

COMMISSION ON ACCREDITATION

EVALUATION TEAM REPORT

ANGLO EUROPEAN COLLEGE OF CHIROPRACTIC

BOURNEMOUTH UK

19-21 April 2016

1. EXECUTIVE SUMMARY

1.1 AECC requested that the ECCE reaccredit the new MChiro programme ahead of the normal accreditation schedule and this evaluation report has been produced in response to that request.

1.2 The visit took place between 19 and 21 April 2016 and this report was completed in order that it could be considered by the Commission in Accreditation at their meeting in Oslo on 06 May 2016.

1.3 In conclusion to the report the evaluation team made the following commendations and recommendations:

Commendations:

- The ambition to become an independent Higher Education Institution is driving changes towards excellence.
- The new programme has allowed increased financial access for prospective students.
- Clinic research and the MRI facility have increased external exposure of the institution and potential income.
- The senior management group continues to provide excellent leadership during the transition to the new programmes, and move towards institutional autonomy.
- The continuing development of the infrastructure and facilities for the benefit of the student population.
- Improvements in the early introduction of self- directed learning in the revised programme have been incorporated to overcome difficulties experienced previously by BSc and MSc students.
- Staff demonstrate a high standard of teaching and professional expertise.

Recommendations

- Off-site additional training should be reviewed to determine if the actual impact is aligned to the proposed outcomes.
- Linkages to the wider health care system should be developed further.
- Greater attention should be applied to the assessment protocols in terms of consistency, so that the expected outcomes are being achieved.
- The increased use of digital technology would enhance the presentation of the chiropractic programme, and the college should introduce staff training in the pedagogic use of such technology.
- The development of a paperless clinic should be explored.

- Training of project supervisors on supervision and statistics, with specific guidelines for revised project outlines, would enhance the student experience in this component of the programme.

Concerns

There were none.

2. INTRODUCTION

- 2.1 AECC was initially accredited in 1992 and this report is the sixth time that the college has sought accreditation from the ECCE.
- 2.2 The Commission on Accreditation (CoA) considered a request from AECC to have its reaccreditation moved from the programmed year for accreditation 2017 to 2016. AECC explained that it was replacing the existing BSc Human Sciences/MSc Chiropractic programme (3+2) with an Integrated Masters programme, MChiro (Hons), together with a Year Zero (1+4). The 3+2 format followed the Bologna model, which has not been adopted extensively by Higher Education in the UK. The nature of current Higher Education Funding Council rules for tuition fees are such that students are able to access loans for fees for the 1+4 structure. A further economic driver for the change was the high cost of the 3+2 structure for students who could not easily access loans for the Masters component of the award. The increase in ECCE accredited programmes in Europe had affected EU student recruitment. Therefore, a programme which catered more for the British student market as well as being financially attractive to EU students was needed. The programme was validated by Bournemouth University in 2014 and commenced in 2015. AECC expressed the wish to have the new 1+4 programme accredited in 2016 rather than wait a year.
- 2.3 AECC were invited to submit its Self-Study Report (SSR), submitted in 2015, for continuation of its accredited status. In November 2015, the CoA approved the documentation, and approved an on-site Evaluation Visit to verify the documentation and consider other evidence available during the visit. Because this was the sixth application for accreditation CoA decided that the length of the visit would last for two days with a third day for completing the draft report to CoA. Because the Evaluation Team Report needs to be presented to CoA at its meeting in Oslo on 06 May 2016, it was essential that a draft be presented to the college before the team departed. Members of the Evaluation Team were nominated by the ECCE Executive and each member received the SSR and background papers prior to the visit.
- 2.4 This Report addresses the compliance of the college with each of the ECCE Standards for the provision of chiropractic education and training through the MChiro (Hons). Some attention has also been paid to the outgoing BSc/MSc awards in so far as they inform compliance with the Standards.
- 2.5 In 2012 ECCE recognised the following Strengths, now called Commendations, and Weaknesses, now called Recommendations;

STRENGTHS:

- The link with the University of Bournemouth underpinned by the Partnership Agreement that have led to the sharing of courses, support services, research activities and supervision, and the maintenance of academic quality.
- The senior executive has led the college through difficult times and has encouraged innovation that should enable the college to remain on a sound academic and business footing.
- The establishment of a sound business model that supports the future development of the college as a private educational provider through innovative commercial and research developments.
- The collegiate, family ethos that pervades the whole college, faculty, support staff and students who contribute to the overall success of the chiropractic programme its aims and outcomes.
- The new clinic building which has given the opportunity for the clinical activity to be expanded on the new MSc.

WEAKNESSES:

- Off-site links with other health care providers are limited in time, scope and variety.
- External examiner management and training leads to an inconsistent approach to question approval, responding to comments on papers, monitoring instructions, time to complete the monitoring and the quality of the final reports.
- The continuous expansion of demand for IT provision has placed strains on the system both within the college and in its links to the internet that need to be met in order to provide the learning opportunities that the modern student expects.
- The present committee structure continues to be complex and in need of rationalisation.

There were no Concerns.

2.6 Members of the Evaluation Team were nominated by the ECCE Executive and each member received the SSR, and written comments from COA relating to the documents prior to the visit. The members of the Evaluation Team were:

Chris Yelverton, MTech. (Chiro), ICSSD.	Chair, Head of Department of Chiropractic, University of Johannesburg, South Africa
Benito Oliva BSc, DC, ACNB	Practicing Chiropractor, Sardinia, Italy
Gerald Parent, BSc, MSc	Practicing Chiropractor, Liege, Belgium. Visiting clinic tutor IFEC Toulouse, France.
Olivia Parker	Student IFEC Toulouse, France
David Burtenshaw MA, PgCE, FRGS, FEAC, MCIE	Former Evaluation Secretary ECCE, formerly Director Collaborative Programme Development, University of Portsmouth. Chair of Examiners, Welsh Joint Examinations Council, Cardiff.

Mr David Burtenshaw acted as Secretary to the Team, and also as a member of the team because the Evaluation Secretary had a conflict of interest having been the Principal of the College. The members of the team were allocated specific sections of the report as their areas of responsibilities before arriving at the University.

Members of the Evaluation Team were approved by the ECCE Executive and each member received the SSR two months prior to the visit.

