

EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION

COMMISSION ON ACCREDITATION

REACCREDITATION EVALUATION AT THE ANGLO EUROPEAN COLLEGE OF CHIROPRACTIC (AECC), BOURNEMOUTH, UK

30 May - 01 June 2007

Evaluation Team Report

1 INTRODUCTION

1.1 The reaccreditation evaluation at the Anglo European College of Chiropractic (AECC) was agreed by the Commission on Accreditation of the ECCE in March 2007 upon receipt of the Self Study prepared by the College. Members of the evaluation team were nominated by the Executive and received the college's Self Study documentation prior to the visit.

1.2 The members of the Evaluation Team met in Bournemouth on the evening of Tuesday 29 May 2007 prior to the start of the visit in order to prepare and run through the paperwork and agenda for the visit. The evaluation team was composed as follows:

Dr Daniel Mühlemann, (Switzerland) Chair,
Dr Thierry Kuster, (France),
Dr Anneke Verbeeck (Belgium), and
David Burtenshaw (UK), Executive Secretary ECCE,

The members of the ECCE team represented expertise in the basic sciences, the clinical experience, and administration. The members of the team were allocated specific sections of the report as their areas of responsibilities before arriving at AECC.

1.3 AECC submitted the following documents to CoA and the evaluation team;

1. Self-evaluation Report 2007,
2. Clinic Handbook 2006
3. Student Handbook 2006
4. Master of Chiropractic Programme Specification.

In addition, comprehensive documentation was made available in the base room including minutes of all the College committees and sub-committees, the report of the successful GCC accreditation in 2007, the Strategic Plan, the new clinic plans and other relevant college policy documents. A very full set of student evaluations for several years were available for consultation. Other information was produced very rapidly and extra requests were accommodated without delay and the team

EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION

COMMISSION ON ACCREDITATION

are grateful to the college staff who worked to provide the information so efficiently.

- 1.4 The panel reported verbally to senior staff on its concluding draft of Strengths and Weaknesses (Section 12). It informed the college that a draft report would be sent to the college for factual correction in June 2007. It invited AECC to send representatives to the CoA meeting in Brussels on 12 October 2007 where the report would be discussed.
- 1.5 The sections of the report follow the headings of the Standards to which the Conclusions, Strengths and Weaknesses have been added at the end.
- 1.6 At the last evaluation visit in 2002 the team identified eleven Strengths. The Weaknesses concerned space in the laboratories and the clinic, quality management of the clinic's commercial function, and pressures on research staff. These weaknesses were sufficient for the panel to report one Concern; "*the procedures on space for teaching, research and clinical treatment arising from the successful expansion of the college needs to be addressed in forthcoming PIARs*" (Minutes of Reaccreditation Visit 30-May – 01 June 2002)

2. AIMS AND OBJECTIVES

2.1 Statement of Aims and Objectives

Aims and objectives of the MChiro Degree programme are stated in the "Bournemouth University, Master of Chiropractic Programme Specification and Unit Directory" which was approved in 2005, and are as follows:

"The overarching aims and objectives of the programme are:

- to prepare graduates to act as safe and competent primary contact chiropractic clinicians,
- to produce graduates who are capable of delivering the highest standards of care and responding to the health needs of their community and current health systems, cognisant of evidence-based practice and patient centred models,
- to encourage students to think critically and apply the skills of life-long learning and continuing professional development,
- to develop the attitudes and transferable skills that will enable students to become effective professionals,
- to provide students with the opportunity to acquire and integrate knowledge, understanding and experience of the science and practice of chiropractic,
- to develop effective skills in communication, reflection, self organisation and working with others"

EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION
COMMISSION ON ACCREDITATION

All stakeholders are provided with a copy of this document and students are additionally provided with the Aims and Objectives for each year and each unit at the beginning of the academic year. The public are informed about AECC by visiting the website (www.aecc.ac.uk/college/mission_statement/index.asp), where the 2005 mission and vision statements are stated. (Minute 12.2.6 refers) Previous mission statements are not available publicly.

2.2 Participation in formulation of aims and objectives

AECC's primary stakeholders are the students, staff, patients, Bournemouth University (University of Portsmouth prior to 2005), the chiropractic profession both in the UK and Europe, and the public, represented by the General Chiropractic Council (GCC).

The GCC's mandate is not only to accredit chiropractic educational institutions, but also to protect the public through statutory regulation of the chiropractic profession. GCC's "*Code of Practice and Standards of Proficiency*" and "*Criteria for Recognition of Degrees in Chiropractic*" are the basis for GCC accreditation of chiropractic education institutions in the UK. GCC Accreditation ensures that patients' interests, regulatory aspects, as well as the concerns of the professional body are considered in the design and delivery of the programme.

AECC has been an Associate College of Bournemouth University since 2005 when the validation process was transferred by agreement from the University of Portsmouth. The outcome of revalidation necessitated changes to the programme documentation in respect to credit values and assessment load (Minute 12.3.6 refers). The requested changes to the documentation concerned protocol and procedures and not the academic content.

The Aims and Learning Outcomes as defined by teaching staff, were reviewed in 2006. The Undergraduate Year Steering Groups and Undergraduate Programme Steering Group coordinate and ensure integration between the subjects. They report to Academic Standards and Quality Committee and Academic Planning, Policy and Resources who in turn report to the Academic Board. The panel does question whether such a number of committees should be needed for a review of this nature (Minute 12.3.2 refers). Students have no direct input into formulating the Aims and Outcomes although they have representation on the Committees listed above. The students also consider all issues relating to the programme in Focus group meetings. The proceedings of these are then reported to and discussed by both Year Steering Groups and the Undergraduate Programme Steering Group. Discussions confirmed that these feedback mechanisms have the desired effects of addressing the student population's views and concerns.

EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION

COMMISSION ON ACCREDITATION

At the end of the academic year, all courses are evaluated, taking into consideration the feedback of the Year steering group, the Student focus group, and the student perception of course report. This evaluation may lead to changes in course content or delivery, which subsequently are integrated and monitored the following year

2.3 Academic autonomy

AECC has complete autonomy over its affairs. AECC is an Associate College of Bournemouth University with whom it has signed an Associate College Agreement (this was included within the self-study papers). Bournemouth University's Academic Development and Quality Department must approve major changes in programme specification and assessment schedules. The Senior Academic Quality Officer, Academic Development and Quality Department of Bournemouth University, Jennifer Taylor emphasised the academic autonomy of AECC within the arrangement with the University. (Minute 12.2.7 refers)

2.4 Educational outcomes

The programme specification states that "The primary goal of the MChiro Degree Programme is to prepare graduates to act as safe and competent primary contact chiropractic clinicians within the wider health care community. The graduates are trained to be capable of delivering the highest standards of care and to respond to the health needs of their community and current health systems. The graduates will be cognisant of evidence-based practice and patient centred model of care. All students are expected to develop the attitudes and transferable skills that will enable them to become effective professionals with a commitment to life-long learning and continuing professional development. Students will be expected to operate in complex and unpredictable clinical situations in which judgements of a scientific, clinical, moral and ethical nature must be made." The competencies which the student must acquire are based on this statement of primary goals. They are developed throughout the programme and lead to fulfillment of the Standards.

The 'new' curriculum, implemented in 2002 following validation by the University of Portsmouth, is geared towards self-direction in learning, acquiring skills, and continuous professional development. The first cohort is now in the last year of the programme and the interns are finishing their year in clinic. So far, the outcome has been evaluated for this cohort having completed the 5 years of the full programme (Extended Year plus years 1-4). The preliminary results were reported as 'promising': the students' performance in clinic was reported to be sound, they are showing evidence of being secure in their attitudes towards self directed study and learning, and are critical and independent thinkers as well as competent clinicians. (Minute 12.2.2 refers)

EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION
COMMISSION ON ACCREDITATION

3 EDUCATIONAL PROGRAMME

3.1 Curriculum model and educational methods

The curriculum model has to satisfy a series of stakeholders; the profession, the GCC, National HE requirements, ECCE, and the definition of levels in undergraduate education, and, in the future, subject benchmarks. The model that was developed for the new curriculum takes an integrated approach to the acquisition of knowledge, understanding and skills in order that the student may develop a set of professional competencies. The model has a commendable patient centred focus.

The educational principles underlying the undergraduate curriculum are described in the “*Master of Chiropractic – Programme specification*”. This document is available on the AECC intranet. The student’s handbook mentions only the AECC’s mission statement. The educational principles were derived from the need to “produce graduates who are capable of solving problems arising within practice situations and respond adequately to the health needs of their community. Whilst chiropractic educators provide students with the opportunities to acquire the knowledge, understanding, skills and attitudes required for safe and competent practice, they should also foster and encourage those qualities essential for the future development of the individual and the profession. These attributes include: independent and open-minded thinking; skills in critical appraisal; an active interest in research and advancing knowledge; and a strong sense of personal responsibility towards patients, colleagues and community”.

The curriculum model may be summarised as follows:

- It is based upon “*student centred learning*”, which increases through the programme,
- It is a case-based learning model, with the use of Clinical topics, in years 2 and 3,
- The teaching of supporting scientific disciplines is organised in an integrative way, both horizontally and vertically around the clinical topics,
- There is an increasing emphasis on diagnostic and therapeutic skills as the programme progresses while the delivery of science-based material decreases,
- There is an emphasis on clinical problem solving and,
- There is a strong emphasis on the acquisition of research skills.

The educational methods have been designed to give more responsibility and autonomy to the students over their learning and personal development. To enhance the time available for students’ autonomy as reflective learners, AECC

EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION
COMMISSION ON ACCREDITATION

has limited contact hours to a maximum of 22 hours per week. (Minute 12.2.2 refers)

The main teaching methods are:

- Interactive lectures using computer assisted presentations,
- Laboratory classes (basic sciences and clinical skills), in small groups, including elements of Computer Assisted Learning (CAL),
- Tutorials,
- Self directed learning
- Project-based learning (Research project).

The Associate College agreement with Bournemouth University has obliged the college to comply with University requirements. To this purpose AECC had to put in place a modular structure. The assessment structure had to be modified to comply with the Bournemouth model resulting in a diminution of the number of summative assessments, allowing more time for personal student work. (Minute 12.3.6 refers)

Curriculum development has mobilised a lot of the college human resources for both its implementation and subsequent adaptation to the problems encountered. It has been designed to and meets ECCE Standards at a high level.

3.2 Theory of chiropractic and the scientific method

The concepts and principles of chiropractic practice are covered throughout the programme as is required by the ECCE Standards.

Evidence-based practice is taken very seriously at AECC and has been thoroughly integrated into the new curriculum. From the outset of their studies students are required to back up all of their presentations with scientific evidence and references to the literature and other sources.

The teaching of research methodology is integrated throughout the curriculum. Specific research themes are highlighted and explored every year. Quantitative and qualitative paradigms, hypothesis testing, handling numeric data, data collection and analysis, clinical research designs, and formulating a clinical question are all part of the learning experience. Examination at the end of the year involves appraising a research paper, which increases in difficulty level from the Year 2 through to Year 4. (Minute 12.2.3 refers)

At the end of Year 2 students are required to submit a proposal detailing the planning of the scientific research project which they intend to undertake in Year 3. This 8000 word project is written by the individual student under the supervision of a Project Tutor. One senior member of faculty with specific

EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION
COMMISSION ON ACCREDITATION

responsibility for the research theme from extended to final year has been appointed to ensure that knowledge and skills in research are coherently presented.

