



**EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION**

**COMMISSION ON ACCREDITATION**

**EVALUATION TEAM REPORT**

**DEPARTMENT OF CHIROPRACTIC – FACULTY OF HEALTH SCIENCES  
UNIVERSITY OF JOHANNESBURG  
South Africa**

**25-27 SEPTEMBER 2018**

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## EXECUTIVE SUMMARY

- 1.1 The Department of Chiropractic (henceforth referred to as the department) is a department in the Faculty of Health Sciences at the University of Johannesburg, South Africa (henceforth referred to as the university). The department provides undergraduate chiropractic education and training in a three stage programme: i) National Diploma (Chiropractic) (after three years); ii) Bachelor in Technology (Chiropractic) (after four years) and iii) Masters in Technology (Chiropractic) (MTech) (after five years). It is not possible for students to exit at the Diploma or the Bachelor stages with the corresponding award. All students thus enrol on the programme (in effect as Masters students) with the intent of completing five years of full-time study, although in reality this normally extends into six years of full-time study. The fifth (and sixth) year is a postgraduate (Masters) year, although for the purposes of ECCE accreditation, the entire five year programme is considered as undergraduate chiropractic education and training, based on the fact that the MTech (Chiro) is the lowest level (entry) academic award to enable registration with the statutory regulatory body (the Allied Health Professions Council of South Africa (AHPCSA)) following a period of internship with that body. Registration is a requirement to legally practise as a chiropractor in South Africa.
- 1.2 The university was formally constituted in 2005, as a result of a merger between the Rand Afrikaans University, the Technikon Witwatersrand preceded by the incorporation of the Soweto and East Rand Campuses of the former Vista University. The university is recognised by the Department of Education (DoE) as a public higher education (HE) institution in receipt of government funding.
- 1.3 In 2007, a review panel from the Higher Education Quality Committee (HEQC), the external higher education quality assurance agency in South Africa, recommended full accreditation of the chiropractic programme at the university. HEQC no longer accredit programmes, preferring to accredit universities and their procedures for validation.
- 1.4 In 2008, the department applied for Fully Accredited Status with the ECCE and submitted a self-study report (SSR) in support of that application. Fully Accredited Status was granted in November 2010 for a period of three years. The department was subsequently reaccredited in November 2013 for a period of five years.
- 1.5 On 4 May 2018, the department submitted its SSR for renewal of full accredited status with the ECCE. The Commission on Accreditation (CoA) reviewed the documents at its meeting on 25 May 2018 and unanimously decided that an evaluation visit should proceed in September 2018.
- 1.6 A three day Evaluation Visit took place from 25 to 27 September 2018. The site visit provided further documentary and oral evidence to the previously submitted documents. The department was given feedback at the end of the visit and informed verbally of any commendations, recommendations and/or concerns regarding its provision of chiropractic education and training.
- 1.7 Members of the Evaluation Team extend their thanks to the department and the Faculty of Health Sciences for the courtesy shown to them during the Evaluation Visit and for conducting the visit in an open and transparent manner, affording the team full access to members of staff, students and extensive documentation.

- 1.8 This document is the Evaluation Report (henceforth referred to as the Report, or Evaluation Report) compiled by the Evaluation Team based on the evidence provided beforehand and during the on-site visit to the department. The Report was sent in draft format to the department for factual verification on 12 October 2018 and the final Report was submitted to CoA on 25 October 2018.
- 1.9 The Chair invited the department to send representatives to the CoA meeting in London on 23 November 2018 where the Report will be discussed and a decision made on the reaccreditation of the department.
- 1.10 This Report addresses the compliance of the department with each of the ECCE standards in the provision of chiropractic education and training through the MTech (Chiro) award. The outcomes of the Report are as follows:

**Commendations:**

- The provision of high quality facilities and shared services within the Faculty of Health Sciences that provide the opportunity for innovative approaches to teaching and learning.
- The continuous improvement of the physical facilities, including the clinic, the library and IT provision.
- The leadership provided by the Head of Department both within the department and within the chiropractic profession.
- The strong support of the Dean and stakeholders for the programme.
- The quality assurance procedures ensuring robust programme assessment and informing curriculum improvement.
- The provision by the university of an exceedingly favourable and collaborative environment for programme development and research opportunities
- The publication of the new Chiropractic Clinician Journal and the commitment to high quality, published research from the department.
- The delivery of the programme by a strong, enthusiastic and dedicated staff.
- The supportive environment that exists between staff and students across the whole programme.

**Recommendations:**

- The advertised course duration of five years contrasts with the reality of a six-year programme due to the heavy weighting of the Master's dissertation and the capacity in the clinic. However, the Master's dissertation weighting has been revised in the new curriculum and the clinic has additional treatment rooms planned, which should enable future students to complete the programme earlier (within five years).

- The present design of the curriculum is content heavy with high contact hours of 30+ hours/week, which leaves students less time for reflective study. However, this has been revised in the new curriculum with more emphasis on self-directed study and online learning.
- The aspiration of the University of Johannesburg for all faculty to achieve a PhD will add pressure to the small number of full-time faculty in the department.
- The small number of full-time faculty resulting in supervision of a large number of student dissertations per staff member.
- The limitation on increasing student intake numbers by physical space in the clinic and restrictive governmental policy.
- No formal teaching of reflective practice in the current curriculum.
- No formal application of psychology of pain management in the clinic
- No evidence of a formal clinic observation programme prior to year 4 of the programme

**Concerns:**

- None

## INTRODUCTION

- 2.1 There is no Council on Chiropractic Education (CCE) with specific jurisdiction for Africa; thus the two chiropractic education institutions in South Africa (University of Johannesburg and Durban University of Technology) require an outside CCE to carry out evaluations for international CCE accredited status.
- 2.2 In May 2013, the CoA approved the SSR in support of the department's application for full accredited status and approved an on-site Evaluation Visit to verify the documentation and consider other evidence available during the visit. Upon receipt of the evaluation team report, the CoA granted the department full accredited status for a period of five years, which is the norm for reaccreditation.
- 2.3 In May 2018, the department submitted a SSR in support of its application for reaccreditation. The Report was considered by the CoA at its meeting in Budapest, Hungary, in May 2018. The CoA unanimously agreed that an Evaluation Team should visit the department in September 2018.
- 2.3 Members of the Evaluation Team were nominated by the ECCE Executive and each member received the SSR and written comments from the CoA relating to the documents prior to the visit.

The members of the Evaluation Team were:

Maria Browning (UK) Chair,  
Matthew Bennett (UK) Secretary/Team Member  
Kalim Mehrabi (UK) Team Member  
Aimee Blumears (SA) Team Member

Maria Browning BSc, DC, MSc, Cert MEd	Deputy Director of Clinic and Senior Clinical Tutor at Anglo-European University College of Chiropractic, UK, ECCE Council Member (Chair of QAC).
Matthew Bennett, DC	Chiropractor in private practice, Fellow of British Chiropractic Association, Fellow of Royal College of Chiropractors, UK.
Kalim Mehrabi, DC	Director, Regional clinics, BPP University, UK. Fellow of the McTimoney Chiropractic Association.
Aimee Blumears	Chiropractic student (final year), Durban University of Technology, SA

Matthew Bennett acted as Secretary to the Team and also as a member of the team. The members of the team were allocated specific sections of the report as their areas of responsibilities before arriving at the department.

- 2.5 The purpose of the Evaluation Visit was to verify the SSR and other evidence presented by the department, 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). Based on 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 the department for correction of any factual errors,

and thereafter to the Commission on Accreditation for a decision on the full accreditation of the department.