- 2.7 The purpose of the Evaluation Visit was to verify the SSR and other evidence presented by the college, and to evaluate the institution in terms of its compliance with the ECCE Standards in Chiropractic Education and Training (hereafter referred to as the ECCE Standards, or Standards). On the basis of the SSR and its supporting documents, and on oral and other documentary evidence given and consulted during the on-site visit, an Evaluation Report compiled by the Team was submitted to AECC prior to departure for correction of any factual errors. The final draft was submitted to the Commission on Accreditation (CoA) for a decision on the full accreditation of the AECC.
- 2.8 All members of the Team signed confidentiality and conflict of interest statements before the on-site visit. No conflicts of interest by any of the members were declared.
- 2.9 A draft timetable for the visit was sent to AECC in March 2016, and the final schedule agreed with the college on 07 March 2016. A copy of the schedule is appended to this Report (Appendix 1).
- 2.10 Members of the Team arrived in Bournemouth on 18 April 2016. The Team held a preliminary meeting prior to the on-site visit which was between 19 and 21 April 2016 (inclusive). Meetings were held with the institution over two days and time was allocated for the Team to hold private meetings as the visit proceeded. The Report was compiled on an on-going basis during the visit, and the final day was set aside to complete the draft report and feed-back orally to the institution.
- 2.11 Members of the Team were very well hosted by AECC, afforded every courtesy and had full access to documentation and to staff, students and other stakeholders in the institution. Members of the Team and the ECCE extend their thanks and appreciation to all at AECC.
- 2.12 The draft Report was finalised on the last day of the visit. It was handed to the College for factual verification on 21 April 2016. The response was received from AECC on 26 April 2016. The Chair and Secretary finalised the Report and this was submitted to the Chair COA on 29 April 2016. The Chair of the Evaluation Team presented the Report via Skype to COA members on 06 May 2016 in Oslo, Norway.
- 2.13 The Report includes an Executive Summary, a description of the College and the findings of the Team regarding compliance of AECC with the ECCE Standards. The report ends with the Conclusions of the Team and any Commendations and Recommendations and/or Concerns the Team wishes to draw to the attention of the COA. The Evaluation Report was based on the ENQA Guidelines for external reviews of quality assurance agencies in the European Higher Education Area (www.enqa.eu).

3. **AECC**

- 3.1 Chiropractic education has been delivered at AECC since 1965. Over the years, the programme has been validated by various HE awarding institutions and its most recent awards, BSc/MSc and MChiro (Hons), have been validated by Bournemouth University.

- 3.2 The college is applying for accreditation of its MChiro (Hons) programme to replace the current BSc/MSc award. This involves replacing the 3+2 Bologna model with a 1+4 model. The reasons for changing the award are:
- Students were unable to access loan funding for the MSc whereas they will be able to access funding for the MChiro (Hons).
 - It will enhance student retention as some have left because they did not receive funding.
 - It will widen access.
 - It will enable AECC to compete more effectively for students within the UK.
- 3.3 AECC had applied for Taught Degree Awarding Powers (TDAP) prior to submitting its SSR. The application has been considered by the Advisory Committee on Degree Awarding Powers (ACDAP) and the QAA Council. The college now awaits UK Privy Council decision. In 2015 the college applied for “Institutional Designation”. This enables the college to receive public funding directly from the Higher Education Funding Council (HEFCE. The College is listed on the HEFCE website as an HEI due to receive direct funding commencing in September 2017.
- 3.4 The colour coded system outlined below was used by the evaluation team to indicate the level of compliance with each standard:

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

Light Green = Substantially compliant/low risk. (Broadly on track with some areas which need to be addressed.)

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

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

4. ECCE STANDARDS COMPLIANCE

4.1 AIMS AND OBJECTIVES

4.1.1 Statement of Aims and Objectives

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

4.1.1a Description

The institution has defined the aims of the new programme as being the same as the previously approved BSc/ MSc programmes, namely:

- To prepare graduates to act as safe and competent primary contact clinicians,

- To produce graduates who can deliver the highest standards of care and respond to the health needs of their communities in the context of the wider healthcare environment,
- To produce graduates capable of practicing within a patient centred model with the skills and approach that enable the integration of critically evaluated research evidence, clinical expertise and patient choice,
- To produce graduates with attitudes and skills that engender lifelong learning and continuing professional development with a view to achieving the highest professional standards,
- To provide graduates with an understanding of the scientific method in the context of modern healthcare and the knowledge and skills that underpin this,
- To produce graduates with effective skills of listening, interpreting and communicating within the healthcare arena with emphasis on the psychosocial issues inherent with this activity.

In addition, objectives of the programme are presented in the categories of subject knowledge and understanding, intellectual skills, practical skills and transferable skills, with elaboration of each component.

These aims and objectives are presented and available to various stakeholders via numerous avenues.

4.1.1b Analysis

The statements of the aims and objectives reflect an outcome that would result in competent and safe primary contact practitioners, with relevant skills, together with a foundation for postgraduate education and lifelong learning.

4.1.1c Conclusion

AECC fully complies with Standard 1.1.

4.1.2 Participation in formulation of aims and objectives

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

4.1.2a Description

The principal stakeholders, as indicated in the SSR are the following:

- GCC
- ECCE
- Bournemouth University (BU)
- Public and patients
- Students
- Staff
- The chiropractic profession.

In addition stakeholders such as the Higher Education authorities (via framework documents) are also recognised.

The College's involvement with these various stakeholders is frequent and informative. Reports indicating inclusion or agreement with these aims and objectives are provided as evidence of the stakeholders' involvement.

4.1.2b Analysis

Stakeholders are fully involved in the process of development of the aims and objectives. Their direct and indirect input into the aims and objectives enables them to make relevant suggestions for changes such as those to the business management components. The SSR recognises the potential for patient input into the process which has been under-explored to date. This aspect should be explored in the short term.

4.1.2c Conclusion

AECC substantially complies with Standard 1.2.

4.1.3 Academic autonomy

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

4.1.3a Description

The programme itself resides within AECC. While affiliated to BU at present, the AECC is still autonomous in its ability to make changes that are then approved at various BU fora, where AECC has representation.

4.1.3b Analysis

The AECC is autonomous in its management and delivery of the programme and it may determine any changes it deems necessary. The TDAP process is almost completed. Should AECC achieve this autonomy it will enhance the MChiro programme.

4.1.3c Conclusion

AECC fully complies with Standard 1.3.

4.1.4 Educational outcome

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

4.1.4a Description

The graduate competencies are clearly defined and related to the programme objectives. The key themes of the programme include 'the chiropractor' in terms of scholar and scientist, 'the practitioner' and 'the professional'. The revised curriculum is aligned to these themes and the competencies, to include the various aspects required for the chiropractor to function within their role as a primary contact professional in the greater healthcare environment.

4.1.4b Analysis

There is evidence of a strong link between the aims, objectives and curriculum content to ensure graduates are able to fulfil their required roles in the profession.

Outcomes relating to the broader healthcare system (Standard 2.10) should be promulgated in terms of enhancing the student experience.

4.1.4c Conclusion

AECC fully complies with Standard 1.4

4.2 EDUCATIONAL PROGRAMME

4.2.1 Curriculum model and educational methods

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

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

4.2.1a Description

The SSR provides an extensive reflection and rationale for the establishment of a modern curricular model directly drawn from a variety of updated research in health education (paradigm shifting from process-based to competency-based medical education) moreover putting an emphasis on the level of autonomy at graduation.

The SSR clearly describes the motivation for taking such a direction for the Chiropractic education at the AECC. Assessment of outcomes relies on a mixed methods approach utilising a variety of ideologies for both formative and summative assessment.