3.3 Basic Biomedical Sciences

The curriculum has been designed in an integrated fashion so that the boundaries between disciplines are blurred and links are made between the sciences. Thus the basic biomedical sciences are integrated with clinical sciences throughout the entire course. The process of adapting the contributions of the wide ranging Biomedical Sciences to the developments in science, practice and delivery of healthcare in the current curriculum is described in detail in the self study report. All of the basic Biomedical courses are taught by lead tutors with excellent expertise and qualifications. The vast majority hold PhDs or are enrolled in PhD programmes. Their performance and work is continuously monitored, evaluated, and appraised by line managers and also by students, input via the “student perception of course reports”.

The Prosection Laboratory and facilities have been expanded to accommodate up to 32 students by doubling the size of the ‘wet lab’ and by adding a ‘dry lab’ that can hold up to 16 students. (Minute 12.2.4 refers) These are extremely well-equipped and maintained. Students do not dissect, but see demonstrations and learn topographic anatomy on pre-dissected specimens.

3.4 Behavioural and Social Sciences, Ethics and Jurisprudence

Psychology, sociology and the bio psychosocial model in relation to conditions and clinical situations common in chiropractic practice are addressed throughout the curriculum but primarily through the ‘Psychosocial Concepts’, and ‘Chiropractic Concepts and Context’ units, and throughout the ‘Clinic Observation programme’. Because the curriculum has been designed in an integrated fashion, boundaries between disciplines are not distinct. Thus the Behavioural and Social Sciences, Ethics, and Jurisprudence are integrated with Biomedical Sciences and, to an even greater extent, Clinical Sciences throughout the entire course of study. Current practice models in a multidisciplinary setting are delivered in the ‘Current Issues and Philosophy in Chiropractic’ unit.

The development of a History of Chiropractic room with its records of both the profession and the development of a chiropractic institution is a sign of maturity. (Minute 12.2.4 refers)

EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION

COMMISSION ON ACCREDITATION

3.5 Clinical Sciences and skills

The curriculum comprises all of the different subjects that are listed in the ECCE *Accreditation Procedures and Standards*. The main objective of the curriculum was to create a programme based on case studies that prepared students to practice as primary contact practitioners. At first students are presented with straight-forward conditions and case-studies and it gradually gets more complicated as they advance through the years. The committee considered that what was more common in practice should have more emphasis. The common conditions were identified by a) the tutors' own experience and b) the clinic's data. For the past few years all patients presenting themselves at the teaching clinic have been entered into a computer data base, making it easy to find out what patients most often walk into a chiropractic office with.

Pain management is recognised to be a very important issue for chiropractors. Therefore, it has been introduced very early on in the curriculum. It is interspersed into different teaching sessions: physiology of pain, psychosocial aspects of pain, and pain management strategies (both medical and chiropractic).

Clinical skills training commences at the onset of the teaching programme. Foremost among these are the skills of patient assessment and evaluation of the health status of the patient, emphasising history taking, clinical perception and physical examination. A comparison of the clinic interns who have undergone the new curriculum to the ones from the previous years by the Head of Clinic has revealed that clinical and manipulative skills were up to standard. Initial findings suggest that patient handling skills were better, but students' patient communication skills could be improved upon.

3.6 Clinical training

Clinical training continues to be one of the major strengths of the MChiro programme. There is not an abundance of patients, but all students have just about managed to fulfil the requirement of scheduling 40 new patients and 400 follow-up visits in their clinic year. (Minute 12.3.1 refers) The case mix was adequate. The availability of tutors with a student- tutor ratio of 5:1 is excellent. The organisation of the clinic is up to the demands of a large teaching facility with electronic booking and treatment room reservation system. Documentation for students, patients and staff are good, adapted to their purpose and readily available. Patient files that were examined at random were complete, appropriate, and in good order.

In the small number of patient files that were inspected in detail in the short time available, there seemed to be a tendency to emphasise treatment in relation to diagnosis. This may have been due to the small number of files reviewed and did

EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION
COMMISSION ON ACCREDITATION

not seem to be a major flaw. However, if this is the case, it might need to be addressed. One contributing factor may be the fact that patients visiting the clinic are assigned an intern, but not a supervisor or tutor. This may lead to the situation where a patient is followed up by more than one tutor, which may benefit the student's exposure to different forms of feedback, but it is certainly not always in the best interest of the patient.

The details of the workings of the clinic are fully documented both in the institutional self study report and in a very comprehensive Clinic Manual.

3.7 Curriculum structure, composition and duration

The curriculum structure has evolved to its present format over a period of years. Currently it takes an innovative, integrated approach to the acquisition of chiropractic, knowledge, understanding and skills which has met with a high degree of student satisfaction. Consequently the student time table varies from week to week and ranges across the units of study. (Minute 12.2.2 refers)The panel was satisfied that its composition was commensurate with the programme's aims. The balance between the various components of current chiropractic education and practice enabled the aims and objectives to be met at a variety of levels. The MChiro programme is four years in duration to comply with the condition of GCC accreditation. However, students may be encouraged/required to take an Extended Year at the start of their studies. The Extended Year is made available to students whose education outside of the UK does not match that of entrants with good A levels and UK based students who would benefit from a further year before entering the main programme.

3.8 Programme management

The Undergraduate Programme Steering Group (UPSG) manages the MChiro programme reporting to both the Academic Standards and Quality Committee and Academic Planning, Policy and Resources Committee and upwards to the Academic Board. UPSG also receives reports from the Undergraduate Year Steering Groups, and the Undergraduate Student Progress Committee. The number of committees with some management responsibilities for the programme does appear to be excessive (Minute 12.3.2 refers). UPSG is responsible for all matters associated with content, delivery and assessment.