- 2.6 All members of the Team were presented by name beforehand to the department and no objection to any member was received. 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.
- 2.7 A draft timetable for the visit was sent to the department on 26 July 2018, and the final schedule agreed with the department on 20 August 2018. A copy of the schedule is appended to this Report (Appendix 1).
- 2.8 Members of the Team arrived in Johannesburg on 24 September 2018. The Team held a preliminary meeting prior to the on-site visit, which was from 25 to 27 September 2018 (inclusive). Meetings were held with the institution over the first 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 (27 September) was set aside to complete the draft report and provide oral feedback to the department.
- 2.9 Members of the Team were very well hosted by department, afforded every courtesy and had full access to documentation and to staff, students and other stakeholders in the department and university. Members of the Team and the ECCE extend their thanks and appreciation to the department.
- 2.10 The draft Report was finalised by the Chair of the Team and sent to Team members for comments. Based on these, the final draft Report was sent to the department for Factual Verification on 12 October 2018. The response was received from the department on 23 October 2018. The Chair and Secretary finalised the Report and this was submitted to the Chair of the CoA on 25 October 2018.
- 2.11 The Report includes an Executive Summary, a description of the university and department and the findings of the Team regarding compliance of the department with the ECCE Standards. The Report ends with the conclusions of the Team and any commendations, 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](http://www.enqa.eu)).

## DEPARTMENT OF CHIROPRACTIC

- 3.1 The department is one of twelve departments within the Faculty of Health Sciences (one of eight faculties) at the university. The department is responsible for the provision of undergraduate chiropractic education and training.
- 3.2 The university is a public higher education institution, recognised by the Department of Education (DoE) and in receipt of public funds. The chiropractic provision of the department is an internally and externally validated programme delivered by the university, and has a number of stages (National Diploma (NDip) (Chiropractic), Bachelor in Technology (BTech) (Chiropractic) and Masters in Technology (MTech) (Chiropractic)). However, the MTech (Chiro) is the lowest academic qualification defined by the statutory regulatory body (AHPCSA) enabling graduates to practise as a chiropractor in South Africa. The department is seeking to change the final award to a Master in Health Sciences (Chiropractic) in the coming curriculum renewal, scheduled to be phased in from 2020.
- 3.3 Decisions regarding the provision of chiropractic education and training made at departmental level are approved at Faculty level and by the Dean of the Faculty of Health Sciences. The Senate is charged with decisions regarding academic matters across the university, which in turn is accountable to the University Executive consisting of the Vice Chancellor, Pro Vice Chancellor, Deputy Vice Chancellors and Faculty Deans. The department thus operates within clearly defined structures within the university.
- 3.4 Besides the institution's internal quality assurance procedures, the chiropractic programme is subject to external review. The Higher Education Quality Committee (HEQC) of the Council for Higher Education (CHE) is, by legislation, charged with the accreditation of institutions in higher education in South Africa on a five-yearly basis. The last review of the University of Johannesburg was in 2017. HEQC accredited universities in turn accredit their programmes through the authority granted by HEQC.
- 3.5 In addition, the programme is subject to review by the AHPCSA, which on approval of the professional competencies achieved on graduation of the programme, enables students to complete an internship programme and then register as a chiropractor. The last review was in 2018.
- 3.6 Chiropractic education and training provided by the department is established in national legislation, and in addition to satisfying internal quality assurance procedures within the university, aligns itself with a number of external stakeholders. These include the South African Qualifications Authority (SAQA), HEQC and AHPCSA as well as the chiropractic professional body in South Africa (Chiropractic Association of South Africa (CASA)) and internationally through the World Federation of Chiropractic (WFC).
- 3.7 The following section details the findings of the Evaluation Team with regard to the compliance of the department with ECCE Standards in the provision of chiropractic education and training through the award of MTech (Chiro). The findings of the Team are based on documentation presented by the department prior and during the on-site visit as well as from face-to-face meetings arranged as part of the on-site visit.
- 3.8 The colour coded system outlined below was used by the evaluation team to indicate the level of compliance with each standard:

-  Dark Green = Fully compliant/no risk.  
(This is on track).
-  Light Green = Substantially compliant/low risk.  
(Broadly on track with some areas which could 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 Department of Chiropractic operates within the university and as such does not have a separate mission statement. The university's vision, mission and values are clearly articulated. The specific outcomes are dictated firstly by the AHPCSA Act of 1982 (second amendment in 2000), and the relevant legislation regarding higher education in South Africa. The purpose of the MTech (Chiro) programme is set out in the Faculty of Health Sciences Undergraduate and Postgraduate Prospectus (2018):

*'Chiropractors treat conditions and injuries that are nerve, muscle or joint related. Completion of the Master of Health Sciences in Chiropractic is the minimum registration requirement of the AHPCSA'.*

The programme encourages lifelong learning, providing a solid foundation for postgraduate education and training.

##### *4.1.1b Analysis*

The aims and objectives of chiropractic education and training provided by the department are entirely consistent with the graduation of safe and competent chiropractors with a commitment to, and capacity for, life-long learning.

##### *4.1.1c Conclusion*

The department 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 Academic Advisory Committee (AAC), which meets on an annual basis, is represented by a number of stakeholders, including academic staff, student representatives from each academic year, CHE, AHPCSA, CASA and elected members of the profession with an interest in education. Patients are not represented in an official capacity on the AAC although patient satisfaction surveys are carried out in the University Chiropractic Clinic three times a year and this information is relayed to the Head of Department (HOD). In addition, the Standards Generating Body (SGB), functioning under the auspices of SAQA and CHE, reviewed the aims and objectives of the chiropractic programme in 2004. This body included members of institutions offering chiropractic in South Africa, CASA, AHPCSA and community representatives. The chiropractic programme is reviewed by the university every 3 years as part of the strategic plan for the Faculty of Health Sciences.

#### 4.1.2b Analysis

It is clear that a number of stakeholders, both internal and external to the university, have oversight of, and contribute to the aims and objectives of the chiropractic programme, which undergoes regular review. The department is responsible for the construction of aims and objectives and the stakeholders then have oversight and comment.

#### 4.1.2c Conclusion

The department fully 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 department is represented by the Head of Department on all Faculty committees and has full autonomy in making decisions regarding all aspects of programme provision bar the basic sciences where a collaborative arrangement exists which allows for a satisfactory level of autonomy in this area.

#### 4.1.3b Analysis

The faculty demonstrated that they retained full control of the design and delivery of the programme including the basic sciences which, although provided by a different Faculty, were tailored where necessary in order to ensure that the programme outcomes are met

#### 4.1.3c Conclusion

The department 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 exit level outcomes are clearly defined by the department, via submission from the Standards Generating Body. This Body included members of institutions offering chiropractic in South Africa, CASA, alumni and the Academic Advisory Committee to determine the competency of graduates in practice. Specific outcomes per subject are defined in the individual learning guides. The Faculty of Health Sciences has established a short learning programme and CPD office within the faculty dedicated to the presentation of programmes to professions. The department has hosted and developed the first accredited postgraduate CPD programme offered formally in South Africa in 2017-18 and approved by the AHPCSA.

##### 4.1.4b Analysis

The programme outcomes are clearly defined in the documentation. CPD is currently available to a limited degree but is a growing programme.

##### 4.1.4c Conclusion

The department 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 substantial curriculum follows a traditional model with basic sciences in the early years followed by clinical sciences, culminating in a period of internship in the training clinic and completion of a research dissertation.

#### 4.2.1b Analysis

The curriculum supports the training of the student chiropractor and therefore meets the requirements of the profession.

