EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION

EVALUATION TEAM MANUAL

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1 INTRODUCTION

This document describes the procedures undertaken by an Evaluation Team in the process of accreditation and re-accreditation of an institution/programme. The accreditation process starts with an initial contact between an institution/programme and the Quality Assurance and Accreditation Committee (QAAC), and ends with the decision by the QAAC on the accreditation status of the institution/programme. This Manual focuses on the role of the Evaluation Team in this process, which begins with the appointment of an Evaluation Team by the Executive Committee and ends with the submission of the Final Evaluation Report by the Team to the QAAC. This part of the accreditation process forms the review by the Evaluation Team. All references are to the relevant paragraphs in the ECCE *Accreditation Procedures and Standards in Undergraduate Chiropractic Education and Training (Version 5.2, November 2018).* Reference to contact with the institution/programme is normally through the Head/Principal.

Review of the institution's/programme's provision by the Evaluation Team is based on an on-site visit by the Evaluation Team with subsequent submission of the Team's Report to the QAAC. The review by the Evaluation Team consists of 3 main stages:

1.1 Preparation for the review in which the Executive Committee appoints an Evaluation Team and the institution/programme prepares a Self-Study Report. Once the QAAC has accepted the Report as adequate to enable an Evaluation Visit to proceed, arrangements commence for an on-site visit of the Team.

1.2 The on-site Evaluation Visit by the Team verifies the statements made in the Self-Study Report and reports on the institution's/programme's provision in meeting the *Standards*.

1.3 An Evaluation Report, based on the review, is prepared by the Evaluation Team and submitted to the QAAC.

2 TEAM MEMBERS

The Executive Committee operates an equal opportunities policy in selecting potential members of Teams.

The educational institutions, national associations and ECU, and the Executive Committee of the ECCE, will nominate potential members.

Specifications of Team Members:

2.1 Commitment to the principles of quality assurance in educational provision
2.2 Recognised expertise/experience in the field of chiropractic practice and/or higher education
2.3 A professionally responsible person, capable of being objective and recognizing that an institution/programme under review may not be the same as their own place of work
2.4 An appreciation of the ethical issues involved in the review of an institution/programme and the ability to work with confidential material
2.5 An understanding of, and willingness to work according to the *Standards*
2.6 Ability to write formal reports and to meet deadlines
2.7 Has completed the required training programme prior to the site visit
2.8 No conflict of interest considered by the Executive that would compromise the objectivity and fairness of decisions, judgements and opinions made as part of the evaluation process
2.9 No association with the institution/programme either as a member of staff, either in a permanent, visiting or temporary capacity, or as an external examiner, either currently or for the previous 5 years
2.10 Not related to a current member of staff or a current student at the institution/programme

3 ROLE OF TEAM MEMBERS

3.1 Team Members contribute to the review of institutions/programmes for accreditation/re-accreditation as part of the Evaluation Team.

3.2 The responsibilities of Team Members include:

3.2.1 Reading and familiarization with the *Standards*
3.2.2 Reading and evaluating the Self-Study Report submitted by the Institution and other documents submitted by the institution/programme under review prior to the evaluation visit
3.2.3 Reading the QAAC feedback reports based on the Self-Study Report prior to the evaluation visit
3.2.4 Adhering to the review schedule determined by the Chair of the Evaluation Team
3.2.5 Participating in Evaluation Visits to gather and verify evidence
3.2.6 Making judgements on the institution/programme with regard to its provision in meeting the *Standards*
3.2.7 Contributing to the draft Evaluation Report to agreed deadlines
3.2.8 Reading and verifying the accuracy of drafts of the Evaluation Report

4 APPOINTMENT OF EVALUATION TEAMS

4.1 Evaluation Teams are appointed by the Executive Committee (Pt. 4, 1.4.1) and will initially contain reserve persons. Evaluation Teams normally comprise up to five persons including the Chair (Pt. 4, 1.4.5).

4.2 On appointment, a member of an Evaluation Team will be required to sign a Conflict of Interest Statement to the effect that either there is or there is not a declaration to be made. Where a declaration is made, this will be reviewed by the Executive and a decision made as to whether the appointment should proceed. In the case that it does so, the written declaration will be made known to the institution/programme before the final decision of the Executive (Pt.4, 1.4.2 and 1.4.3).

4.3 Following appointment to the Team and prior to the Evaluation, all Evaluation Team Members (including the Chair) will be required to sign a contract specific to their participation in the Evaluation in question.

4.4 In accepting an appointment, the Team Member agrees to the role he/she will play in the review and accepts the responsibilities of Team Members.

4.5 On some occasions the QAAC may request that an Observer attends the Evaluation Visit as a part of their induction training. This is at the discretion of the Executive Committee.