The overall key features of learning and teaching are as follows: blended learning, evidence-informed practice, portfolio-based learning and assessment, a clinic observation programme and a virtual learning environment (VLE) used in the delivery of unit content and assessment. The MChiro (Hons) has an early introduction of students to the clinical settings in attending patient encounters and observing interaction between clinician students, patients and tutors. In years 1 and 2 the observation programme will be linked to Clinical Management, whereas in year 3 the observation programme is directly linked to the Clinical Internship as a part of their transition to clinical life. Year 0 has widened access to those with lesser entry qualifications providing a uniformity in the scientific background relevant to chiropractic education and training, meeting the requirements for entry to year 1.

4.2.1b Analysis

AECC has decided to follow the latest research in teaching sciences in order to ensure the best delivery of chiropractic education. It also aims to deliver an autonomous competent practitioner.

The outcomes of the research tend to show that learning doesn't automatically follow teaching and that student centred learning methods (SCL) focussing on the learner and his/her needs are preferable to more passive approaches. SCL is thought to lead to greater retention of taught material as well as the development of lifelong learning.

A mixed approach was favoured over traditional models to reach that aim, keeping in mind a guiding principle : “the programme should whenever possible, foster and promote experiential learning and intrinsic motivation”, but also adopt guided discovery that avoids radical constructivism. This also implies that a variety of methods will be used for both summative and formative assessment as described above.

4.2.1c Conclusion

AECC substantially complies with Standard 2.1.

4.2.2 The Scientific Method

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

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

4.2.2a Description

The concepts and principles of chiropractic practice are covered throughout the programme and tutors are expected to utilise or refer to research evidence to support their teaching whenever appropriate and relevant. Furthermore, all Clinical management, diagnosis and Clinical internship units encourage a critical, evidenced based approach to the students.

In year 0, the Transferrable Skills unit provides the approach underpinning the scientific method, research enquiry, evidence based practice and critical thinking. Further usage of such skills are encouraged in the Clinical Problem Solving unit by using research and online material. In year 1, these skills are developed on a Case-based learning and Health concepts units whilst Human Function and Dysfunction introduces the collection and report of laboratory findings.

In year 2, Clinical Research Methods aims for the student to gain a working knowledge of a wide range of clinical research designs and methodologies, together with their understanding, critical appraisal and the understanding of their practical relevance within the clinical framework.

In year 3, with the Research Project, the students must utilise their skills and demonstrate their understanding, examining an area of enquiry by formulating a research question including a critical review of the relevant literature, leading to the submission of a full protocol requiring ethics approval.

In year 4, students are expected to demonstrate an evidence based approach to the management of patients within the teaching clinic. This process is further assessed through the writing and presentation of evidence based case reports.

4.2.2b Analysis

The spiral teaching methodology allows the MChiro (Hons) programme develop and to integrate with the earlier stages and additionally assemble evidence-based concepts and informed practice through the introduction, understanding and the development of a critical approach. Interpretation of research, not only aims to inform practice but also to integrate chiropractic in the wider setting of primary healthcare providers.

4.2.2c *Conclusion*

AECC substantially complies with Standard 2.2.

4.2.3 Biomedical Sciences

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

4.2.3a *Description*

In the MChiro (Hons) programme the biomedical sciences are taught in an integrated manner primarily within the early years of the programme through the Human Biology and Physiology, Human Function and Dysfunction and Human Structure units.

The Clinical Problem Solving, Case-based Learning and Health Concepts units also help develop the understanding of the biomedical sciences within a more clinical and case-based area in the following years. In the Clinical management and Diagnosis units this is explored further when the relevant concepts are revisited in the understanding of pathophysiology of clinical conditions and the mechanisms through which therapeutic interventions are effective.

4.2.3b *Analysis*

There is evidence that the basic medical sciences are taught in a relevant, progressive and integrated way with respect to the overall objectives of the curriculum.

4.2.3c *Conclusion*

AECC fully complies with Standard 2.3.

4.2.4 Behavioural and Social Sciences, Ethics and Jurisprudence

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

4.2.4a *Description*

The patient-centred biopsychosocial approach continues to be at the core of the programme's approach to the training of chiropractors. Aspects are delivered throughout the programme so that the students learn how to become reflective practitioners. Likewise, ethical issues are related to professional practice especially in the clinic situation. By the completion of their studies the students have a solid understanding of professionalism and professional practice. The SSR notes compliance with UK equality and ionising radiation legislation. Ethics and legal requirements are delivered throughout the programme. Business, marketing and business management are covered especially in year 4 of the new programme.

4.2.4b Analysis

The delivery of ethics and legal requirements are understandably focused on the UK. However, with 50% non-UK students, there is no evidence in the SSR that these students are presented with information relevant to their home countries. Communication skills and clinical patient-chiropractor skills are being enhanced following the recent appointment of a psychologist.

4.2.4c Conclusion

AECC fully complies with Standard 2.4

4.2.5 Clinical Sciences and Skills

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

4.2.5a Description

In year 0, the Introduction to chiropractic unit gives an introduction to the basic cognitive and psychomotor skills used in the observation of a patient and palpation of bone, soft tissue, and an understanding of the basic concepts of chiropractic management.

Clinical management I, aims to develop basic cognitive and psychomotor skills relevant to: manual muscle testing, mobilisation, manipulation, massage, peripheral neurology, limited spinal orthopaedic testing, and palpation of the spine and extremities.

In year 2 and 3 the Clinical management, Diagnosis, Clinical internship and Clinical imaging units focus on the assessment of the patient, appropriate management and therapeutic interventions.

Year 4 clinical internship II aims to further consolidate and develop expertise in diagnosis, treatment and patient management skills within the supervised clinical setting.

4.2.5b Analysis

It has been clearly identified that all clinical sciences are well introduced and progressively integrated in the curriculum to develop sufficient, appropriate skills and technical competencies required for the clinical management of musculoskeletal conditions within the field of chiropractic competencies.

4.2.5c Conclusion

AECC fully complies with Standard 2.5.

4.2.6 Chiropractic

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

4.2.6a Description

The concepts and principles of chiropractic practice are covered throughout the programme exploring philosophical roots and duties and the responsibilities of chiropractors. Tutors utilise and/or refer to research evidence thus supporting their teaching. The ability to interpret and critically appraise published clinical research evidence is covered throughout the programme as is an evidence informed approach to clinical practice. The student research handbook also aims to reinforce methodology. For example, part of the BSc assessment involves a small group discussing a clinical case through this evidence based approach. In year 4 students will have to write an evidence-based case report.

Throughout the Masters programme critical thinking, reflection and application of the use of evidence informed practice is reinforced and enhanced.

4.2.6b Analysis

The use of references in the interns' portfolios is an important demonstration of the application of research method and reflective learning. Clinical tutors also play an important role in that they provide a bridge between research and clinical expertise enriching the students' clinical experience. All MChiro (Hons) students must complete a research protocol in which a research question is formulated following the critical appraisal of relevant literature.