3.9 Linkage with subsequent stages of education and training, Chiropractic practice and the health care system

Students are very aware of what awaits them once they graduate. They know what their respective countries require of them to be able to practice. The College appreciates that chiropractic education should not finish at graduation, but should

EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION

COMMISSION ON ACCREDITATION

be carried on for a year of mentorship out in the field. GCC regulations define it otherwise. Graduates are now prepared to be ready to set up on their own as soon as they graduate.

The college itself organises several Post-Graduate Education and Professional Development courses to allow for further development of skills and practice after graduation. In the immediate future the college is planning to introduce and host a regular event for the more senior students to meet up with established chiropractors thereby helping to facilitate future employment opportunities following undergraduate training.

4. ASSESSMENT OF STUDENTS

4.1 Assessment methods

Since the University of Bournemouth became responsible for validating the academic programme, the college has taken a fresh look at its assessment system. The range of assessment methods including timed assessments, examinations, practical assessments, laboratory reports, reflective essays, clinic based case papers and evaluative research papers has been maintained. However, the assessment load has been reduced while retaining the overall specification coverage of each unit's assessment. It was not entirely clear whether this is considered an advantage or a disadvantage.

The University spent a year assisting the college to match its assessment system to the credit rating system employed by the University. The college would have preferred to retain a crude 120 credits per year but the University insisted that the college attempt to allocate credits to the components of each year. The outcome is a relatively crude Credit system that sits uneasily next to the college's own assessment and examination structure. Other elements of a credit system such as relating learning outcomes to specific units of credit are only present in a generalised form and do not always match. The panel agreed that the nature of the curriculum makes any closer match impossible to attain. (Minute 12.3.6 refers)

Coursework includes practical assessments, laboratory write-ups, essays and single or group presentations. Examinations are held at the end of term (1 hour) as well as at the end of the year (2 to 3 hours). The coursework throughout the year is more subject-specific whereas the examinations at the end of the term are integrative in line with the curriculum.

4.2 Relation between assessment and learning

The assessment of students is closely related to the stated learning outcomes and are clearly stated in the Student Handbook and communicated to the students by

EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION

COMMISSION ON ACCREDITATION

tutors and unit leaders. The students also felt that the weighing of the marks is clearly outlined and easily understood. Consequently, they feel they know how and what they should prepare.

Students are made well aware of when they will be assessed (exam schedules are up two months in advance). One point was raised that a student who needed to do a resit only found out two days beforehand. This seems to be an exception to the rule.

Following a formal assessment the academic staff operate an “open door” policy. Students can freely approach the member of staff to ask for feedback on their assessment (even if they passed the subject). Students felt the staff were easy to approach and the feedback was most useful.

5 STUDENTS

5.1 Admission policies and selection

With public funding available for EU students from this academic year, AECC has been able to increase its intake of students to the maximum capacity of approximately 135 students, accepting 87 students in to the Extended Year and 48 students in to Year 1 in 2006-2007. This represents an increase of 35% over the 2004 enrolment. Very few students enter the programme at other entry points, the sole exception at present being an orthopaedic surgeon admitted in to Year 2. Qualifications for entry to both the Extended Year and Year 1 are explicitly and comprehensively specified in the “admissions policy document”, available via the AECC Prospectus and website. Admissions policy is slightly deficient when it comes to widening participation despite Access programmes being noted in the self study.

AECC does not operate any quota system based on nationality, ethnicity or socio-economic background.

5.2 Student intake

With the arrival of public funding for the first time in its history, AECC has been able to select candidates from a cohort of applicants that exceeded the possible intake by a factor of roughly 2.5. Of the 480 applications from the U.K. in 2006, 220 were qualified to take up a place. Eventually, 85 students out of this cohort started the programme.

The current policy is to issue 1.5 offers for every available place, experience showing that a combination of failing to achieve the required examination grades, going to another Higher Education Institution (HEI), adopting another career

EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION

COMMISSION ON ACCREDITATION

entirely, or simply not showing up on enrolment day erodes the intake to planned capacity. The University and Colleges Admission System (UCAS) allows the Admissions Office to closely monitor trends in applications, and to adjust the offer-to-place ratio as required.

Applications received after all provisional places are offered are automatically rejected by UCAS, although it is possible for such applicants to re-apply through UCAS for 'clearing' later in the year when A Level results are declared or to apply for the following year.

5.3 Student support and counselling

The college has traditionally provided a range of support functions for students such as the employment of an external counsellor. AECC also operate a personal tutor system whereby the student is allocated a personal tutor for the whole of their college career. The Undergraduate Student Progress Committee is an innovative method of support that is proactive in identifying students whose progress is problematic. The identification of 'problem' students enables staff to take action to assist the student before issues become too serious. The links to the University of Bournemouth have enabled the college to draw on the full range of support facilities in the University. Counselling is provided by the University although the students did comment that there could be a six week delay to get an appointment.

5.4 Student representation

Students are represented at all levels of the college management structure in the Board of Governors, Management groups and Academic Board and its sub committees. Such is the personal approach of the college that there is a regular breakfast slot meeting between the Principal and students where concerns may be raised. The students were satisfied with the level of representation and avenues for consultation that they have.

6 ACADEMIC and CLINICAL STAFF

6.1 Staff recruitment

There were 138 staff employed by the college of whom 58 were Academic Staff (Faculty) on 01-01-2007. The college Strategic Plan outlines the growth plan for the college until 2010 when it is hoped to employ a further 8 academic staff. All appointments are advertised, applications judged against academic and person specifications and all are formally interviewed. Staff are normally appointed to one of the following grades based on their experience and qualifications; Assistant Lecturer, Lecturer/Clinical Tutor or Senior Lecturer/Senior Clinical Tutor. The

EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION

COMMISSION ON ACCREDITATION

college has drafted a very detailed job description for all of these grades. In addition there is a Principal Lecturer/ Principal Clinical Tutor grade only available for internal promotion. Because of the difficulties recruiting experienced clinic staff with the pedagogic abilities required to teach, the college awards a salary premium to clinic staff in order that the best clinicians are attracted. It is to the college's credit that the turnover in staff is relatively low and recruitment has largely been a response to expanding student numbers. (Minute 12.3.3 refers) All staff receive a thorough induction to the college and its procedures.