5 ROLE OF CHAIR OF THE EVALUATION TEAM

5.1 Reading and evaluating the Self-Study Report submitted by the Institution including the records and documents prior to the evaluation visit to the Institution;

5.2 Examining the institution's website;

5.3 Participating in the planning and preparation of the time schedule for the Evaluation visit on site;

5.4 Distributing the tasks among the members of the Evaluation Team and coordinating the work;

5.5 Agreeing core set of lines for enquiry;

5.6 Leading the Evaluation Team during the evaluation visit to the Institution on site;

5.7 Ensuring that the institution recognizes that the Evaluation Team is there to assist and not hinder;

5.8 Ensuring that courtesies and professionalism are upheld;

5.9 Ensuring that any additional requests made during the visit are proportional and necessary;

5.10 Ensuring that the Panel keeps to time;

5.11 Ensuring that sufficient evidence has been collected, discussed and agreed within the panel for each ECCE Standard;

5.12 Preparing and completing the evaluation report with the assistance of the other Team Members and presenting the preliminary findings to the institution;

5.13 Presenting the content of the evaluation report to the Quality Assurance and Accreditation Committee;

5.14 In all other respects he/she shall perform the tasks in compliance with the tasks and responsibilities of the other Team Members.

6 ROLE OF EVALUATION TEAM SECRETARY

The Evaluation Team Secretary has the following roles and duties:

6.1 Maintains an accurate list of all documents submitted by the institution;

6.2 Examines the institution's website prior to the site visit;

6.3 Supports the Chair during the entire procedure;

6.4 Acts as the contact person between the Evaluation Team, ECCE and the Institution during the site visit;

6.5 Ensures that the Evaluation Team keeps to time;

6.6 Has a draft of the review report template prepared;

6.7 Ensures that attendance lists per meeting are accurate;

6.8 Ensures that a list of reference materials accessed during the visit is maintained;

6.9 Ensures that any outstanding documents requested by the Evaluation Team are provided;

6.10 Keeps notes of formal and informal discussions;

6.11 Checks that sufficient evidence has been gathered at the end of each session;

6.12 Keeps the Chair informed of any shortfalls and where sufficient evidence has been obtained;

6.13 Ensures that discussion and team agreement on a judgement/level of compliance for each ECCE Standard has been done before feedback to the institution;

6.14 In all other respects he/she shall perform his activity in compliance with the tasks and responsibilities of the other team members.

7 THE REVIEW PROCESS

7.1. The review process, as distinct from the (entire) accreditation process, is that part of the accreditation process involving review of the institution/programme by the Evaluation Team.

7.2. The review process is based on self-evaluation by the institution/programme. The task for the Evaluation Team is to test, by means of observation at the on-site Visit and analysis of the documentation provided by the institution/programme, the statements made in the Self-Study Report. Teams will triangulate evidence (i.e. evidence from more than one source) to reach conclusions regarding the institution's/programme's provision in meeting the *Standards.*

7.3. The review process undertaken by the Evaluation Team is divided into three stages:

7.3.1. Preparation for Review
7.3.2. Evaluation Visit
7.3.3. Reporting Stage

7.4. The (entire) accreditation process begins with the initial contact between the institution/programme and the Chair of the QAAC.

7.4.1. For initial accreditation, this is in the form of a written application from the institution/programme to the Chair of the QAAC, including written evidence of compliance with the eligibility criteria. The QAAC makes a decision (normally within 30 days of receipt), based on the eligibility criteria, whether or not the institution/programme can be invited to submit a Self-Study Report. (Pt. 4, 3.1.1).

7.4.2. For re-accreditation, this is in the form of contact by the Chair of the QAAC with the institution/programme (Pt. 4, 3.2.1).

7.5. The (entire) accreditation process ends with the decision by the QAAC based on the Final Evaluation Report submitted by the Chair of the Evaluation Team.

7.6. An outline of the accreditation process for institutions/programmes seeking initial accreditation is given in Figure 1.

7.7. An outline of the accreditation process for institutions/programmes seeking re-accreditation is given in Figure 2.

7.8. A time schedule for the accreditation process is given in Appendix 1.

8 PREPARATION FOR REVIEW

8.1 Following initial contact, a date is agreed between the institution/programme and the Chair of the QAAC for submission of the Self-Study Report, and a provisional schedule for the Evaluation Visit (Pt. 4, 3.2.1). This is normally within 6 months of the initial contact for accreditation (Pt. 4, 3.1.2).

8.2 The QAAC agrees a provisional schedule for the review, and may also make recommendations to the Executive Committee on suitable members of the Evaluation Team.

8.3 The institution/programme submits its Self-Study Report together with any supplementary documents as agreed between the institution/programme and the Secretary (Pt.4, 3.1.2 and 3.2.2). Annexe A gives examples of supplementary documentation.

8.4 The outline for completion of the Self-Study Report by the institution/programme can be found in Pt.3 of the *Standards*.

8.5 The QAAC makes a decision, within 60 days of receipt of the Self-Study Report, whether or not to accept the Report as an adequate basis on which to conduct an Evaluation Visit. If necessary, further information may be requested and/or a representative(s) of the QAAC may make a preliminary visit to the institution/programme to verify the accuracy of the Report (Pt. 4, 3.1.2 and 3.2.2).