The delivery has a large didactic element, which could place a heavy workload on the student and therefore leave limited time for self-study and reflection. The teaching of an overloaded chemistry curriculum in year 1 has been addressed but the issue of the lack of a 'chiropractic' module in year 2 remains.

#### 4.2.1c Conclusion

The department fully 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 students are exposed to relevant research and evidence-based practice from year 1 and this practise is enhanced in subsequent years, which allows them to develop the analytical and critical thinking skills required in their final years, where they encounter clinic internship and research dissertation at Masters level.

#### 4.2.2b Analysis

It is apparent that the students are well instructed in research inquiry and evidence-based practice. However, the research dissertation still has a high weighting of 50%, resulting in a high supervisory workload for the few full-time members of faculty. The weighing has been reduced to 30% in the new curriculum.

#### 4.2.2c Conclusion

The department fully 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

The basic sciences are taught by another department during the first two years of the programme and the curriculum is appropriate. The anatomy facilities are particularly impressive and students have the opportunity to participate in cadaveric dissection in small groups. The chiropractic faculty have worked with the basic sciences teaching team to facilitate students' understanding of the clinical relevance of the basic sciences. Fifth year student's act as assistant tutors for the dissection classes as part of a formally organized student-mentoring scheme.

#### 4.2.3b Analysis

The basic science modules provide a strong foundation for the subsequent years of the programme. The basic and pre-clinical science staff continue to try to tailor the basic science curriculum towards the needs of chiropractic (and homeopathy) students and the utilization of 5th year students facilitates the link between the basic and clinical sciences. The weighty chemistry and anatomy modules have been amended and now have a better fit into the programme. Mandatory tutorials for students struggling with the basic sciences have reduced the high attrition rate in the first two years.

#### 4.2.3c Conclusion

The department 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

Ethics and jurisprudence are covered as are the majority of behavioural and social sciences. Practical aspects of working within a practice setting such as informed consent and referral letters are covered.

#### 4.2.4b Analysis

Most of the topics were evident in the teaching materials and confirmed by the relevant teaching staff but it was apparent that there was no clear evidence of content in the areas of 'psychology of pain' and 'pain management'. There also appeared to be very limited instruction in reflective practice skills, which, if included, would benefit students, especially during their clinic internship.

#### 4.2.4c Conclusion

The department substantially 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*

The broad range of clinical sciences are taught from the third year covering the key competencies. Teaching of many of the clinical sciences is also a requirement of the AHPCSA.

Basic clinical sciences are taught by chiropractic and non-chiropractic staff. There is exposure to a wide range of chiropractic techniques in years three and four.

Meridian therapy and basic acupuncture are taught and can be used in clinic. However, students are made aware that the evidence base is poor. Dry needling is used around painful areas rather than in relation to acupuncture points.

Pain management is taught in relation to the application of modalities such cryotherapy and electrotherapy. Psychological stress is taught as a contributory factor to pain but some of the staff do not have a firm grasp of the role played by psychological therapies and the psychosocial aspects in pain management.

There is strong emphasis on evidence based musculoskeletal care. Students are required to refer non-musculoskeletal conditions, such hypertension and diabetes, for appropriate management and this is made clear in the pre-clinical years.

All chiropractic staff on the programme must have been qualified for a minimum of 2 years.

##### *4.2.5b Analysis*

Staff and students are highly motivated and enthusiastic about the clinical sciences. The programme is robust, evidence based and provides an excellent grounding in clinical skills for a primary contact chiropractor. Where evidence is weak this is made clear and students appreciate the hierarchy of evidence applied to clinical practice.

##### *4.2.5c Conclusion*

The department 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*

Understanding of the history of chiropractic profession, including in South Africa, is taught alongside a wider worldview.

Chiropractic philosophy and paradigms are appropriately taught and the evolving evidence and is integrated throughout the programme within relevant subjects starting in the first year. The teaching of the vertebral subluxation complex is appropriately taught by framing the historical concepts alongside contemporary thinking based on evolving evidence.

The concepts of chiropractors as primary spine practitioners is being introduced with reference to “CRISP” protocols by D. Murphy. A CPD module has been prepared for practicing chiropractors and these concepts will be introduced in the new undergraduate curriculum.

There is a strong emphasis and participation in research with 5th and 6th year students required to produce robust research dissertations, some of which are being prepared for publication. All full time faculty are required to produce research and to enrol on a PhD programme. The Department and the University see research output as critical for the future for the institution and are putting substantial resources behind it. A new annual journal, *The Chiropractic Clinician*, was first published in February 2018 and accreditation will be sought in four years once sufficient numbers of publications allow. A peer review panel will be appointed for the second edition in 2019.

The SSR states that “the process of scientific enquiry, method and evidence based practice is emphasised from an early stage in the programme” and references the curriculum outlines and specific subject learning guides as evidence.

#### 4.2.6b Analysis

Scientific development is part of the ethos of this programme. Staff and students are aware of the limitations of the evidence base for manual therapy and are committed to playing their part in the development of the profession.

The new journal is especially praiseworthy. The Head of Department initiated and edits this and if accreditation is forthcoming in future years will further promote South African research to a worldwide audience. The University recognises it will also benefit in the rankings.

The commitment to research both at a faculty and student level places significant demands on personnel. The reduction of the research dissertation in the final years from 50% to 30% weighting will help. Staff acknowledge the importance of embarking on PhD programmes but have concerns about the extra workload. The University and Department is also aware of this and the availability of sabbaticals will mitigate this.

#### 4.2.6c Conclusion

The department fully complies with Standard 2.6



#### 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*

The Faculty of Health Sciences runs a multidisciplinary clinic with the chiropractic clinic as a separate but connected entity. An entrance OSCE at the end of the 4<sup>th</sup> year must be passed to allow progression to clinic. Reception duties introduce students to the clinic environment in this year along with observation of medical and chiropractic clinicians and writing case summaries, which are formatively assessed. Once in clinic, students are required to meet a minimum requirement of 35 new patients and 350 follow-up consultations. The clinic coordinator performs a complete audit of all files to ensure all requirements have been met. Additionally, once all requirements are met, students, now designated post-graduates, are required to complete an internship as stipulated by the state regulator (AHPCSA), which requires an additional 30 new patients and 100 follow up consultations to be completed. There are ongoing formative assessments (Mini Clinic Evaluations), an annual clinical competency OSCE (the regulator's requirement) and an exit OSCE (6<sup>th</sup> year). External moderators are appropriately involved.

The Clinic Manual and the departmental guidelines outline codes of practise and clinic operations and provide guidelines for the establishment and running of a future practice. Two qualified chiropractic clinicians are on duty during all clinic shifts with three assistant clinicians (senior students) during the afternoon shifts. During the morning shifts there are two clinicians supervising a maximum of 23 sixth year students. The clinicians have a minimum of two years clinical experience and are required to discuss all patients with students prior to any treatment being conducted and sign the patient file. An assistant clinician observes all students in the fifth year of study during the initial case history and each session thereafter when patients are being treated. Sixth year students are observed at the discretion of the clinicians on duty.

Communication skills and ethical appreciation are comprehensively covered in the pre-clinic years and developed during the clinic years. The 6th year students appear competent and confident in their clinical skills and there is a strong sense of teamwork with the 5th year students. There is, however, a lack of sufficient patient contact in years one and two and little evidence of a formal approach to reflective practice.

Outreach programmes exist at a local residential Children's Refuge and external sporting events for an opportunity to examine and treat other patient populations under supervision. Interprofessional communication and referral is promoted on campus with other complimentary disciplines such as homeopathy, podiatry and biokinetics. Unfortunately, state law precludes chiropractors working in medical facilities so there are no observations in hospitals. Students are, however, required to observe other medical professionals and this can include medical practitioners.