4.2.6c Conclusion

AECC fully complies with standard 2.3

4.2.7 Clinical Training

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

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

4.2.7a Description

Supervised clinical training is conducted within the training clinic, the community outreach programme and sport injury clinic. Students are exposed to the clinical setting from an early stage (year 0) with a staggered observation programme. The current BSc/MSc requires students to pass an OSLE examination prior to two years working with patients in the teaching clinic. The requirement to pass the OSLE examination remains in the new MChiro (Hons). The curriculum includes a variety of treatment approaches and observational programmes to enhance the clinical exposure and ability of the student to deal with a variety of patients that may be treated in the clinic.

The clinic appears to have sufficient patient numbers and case mix to ensure students are able to complete the regulatory requirements within the prescribed time.

4.2.7b Analysis

The curriculum allows for sufficient exposure to ethical consideration, clinical and communication skills to be acquired by the student, to enable a graduate to be able to function within the primary contact environment. Additional programmes have been developed a Community outreach programme (COP) and the Sport injury clinic (SIC) to enhance exposure of students to clinical cases. Observations within the hospital are limited to a single ward round, which is not considered compulsory. While the programme is a step forward, further exploration of mechanisms to enhance hospital observation should be considered. Additionally the two programmes mentioned may not be targeting the outcome desired, due to limited exposure to the health care system.

The Programme Administration should be aware of potential impacts of the new programme on the existing programme within the clinic. While actions are taken to mitigate impacts once a concern arises, pre-emptive planning could diminish the concerns.

4.2.7c Conclusion

AECC fully complies with Standard 2.7.

4.2.8 Curriculum Structure, Composition and Duration

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

4.2.8a Description

The new programme entails a comprehensive ILO that supports progress through the five years leading towards an independent primary care practitioner. The programme ILO's detail knowledge, understanding, intellectual, practical and transferable skills integrated so that they translate to teaching and assessment, and outcomes. The Programme Specification Document and the Unit Specification Document provide extensive detail of content, intended learning outcomes and assessment of the programmes. The BSc/MSc program and the new MChiro (Hons) fulfil requirements expected from the GCC. The college has a long history of developing integrated approaches to the discipline as shown in the development of the MChiro (Hons).

4.2.8b Analysis

Although the content and duration (5 years) of the newly introduced MChiro (Hons) curriculum has not changed from the previous BSc/MSc, the academic staff has intelligently introduced and integrated sufficient notions and tools to effectively master the student-centred learning concept.

There is further evidence that the design of the MChiro ensures that both horizontal and vertical integration between units of learning and outcomes throughout the curriculum, essential steps for the revised spiral model of education, are achieved.

4.2.8c *Conclusion*

AECC fully complies with Standard 2.8.

4.2.9 Programme management

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

4.2.9a *Description*

AECC is an Associate College of BU. Although BU has devolved much responsibility for academic quality assurance to AECC, BU remains ultimately responsible for the quality of its awards. The Academic Board is documented by the SSR as the supreme academic decision body that reports to the Board of Governors. The Academic Committee structure is clear and concise. Responsibility beginning from Academic Board and passing through the ADQC and down to Programme Steering Groups is well delineated and includes all relevant stakeholders (App9). The UPSG is responsible for all matters associated with content, delivery and assessment of the chiropractic programme and will take advice as necessary and make recommendations to ADQC. Overall programme management on a day-to-day basis rests with the Programme Leader who is responsible for the content, delivery and assessment procedures of the programme.

4.2.9b Analysis

The programme management structure is a well-established and mature structure. It gains important input from all stakeholders which are well represented. With regard to the previous evaluation visit the Evaluation Team appreciated the rationalization of the committee structure. Having access to a national data base of external examiners and having the possibility of choosing the most qualified individuals has resolved issues of external examiner quality encountered last evaluation visit.

4.2.9c Conclusion

AECC fully complies with standard 2.9.

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

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

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

4.2.10a *Description*

There are numerous initiatives which attempt to facilitate linkage between student and professional life. The Community outreach programme (CoP) and Sports injury (SIT) programmes have grown in popularity with students and staff providing the opportunity to observe a local GP practice, clinical rounds at Royal Bournemouth Hospital, attend interdisciplinary modules with medical students at Southampton University. Four students are chosen to treat the AFC Bournemouth players. Through the Graduate Education and CPD provision the college continues to provide new graduates with the opportunity to enroll on a Postgraduate Certificate professional development (Chiropractic). The college also makes students aware of post-graduate opportunities with the BCA and the College of Chiropractors.

4.2.10b Analysis

Staff and students have shown growing interest in hospital rounds and access to CoP and SIT programmes. Although there are still entrenched interests in UK healthcare to resist change, the college is seeing a community that is actively seeking chiropractic student groups to provide free talks and assistance within schools and special interest groups. Unfortunately, the advantage of having students doing rounds in hospitals translate into one round per year, thus development in this area is still in its infancy and not fully expanded upon. The Graduation Education Programme and CPD programme allow for integration outside of college.

This is a positive experience for students enabling them to prepare to go into practice and make the proper entry into the health care system and chiropractic practice.

4.2.10c. Conclusion

AECC substantially complies with standard 2.10

4.3 ASSESSMENT OF STUDENTS

4.3.1 Assessment methods

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

4.3.1a Description

Appendices 1 and 2 of the SSR provide comprehensive Unit Specifications that include learning outcomes, assessment regulations, and progression requirements. These are only made available to students electronically. A wide variety of modern assessment strategies appropriate to the level of learning have been developed and supported by a range of internal guides.

Appeals policies are documented and made available to students.

4.3.1b Analysis

The process of agreeing changes in assessment is not explained in the SSR. The most recent action plan 2014-2015, does draw attention to issues concerning the assessment process. The setting and marking consistency of examinations has been identified by the college as an area in need of improvement. Marking criteria, which are common in many educational programmes, have been highlighted presumably because different pieces of coursework are being marked according to

different criteria. Action has been taken but this cannot be assessed until the end of the current academic year. Inconsistent styles and presentation are being addressed. Consideration should be given to the appropriateness of command words and language at the various levels in addition to having an institutional template.

4.3.1c *Conclusion*

AECC substantially complies with Standard 3.1.

4.3.2 **Relation between assessment and learning**

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

4.3.2a *Description*

A wide range of assessment methods are currently being used. The college has attempted to identify the most relevant forms of assessment that tests the learning outcomes of each unit. Summative assessments have been modified in an endeavour to provide a coherent set of assessments. Formative assessments are used where appropriate to provide an integrated approach to learning.

4.3.2b *Analysis*

The students had concerns about the various approaches to the mix of formative and summative coursework. In some cases the number of formative pieces of work required to be written were perceived as excessive (e.g. 18 for one unit). In this case one of the 18 is subsequently selected for summative assessment. Due to pressures from other assessments the students appear to be “playing the system” and only completing the formally assessed requirement to the appropriate standard.

The panel were surprised to note that the grammar and syntax in examinations was in need of improving. This should be an automatic outcome of an examination setting group who take an overview of all papers for a cohort.

4.3.2c *Conclusion*

AECC substantially complies with Standard 3.2.