8.6 Where a Self-Study Report is deemed acceptable to continue with the review process, a copy of the Report together with any accompanying documentation will be sent to all members of the Evaluation Team.

8.7 The Secretary in liaison with the QAAC and/or Chair of the Evaluation Team may request further documentation from the institution/programme at this stage as well as preparing the institution/programme for the Evaluation Visit.

8.8 The Evaluation Visit will normally take place within 90 days of acceptance of the Self-Study Report by the QAAC (Pt. 4, 3.2.1).

8.9 At this stage, there will be discussions (email and other) between the Chair, Secretary and Team Members in managing the review process, organising the Evaluation Visit and assigning areas of the review to individual Team Members.

8.10 Members of the Team will be sent all documentation in advance of the Visit by the Secretary, including the Self-Study Report and accompanying documentation, the agreed timetable for the Visit, and details of accommodation.

8.11 It is expected that Team Members will read and familiarise themselves with all documentation submitted by the institution/programme, the *Standards*, the Evaluation Team Manual, and any recommendations arising from the QAAC in reviewing the Self-Study Report.

9 EVALUATION VISIT

9.1 The Team has a collective responsibility for gathering, verifying and sharing evidence so that it is able to:

9.1.1 Test and verify statements made in the Self-Study Report
9.1.2 Develop conclusions, to include the commendations, recommendations and concerns, about the institution's/programme's provision of chiropractic education in meeting the Standards.

9.2 A preliminary private meeting of the Evaluation Team and Secretary will be held late afternoon/ early evening prior to Day 1 of the Visit to discuss early perceptions of the provision of education as demonstrated in the Self-Study Report and accompanying documentation, as well as identifying key areas for the discussion with the institution and agreeing the timetable for the review. During this meeting, a brief revision training session with the team will be conducted to reinforce appropriate questioning techniques, approaches to facilitating open dialogue between the Team Members and institution, and

identification of additional documentation that may be necessary and helpful to the Evaluation Team.

9.3 The Evaluation Visit normally begins on Day 1 with an initial meeting with the Team and a small team representing the institution/programme (normally to include the Head/Principal) to outline the purpose and scope of the Evaluation Visit, the agenda and timetable for the Visit, the schedule of meetings with staff and students, opportunities for review of the facilities and resources, the availability of documentation and students' work and other practical arrangements for the review. An aide-mémoire for the initial meeting with the institution is in Annexe B.

9.4 The Team Members will proceed to meet with students and staff, review documentation and inspect facilities and resources. There is no fixed pattern of meetings during the Visit as the Team will need to agree a plan to enable it to gain the evidence it needs to arrive at its conclusions with minimal disruption to the institution/programme. The institution/programme shall afford unhampered opportunity to the Team to access the evidence it requires to test the accuracy of the Self-Study Report and come to valid conclusions regarding the institution's/programme's provision (3.1.3.2). An aide-mémoire for the Evaluation Visit is in Annexe C.

9.5 Normally, the following meetings will always be held:

9.5.1 Preliminary meeting of the Evaluation Team
9.5.2 Initial meeting with the institution/programme
9.5.3 Meetings with staff
9.5.4 Meetings with students
9.5.5 Private meetings of the Team
9.5.6 Oral feedback to the institution at the end of the Visit

9.6 Meetings with students are strictly confidential between the Team Members and the students. No staff from the institution/programme may attend the meeting and no comments should be attributable to individual students. An aide-mémoire for meetings with students is in Annexe D.

9.7 Documents, including patient files, are also important sources of evidence in verifying the Self-Study Report and in arriving at conclusions based on the institution's/programme's provision in meeting the *Standards*. The range of documents that the Team may expect to access at the Visit is in Annexe E.

9.8 Reviewing students' work is another important source of evidence and the Team should expect to see a representative sample of student work that demonstrates use of the full range of assessment methods used in both summative and formative assessments. An aide-mémoire for reviewing student work is in Annexe F.

9.9 As part of the standards on Governance and Administration in the *Standards* (Pt.2, 9), for private institutions the Team will have access to financial and corporate records (Pt.4, 3.1.3.2). The Team must be assured that the institution's/programme's governance and management, including financial and risk management, is indicative of continued confidence and stability over an extended period of time to provide chiropractic education and training in compliance with the *Standards*. Moreover, the Team must be assured that the governance and administration of an institution/programme is sufficient to manage existing operations and respond to change and development in the future.

9.10 As far as possible, meetings and observations will involve at least two Team Members so that there are always two interpretations or impressions of any discussion or observation.

9.11 If concerns emerge at any point during the Visit, the institution/programme will be given an opportunity to supply alternative and current evidence to address such concerns.

9.12 As the Evaluation Visit progresses, the Team will develop a collective evidence base on which the Evaluation Report will be based. Teams should make time for reflection so that ideas can be drafted when they are fresh in the memory. Teams should expect to spend time during breaks and in the evenings discussing their findings with each other so that the on-site Visit is an iterative and evolving process.