6.2 Staff Promotion and Development

All staff are subject to an annual appraisal by their line manager. The appraisal procedures are well documented and the meetings between appraiser and the appraised lead frequently to the identification of individual CPD and training needs. (Minute 12.2.9 refers) Appraisal is one of the initial mechanisms for staff promotion. Staff promotion does not entirely conform to the normal processes used in the public sector of British Higher Education which now funds much of the college's activities. According to senior management all academic staff have agreed to the both their own salary and the principles for promotion employed by the college. The self study said little about the promotion policy with the consequence that the opinions gained may or may not have been representative of the issue.

Staff are placed on a salary spine at a salary point relevant to their job title and experience. This salary point is only subject to annual cost of living/inflation increases. Staff may apply for promotion which may be within the same job title or more probably, to a new, more senior job title. Expansion of student numbers has provided the funds both to enable promotions and to recruit of new staff. However, the panel were made aware that the demography of the current staff would make it very difficult in the future for new, young staff, to gain promotion. If there is a cap on student numbers and senior staff do not move on, some well-qualified staff could well be held back in salary terms and will look for employment elsewhere. Alternatively, expansion of postgraduate programmes may alleviate this potential problem which the college would be well-advised to monitor. (Minute 12.3.3 refers)

7 EDUCATIONAL RESOURCES

7.1 Physical facilities

AECC's educational and management facilities have undergone considerable changes since the 2002 accreditation visit which are listed below:

- Expansion of the Anatomy laboratories which addresses the weakness noted in the last accreditation report (Para 16.2.1),

EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION

COMMISSION ON ACCREDITATION

- Refurbishing of the two lecture theatres to increase capacity to 126 and 140 students respectively which partially addresses the Concern noted in the previous accreditation report (Para 16.3.1),
- Installation of a wireless local area network (LAN) covering all of the campus, (Minute 12.2.5 refers),
- Installation of digital X-Ray in the clinic,
- Installation and renewal of increasing numbers of computers (currently 70 fixed and 6 laptops available for student use),
- Installation of a new fire alarm system,
- Establishment of a new teaching clinic on the campus of Bournemouth University,
- A history of chiropractic library,
- An enlarged prosection laboratory area. (Minute 12.2.4 refers)

The web site is informative and has been updated regularly to keep stakeholders informed. (Minute 12.2.6 refers)

The two lecture rooms are well equipped with up-to date audio visual projection systems. Similar equipment is present in 4 other teaching rooms: 3 PC projectors, 2 electronic whiteboards, 1 LCD screen. These very good teaching aids enable teachers to use the most up-to-date pedagogical techniques to deliver their units. (Minute 12.2.4 refers)

AECC has successfully completed the preliminary work (architectural design and planning permission) for a new clinic building on campus. The building work should start later in 2007 with the premises planned for occupation in late 2008. Planned completion is September 2008 although several staff forecast completion by December 2008 because such a building will take longer than 15 months to complete. The 1500 m² outpatient-clinic will be on three floors serviced by elevators. The ground floor will house reception and office/filing space, six treatment rooms, a modality room, x-ray facilities with room for two x-ray machines and a rehabilitation unit with changing rooms and showers. The first floor will comprise 16 treatment rooms and 9 modality rooms, a tutor consultation room and a massage room. The top floor will have a student study room, two locker rooms, a student lounge, a laboratory, a photocopier room, five senior tutor offices, the Head of Clinic's office, a clinic administration office and a staff room. (Minute 12.2.8 refers)

Fundraising is being conducted to raise money for the new building and to reduce the size of the loan necessary to fund the building.

With the opening of the new clinic, one of the major issues at AECC noted as a Concern (Para 16.3.1) at the previous accreditation, the ever-present lack of space,

EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION

COMMISSION ON ACCREDITATION

can be resolved. The present clinic's new purpose appears to be unclear although all staff were asked by the college for their views on how to use the space. When talking to different people you will get different answers, suggesting it is still undecided. It was the impression of the panel that much of the old clinic will be used for extra student accommodation: study areas, computer areas and an extra biomechanical laboratory. The Student's Union office will probably be moved as it is too small at present. There is still uncertainty about relocating the Spine Centre, the college's book and treatment modalities shop. The rehabilitation room in the present clinic building may be transformed into a laboratory where sports people can be assessed and rehabilitated.

The new clinic will be built at the back end of the parking lot behind the college building and span the whole length of the college site. This will take up many car parking spaces that are now used by staff and students, but should leave enough room after some rearranging. That parking is still free is a considerable plus in an age when most Higher Education Institutions have some kind of charge for parking. There will also have to be a one-way traffic system organised through the entrances of the college property to allow easy access and egress.

7.2 Clinical training resources

At the moment there are 94 interns in clinic. In 2007-2008 there will be a maximum of 97 interns. Until the new clinic is up and running there should not be any problems with space in the current clinic.

A Senior Clinical Tutor has been supervising a satellite clinic on the Bournemouth University campus for the past few years now. It is a three treatment room facility that is run on Tuesday and Friday afternoons by 7 to 8 clinic interns. Students apply for these posts by sending in their CV and they are selected on their ability to work as a team. The team runs the whole clinic on its own which provides an excellent learning facility not available to the students who fail to get this placement. The students from several year groups were of the opinion that the selection of just eight students to take advantage of the Bournemouth University clinic put those students at an advantage both in the search for new patients and in terms of their overall clinic experience. Perhaps the College should consider whether the experience is made available to more interns. (Minute 12.3.4 refers) Lack of supervising staff and other costs prevent more satellite clinics being set up (Minute 12.3.2 and 12.3.5 refer).