4.4 **STUDENTS**

4.4.1 **Admission policies and selection**

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

4.4.1a *Description*

AECC have both a hard copy and digital Prospectus. The college uses the UK Universities and Colleges Admission System (UCAS). Entry requirements are stringently applied. Applications have

risen by 17% in the past year. However, entry to the MChiro (Hons) either into Year 1 or year 0 does enable the college to recruit well-qualified students to year 1 together with UK- based mature students and those who might have underperformed to year 0. Separate entry requirements are used for EU and overseas students using the accepted UK criteria that provide for equivalence. Non-EU students have to receive a Confirmation of Accepted Status statement from the college before they can apply for student visas under the UK Tier 4 arrangements.

4.4.1b Analysis

The admissions policy documentation is comprehensive. Accredited Prior Learning (APL) the term used in the ECCE Standards is governed by the common UK Registered Prior Learning (RPL) regulations of the Bournemouth University. However, transfers from other programmes are governed by AECC regulations. The panel were concerned that students who had studied relevant modules on other degrees were not gaining any recognition for that study. The panel were informed that it is impossible to recognise for credit a unit in e.g. Anatomy, from another institution because the Anatomy studied at AECC is spread among and integrated into the content of several modules.

4.4.1c Conclusion

AECC fully complies with Standard 4.1

4.4.2 Student intake

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

4.4.2a Description

The SSR states that intake is between 120 and 130 students. There are no quotas with regard to nationality, ethnicity or socio-economic background. In September 2015, the 115 intake was to the MChiro. Applications have gone up by 17%. The normal entry standards are high for all applicants.

4.4.2b Analysis

This academic year students have been encouraged to transfer from the old to the new programme. This procedure is ongoing. The panel were informed that the process may accelerate once ECCE accreditation for the MChiro (Hons) is granted. Some staff also saw this process being related to TDAP. Little accreditation is granted to RPL prior subjects studied before entering the AECC, but as noted above, this is difficult because these subjects are spread between various modules and exemption can only be given for complete modules. (e.g. anatomy)
The physical and academic resources are appropriate for the number of intake.

4.4.2c Conclusion

AECC fully complies with Standard 4.2

4.4.3 Student support and counselling

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

4.4.3a Description

New students are provided with a two-day induction programme as they arrive at the college including a 'Student Survival Guide', the later provided by the Student Union. The induction together with open days enable the students to familiarise themselves with the facilities. During the induction, the students are appointed a Personal Tutor, who is their contact person among staff throughout the course of the programme and with whom they are advised to meet regularly.

Students are encouraged to be mainly responsible for assessing whether they are falling behind with their learning. Nevertheless, Student Progress Groups are held by staff to discuss students' performance, attitude and attendance at the end of each term to help any student that might be struggling.

The partnership with Bournemouth University offers the opportunity for students to use Bournemouth University's student counselling services. The Additional Learning Support service in case of specific learning difficulties such as dyslexia is also available within Bournemouth University for all students with declared difficulties. If TDAP is successful the MChiro (Hons) will need to develop its own counselling services and psychological support to mirror what Bournemouth University currently offers.

The Student Union provides informal support. The students have a full range of extra-curricular activities either within the college or with the Bournemouth University.

A language tutor and study skills support is available should any students require help.

4.4.3b Analysis

The student support provided was stated to be adequate although some students noted that tutors have busy schedules that make it difficult to give the students the attention that they seem to desire. Students value their personal tutor's analysis every term, but because studying and learning is student centred, they realise that it is their own responsibility to identify whether they are falling behind or having difficulty.

4.4.3c Conclusion

AECC fully complies with Standard 4.3.

4.4.4 Student representation

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

4.4.4a Description

There is student representation on all the major academic decision making bodies of the college.

Elected student members are on all the major decision making bodies and have a right of vote. There are representatives from every cohort and student feedback is brought to the Student Union's attention. There has been student input into the planning and organisation of the MChiro (Hons). The Student Voice meetings held each semester are a way for the Quality Enhancement Manager to get feedback on the matters relating to the programme. Students feel that they are receiving more explanation when their requests aren't granted, and thus feel more satisfied with the subsequent responses.

The student representatives on the various committees demonstrated their enthusiasm for their roles and how they conveyed and gathered ideas from the student body as a whole.

4.4.4b Analysis

Student representation is obvious throughout the College's committee structure and important decision making panels. Students felt their voice was being heard and that staff-student communication had improved.

4.4.4c Conclusion

AECC fully complies with Standard 4.4.

4.5 ACADEMIC and CLINICAL FACULTY (STAFF)

4.5.1 Faculty (Staff) recruitment

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

4.5.1a Description

Several of the more recently appointed staff praised the academic mentor system. Many of the recruited staff are part-time employees who have retained clinical or academic appointments elsewhere. It is notable that many of these staff look forward to the opportunity to become more engaged with the work of the college.

4.5.1b Analysis

The College has recently audited the staffing needs of the institution once TDAP has been granted. The College is therefore well-prepared to support and expand the academic and support staffing required for the future operation of the college. Several of the most recent appointments bring with them research, teaching and clinical skills acquired at major universities and private clinics. Currently there are pressures on all staff as the programme switches to the new MChiro. It is hoped that there will be fewer cyclical changes to the programme format than there has been over the past decade or more.

4.5.1c Conclusion

AECC fully complies with Standard 5.1.

4.5.2 Faculty Promotion and Development

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

4.5.2a Description

The College has a well-established appraisal policy. Appraisal covers work load, individual CPD needs including meeting the criteria for GCC registration, and salary review. The appraisal documentation (2014) is comprehensive and developmental. Every effort is made to recognise good teaching, research and other academic achievement.

4.5.2b Analysis

The staffing has been very stable but as the demographic alters there will be the opportunity to promote staff and to appoint new academic staff. Recognising academic achievement has always been a characteristic of the college's ethos. At a recent Strategy Day the academic staff rejected a proposal to become just a teaching institution and confirmed that they wished the future College to remain as a teaching and research HEI.

4.5.2c Conclusion

AECC fully complies with Standard 5.2.

4.6 EDUCATIONAL RESOURCES

4.6.1 Physical facilities

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

4.6.1a Description

The College estate is 1.75 hectares and comprises five buildings of which one, the clinic, was built for educational use. The main buildings host most of the lectures and practical classes. They contain lecture halls, seminar rooms, Library, research and teaching laboratories, media suite, rooms equipped with computers and human pro-section.

The teaching clinic is set up in a separate building. Students have expressed that they feel there are too many students currently working at the clinic.

There are plans to remove the paper journals from the library's mezzanine to create extra student work space with more PC access and 2 pods for group work. Desk, chairs and PC's have been renewed in the library and some work spaces have been set up.

Students commented on the fact that there are not enough study facilities just before and during exam periods and that a better usage of the facilities could be achieved with improved timetable organisation. However, surveys confirm that the facilities are adequate for normal usage.

Health and safety measures such as fire exits and signs comply with the health, safety and fire regulations.

The library resources are administered by the Head of Learning Services and E-Developments, a new post introduced since the SSR was submitted.

4.6.1b Analysis

A big effort is being made to accommodate students and staff needs (PC stations, WiFi, plug sockets, work space) with plans to increase work space and to modernise the library. Modernisation is restricted by the fact that the main building is listed. The surveys carried out have enabled Learning Resources to plan and organise ameliorations to the buildings.