#### *4.2.7b Analysis*

The clinical training meets the standard and in some areas exceeds it as the internship in Year 6 adds further patient numbers and experience. The 6th year students play an active role in supervising the 5th year students and this helps both cohorts develop clinical reasoning.

The local demographics and outreach programmes provide an extensive case mix that includes serious pathology, extensive neurological injury and engagement with public health issues. These are well managed and provide the students with considerable insight and experience preparing them well for practice upon graduation.

Reflective practice and psychosocial aspects of pain management could be improved in the clinic years. The use of CRISP protocols is being brought into the curriculum, which should help address the pain management issue.

#### 4.2.7c *Conclusion*

The department 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 structure, composition and duration of the programme are consistent with national requirements for chiropractic. The programme is responsible to the HEQC of the South African CHE, AHPCSA and CASA. The degree of integration of the basic sciences and social sciences has been addressed and the outcome has been closer integration with chiropractic subjects, a reduction in the amount of 'pure' anatomy, chemistry and physics and the introduction of mandatory tutorial sessions for students who fail basic and/or social science assessments. Students from year 5 assist in these tutorials.

The programme delivery continues to be didactic with little opportunity for self-directed learning, especially in years 1-3. In addition, there is little built-in study time as contact hours are high (35 hours per week in year 1 and 40 hours per week in year 2 (calculations based on a 32 week teaching year)).

The duration of the programme is officially five years. Students reported that they were informed from Year 1 that the programme may last for six or more years due to the demands of the Master's dissertation. The Master's dissertation weighting has been revised in the new curriculum from 50% to 30% and the clinic has additional treatment rooms planned.

#### 4.2.8b *Analysis*

Early intervention in the basic sciences, especially chemistry and anatomy, have increased the success rate in assessments for anatomy and chemistry. The new curriculum, currently being discussed for implementation in 2020, appears to have addressed the didactic nature of the current curriculum. The Master's dissertation weighting has been revised in the new curriculum from 50% to 30% and the clinic has additional treatment rooms planned, which should enable future students to complete the programme within five years.

#### 4.2.8c *Conclusion*

The department substantially 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*

At university level, the department is able to make minor changes to the curriculum, guided by the relevant institutional policies relating to teaching, learning and assessment. The process of making changes may be the result of evaluations of at risk modules and/or input by the lecturer and/or student body. The HOD is responsible for the management of the programme in terms of the assessment methods, as set by the institutional regulations. Major changes must be submitted via the Faculty Management Committee to the Senate of the institution, who have overall authority to determine these applications. A major change is defined as a change more than 50% of the curriculum and approved changes are then incorporated into Faculty regulations. The Senate and the HEQC approved the 'recurruculation' of the programme in 2015-16. The department is awaiting final approval from the CHE. The proposed phase in period for the new curriculum is 2020.

##### *4.2.9b Analysis*

It is clear how both minor and major changes to the curriculum are applied according to national and university regulations.

##### *4.2.9c Conclusion*

The department 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*

The department has established strong links with subsequent stages of training by establishing a short learning programme and CPD office within the faculty and developing the first accredited post graduate CPD programme offered formally in South Africa in 2017-18, approved by the AHPCSA. To be registered to practice by AHPCSA, all students who have completed their clinic requirements and submitted their Masters dissertation must complete the internship programme, which now resides within the AHPCSA, and is co-ordinated by the internship sub-committee of the Professional Board of Chiropractic and Osteopathy. Internship is a legal requirement and must be of 6 months to one year's duration. It requires successful completion of a portfolio, which may include an additional 30 new patients, 100 follow up consultations and 675 hours spent working in the public health sector.

According to national law, interns cannot practise unsupervised during the internship period and therefore are limited to fulfilling their new patient and treatment requirements in the university chiropractic clinic, at supervised sporting events and at a local children's refuge. However, new patient and treatment numbers seen over and above the undergraduate requirement of 35/350 may count towards the internship requirements.

#### *4.2.10b Analysis*

Most students complete the majority of their internship requirements within the departmental clinic and facilities for the supervision of interns beyond the university are extremely restricted. Therefore, the objective of an internship period may be compromised although this falls outside of the remit of this report.

#### *4.2.10c Conclusion*

The department fully 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*

The academic programme is assessed mainly by continuous assessment in line with the assessment policy of the university. All assessments are summative and are held frequently throughout the academic year. Assessments weighted at 30% or more may also have supplementary assessments in line with university policy. Lecturers and moderators decide the weighting of assessments. For clinical subjects there is integrated, simultaneous assessment of the theoretical and practical components. Assessments and regulations regarding assessment, including grievance procedures, are outlined in each of the learning Guides. Clinical assessment commences with the entry OSCE that must be passed before students can work in the clinic. There is an annual competency OSCE and an exit OSCE. External evaluators are used for clinic evaluations. Internal and external examiners moderate all exit level examinations. All final marks are discussed at the Global results Committee prior to publication. There is a documented appeal system, which conforms to university regulations.

#### *4.3.1b Analysis*

The assessment process is clearly documented, regularly evaluated and the criteria for progression and appeals procedures is clear. There is much reliance placed on testing knowledge through frequent assessments.

#### *4.3.1c Conclusion*

The department 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

As students' progress through the programme, the method of assessment changes to include higher levels of enquiry, in terms of type of assessment, and expected outcomes of the individual programme. Information regarding assessment methods, grievance procedures, sick tests and attendance is clearly stated and available for students at the outset of each module through the learning guide for each course. The continuous evaluation system entails a continuous assessment for the year, utilizing various assessment methods, where no final evaluation counts more than 50% of the final year mark. This system allows for continuous monitoring of students' progression in the subject provided. The use of integrated assessments, where practical and theoretical components are assessed simultaneously, is utilised in clinical subjects. Students receive specific feedback after each assessment, which assists them in the learning and assessment procedures.

#### 4.3.2b Analysis

The number and the nature of the assessment methods seem to be adapted to the actual curriculum design and courses' outcomes. However, the number of the assessments in the first years may lead to a heavy work load for the staff and this issue has been reviewed in the new curriculum. The regulations regarding all aspects of assessment are clear to students and available to all stakeholders.

#### 4.3.2c Conclusion

The department fully 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

The recruitment procedure, admissions policy and requirements for registration with the AHPCSA are included in the Faculty Brochure on the university website. The current entrance criteria is based on the Academic Points System (APS), which is based on the current senior certificate/ grade 12 (matric). Applicants must have a minimum APS score of five in language of learning and teaching, and four in another regional language, mathematics and three other subjects, including life sciences and physical sciences. In addition, applicants must have a letter from two practicing chiropractors. If applicants meet these criteria, they are scheduled for interview. Those who have not completed grade 12 receive provisional acceptance subject to passing the recommended subjects at the required level. Extra chemistry and physics lectures are provided in the first year for these students.

For students transferring from other institutions or programmes, there is an exemption policy and a minimum of 50% of the qualification should be conducted at the institution awarding the final qualification.

#### *4.4.1b Analysis*

The department has a clearly structured admissions policy, which is closely monitored. Some students entering the programme are weak in certain areas (this is attributed to failings in their previous schooling) but they are identified and required to attend extra tuition in support of the basic sciences. Students rarely transfer from other programmes due to differences in award structure.

#### *4.4.1c Conclusion*

The department 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 Department of Chiropractic receives 200-300 online applications each year of which around 100 are selected for interview. The maximum intake capacity is 50 per year but some of this is allocated to repeating students. In reality, the maximum new student intake is 40 per year and this has to be strictly adhered to as this aspect of the programme is driven by government policy and enforced by the university. The programme currently has 252 students in total.