9.13 As the Visit continues, each member of the Team will be formulating their contributions to the draft Evaluation Report, which will inform the collective findings of the Team. Each member of the Team will be evaluating how the accumulating evidence compares with that in the Self-Study Report and testing the institution's/programme's provision against the *Standards.*

9.14 At the end of the visit, the Team will meet to arrive at their collective view on the provision. The Team will share and consider all forms of evidence gained during the review in order to enable it to arrive at an accurate and rigorous view. This view will be expressed in an Evaluation Report to include the findings of the Team and an overview of the institution's/programme's provision in terms of commendations, recommendations and Concerns (see Glossary, *Standards*).

9.15 At the end of the Visit a meeting will be held with the institution/programme at which the Chair of the Evaluation Team will give oral feedback on the draft of the Evaluation Report including any identified strengths, weaknesses and concerns (Pt. 4, 3.1.3.3). It is important to inform the institution/programme that the Report is in its draft form and that the feedback is preliminary at this stage. No indication of any decision regarding the accreditation of an institution/programme may be delivered at this time. The

institution/programme will have an opportunity to comment on errors of fact in the oral report at this stage.

9.16 An Evaluation Visit normally lasts for two days with the third day spent drafting the Evaluation Report (Pt.4, 3.1.3.2).

10 REPORTING STAGE

10.1 A first draft of the Evaluation Report will normally be prepared at the end of the Evaluation Visit. The Team Members will prepare drafts for those sections of the Report for which they are responsible and submit these to the Chair who is responsible for collating and editing the draft Report. Details on the structure of the Report are given in Annexe G.

10.2 The Chair is responsible for editing and finalising the draft Report. The Chair will normally be responsible for writing the Introduction and Summary, and the Strengths, Weaknesses and Concerns. All Strengths, Weaknesses and Concerns must be cross-referenced to the relevant paragraphs in the Report.

10.3 The Evaluation Report will:

- Analyse, interpret and provide an objective view of the institution's/programme's provision
- Be fair and accurate. Unverified information should not be included and no point should be made without citing the supporting evidence. Assumptions and unsupported generalizations should be avoided
- Not refer to individuals by name but may refer to posts where deemed essential to assist understanding
- Recognise strengths/commendations as well as weaknesses/concerns. The temporary and trivial should be avoided.
- Be succinct and coherent giving the reader who has not visited the institution/programme a clear picture of the institution's/programme's provision in complying with the *Standards*
- Avoid the use of the first person
- Recognise diversity of approaches to chiropractic education
- Pay particular attention to any weaknesses/concerns highlighted in the institution's/programme's previous Evaluation Reports, and any progress made as a result
- Identify all 'Critical Standards' with the * sign within the appropriate section of the report

Section headings should follow the Report Structure in Annexe G and points should be numbered in sequence for easy reference.

10.4 A final draft of the Evaluation Report prepared by the Chair with the assistance of the Secretary will be sent to the Team Members for approval before being sent to the institution/programme for correction of error of fact only. Draft Evaluation Reports will normally be sent to the institution/programme within 30 days of the Evaluation Visit (Pt. 4, 3.1.3.4).

10.5 Institutions/Programmes are expected to respond on errors of fact within 30 days of receipt of the draft Report.

10.6 Once the Chair has made any necessary corrections to the Report, the Final Evaluation Report is sent to members of the QAAC and to the institution/programme. No changes are possible at this stage. The institution/programme is invited to make a formal written response to the Report by a date before the meeting of the QAAC to consider the Report (pt.4, 3.1.4.1).

10.7 A representative of the institution/programme will be invited to attend the meeting of the QAAC to consider the Evaluation Report. At this meeting, the QAAC will make a decision on accreditation based on the Final Evaluation Report (pt. 4, 3.1.4.1).