Final year students raised the concern that there were not enough new patients coming into the clinic to reach the quota of 40 per student and that the Bournemouth area was becoming overprovided with chiropractors. Competition was resulting in patients being attracted away from the teaching clinic by cheaper offers. Students in earlier years also voiced the concern that when they reached

EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION

COMMISSION ON ACCREDITATION

year 4, they would have problems finding new patients. The Head of Clinic indicated that this is a concern that reappears every year and so far, it appears not to be a problem. It had not been noted as a problem at the time of the GCC visit earlier in the year. At the time of the visit (May 2007) the average number of new patients seen by interns in the clinic was 28. The Head of Clinic was confident that they will all reach the quota of 40 within weeks of their graduation date. (Minute 12.3.1 refers) It might be the case that the University of Bournemouth will require all students to have completed the whole course before they can be eligible to be considered by the final Award Board and graduate. If this were to be the case the students still finding new patients will be forced to wait until the Award Board is reconvened.

Students from several years and some staff were of the opinion that the college's Marketing Department was not putting in enough effort to promote the clinic as such. The Principal contacted two marketing organisations outside the college and has now appointed one of them to market the clinic. This has taken place since the GCC visit (21-22-02 -2007). GCC had noted: "The students also indicated that enhanced marketing to obtain more patients would be appreciated by the student body."

A student project was conducted in 2003 to examine the case-mix of the patients seen at the teaching clinic. Data on demographics and the patient complaints of 846 new patients presenting to interns between January 2003 and June 2003 was collected. The conclusion of this survey was that the overall case mix within the clinic was comparable to that found in previous surveys of the AECC teaching clinic and is similar to that of private chiropractic practices within Europe.

7.3 Information Technology

The Information Technology (IT) Policy Group, which is chaired by the Acting Academic Registrar, is in charge of computing. The Group which meets frequently has an outline budget for the next five years.

The college has developed a very effective computer network and information storage system. There is a dedicated air-conditioned room to host the servers and systems. A common resource drive (R-Drive), containing notes and information, is accessible throughout the institution and from remote locations through the AECC portal, to students and staff.

A wide range of databases is accessible either through the AECC portal or through Bournemouth University.

Fifty desktop computers are available in the main building for student use. The library also loans 6 laptops for short periods of time, allowing students to work anywhere on the college site. There are a further 20 PCs in the clinic building.

EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION
COMMISSION ON ACCREDITATION

Overall there is a ratio of one computer for every 6.8 students. The IT Group plans to lower this ratio to 1:5 in the coming years. All computers are replaced each 4 years. Wi-fi installation permits connections to the intranet/internet throughout the main campus. (Minute 12.2.5 refers)

In addition to the normal administrative aids, the college has recently purchased an Optical Mark Reader, to help with the marking of multiple choice assessments and the analysis of questionnaires. (Minute 12.2.5 refers)

7.4 Educational expertise

It is to the credit of the college that it has developed an expertise in the pedagogy of chiropractic education. Almost a quarter of the staff have education qualifications and others are enrolled on educational Masters programmes. It has been the linkage between chiropractic clinical practice, the physical and behavioural sciences and pedagogic research and development that has enabled the college to develop its innovative approach to the curriculum. (Minutes 12.2.2 and 12.2.3 refer)

The college has its own internal staff development seminars and staff can attend seminars at Bournemouth University. (Minutes 12.2.7 and 12.2.9 refers)

8. THE RELATIONSHIP BETWEEN TEACHING AND RESEARCH.

8.1 Research active staff

The numbers of academic staff who are research active is steadily increasing. The Director of Research & Professional Development has led by example in both the 'pedagogic' and 'academic' fields. There are currently three major research strands; experimental, therapeutic, and clinical practice. Students benefit from the interaction in the classroom, laboratory, techniques' laboratories where staff are able to draw upon their research (and that of others) to enhance the student learning experience. Students are also invited to attend research presentations done by the staff.

The college supports staff who are registered for higher degree programmes. It acknowledges that the time demands of the new curriculum have impacted on progress of higher degree studies. This reiterates the weakness noted in 2002 (Para 16.2.4) (Minute 12.3.2 refers)

EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION

COMMISSION ON ACCREDITATION

8.2 Time allocation for research staff

On several occasions the panel were told that the new curriculum has demanded more of the research active staff's time which has led to less time being available for research and other scholarly activities. (Minute 12.3.2 refers) The college had noted in the self study that they anticipated more research time being available once the new curriculum had bedded down. In practice, the necessary revisions to the curriculum as a result of experience together with the changes to the assessment system requested as a part of University of Bournemouth validation, have impacted to delay the anticipated release of time. There are staff such as the Director of IMRCI whose time allocation is predominantly for research but for the rest, research is a demanding task beyond the classroom and clinic.

8.3 Financial support for research

All staff are encouraged to be research active. Research is an essential component of the staff schedule of job descriptions. Different expectations of the nature of research together with the supervision of research at postgraduate and undergraduate levels are integral to job descriptions. IMRCI does seek funds for collaborative research with other medical professionals. The college supports staff with fees for higher degrees. There are some small funds available for research which are distributed by the Research & Staff Development Committee. As is common in academia, some staff provide personal financial support for their own research and development e.g. when writing textbooks. (Minute 12.2.9 refers)

8.4 Ethics Committee for approval of project proposals

There is a college Research Ethics Committee which approves research proposals and refers relevant cases to the Local Research Ethics Committee (LREC). It reports upwards through several tiers of the college management structures to Academic Board (Minute 12.3.2 refers).