#### *4.4.2b Analysis*

The resources required for the successful delivery of the programme meet the demands of the student cohort. Every aspect of the programme is fully resourced at each level, including the clinic, which is currently undergoing further expansion (the addition of several clinic treatment rooms). Intake numbers are limited by government policy.

#### *4.4.2c Conclusion*

The department 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*

The first-year orientation programme run by senior students includes a tour of the campus and library, an A-Z chiropractic manual to assist with orientation of the campus and programme. First year students are made aware of the Centre for Psychological Services (PsyCad) offered by the university for mental and emotional support. A computer literacy test is held by the library, failure of this test is followed by a computer literacy course.

All first-year students are incorporated into the mentorship programme and mentored by a fifth-year student. Mentorship includes assistance with a chiropractic project, chiropractic treatment in the clinic and emotional/academic support. The Chiropractic Student Council is involved with the mentorship programme as well as organising student activities and charity events.

Second through to fifth year students report a strong sense of support from the lecturers and senior students who are approachable and available via electronic communication.

The departmental staff support the students through tutorials and one on one meetings. Failing students are required to meet with the HOD to discuss probable causes and possible solution routes available at the university.

#### *4.4.3b Analysis*

There is a strong supportive front from the institution (PsyCad), departmental staff in the service departments, and the senior students within the Chiropractic department, covering the academic and mental health of the students throughout the course.

#### *4.4.3c Conclusion*

The department 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*

The Chiropractic Student Council (CSC) is very active in representing the student body and meets with the HOD when deemed necessary. The President of the CSC holds a seat within the Academic Advisory Committee, which is involved in curriculum design, management and evaluation. A class representative is elected for every year and is responsible for communication between the students in their respective year and the department. Class representatives from each year meet quarterly with the HOD to discuss any matters arising from their respective years. Minutes and agendas are formally submitted to the Dean of the Faculty.

#### 4.4.4b Analysis

The support from the University, HOD and lecturers is strong and continuous. Students have expressed no concerns around their involvement in curriculum decision making and feel confident that their feedback is taken seriously and can effect change.

#### 4.4.4c Conclusion

The department 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

The basic and pre-clinical sciences are taught by service departments and by subject-specialist tutors. Non-chiropractic staff are selected according to their relevant subject matter expertise and have relevant qualifications higher than the level of subject presented. The Department of Chiropractic currently has five full-time chiropractic staff members (two of which are 5/8 positions). There are currently 20 part-time chiropractic staff members employed by the department in the clinic or as part-time lecturers. All clinical or chiropractic lecturing staff are required to have a Master's degree in Chiropractic (or equivalent), with two years clinical experience if performing clinical supervision. All staff members are required to be registered with the relevant professional council (either AHPCSA or Health Professions Council of South Africa). Institutions registered with the Department of Education must have awarded qualifications. There are teaching and learning workshops for staff to improve skills in this domain.

All new staff members are required to attend staff induction programmes offered centrally, which outline conditions of employment, facilities in the institution, basic human resources and teaching and assessment-related information.

There are monthly departmental meetings for all staff where policies and procedures relevant to the institution and department are discussed, allowing staff to provide input into these areas. This has improved part-time staff compliance. Faculty Board meetings are once per term.

All full time staff are required to assist in building the research profile of the department. Part -time staff may assist in this process. Current research publication output is 3 publications in the last 4 years with 2 articles in review with journals. The department has appointed a visiting professor with a view to increase article submission to 6 for 2018. All staff are now required to have 2 publications in a 3-year cycle.

The staff: student ratio is 1:22.7 which is above the national benchmark of 1:20; hence, an additional post will be applied for in 2019.

#### 4.5.1b Analysis

The balance between full- and part-time staff is challenging and the department faces some difficulty in recruiting full-time chiropractic staff. However, the HOD manages the staffing resources to provide a high standard of chiropractic education and training, and students considered staff availability for consultation as excellent.

#### 4.5.1c Conclusion

The department substantially 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 Dean of the Faculty of Health Sciences (line manager) through a structured process including individualised key performance documents formally appraises the HOD three times a year. The same formal appraisal process applies to other full-time members of staff in the department, who are appraised by the HOD. A financial incentive is linked to this appraisal on an annual basis. Lecturer assessment forms, completed by the students, measure part-time staff performance.

The Department and the Faculty have an autonomous budget and staff can apply to their line manager for time and finances to attend scientific seminars and conferences.

The Faculty of Health Sciences established a short course/CPD office dedicated to the provision of programmes to the professions supported by the Faculty. The department hosts seminars and training for postgraduate education and CPD and works closely with AHPCSA to offer at least one CPD accredited course per year. Staff members may attend these courses free of charge. The university supports staff development with provision of teaching, learning and assessment courses. The institution requires all full-time staff to complete a doctoral level study, facilitated by payment of fees, allocated time for research, lecture relief and sabbatical leave.

The institution currently allows for two possible tracks of promotion, in teaching or in research. The process and criteria are clear.

#### 4.5.2b Analysis

The new performance management system with objectives and monitoring criteria are clearly stated in an annual individual performance contract. Formal appraisal of the full-time staff members (5/8 and above) appears to be fair, transparent, self-reflective and well designed for professional development and salary review.

The part-time staff members have limited time to access formal development programmes. This could lead to issues in quality of teaching regarding the high proportion of part-time chiropractors involved in the programme.

#### 4.5.2c Conclusion

The department substantially 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 University facilities are extensive and include a range of labs, including the Osteology Lab and the Dissection Lab (student: cadaver ratio is 1:4), to which students have adequate access. Lectures take place in a dedicated lecture room – also used for assessments. The new Qoboza Klaaste building, (Q/K), has large open spaces and modern lecture halls with audio-visual facilities. There are seven simulation labs with a range of sophisticated mannequins for emergency care, obstetrics and other care scenarios. Although these are mainly used for other programmes, the simulation labs are well used by the chiropractic programme and allow excellent learning opportunities for students. Plans are in place for further expansion, including a 3D audio-visual wall. The Department has three dedicated practical rooms, with a student ratio of no more than two per bench. Further instruction takes place in two clinic rooms with flexion-distraction and drop tables.

Most chiropractic students have their own computer devices and there is one computer for students use in the clinic along with additional computer labs for students without their own. Most of the campus is Wi-Fi enabled and data speeds are good. Future plans include comprehensive Wi-Fi access in underserved areas such as car parks and grounds where students often congregate. There is also a plan to allow free internet access in student accommodation via mobile phone operator networks. Faculty staff have adequate access to laptops and projectors. Online teaching facilities are being developed via the *Blackboard* platform. There is training available for staff in using the new technology.

The Department has a budget for books and journals allocated by the University. The library was refurbished in 2017 with pleasant workspaces and a large array of computers, as well as printing facilities. Students and staff have online access to the majority of journals. There is a range of chiropractic and other health and medical books as well business management literature. The Faculty of Health Sciences has a dedicated information librarian and reciprocal loan arrangements with other medical libraries. Staff and students have the opportunity to raise concerns about the adequacy of these facilities.

#### 4.6.1b Analysis

The facilities are impressive by international standards and the presence of other programmes allows the useful sharing of labs, other training facilities and a large library. Of particular note is the use of sophisticated mannequins in the simulation labs, the cost of which is beyond most standalone institutions.