FIGURE 1 ACCREDITATION PROCESS FOR INITIAL ACCREDITATION

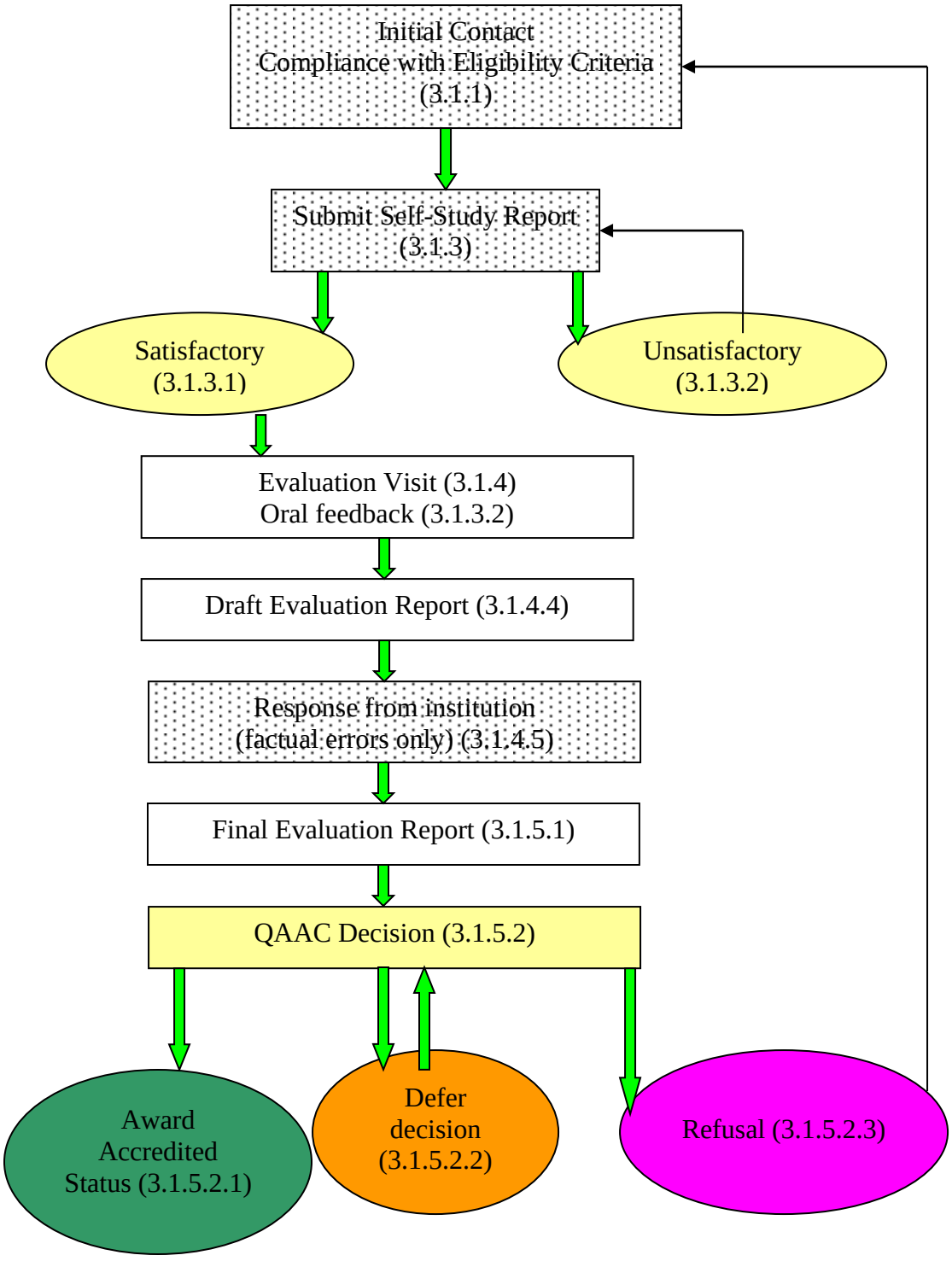
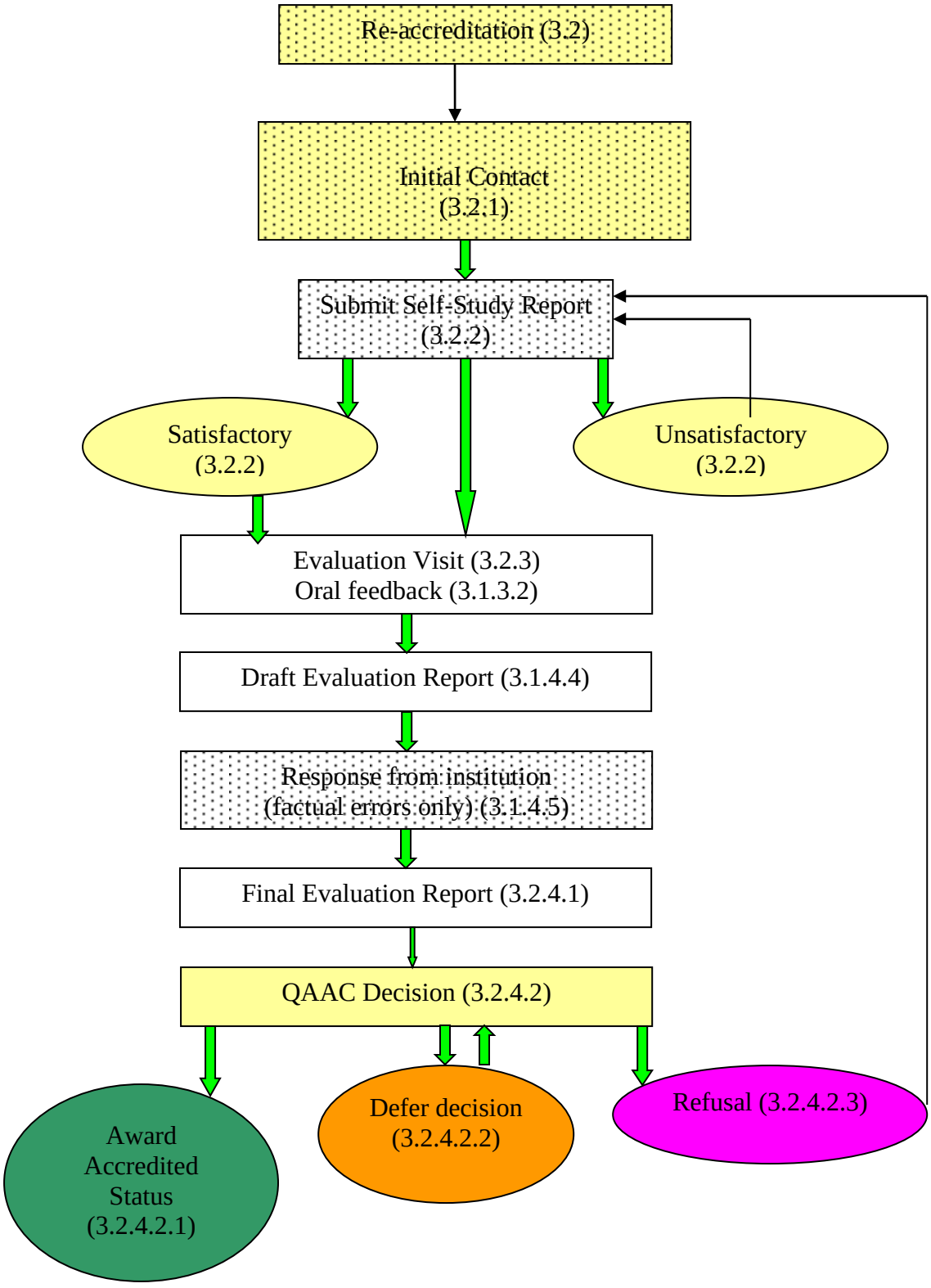
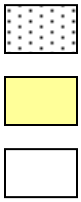