8.5 Research Project

All students are required to produce a research project commencing in Year 2 and completed in Year 3. All staff are expected to supervise these projects with new staff being mentored in the supervisor role. Projects are vetted before they commence. Prior to the project students are exposed to current research and are able to develop their critical evaluation skills through their studies. The project is assessed by blind marking by the supervisor and one other academic followed by a 30 minute Viva Voce examination which tends to confirm or raise the mark. At present the college has standardised instructions for marking and assessing the project and viva voce examinations. . The college does not investigate with any degree of rigor opportunities for plagiarism in the projects at present. It would be

EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION
COMMISSION ON ACCREDITATION

well-advised to consider investing in measures to combat this increasing threat to academic standards of both the project and possibly other assessed work.

9. PROGRAMME EVALUATION

9.1 Mechanisms for programme evaluation

At the end of each academic year, AECC produces its Annual Programme Monitoring Report (APMR). APMR consists of evaluative reports from the Student Union, the Head of Learning Resources, the Prosection Laboratory, the Assessments Group, the Project Coordinator, the External Examiners, and the Clinical Examinations Steering Group.

In addition, all Lead Tutors produce an annual evaluative Course Report for their unit. This reviews and evaluates course content, the integration with other courses, the effectiveness of teaching and learning methods, and assessment outcomes. The Year Tutors then produce a reflective Year Tutor report based the Course Unit Reports. It reports on the outcomes of actions from the previous year's report and recommends actions for the following year. The report evaluates and informs curriculum design, content and organisation; teaching, learning and assessment; student achievement and progression; student support and guidance; learning resources and quality management and enhancement. These reports are included in the APMR.

Finally, the Programme Manager reports on the entire MChiro programme. This comprehensive document reports also on the outcome of recommended actions from the previous year's APMR, indicating what action was taken and where minutes of such action can be found. It finally presents the recommended Action List for the coming academic year.

The Academic Board Minutes endorses the evaluation, approval and actions taken on the basis of the APMR Report and these Minutes are received by the Board of Governors.

The APMR makes part of the annual quality assurance documentation required by Bournemouth University's quality assurance procedures. The Academic Development and Quality Department at Bournemouth University approves external examiners appointments. External Examiners are nominated by AECC's Academic Standards and Quality Committee and approved by its Academic Board and sent to the University for final approval. The external Examiners report directly to the University as well as to the AECC.

EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION
COMMISSION ON ACCREDITATION

9.2 Staff and student feedback

Staff feedback is through the Course Reports (APMRs see Para 9.1), through participation in the Year Steering Groups, Programme Steering Groups and the standing committees of the Academic Board. Also the Principal and other senior management have an open door policy for staff.

At the end of every teaching unit students are asked to fill out an anonymous survey to give their rating of the course (SPoC=Student Perception of the Course). The outcome of this survey is integrated in the tutor's Course Report.

Students may also voice their feedback in focus group meetings that are held every term. The outcome of the meeting is relayed to the Year Tutor and brought to the Year Steering Group for discussion and action.

Every year delegates a student academic representative who meets with the Principal once a term (Minute 12.2.1 refers). Student representatives are also present at Learning Resources Committee, at the Academic Board and its standing committees.

9.3 Student cohort performance

Student performance is monitored on a termly basis by the Undergraduate Student Progress Steering Group. This group is able to be proactive and head off potential problems of academic performance, attendance and attitude. As a last resort it is able to place struggling students on 'probation'. All the decisions are recorded. The college holds comprehensive student progress data in line with the requirements of the University of Bournemouth's procedures. The Examination Board considers overall performance. However, credit point data is not used in the assessment of progress which depends entirely on module performance. (Minute 12.3.6 refers)

9.4 Involvement of stakeholders

The college's principal stakeholders are: students, staff, patients, Bournemouth University, the Chiropractic Profession and the public represented by the GCC. All of these stakeholders are directly or indirectly involved in programme evaluation through different mechanisms. The chiropractic profession is involved through the Board of Governors, which has membership from the profession in UK and Europe. The chiropractic profession and the patients are indirectly involved through GCC and ECCE accreditations, and informed by quinquennial reports. Bournemouth University is involved as the validating university for the MChiro programme.

EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION

COMMISSION ON ACCREDITATION

There was no evidence provided on the opinion of chiropractic practitioners in UK on the quality of the graduates of the institution. The Pre-Registration Training (PRT), required for GCC registration in UK could be providing some of this feedback. Currently, feedback from practitioners forms part of an ongoing study being conducted by the college.

Patients in clinic are encouraged to give their feedback. A “Patient Satisfaction Survey” questionnaire was used for this purpose, but the externally managed analysis of the results was poor and expensive. The clinic is now about to use a new form adapted to the new Optical Mark Reader machine. A volunteer group called ‘Friends of the Clinic’ provides a patient’s view of how the clinic is run and how it performs.

10. GOVERNANCE AND ADMINISTRATION

10.1 Governance

The College has retained its own Board of Governors and is a ‘Company Limited by Guarantee and not having share capital’ since 1960. Its governors abide by the Articles of Association (2003) and manage the college most effectively (Minute 12.2.1 refers). There is a healthy working relationship between the Board and the senior management of the college that enables the Principal to fulfill the role of Chief Executive. The College became an Associate College of the University of Bournemouth in 2005 and will renew its relationship in 2009. The conferment of Associate College status did require AECC to make some substantial changes to the assessment of its undergraduate programme (Minute 12.2.2 refers) and to introduce credit rating for elements of the programme. (Minute 12.3.6 refers)

10.2 Academic leadership

There was universal agreement among all of the parties which the panel met that the current Principal is providing excellent leadership of the college. (Minute 12.2.1 refers) The management style of the Principal permeates all levels of the institution so much so that it gives AECC a collegiate atmosphere among all staff and students. Academic leadership is the responsibility of the recently appointed Vice Principal. The Executive Group (Principal, VP, Head of Finance, Director Administration, Clerk to the Board and College Secretary, and Director of Research and Postgraduate Studies) and the Senior Management Group are two further components of the college’s excellent system. However, the latter group is merely the Executive with four extra personnel. It can be asked whether in a college of this size there is a necessity for two kindred groups. (Minute 12.3.2 refers)

Ultimate responsibility for the curriculum falls to the Vice Principal.

EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION
COMMISSION ON ACCREDITATION

The panel did note that some academic functions were covered by more than one sub-committee resulting in duplication of effort. (Minute 12.3.2 refers)

10.3 Educational budget and resource allocation

The educational budget is developed on the basis of a five year financial strategy. Departmental heads prepare their budgets which are amended before the Head of Finance prepares the first draft. Any changes are achieved by agreement with budget holders prior to approval by the Board of Governors. The system of finance is effective and has produced a small surplus that will enable the College to begin to finance the new clinic building successfully. (Minute 12.2.10 refers)

10.4 Administrative and technical staff and management

The college employs 13 technical staff, 11 administrative, secretarial and clerical staff who together with staff in marketing, finance, catering and cleaning are responsible to their line manager. The support staff are sufficient to ensure smooth operation of the college and the clinic. Their individual work is evaluated and/or rewarded by annual the Salary Reviews and Job Evaluation meetings (similar to the academic staff). They are also encouraged to attend courses that enable them to enhance their field of expertise. All support staff are given the opportunity to develop their own careers at a range of levels from GNVQ Level 2 to skills related courses. They are subject to appraisal by their managers. (Minutes 12.2.9 and 12.2.11 refer)

10.5 Interaction with professional sector

AECC is developing a range of links with its parent university. The Principal sits on the University Senate. The College participates fully in the relevant chiropractic associations including ECCE, GCC, BCA, and the College of Chiropractic. The college also hosts conferences.

More locally, the College has developed links with hospitals in both Southampton to follow a course, and Bournemouth to enable students to follow consultants on their rounds. At present these links rely on the participation of individuals at the hospitals and can be subject to the changing attitudes of medical managers. It is in the interests of the College and the profession that these developments are enhanced. (Minute 12.3.5 refers)

11. CONTINUOUS RENEWAL AND IMPROVEMENT

AECC's claim to have rigorous processes in place to ensure continuous review and improvement is obvious throughout this report. The changes witnessed since

EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION

COMMISSION ON ACCREDITATION

the last accreditation bear witness to this. Review is a continuous process. The guidance of the Bournemouth University is increasingly bringing the College into the mainstream of University life and this development should enable the College to be less isolationist and more integrated into UK Higher Education.

12 SUMMARY and CONCLUSIONS

12.1 STRENGTHS AND WEAKNESSES AND CONCERNS

For the purposes of this report the evaluation team adopted the following definitions from the Standards;

Strengths – Areas that meet or exceed the *Standards* and (are) worthy of specific recognition.

Weaknesses – Areas requiring specific attention and action by an institution.

Concerns – Areas of substantial weakness/concern as to jeopardise the *Accreditation* of an institution that require specific attention and action by the institution *as a matter of urgency*.

12.2 STRENGTHS

- 12.2.1 The academic and visionary leadership provided by the Principal that has enabled the College to develop its mission as a leading chiropractic institution together with the commitment, support and direction given by the Board of Governors. (Minutes 9.2, 10.1 and 10.2 refer)
- 12.2.2 The development and refinement of the new curriculum which is perceived by students and staff to be a success. (Minutes 2.4, 3.1, 3.7, 7.4 and 10.4 refer)
- 12.2.3 The links between teaching and research including pedagogic research. (Minutes 3.2, and 7.4, refer)
- 12.2.4 The rolling programme of renewal to the physical facilities which has upgraded lecture theatres and laboratories, and improved IT facilities. (Minutes 3.3, 3.4 and 7.1 refer)
- 12.2.5 The improvement of the IT facilities including the wireless network. (Minutes 7.1 and 7.3 refer)
- 12.2.6 The informative college web site. (Minutes 2.1 and 7.1 refer)

EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION

COMMISSION ON ACCREDITATION

- 12.2.7 The opportunities provided by public funding and the links to the University of Bournemouth. (Minutes 2.3 and 7.4 refer)
- 12.2.8 The development of the new clinic which will further enhance teaching and research facilities in the college. (Minute 7.1 refers)
- 12.2.9 The support for staff development at all levels throughout the college. (Minutes 6.2, 7.4, 8.3 and 10.4 refer)
- 12.2.10 The sound long-term financial planning. (Minute 10.3 refers)
- 12.2.11 The commitment, loyalty and enthusiasm of the administrative, technical and support staff. (Minute 10.4 refers)

12.3 WEAKNESSES

- 12.3.1 The patient acquisition process in clinic is being placed under strain by a combination of more students and more competing chiropractors in the region. (Minutes 3.6 and 7.2 refer)
- 12.3.2 The time pressures placed on faculty by the new curriculum and its revisions, and the plethora of committees that has consequences for staff development. (Minutes 2.2, 3.8, 7.2, 8.1, 8.2, 8.4 , 10.1 and 10.2 refer)
- 12.3.3 The inherent danger in a small body of academic staff of not being able to reward excellence at all levels. (Minutes 6.1 and 6.2 refer)
- 12.3.4 The selection process for students working at the University of Bournemouth clinic together with the lack of other similar clinic opportunities that are perceived to give advantage to some students. (Minute 7.2 refers)
- 12.3.5 The limited possibilities to participate in hospital practice minimising the possibilities both for exposure to conditions not seen in an ambulatory chiropractic clinic and to interact with other health care professionals. (Minutes 7.2 and 10.5 refer)
- 12.3.6 The integration of the credit point system within the college procedures for progression and award of the qualification that does not always seem to do justice to the structure of AECC's curriculum. (Minutes 2.2, 3.1, 4.1, 9.3 and 10.1 refer)

EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION
COMMISSION ON ACCREDITATION

12.4 CONCERNS

The evaluation team identified no concerns.