#### 4.6.1c Conclusion

The department 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 on-site clinic building has a pleasant reception area, 24 treatment rooms, including a paediatric room; 2 clinician rooms; a student common room and a rehabilitation/modality room. There was a revision of equipment and facilities in 2016 and four further treatment rooms and two rehabilitation rooms are due in 2019, which should ease the pressure on students accessing available rooms and may speed their progress through the 6th year. There is one flexion-distraction table, which is sought after, and another will be added shortly. The shockwave unit is also popular with students. There is a digital radiography department, as well as darkroom and processing facilities for such training. An off-site radiologist is used for reports as required. The chiropractic clinic sees between 800 and 1000 patient consultations per month. Patients come from other students from the Faculty of Health Sciences and the wider student and local population, which has a low socio-economic demographic. Poor medical facilities locally mean patients with serious conditions often present at the clinic. A recent audit shows that 99% of cases were musculo-skeletal with rest being non-musculoskeletal which were referred out. The most common presenting complaints are low back and neck pain and a range of extremity conditions.

The audit shows that treatments used in the clinic in order of frequency as being manipulation, interferential current, dry needling, mobilisation and ultrasound.

The clinic has a good reputation locally and referrals from satisfied patients and medical facilities are common. This allows students to complete patient number requirements without too much difficulty. Patient satisfaction surveys are conducted approximately three times per year. Data is presented in the SSR for September 2017 showing very high satisfaction rates.

##### 4.6.2b Analysis

The clinic is a well-equipped and functional environment. The number of treatment rooms is barely sufficient and does limit availability for students especially as two cohorts use them. Additionally, the growth of the programme numbers is limited by this resource. These issues will be addressed with seven new rooms.

##### 4.6.2c Conclusion

The department 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 IT department manages the connectivity and technology on all four campuses. There is a university drive towards use of Industrial 4.0 technology, affordable Wi-Fi/internet access and connectivity by expanding infrastructure and Wi-Fi access on and off campus.

The university utilises Edulink (Blackboard) to support the online learning drive. The system is used for uploading of notes, videos, timetables, test memorandums and will soon be used for online testing. Students have access to Edulink on and off campus with free access to the university websites through cellular company contracts. In an effort towards less contact time, a pilot on online learning with a fourth-year subject (Clinical Biomechanics) is currently being carried out using Edulink. The pilot programme involves a blended online learning approach with summative and formative components.

The library has a large access to computer labs, with Wi-Fi, printing facilities and easily accessible faculty of health librarians that run workshops on computer literacy and technology run programmes. The students raised no concerns on the current access to Wi-Fi and computer lab facilities in the university.

#### 4.6.3b Analysis

The students find the use of Edulink valuable. The workshops for computer-based programs held by the library for staff and students have been appreciated and utilised by both parties.

The access to post-doctoral computer labs with internet connection allows a quiet place for students to work. The students are satisfied with the facilities available to them with no concerns with Wi-Fi connectivity on campus and in the clinic.

#### 4.6.3c Conclusion

The department fully 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

All staff delivering the programme have a Masters level qualification or higher. The university provides staff development workshops for both full and part-time staff, including improving pedagogic training, writing assessments, enhancing research skills and IT. These workshops are voluntary, although staff are directed to attend should any issue arise from student feedback. Staff can also apply for external workshops. There are specific budget allocations for both internal and external staff development. The university has embarked on a staff qualification programme and all full-time staff will be required to complete a PhD, including educational research or clinical studies. The Faculty of Health Sciences Faculty Board approves curriculum design and content. All faculty have the opportunity for input through the various staff meetings and committees. The new curriculum has been established with the assistance of an external contractor with experience in curriculum design.

#### 4.6.4b Analysis

Educational expertise is available at university level. The new curriculum is awaiting final approval with a planned start date for first entry in 2020. The requirement for full time staff to complete doctoral qualifications is challenging with the time pressures on a small staff complement.

#### 4.6.4c Conclusion

The department substantially 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 institution's 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 faculty has a dedicated Faculty Administrative department, under the leadership of the Head of Faculty Administration with one senior faculty officer, four faculty officers, administrative officers, one research officer and student assistants as required. Faculty administration is responsible for the admissions, progression and academic records, fees, professional registration and graduation on behalf of the department.

#### 4.6.5b Analysis

The department, within the Faculty, has a well-established and supportive administrative and technical infrastructure.

#### 4.6.5c Conclusion

The department fully complies with Standard 6.4



#### 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.**

#### 4.7a Description

All full-time staff members in the department are involved in the supervision of the Masters' dissertations, and some of the part-time staff members serve as co-supervisors. Students in the BTech component of the programme are required to complete a research methodology subject to prepare them for compilation of a research proposal and conduct research in the following academic year.

Staff members currently publish one research article per year and the departmental goal is two articles in a 3-year cycle, facilitated by the requirement that students have to submit research in publication format prior to qualification. The department is working towards a target of three per year, aligned to faculty strategy. The university-wide financial incentive scheme enables the researcher to use part of the funds received for their own development and attendance at research conferences.

The department published the first dedicated chiropractic journal in South Africa, The Chiropractic Clinician, in February 2018, a platform for practitioners to submit articles on practice associated case studies or information.

The department incorporates principles of critical thinking and analysis of research into a number of subjects during the programme, starting in the first year of study. Evidence-based research is integrated into relevant teaching throughout the programme.

#### 4.7.1b Analysis

The department has significantly increased its' research output and support mechanisms are in place to facilitate this process. The new curriculum has addressed the balance between the research dissertation and clinical requirements and university policy has provided staff with more time to pursue their own research. The HOD considers potential staff research opportunities and interdepartmental collaboration. There is a clear integration of research within teaching during all years of study and appropriate policies and procedures relating to research governance.

#### 4.7.1c Conclusion

The department substantially 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

For all programmes taught at the university there is an institution-wide quality assurance (QA) programme on a 2-year cycle. The department utilises the ECCE formal evaluations and annual monitoring reports as a mechanism of evaluation. In addition, the AHPCSA is required to approve training and education, with the department undergoing review in 2018.

Learning, assessment and marking guides focus on 'at risk' subjects, beginning with year one. This is an ongoing process for the Senate Teaching and Learning sub-committee, which reports each semester to the Senate.

The Faculty Board appoints external examiners for the programme for all subjects considered as exit level (3rd, 4th and 5th year subjects). Examiners are appointed based on their specific expertise or qualification and are required to have a minimum of an equivalent qualification level to the subject being offered or moderated. The Faculty Higher Degrees Committee appoints external examiners for research dissertations. They receive a policy pack with guidelines and individual training where possible with the HOD. All research dissertations are required to be marked by an internal examiner (not the supervisor) and an external examiner.

The HOD produces an assessment report each semester and an annual monitoring report to identify 'at risk' students. All reports feed to the Academic Development and Support Committee via the Vice Dean. Relevant feedback is conveyed to the academic staff and students concerned. Departmental meetings are held regularly throughout each semester to address the issue of quality at a more informal level.

#### *4.8.1b Analysis*

The university continues to have excellent mechanisms in place for programme evaluation identifying issues of quality, student progress and student outcomes

#### *4.8.1c Conclusion*

The department 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*

Student feedback is acquired once a year via a paper system and analysed by the department HOD. The system is used to evaluate lecturer performance and subject content to identify any problem areas. Should a student require immediate feedback on a particular matter, they are welcome to approach a lecturer or the class representative who will address the issue. If the matter is not resolved, the student may utilise the president of the student council or directly approach the HOD to attend to the matter.

Staff are fully involved in the curriculum content and have access to the HOD for any review/changes. Departmental meetings allow staff to give feedback directly to the HOD and contribute towards improving the curriculum.

The president of the chiropractic student body (CSB) is invited to attend meetings with the department as a member of the Academic Advisory Committee. This allows for student input into the current and new curriculum.