FIGURE 2 ACCREDITATION PROCESS FOR RE-ACCREDITATION



KEY TO FIGURES 1 AND 2



Institutional responsibility

QAAC responsibility

Evaluation Team responsibility

APPENDIX 1 TIME SCHEDULE FOR ACCREDITATION PROCESS

Times are indicative and may vary to accommodate specific circumstances.

A) Initial Accreditation

- Initial Contact by institution/programme and submission of compliance with eligibility criteria

  - Plus 30 days — Request from QAAC for Self-Study Report
  - Plus 6 months — Submission of Self-Study Report
  - Plus 8 months — Decision by QAAC to proceed with Visit

  Preparation for Review by Evaluation Team
  Agreed timetable for Visit (3 weeks prior to Visit)

  - Plus 11 months — Evaluation Visit
  - Plus 12 months — Draft Report to Institution/programme for correction of factual errors only
  - Plus 14 months — Response from Institution/programme

    Final Report to QAAC

    Decision of QAAC on accreditation of institution/programme

B) Re-accreditation

- Request from QAAC for Self-Study Report
- Submission of Self-Study Report

  - Plus 2 months — Decision by QAAC to proceed with Visit

  Preparation for Review by Evaluation Team
  Agreed timetable for Visit (3 weeks prior to Visit)

  - Plus 5 months — Evaluation Visit
  - Plus 6 months — Draft Report to Institution/programme for correction of factual errors only
  - Plus 8 months — Response from Institution/programme

Final Report to QAAC

Decision of QAAC on accreditation of institution

APPENDIX 2 AGREEMENT TO SERVE AND MAINTAIN CONFIDENTIALITY FOR TEAM MEMBERS AND OBSERVERS ON ECCE EVALUATION VISITS

Team members
I agree to be a member of the Evaluation Team to visit …….. ……. between

…….. and ……
I understand that all information I collect before and during the visit is strictly confidential and is only to be used in connection with the evaluation process and should be revealed only to Evaluation Team Members. Furthermore, I understand that the documentation submitted by the Institution is the property of the Institution and only to be used with the permission of the Institution.

Name……..Date……

Signature……

Conflict of Interest Statement

I declare that there is no conflict of interest for me as a member of the Evaluation

Team visiting …….

Name……..Date……

Signature……

I wish to declare the following that may influence my role and constitute a conflict of interest on the Evaluation Visit.*

……

……

Name……..Date……

Signature……

Conflict noted by Executive and not deemed sufficient to prevent member performing duties satisfactorily.

Signed..... President

* Conflicts of interest declared on this form will be made known to the ECCE Executive and to the Institution being evaluated.

ANNEXE A DOCUMENTATION SUPPLEMENTARY TO SELF-STUDY REPORT

Apart from the Self-Study Report, the Team will not normally expect institutions/programmes to prepare documents especially for the review. The Team will normally require the following supplementary documents in advance of the review:

- Definitive Course Document including unit specifications
- Relevant prospectuses
- Clinic handbook/manual
- Student handbooks

ANNEXE B AIDE-MÉMOIRE FOR INITIAL MEETING OF THE TEAM WITH THE INSTITUTION

This meeting is intended to clarify with the institution/programme the purpose of the Visit and outline the processes involved in the accreditation or re-accreditation of institutions/programmes. Normally the Head/Principal will be present as well as members of the senior management team.

