and procedures, and ensuring that actions are taken to ensure that the highest achievable standards are attained.

**Quality Assurance & Accreditation Committee**

Committee of the **Council** responsible for implementing and conducting **(re-) Accreditation** procedures, and decisions regarding the **(re-)Accreditation** of institutions. Committee of the **Council** responsible for reviewing and evaluating policies, procedures, **Standards** and the Constitution of the ECCE, and making recommendations.

<b>Quorum</b>	Requirement that two-thirds of the membership of the <b>Council</b> must be present to vote on decisions of the <b>Council</b> .
<b>R</b>	
<b>Re-accreditation</b>	The process of renewing <b>Accreditation</b> .
Recommendations	Area requiring specific attention and action by an institution
<b>S</b>	
<b>Satisfactory</b>	Term used by <b>Evaluation Teams</b> and the <b>CoA</b> to confirm that an institution is in <b>Compliance</b> with the <b>Standards</b> .
<b>Semester</b>	Normally a period of full-time teaching and <b>Assessment</b> of 15-18 weeks. Two semesters comprise an <b>Academic Year</b> . Many credit systems are based on the semester system i.e. 60 credits per semester, 120 per year and 360 for an undergraduate <b>Programme</b> .
<b>Staff Handbook</b>	A booklet handed to all staff that outlines procedures, management structures, employment conditions, including Equal Opportunities Policy, Health and Safety Regulations, <b>Appraisal</b> System and Disciplinary Procedures.
<b>SSR</b>	Student: Staff ratio. Normally worked out on a <b>FTE</b> basis (staff) and all students enrolled on the <b>Programme</b> .
<b>Standards</b>	Set of pre-determined criteria by which judgements and/or decisions are made to certify that an institution is providing an education and training to ensure that all its graduates achieve the <b>Core Competencies</b> .
<b>Sub-areas</b>	Specific aspects of an <b>Area</b> corresponding to <b>Performance Indicators</b> .
<b>Summative Assessment</b>	<b>Assessment</b> that contributes to <b>Progression</b> of the student.
<b>Strengths</b>	Areas that fully comply with or exceed the <b>Standards</b> and worthy of specific recognition.

**T**

**Term**

Period of teaching and **Assessment** in an **Academic Year**. Normally 10 to 12 weeks and 3 terms in one year.

**U**

**Undergraduate Education and Training**

Period of education and training that at the end the student will have achieved the **Programme's Learning Outcomes** and be considered safe and competent to enter practice.

**Unsatisfactory**

Term used by **Evaluation Teams** and the **CoA** to note that an institution is not in **Compliance** with the **Standards**.

**V**

**Validation**

Process of recognition of the programme qualification awarded. Recognition depends on the level and the quantity of learning (credit) in compliance with established higher educational criteria.

**W**

**Weaknesses**

Areas requiring specific attention and action by an institution.