#### 4.8.2b Analysis

The students raised no concerns on the response to their feedback, noting that the HOD has positively and actively responded to their suggestions. The students find the lecturers and HOD approachable and responsive to their feedback.

The president of the CSB's involvement in the Academic Advisory Committee optimally involves student input into the design and management of current and new curriculum.

#### 4.8.2c Conclusion

The department 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

A report of student pass/fail statistics is compiled each semester and is served in the departmental annual report, faculty report and senate. Students seen as `high risk ` meet with the HOD to discuss the reasons for the performance and routes towards improvement. These students are monitored throughout the year. Assistance is provided through tutors provided by the university and mental health assistance from the PSYCAD.

High failing subjects, previously named as Chemistry 1 and Anatomy and Physiology 2, previously less than 85% cohort pass rate, have had interventions including post-doctoral tutors, tutor sessions including during lecture time, 100% attendance requirements, subject relevance and lecturer support. The allocated funding from the department has allowed for increased tutor availability.

There is an active and good relationship between the basic medical science department and the chiropractic department, allowing ease of dialogue in improving the cohort student performance. In the new curriculum, the basic science subjects will be scaled down to content relevant to the chiropractic curriculum and education.

Systems have been put in place for the Masters students to allow for cohort progression and completion of the dissertation. This has been implemented with the current 5<sup>th</sup> year students and evidence of progression of a larger group has been reported by the fifth-year students.

Lecture venues and library facilities encourage quiet places for students to learn. Online access and availability of staff and senior students have encouraged a better overall student performance.

#### 4.8.3b Analysis

The university and department have put many systems in place to support student performance. Academic and Clinical high-risk students are monitored closely with assistance provided to them through staff, clinicians, students and tutors.

#### 4.8.3c Conclusion

The department 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

Stakeholders, including students, staff, the university, AHPCSA, CHE, CASA and external professional representatives provide input to programme evaluation and improvement. Formal quality assurance evaluations by the CHE take place on a 2-year cycle. CASA and AHPCSA were formally consulted on the implementation of the new curriculum. However, patients do not appear to be involved in the consultation process.

##### 4.8.4b Analysis

Involvement of stakeholders is sufficient and relevant. The department and the HOD are very well appreciated by professional bodies. Collaboration between the university and the professional bodies is excellent and mutually supportive. This excellent relationship is a strength of the programme. However, the opportunity to involve patients as stakeholders has still to be addressed.

#### 4.8.4c Conclusion

The department 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

The university has a well-developed committee structure that enables a two-way flow of information through the Faculty to the Senate and University Council. The department is represented by the HOD on 10 committees within the faculty and the HOD is a full member of Senate.

#### 4.9.1b Analysis

The department has input at varying levels of the institution, allowing for overall inclusion within the governing structures.

#### 4.9.1c Conclusion

The department 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

The HOD is appointed on a 3-year contract, in line with the institutional policy on appointment of Head of Departments. The HOD of Chiropractic reports directly to the Dean of the Faculty of Health Sciences. The current HOD has been employed in the position since 2001, with the current contract ending in 2018. The programme is effectively managed by the HOD, based on the Key Results Document (KRD), which indicates the roles and responsibilities expected by the institution. The programme is monitored via monthly departmental meetings, informal meetings as required, part-time staff meetings and class representative meetings (once per term). Direct communication with the HOD from staff and students is encouraged, and improves monitoring of the programme as any potential problems can be identified and addressed as soon as possible. The KRD is utilized for annual performance management reviews by the Dean of the Faculty. These reviews include student assessments, allowing for student input into performance reviews.

#### 4.9.2b Analysis

The HOD has a very good working relationship with staff, students and line managers. The daily collaboration between HOD and staff and the regular formal meetings allow stakeholder involvement and ensures good monitoring of programme quality. The academic and administrative responsibilities of the HOD are clearly defined. The department is well respected within the institution and the fields. This excellent academic leadership, both at Faculty and Departmental levels, is a strength of the programme.

#### 4.9.2c Conclusion

The department 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 it's resourcing, including remuneration of teaching staff, in order to achieve the overall aims and objectives of the chiropractic programme.**

#### 4.9.3a Description

Budget creation and expenditure by the department is the responsibility of the HOD, with budgetary requests being submitted on an annual basis by staff, in accordance with specified guidelines. The budget is determined according to the perceived needs of the department for the following academic year. The budget is zero-based including a reserve for the department, which can be used as needed by the HOD. The approved budgetary allowance is then the responsibility of the HOD to ensure these limits are not exceeded. The department is well managed in terms of remaining within the budgetary limits set and profitability of the programme. The policy for budget creation is clear and well applied.

Staff are able to increase the departmental budget through the research allocation paid for refereed publications. Any publication in a referenced peer review journal leads to a monetary research allocation by the Ministry of Higher Education. This amount is divided between the authors, the Faculty and the Department.

#### 4.9.3b Analysis

The department is well managed in terms of remaining within the budgetary limits set and the profitability of the programme. Payment for refereed publications is a commendable extension to both the budgeting process and staff development.

#### 4.9.3c Conclusion

The department 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.**

#### 4.9.4a Description

The department is well integrated with the university governance structure and has close relations with the professional association (CASA) and the statutory councils (AHPCSA), both via the advisory committees. Additionally, the department submits an annual report to the CASA AGM to allow discussion regarding the programme.

Several of the part-time chiropractic staff also work in private practice and provide a strong link to the profession. The current President of CASA is on staff. The HOD has a long history of working on the AHPCSA and is currently chair. He is also Vice President of ECCE.

The department has good relations with the other university health departments within the Faculty of Health Sciences and students appreciate the role of the other professions.

There is regular liaison with the other South African chiropractic programme in Durban (DUT) on matters such as the curriculum and research. Papers from DUT staff appear in The Chiropractic Clinician research publication.

The HOD and other staff will attend the WFC Education Conference in London in October 2018.

There are outreach programmes to a local residential infant refuge and sports events. Interaction with the medical profession, however, is limited by law preventing allied health professionals working in medical facilities, although informal contact does take place. There is also reciprocity with university and medical school libraries.

#### 4.9.4b Analysis

Staff and students have a constructive interaction with chiropractic and other health professions. The HOD is active in engaging with all stakeholders both inside and outside the University.

#### 4.9.4c Conclusion

The department fully 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.**

#### 4.10a Description

A number of stakeholders, both internal and external to the university, have oversight of, and contribute to the aims and objectives of the chiropractic programme, which undergoes a three-yearly review as part of the strategic plan for the Faculty of Health Sciences. Course content, clinical skills training and assessments are modified, if necessary, on an annual basis after student feedback has been analysed, or in the case of new evidence emerging or a change in national guidelines. Minor changes are authorised by the HOD. Major changes must be submitted via the Faculty Management Committee to the Senate of the institution for approval. As part of AHPCSA requirements, all programmes are currently undergoing review.

Formal re-circulation is required to comply with changes in the HEQ framework. Relevant approval from the UJ Senate was obtained in December 2016, where the professional Bachelors in Chiropractic (4 year) and subsequent Master in Health Sciences: Chiropractic were submitted to the HEQC and CHE for final approval. The HEQC has approved the re-circulated programmes and the department is awaiting CHE approval. It is envisaged that the first intake for the new programme will be 2020.

#### 4.10.1b Analysis

As a department operating within a university, there are robust and rigorous procedures to ensure continuous review and quality enhancement of the chiropractic programme, including teaching, learning, and assessment. The opportunity for re-circulation allowed a review of the curriculum in line with changes in the qualification framework, and best practice in the provision of clinical education and training. The departmental website contains information about activities, including programmes, which is clear, accurate, objective, up-to-date and readily accessible.