- Introductions
- Purpose of the initial meeting
- Clarification of the accreditation process and the process of review by the Evaluation Team
- Clarification of the provision by the institution/programme
- Clarification of the person representing the institution/programme and contact details throughout the Visit
- Questions arising from initial analysis of the Self-Study Report
- Request for up-dates of information supplied in the Self-Study Report
- Confirming the agenda for the Visit
- Clarification on the availability of documents
- Clarification on regular contact between the Team and the institution/programme
- Questions from the institution/programme
- Housekeeping arrangements including arrangements for a base room, security and computing facilities, and meals and refreshments.

ANNEXE C AIDE-MÉMOIRE FOR EVALUATION VISIT

There is no set pattern to the Visit, and Chairs in consultation with Team Members will agree a schedule beforehand. This should be flexible to respond to changes necessitated by findings as the Visit proceeds.

Normally the Visit will begin by the institution/programme arranging a conducted tour for the entire Team. Teams may wish to split up to inspect different areas or tour as the entire Team at this stage. It is useful if the institution/programme arranges for a number of key staff and students to conduct these tours as much useful information is obtained from this type of informal contact.

Normally, the following meetings will always be held:

- Initial meeting with the institution/programme
- Meeting(s) with staff (including teaching, administrative, support and governors)
- Meeting(s) with students
- Private meetings of the Team
- Inspection of facilities including the library, teaching and clinic facilities
- Inspection of documentation

Time should be built into the schedule for Team Members to start writing their commentaries for the Report.

The above activities normally take place over a period of two full days. During this time, the Team will split, normally into pairs, to focus on specific areas, while at other times the Team will function as a whole.

The third day of the Visit is normally set aside to complete the first draft of the Report and feedback verbally to the institution/programme on the preliminary findings of the Team.

ANNEXE D AIDE-MÉMOIRE FOR MEETINGS WITH STUDENTS

Meetings with students enable the Team to elicit student views of the quality of the learning experience.

The Team Member responsible for chairing the meeting introduces the Team, and a brief summary of the review Visit. The Chair should emphasise the importance of transparency in the review process and the confidentiality of student comments. There should be no member of staff from the institution/programme present at the meeting. The first question should ask how students were selected to attend the meeting.

Indicative agenda

- Are students made aware of course outlines and learning outcomes by student handbooks/manuals/other means?
- Are workloads and timetables planned and manageable?
- Is there an assessment schedule that is communicated clearly?
- Are the assessment criteria transparent?
- What is the quality of formative feedback?

- How do students perceive the quality of teaching?
- How are the clinical requirements handled?
- What is the level of academic and personal support?
- Are counselling facilities available?

- How good are the library and IT facilities?
- Are the access arrangements appropriate?
- Are the lecture theatres/small group facilities, technique, radiology and clinical skills facilities appropriate?

- How are student views sought?
- Are students represented on committees?
- How is student feedback on teaching and learning sought?
- Are student views influential? Are student views fed back to students and changes made as appropriate?

ANNEXE E AIDE-MÉMOIRE OF DOCUMENTS FOR REVIEW

The Team will normally not expect providers to produce documents especially for the review, apart from the Self-Study Report and compilation of student statistics.

Typically, the following documents will be relevant to the review:

- Programme Handbooks, Clinic Manual, Unit Specifications
- Annual Programme Monitoring Reports including reports from external validating and accreditation reviews
- Summaries of student feedback questionnaires and follow-up actions
- External Examiner Reports for the previous 3 years
- Students intake and progression data for the previous 3 years
- Qualifications of students on entry for the previous 3 years
- Patient data for final year interns for the previous 3 years (if possible showing case mix for new and returning patients)
- Strategic planning documents and risk assessments
- Financial documents such as audited accounts, cash flow projections, asset registers
- Insurance documents
- Minutes of relevant meetings including Academic Board meetings
- List of teaching equipment and resources
- Library resources
- Staffing including CVs for full and part-time teaching staff

ANNEXE F AIDE-MÉMOIRE OF STUDENT WORK FOR REVIEW

The Team will need to see a representative sample of student work that demonstrates the full range of assessment methods. Samples of student work include:

- Patient files
- Projects
- Coursework
- Laboratory reports
- Examination scripts

ANNEXE G EVALUATION REPORT STRUCTURE

The Evaluation Report plays a significant role in providing evidence to the QAAC on which it is able to make an informed decision regarding the accreditation or re-accreditation of an institution. It is an unbiased and accurate account of the review process carried out by the Evaluation Team and agreed by all members of the Team. The report is both descriptive and evaluative in its content. The following headings and subheadings structure the document. Each paragraph is numbered sequentially for easy reference, and a Contents page must appear at the start of the Report. Examples of Evaluation Reports are provided on the ECCE website.

Evaluation Team Report of the Institution/Programme X.

1. EXECUTIVE SUMMARY

This section briefly introduces the institution/programme and outlines the key events from initial contact leading up to the on-site visit, the on-site visit itself and finalisation of the Report. The overall Commendations, Recommendations and Concerns are given as bullet points.

Those 'Critical Standards', if any, achieving a compliance level below 'substantially compliant' are listed.