Clinic staff has confirmed that student reports are not digitised.

Patient files have yet to be digitised. Digital copies of X ray teaching films and patient X-ray films are available to students.

Physical facilities are substantial and adequate for student numbers.

4.6.1c Conclusion

AECC fully complies with Standard 6.1

4.6.2 Clinical training resources

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

4.6.2a Description

The AECC teaching clinic offers a modern state of the art facility for the diagnosis, assessment, treatment and rehabilitation of musculoskeletal conditions. It contains 33 treatment rooms and has been awarded the Patient Partnership Quality Mark (PPQM) demonstrating that patients' expectations were met in a wide range of areas.

The clinic's imaging department contains a diagnostic plain film digital x-ray unit, a C-arm and further specialised equipment for sophisticated spinal motion analysis. The open upright MRI unit is housed within a newly-built extension to the clinic building. The building also encompasses a large exercise rehabilitation and assessment centre.

Cavendish House houses the Centre for Ultrasound Studies (CUS) offering education, training and research as well as clinical services in diagnostic ultrasound and contains 13 diagnostic ultrasound machines.

Besides a significant patient pool (+/- 35.000 visits per year, and 50.000 individual patient's files on site), important for clinical education with a large variety of cases, the interns attend rounds on a rota basis with consultant physicians (GP, geriatrics, pain clinic). This provides a first-hand opportunity to observe signs and symptoms of pathology that would normally not be seen at an earlier stage in chiropractic practice.

A growing multi-disciplinary approach within the clinic, further exposes students to a wider range of conditions and therapeutic approaches.

4.6.2b *Analysis*

There is evidence that the AECC offers an extensive, high quality range of resources within the onsite clinic. The clinic strives to prepare the future chiropractor to be efficient in the identification, diagnosis and management of musculoskeletal disorders (his/her field of competence) as well as developing sufficient and adequate skills to integrate his/her treatment into a wider primary healthcare system.

The interaction with the Bournemouth Royal Hospital is still limited to one non-mandatory round a year and should be further developed.

4.6.2c *Conclusion*

AECC fully complies with Standard 6.2

4.6.3 Information Technology

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

4.6.3a *Description*

The Learning and Teaching Subcommittee is responsible for all IT development and makes recommendations to the Principal. The College is connected to the web by JANET (Joint Academic Network) hosted by Bournemouth University. The Wi-Fi server has been updated and is fully able to cope with the quantity of connections that use it. Wi-Fi is accessible everywhere.

The computer to student ratio has improved and is currently 1:3.5 counting all computers including those in the clinic. Students have access to a variety of library and journal resources via the on-site library and Bournemouth University. But with TDAP, the AECC are planning to develop their own resources as well as e-learning. Indeed, an e-learning expert has been employed to help the staff embrace technology for better teaching.

A techno-booth, equipped with an interactive Smartboard, has been introduced in Cavendish House where groups of 4-5 students have the opportunity to use it as a working station to encourage collaborative group learning activities. Smartboard technology was stated to be underused by staff. The students that the panel met, felt that the use of technology amongst staff could be improved.

4.6.3b *Analysis*

Digitising clinic records has not taken place. Nevertheless it is a commendable project when resources are available to meet the initiative. The AECC is working towards improving technology to enhance teaching, understanding and learning: this results from students' feedback on the matter and opinions given to the panel. Staff stated that the adoption of new technologies in teaching was slow to be implemented and felt that they needed more help to gain more pedagogic skills for the digital age. Adoption of the new technologies has been embraced by a minority and several staff admitted that there were in need of training in the best pedagogic use of IT.

4.6.3c *Conclusion*

AECC partially complies with Standard 6.3.

4.6.4 Educational expertise

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

4.6.4a Description

Collaboration with local universities has allowed the college to enhance and further develop its already growing educational expertise. Unit development meetings and termly staff development days continue to provide a strong educational input into the BSc/MSc programme denoted by the extensive development of ILOs. Bournemouth University staff development events are also offered to faculty. All staff without teaching experience undertakes as a minimum an online certificate, Essential Skills in Medical Education (ESME). Staff may also choose award bearing courses such as PG Cert Ed, MA Ed. Currently 11 staff supporting the Chiro programme possess a teaching qualification. Four staff members are currently enrolled in ESME and 2 are engaged in PGCE to MA Ed. One staff member will commence an educational doctorate in autumn 2016. HEA membership is encouraged by line managers and currently 11 staff members possess HEA fellowship. Staff development sessions are held three times per year and are well attended.

4.6.4b Analysis

Fellowships of HEA among staff and the involvement of others are involved with PGCE and educational doctorates are evidence of a continuing appreciation of the role of educational expertise in the development of student learning. During the evaluation visit it was agreed that all members of faculty were highly capable educationalists who engender student learning through a variety of teaching and assessment methods. The imminent change to TDAP at the college has brought a positive trend towards enhancing educational expertise.

4.6.4c Conclusion

AECC fully complies with Standard 6.4.

4.6.5 Administrative and technical staff and management

The administrative and technical staff of the institution/programme must be appropriate to support the implementation of the undergraduate programme and other activities, and to ensure good management and deployment of its resources. The management must include a programme of quality assurance, and the management itself should submit itself to regular review to ensure best employment of its resources.

4.6.5a Description

The SSR gives a full description of technical and administrative support instilled through administrative, technical and management staff. Quality assurance assessment and regular appraisal reviews permeate the good management practice.

4.6.5b Analysis

The SSR and meetings with staff throughout the visit confirmed the existence of good technical and administrative support. It was also noticed by the team that technical support can and will be further developed once TDAP had been achieved.

4.6.5c Conclusion

AECC fully complies with Standard 6.5.

4.7 RELATIONSHIP BETWEEN TEACHING AND RESEARCH.

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

4.7.1a Description

AECC continues to produce research within the niche areas presented. While faculty are promoted to conduct research, high contact load levels as a result of the current “dual programme” presentation, has inhibited some staff from actively pursuing research. Research inclusion by staff in the curriculum is predominantly by inclusion of current information into the relevant units. The main areas of research continue to produce output, with the inclusion of the upright MRI being an avenue for further research and exposure for the AECC in this domain.

The new programme has changed the requirements of the final research project to be a systematic review, with aspect of ethics and trial formulation being included in alternate formats. Students are allocated tutors who are responsible for supervising the progress and completion of these research projects.

4.7.1b Analysis

The AECC has strong research output from specific areas within the institution, with potential for increased research relating to and using the upright MRI.

While the change in the format of the research project will emphasise the evidence-informed understanding of practice, the impression is that supervision of the projects is an area for improvement. Direct analysis of supervisory roles and responsibilities and subsequent training of relevant tutors in the requirements of the new programme (and areas such as supervision, writing skills and statistics), would enhance the student experience for this part of the programme.