#### 4.10.1c Conclusion

The department fully complies with Standard 10.1



## 5. CONCLUSIONS

### 5.1 Summary

In conclusion, the Evaluation Team was very impressed by the overall quality of the chiropractic education and training provided by the university. The following commendations, recommendations and concerns are highlighted:

### 5.2 COMMENDATIONS, RECOMMENDATIONS AND CONCERNS

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

- **Commendations** – Areas that meet or exceed the *Standards* and are worthy of specific recognition.
- **Recommendations** – 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*.

### 5.3 COMMENDATIONS

- The provision of high quality facilities and shared services within the Faculty of Health Sciences that provide the opportunity for innovative approaches to teaching and learning.
- The continuous improvement of the physical facilities, including the clinic, the library and IT provision.
- The leadership provided by the Head of Department both within the department and within the chiropractic profession.
- The strong support of the Dean and stakeholders for the programme.
- The quality assurance procedures ensuring robust programme assessment and informing curriculum improvement.
- The provision by the university of an exceedingly favourable and collaborative environment for programme development and research opportunities
- The publication of the new Chiropractic Clinician Journal and the commitment to high quality, published research from the department.
- The delivery of the programme by a strong, enthusiastic and dedicated staff.
- The supportive environment that exists between staff and students across the whole programme.

#### **5.4 RECOMMENDATIONS:**

- The advertised course duration of five years contrasts with the reality of a six-year programme due to the heavy weighting of the Master's dissertation and the capacity in the clinic. However, the Master's dissertation weighting has been revised in the new curriculum and the clinic has additional treatment rooms planned, which should enable future students to complete the programme earlier (within five years).
- The present design of the curriculum is content heavy with high contact hours of 30+ hours/week, which leaves students less time for reflective study. However, this has been revised in the new curriculum with more emphasis on self-directed study and online learning.
- The aspiration of the University of Johannesburg for all faculty to achieve a PhD will add pressure to the small number of full-time faculty in the department.
- The small number of full-time faculty resulting in supervision of a large number of student dissertations per staff member.
- The limitation on increasing student intake numbers by physical space in the clinic and restrictive governmental policy.
- No formal teaching of reflective practice in the current curriculum.
- No formal application of psychology of pain management in the clinic
- No evidence of a formal clinic observation programme prior to year 4 of the programme

#### **5.5 CONCERNS:**

- None
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- **Acknowledgements**  
The Team wishes to extend its thanks to the University, Faculty and Department for the excellent hospitality and courtesy afforded to it during the on-site visit.

**APPENDIX – SITE VISIT AGENDA**

<b>Monday 24 Sept</b>	Meeting with	Personnel	Team members	Standards
12.30-16.00	Private meeting of team at hotel (LUNCH 12.30-13.30)	None	All	
<b>Tuesday 25 Sept</b>	Meeting with	Personnel	Team members	
09.00	Arrival at university	HOD	All	
09.30-10.30	Course management team	<u>Unit leaders</u> Current Chief Operating Officer of University of Johannesburg, previous Dean Faculty of Health Sciences  Acting Executive Dean of Health Sciences  HOD	All	1.2, 1.3, 2.1, 2.8, 5.1, 5.2, 9.1, 9.2, 9.3, 10
10.30-11.15	Programme Management to include Quality Assurance and Finance	<u>Senior managers</u> HOD  Current Chief Operating Officer of University of Johannesburg, previous Dean Faculty of Health Sciences  Acting Executive Dean of Health Sciences  Faculty Accountant - on leave so unable to attend	All	1.1, 3.2, 4.1, 4.2, 4.3, 4.4, 6.1, 6.3, 8.2, 8.4
11.15-11.30	BREAK			
11.30-12.15	Meeting with students Years 1 and 2	1 <sup>st</sup> year students  2 <sup>nd</sup> year students	All	3.2, 4.1, 4.2, 4.3, 4.4, 6.1, 6.2, 6.3, 8.2, 8.4
12.15-13.00	Meeting with students Years 3 and 4	3 <sup>rd</sup> year students  4 <sup>th</sup> year students	All	2.1, 2.8, 2.9, 3.1, 3.2, 4.3, 4.4, 5.2, 6.4, 6.5, 8.1, 8.2, 8.3, 8.4, 10

13.00-13.45	LUNCH WITH STUDENTS	<p>President of Chiropractic Student Council</p> <p>Chairperson of Student Chiropractic Association of Gauteng</p> <p>Chairperson of World Congress of Chiropractic Students</p> <p>Chairperson of Student Chiropractic Sports</p>	All	
13.45-14.30	Assessment and Learning	<p><u>Assessment officer and staff responsible for collating assessments</u> All staff (as they are responsible for submitting marks)</p> <p>Head of Faculty Administration</p> <p>Senior Faculty Officer</p>	All	3.1, 3.2, 8.3
14.30-15.15	Staff delivering basic sciences and social sciences not seen before	<p><u>Lecturers from Anatomy and Physiology, Physics, Psychology, Biology, Chemistry</u> HOD Human Anatomy and Physiology</p> <p>Lecturer: Chemistry</p> <p>Lecturer: General And Systemic Pathology</p>	All	2.3, 2.4
15.15-15.30	BREAK			
15.30-16.15	HR representatives	<p>HOD</p> <p>HR representative</p>	All	5.1, 5.2, 6.5
16.15-17.00	Admissions	<p><u>Admissions Officer and Personnel</u> HOD</p> <p>Senior Faculty officer</p> <p>Department secretary</p> <p>Head of Faculty Administration</p>	All	4.1, 4.2

17.00-17.30	Private meeting of team	None	All	
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<b>Wednesday 26 September</b>	Meeting with	Personnel	Team members	Standards
08.00-11.00	Tour of campus and clinic plus meeting with Clinic Faculty (chiropractic)	(NOT to include anyone seen before) <u>FT &amp; PT Teaching faculty to cover all areas of clinical science teaching</u>	All	1, 2, 2.5, 3, 5.2, 6.2, 6.3, 6.4
11.00-11.30	BREAK			
11.30-12.15	Meeting with clinic year students inc. student research PLUS Student support and representation	6-8 students Masters year 2 students  Masters year 1 students	All	2.6, 2.7, 4.2, 4.3, 4.4, 6.1, 6.2, 6.3, 7, 8.2
12.15-13.00	Subsequent stages & Links to profession and patient involvement	Staff looking at post qualification experience.	All	1.4, 2.7, 2.10, 8.4, 9.4
13.00-13.45	LUNCH WITH STAFF	As appropriate	All	
13.45-14.30	Research and teaching	Staff responsible for managing undergraduate research/staff involved in own research.  All full time staff except those not seen already, PLUS HOD  Research office  Chair of Faculty Higher Degrees Committee	All	2.2, 2.6, 7

		<u>Unable to attend:</u> Chair of Research Ethics Committee  Incumbent Vice Dean of Research		
14.30-15.00	Learning Resources / Library/IT	Head of Learning Services, IT manager. Faculty librarian, IT representative	All	6.1, 6.3, 6.4
15.15-15.30	BREAK			
15.30-17.30	Private meeting of team	None	All	
Evening	Dinner with faculty and CASA		All	

<b>Thursday 27 September</b>	Meeting with	Personnel	Team members	Standards
09.00-12.00	Private meeting report drafting	Head of Dept and Senior managers as appropriate	All	
12.00-13.00	Verbal feedback to institution followed by lunch	HOD Acting Dean MEC Representative	All	
13.00-13.45	LUNCH			
13.45-15.30	Team will remain as necessary to complete draft report		All	