2. INTRODUCTION

Contextual information about the review process should be given including:

- Background to the institution's/programme's role in chiropractic education and training, and reasons for seeking accreditation/re-accreditation.
- Evidence of meeting the eligibility criteria and submission of a Self-Study Report by the institution/programme.
- How the review by the Evaluation Team was carried out, including the membership of the Evaluation Team and the role of each Team Member.
- A chronological report of how the Evaluation Team conducted its business and the production of the final Evaluation Report.
- Formal acknowledgement of the hospitality of the institution/programme afforded to the Team.

3. INSTITUTION/PROGRAMME X

Contextual information about the organisation and structure of the institution/programme including its place in higher education in its constituency, quality assurance of its programme(s) including internal validation and external accreditation, and the purpose, mission and core values of the institution/programme.

Much of sections 1, 2 and 3 can be written in advance of the on-site visit using the institution's/programme's Self-Study Report for information. Evaluation Chairs are encouraged to do so to facilitate the process of completing the Report with members of the Team during the on-site visit.

4. ECCE STANDARDS COMPLIANCE

Each of the 37 Standards should be discussed separately, and inserted in a box at the start of each one. Each Standard should be numbered sequentially in this section (Section 4) thus:

4.1 AIMS AND OBJECTIVES
4.1.1 Statement of Aims and Objectives

INSERT STANDARD HERE

4.1.1a Description

This section details the evidence gathered by the team from the Self-Study Report and/or Evaluation Visit. It is descriptive and sets out the evidence which the Team has gathered.

4.1.1b Analysis

This section details the evaluation of the evidence described in the previous section. It is evaluative and sets out the judgements the Team has made.

4.1.1c Conclusion

This is a statement of the institution's/programme's compliance with the particular Standard based on the judgements made in the previous section. Level of compliance uses the following colour coded system:

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)

This section then carries on as:

4.1.2 Participation in Formulation of Aims and Objectives
4.1.3 Academic Autonomy
4.1.4 Educational Outcome
4.2.1 Curriculum Model

and so on.

This section forms the bulk of the Report and clearly provides the Team's judgements on the level of compliance of the institution with each of the ECCE Standards.

5. CONCLUSIONS

The Report concludes with:

In the light of the documentary and oral evidence considered by the Evaluation Team, the following Commendations, Recommendations and Concerns are noted:

These Commendations, Recommendations and Concerns are based on the level of compliance with each of the Standards and are given as bullet points. These must exactly match the same given in the Executive Summary in Section 1 of the Report. The Evaluation Team is not required to comment on overall compliance.

Following on from the paragraph above, the list of 'Critical Standards' falling below the 'substantially compliant' level, if any, are listed.

The final paragraph acknowledges the contribution of the staff, students and others of institution/programme X in providing the relevant information to the Team on which it has based its conclusions.

APPENDIX

The timetable for the on-site visit is attached.

ANNEXE H – AIDE-MÉMOIRE FOR IDENTIFICATION OF CRITICAL AND NON-CRITICAL STANDARDS

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

Non-critical Standards

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

1.3 Academic Autonomy
2.1 Curriculum Model and Educational Methods
2.3 Biomedical Sciences
2.6 Chiropractic
2.9 Programme Management
2.10 Linkages with subsequent stages of education & training, chiropractic practice and the Health Care System
4.2 Student Intake
4.3 Student Support & Counselling
5.2 Faculty Promotion & Development
6.3 Information Technology
6.5 Administration & Technical Staff
8.2 Faculty & Student Feedback
8.3 Student Cohort Performance
8.4 Involvement of Stakeholders
9.1 Governance
9.4 Interaction with Professional Sector

ANNEXE I - AIDE-MÉMOIRE FOR ASSIGNING COMPLIANCE LEVELS FOR STANDARDS

Fully Compliant	**Substantially Compliant**	**Partially Compliant**	**Non-Compliant**
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.
-There are examples of good practice in this area. -There are no recommendations for improvement.	-There are minor omissions or oversights. -Needed improvements do not require major structural, operational or procedural change. -The need for change or improvement has already been noted in either the submitted documentation or during the site evaluation visit.	Examples may include: -Weakness in the governance structure. -Insufficient emphasis or priority given to 'Critical Standards'. -Quality assurance procedures which have shortcomings in terms of rigor. -Plans presented to address identified problems are under-developed or not fully imbedded into the overall operation of the institution. -The institutions priorities or actions suggest that it may not be fully aware of the significance of	Examples may include: -Minimal or no emphasis or priority given to 'Critical Standards'. -Inappropriate emphasis given to 'Critical Standards'. -Ineffective operation of parts of the institution's governance structure as it relates to quality assurance. -Significant gaps in policy structures or procedures relating to quality assurance. -Breaches by the institution of its own quality assurance procedures. -Plans for identifying problems are not

		certain issues.	adequate to correct the problems or there is little evidence of progress since a previous review. -The institution has not recognized that it has major problems or has not planned significant action to address problems identified. -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. -The institution has repeatedly failed to take appropriate action in response to feedback from external evaluations.