4.7.1c Conclusion

AECC fully complies with Standard 7.1

4.8 PROGRAMME EVALUATION

4.8.1 Mechanisms for programme evaluation

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

4.8.1a Description

The college has an Annual Report Monitoring Framework which governs the mechanisms for programme evaluation. The programme leader, unit/lead tutors and student feedback are utilised to produce recommendations for changes to content and/or delivery of units. Annual action plans are produced. Evaluation of the programme is the responsibility of Bournemouth University's six yearly periodic review which led to the renewed franchise agreement with the University in 2014. The university is currently responsible for the appointment of external examiners. The external examiners reports are considered by both the college and the university.

Besides the university periodic reviews, the programme is subject to periodic review from the GCC. The last successful evaluation was in 2015.

4.8.1b Analysis

The monitoring process is well-established and all staff and students are aware of the procedures. The procedures are detailed and involve the results of a range of monitoring and evaluation activities being reported eventually to the Vice Principals who prepare the School Quality Report for Bournemouth University. The annual action plans up to 2014 when the SSR was submitted, available in the SSR although the plans for the most recent year, 2014 -2015, were made available during the visit. The plan includes a set of issues reflecting concern over examination papers and assessment which are subject to further consideration during the current academic year. TDAP will provide the opportunity to consolidate programme evaluation and possibly, simplify the procedures. Student focus groups are mentioned although other parts of the documentation state that focus groups have found difficulty in meeting.

4.8.1c Conclusion

AECC fully complies with Standard 8.1

4.8.2 Faculty and student feedback

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

4.8.2a Description

Various mechanisms are utilised for staff (Unit Monitoring Reports, Programme Team meetings, USPG) and students (SPoC internally and NSS externally) to allow for input into aspects of the programme and improve the curriculum. Student representation at various levels is also evident as a measure of student feedback inclusion.

4.8.2b Analysis

Feedback from staff and students are obtained by various mechanisms and integrated into improvements for the programme. Student feedback has indicated that ideas and input are integrated, and it is evident that the new programme has included this input. Improvements to mechanisms to feed-back information as to how input has been integrated back to the students, could be considered to enhance the loop.

4.8.2c Conclusion

AECC fully complies with Standard 8.2

4.8.3 Student cohort performance

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

4.8.3a Description

Student progression and performance is managed by the Assessment Board which has continued to function in a similar fashion with the introduction of the MChiro (Hons). Justifiable adjustments to the format of assessments, but not standards, have been made in the light of student performance on the BSc, especially year 1. Progression data is considered twice before it is brought to the attention of the Academic Board and Bournemouth University who pass the data to national agencies. There is no progression data for the new programme because it is only in its first year of delivery.

4.8.3b Analysis

The college analyses assessments at the end of each academic year. A new data base will enhance the ability of the committees that consider progression (USPG, ADQC and Academic Board) to interrogate the progression data in the future. The SSR contains examples of how the recent higher failure rate in one year had been addressed and responded to.

4.8.3c Conclusion

AECC fully complies with Standard 8.3

4.8.4 Involvement of stakeholders

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

4.8.4a Description

Academic staff and students are involved in programme evaluation through their contribution to the Annual Report of Framework Monitoring (ARFM). Both groups are represented on the standing committees of Academic Board and on the Board of Governors. Students provide annual feedback through the SPoC survey and the NSS. Students have an opportunity to meet annually with the External Examiners. The profession and a few patients are indirectly involved in evaluation of the programme. In the clinic, patients can provide feedback on issues related to their care via a patient questionnaire. The volunteer group “Friends of the Clinic” is represented on the clinic advisory group and its members have regular meetings with the Director of the Clinic or Clinic Practice Manager. The outcomes of the annual evaluation are communicated to the stakeholders through the ARFM documentation requested by the stakeholders.

4.8.4b. Analysis

There is more than sufficient and relative involvement of the governance, administrative and academic staff of the institution on programme evaluation. The reporting of the outcomes to principal stakeholders is equally assured.

4.8.4c. Conclusion

AECC fully complies with Standard 8.4.

4.9 GOVERNANCE AND ADMINISTRATION

4.9.1 Governance

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

4.9.1a Description

There will be major changes in the near future to the governance of the college and AECC’s relationship to its validating university. The management structure included within the papers demonstrates that AECC has an integrated management structure with defined hierarchies of responsibility. The relationship to the validating university was renewed in 2014. Bournemouth University is fully aware of TDAP and its implications for the relationship which would change significantly following a period of transition once TDAP has been granted.

4.9.1b Analysis

Both AECC and the Bournemouth University are aware of the consequences of TDAP and have been in discussions about the procedures for separation of validation and university support for the college. AECC have a strategy in place to manage the financial and operational demands of independence.

4.9.1c Conclusion

AECC fully complies with Standard 9.1.

4.9.2 Academic leadership

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

4.9.2a Description

This is the first accreditation to take place since the appointment of the new Principal in 2012. The new Principal was the former Vice-Principal. The Principal is supported by a Vice-Principal Undergraduate Studies and Quality, Vice-Principal Post-graduate Studies and Research, Director of Finance and Purchasing and Director of Administration and Estates who form The Executive. The Directors of Clinic, Practice Manager, Director of Special Imaging and Head of Marketing are responsible directly to the Principal. All of the above together with the Academic Registrar, Director of Research and Director of the Centre for Ultrasound Studies form the Senior Management Group.

The academic committee structure was revised in 2014 and reviewed in 2015.

4.9.2b Analysis

Risk based accreditation normally draws attention to changes in academic leadership. The Head of Marketing is responsible to the Principal but, according to the Management Structure, Appendix 59, has no management links to the undergraduate programmes. The structures are clear. (The titles of the management posts used in Appendix 59 are not those used officially by management.)

4.9.2c Conclusion

AECC fully complies with Standard 9.2.

4.9.3 Educational budget and resource allocation

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

4.9.3a Description

The Vice-Principal (Undergraduate Studies and Quality) has overall responsibility for the continuous review and development of the College's chiropractic curriculum. Once agreed with department Heads, the budget is considered in detail by F&GP committee and is presented to the Board of Governors for approval.

4.9.3b. Analysis

The budget is carefully managed and there is evidence of a clear line of authority and responsibility as expected in a mature institution. The new MChiro (Hons) was developed which capitalizes on the changes to government funding for the benefit of all UK and EU students. Internal auditors have been appointed.

4.9.3c. Conclusion

AECC fully complies with Standard 9.3.

4.9.4 Interaction with professional sector

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

4.9.5a Description

The College enjoys a great number of relationships with the professional sector covering a wide variety of areas relevant to the development and improvement of the educational programmes and the health sector in general. The College has representation in the relevant professional bodies, the BCA, the GCC, the ECCE, the EAC, the College of Chiropractors, and has contributed to committees in the Research Council for Complementary Medicine.

4.9.5b Analysis

The interaction with other institutions is evident and the college is also seeking ways to encourage staff to engage with professional bodies, advisory panels and committees. It is suggested that the college encourages staff to actively participate in GCC once TDAP has been granted. The new upright MRI unit has enabled the College to market the facility thus increasing its referral base to the outpatient clinic while the ultrasound expertise has attracted local hospital referrals. There are only 2 staff members that are external examiners elsewhere and 5 academic staff are members of Bournemouth University's Quality Assurance and Enhancement Group. It is clear that it is beneficial to the College to encourage more faculty to participate externally.

4.9.5c Conclusion

AECC substantially complies with standard 9.4.

4.10 CONTINUOUS RENEWAL AND IMPROVEMENT

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

4.10.1a Description

The institution utilises processes that allow for annual monitoring of the quality of the presentation, where areas for improvement are identified. The information is concise and accurate and available on line. The validating higher education institution, Bournemouth University, has input into the annual monitoring for improvement.

4.10.1b Analysis

An effective feedback system on numerous levels (and described elsewhere in this report for other Standards) is in place to allow for continuous renewal and improvements to be implemented.

Integration of input via various mechanisms is evident in the new programme design, structure and presentation.

4.10.1c Conclusion

AECC fully complies with Standard 10.

Summary

In conclusion the Evaluation Team was impressed with the overall quality of the chiropractic programme, the new curriculum and the facilities. The awarding of degree awarding powers will be an important development for the institution. The report as outlined should be read as a developmental document in line with the current accreditation practice. The following commendations, recommendations and concerns are highlighted.

5. CONCLUSIONS

5.1 Recommendations to the Commission on Accreditation

5.1.1 The Evaluation Team were made aware that when other institutions have changed their status and/or been renamed that a request was made to the CoA to maintain fully accredited status rather than have a further accreditation under the new institutional name/status. The team recommend to CoA that no further accreditation will be necessary if and when AECC are granted Taught Degree Awarding Powers (TDAP). A CoA decision on this matter will be required at the time when this report is being considered.

5.1.2 The Evaluation Team are aware that on a five year review of accreditation cycle evaluation take place at the same point in the cycle. In the case of AECC this means that evaluation takes place one year into a new programme. We recommend that CoA look at the potential to extend the cycle to six years given the proviso that the institution has had at least two full five year reaccreditations.

5.2 COMMENDATIONS, RECOMMENDATIONS AND CONCERNS

For the purposes of this report the Evaluation Team adopted the following definitions from the Standards:

- **Commendations (formerly Strengths)** – Areas that meet or exceed the *Standards* and are worthy of specific recognition.
- **Recommendations (formerly Weaknesses)** – Areas requiring specific attention and action by an institution.
- **Concerns –Commendations** 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*.
-

- 5.2.1.1 The ambition to become an independent Higher Education Institution is driving changes towards excellence.
- 5.2.1.2 The new programme has allowed increased financial access for prospective students.
- 5.2.1.3 The clinic research and MRI facility have increased external exposure of the institution, as well as potential income.
- 5.2.1.4 The senior management group continues to provide excellent leadership during the transition of the new programmes, and move towards institutional autonomy.
- 5.2.1.5 The continuing development of the infrastructure and facilities for the benefit to the student population
- 5.2.1.6 The revised programme shows evidence that improvements in the early introduction of self-directed learning have been incorporated to overcome difficulties experienced previously by BSc and MSc students.
- 5.2.1.7 Staff demonstrate a high standard of teaching and professional expertise.

5.2.2 Recommendations

- 5.2.2.1 Off-site additional training should be reviewed to determine if the actual impact is aligned to the proposed outcomes.
- 5.2.2.2 Linkages to the health care system should be developed further.
- 5.2.2.3 Greater attention should be applied to the assessment protocols in terms of consistency, and that it results in the expected outcome achieved.
- 5.2.2.4 The increased use of digital technology would enhance the presentation of the chiropractic programme, and staff training related to pedagogic use of such technology, should be developed.
- 5.2.2.5 The development of a paperless clinic should be explored.
- 5.2.2.6 Training of project supervisors in areas such as supervision and statistics, with specific guidelines of revised project outlines, would enhance the student experience in this component of the programme.

5.2.3 Concerns

There were none.

5.3 Acknowledgements

The Team wishes to extend its thanks to AECC for the hospitality, attention to detail and courtesy afforded to it during the on-site visit.

Appendix 1 Timetable

Monday 18 April	Meeting with	Personnel	Team members	Standards
Evening	Preparatory meeting		All	
Tuesday 19 April	Meeting with	Personnel	Team members	Standards
08.30-09.00	Welcome & Private meeting of team		All	
09.00-10.00	Course management team	To include those responsible for the recent revisions to the programme.	All	1.2,1.3,2.1,2.8,5.1,5.2,9.1,9.2,9.3, 10
10.00-11.30	Meetings with students	Up to 4 students from years 1-3 in one group and a further groups of clinic students	2 groups DB, BO and CY, GP and OP	3.2,4.1, 4.2, 4.3, 4.4, 6.1, , 6.2 6.3, 8.2, 8.4
11.30-12.45	Programme Management to include Quality Assurance	Senior managers	All	2.1,2.8,2.9,3.1,,2,4.3,4.4,,5.2,6.4,6.5 8.1, 8.2, 8.3, 8.4, 10
12.45-13.30	Lunch with students		All	
13.30-14.15	Assessment and Learning	Assessment officer and staff responsible for collating assessments.	All	3.1, 3.2,8.3
14.15-15.15	Students in Clinic	6 students	CY/GP/OP	2.7,6.2,7,10
15.00-15.45	HR representatives	Principal and responsible staff	DB/BO	5.1, 5.2, 6.5
15.45-16.30	Meet with P/T staff working less	Administrative	All	2.1,2.2,2.3,2.4,6.4, 6.5

	than 0.8 FTE	and teaching		
16.30-17.30	Staff delivering basic sciences and social sciences not seen before	As appropriate	All	2.3,2.4
Wednesday 20 April	Meeting with	Personnel	Team members	Standards
09.00- 12.30	Visit to clinic and meeting with Clinic Faculty (chiropractic)	(NOT to include anyone seen before). FT & PT Teaching faculty to cover all areas of clinical science teaching.	HCY/OP/GP	1, 2 (with exception of 2.6), 3, 5.2, 6.2, 6.3, 6.
10.00-10.30	Admissions	Admissions Officer and personnel.	DB/BO	4.1, 4.2
10.30-11.00	Subsequent stages & Links to profession and patient involvement	Staff looking at post qualification experience.	DB/BO	1.4,2.7,2.10,8.4,9.4,2.10
12.00- 14.00	Lunch with any staff appointed in the past 2 years		All	
14.00-15.00	Research and teaching	Staff responsible for managing undergraduate research.	CY/ DB	2.2,2.6, 7
14.00-14.30	Student support and representation	Student Union members.	OP/GP	4.3,4.4
15.00-16.00	Learning Resources / Library/IT	Head of Learning Services, IT manager.	All	6.1,6.3,6.4

16.00-17.30	Report drafting			

Thursday 21 April	Meeting with	Personnel	Team members	Standards
08.30-	Private meeting report drafting			All
12.00-12.45	Feedback followed by lunch		Chris has to leave by 14.00	All
	Team will remain as necessary to complete report and hand to Principal			All