



**COMMISSION ON ACCREDITATION**

**EVALUATION TEAM REPORT**

**Título Superior Universitario en Quiropráctica**

**Máster Propio en Quiropráctica**

**Madrid College of Chiropractic**

**Real Centro Universitario Maria Cristina (RCU)**

**05-08 October 2015**

## EXECUTIVE SUMMARY

- 1.1 The Madrid College of Chiropractors (MCC), a department of Real Centro Universitario Maria Cristina (RCU) in El Escorial, Spain, was first granted full accreditation by the ECCE in 2012 having previously held Candidate for Accreditation status.
- 1.2 The department was first founded in 2005 and changed its name to MCC in 2012. It is one of three departments/schools within this private university which is run by the Augustinian Order.
- 1.3 The chiropractic programme is a first qualification, four years leading to Título Superior en Quiropráctica followed by a one year Master en Quiropráctica.
- 1.4 In May 2015, MCC submitted its Self-Study Report (SSR) for reaccreditation with the ECCE. The CoA reviewed the documents at its meeting on 15 May 2015 and on this basis decided that an Evaluation Visit could and should proceed.
- 1.5 A three day Evaluation Visit took place (04 to 08 October 2015). The site visit provided further documentary and oral evidence to the previously submitted documents. MCC was given feedback at the end of the visit and informed verbally of any commendations, and recommendations regarding its provision of chiropractic education and training.
- 1.6 Members of the Evaluation Team extend their thanks to the Real Centro Universitario and Madrid College of Chiropractic, teaching staff, students and support staff for the courtesy and hospitality shown to them during the Evaluation Visit, and for conducting the Visit in a very open and transparent manner.
- 1.7 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 MCC. The Report was sent in draft format to MCC for factual verification on 14 October 2015, and the final Report was submitted to CoA on 01 November 2015.
- 1.8 The Chair of the evaluation team CoA invited MCC to send representatives to the CoA meeting in Frankfurt (27 November 2015) where the Report will be discussed and a decision made on the reaccreditation of MCC, Real Centro Universitario.
- 1.9 This Report addresses the compliance of MCC, Real Centro Universitario Maria Cristina with each of the ECCE Standards in the provision of chiropractic education and training. The outcomes of the Report are as follows:

### 1.10 Commendations:

- The university's ethos that places emphasis on academic and social care for the student as an individual.
- The investment in the student and public clinics so that they mirror one another and enable a seamless progression in clinical training.
- The number and broad case mix of patients in the public clinic.
- The openness and passion to learn that is present among staff and students.

- The range of initiatives to develop a collaborative education and research culture with other health professionals in a variety of institutions in Spain and abroad.
- The on-going reorganisation of the management structure which should enable staff to share responsibilities and further foster teaching, learning and research.

### 1.11 Recommendations

- The steps being taken to develop the management structure should be incorporated into a five year plan that provides targets for expansion and identifies risks for the future development of MCC.
- The executive team put in place rigorous procedures for the appraisal of all staff.
- MCC should appoint external examiners who approve examinations, sample assessments, participate in OSCEs and formally report to the Quality Assurance Committee in order that the course has externality and accountability.
- MCC improves its quality assurance procedures so that there are visible audit trails and accountability for academic changes.
- Perform regular curricular reviews within a five year cycle of Strategic and Management Planning that provides targets for the future growth of MCC.
- Ensure that all courses conform to an evidence-based approach particularly as it relates to clinical services.
- Enhance the semi-formal structures of student representation to establish a Students' Union that has a formal constitution, links to management and a budget for its chiropractic and social activities.

### 1.12 Concerns:

There were no concerns

## 2. INTRODUCTION

- 2.1 Between 2005 and 2008 Real Centro Universitario Maria Cristina, El Escorial, Spain sought to establish a first award chiropractic programme. The drive came from the Spanish Chiropractic association (AEQ). RCU developed a programme and obtained the support of the Augustinian Order's province for the necessary building modifications to enable a chiropractic course to be taught. The first students entered the programme in 2007. In 2008 the COA considered the SSR submitted by RCU for Candidate (for Accredited Status). The Commission on Accreditation (CoA) of the ECCE unanimously agreed to grant RCU Candidate (for Accredited Status) for a period of five years.
- 2.2 In April 2012 RCU submitted a Self-Study Report (SSR) in support of its application for full accredited status. The Report was considered by the CoA at its meeting in Amsterdam in May 2012. Following an evaluation visit CoA received the evaluation report and granted RCU Full accredited status for a period of three years.
- 2.3 CoA received the SSR together with a request for reaccreditation at its meeting in Athens on 15 May 2015. CoA agreed that an Evaluation Team be sent to RCU to verify the SSR and report back.
- 2.4 Members of the Evaluation Team were nominated by the ECCE Executive and each member received the SSR, the Evaluation Report from the last evaluation in 2012, copies of the

Annual Monitoring Reports and written comments from COA related to the SSR documents prior to the visit. The members of the Evaluation Team were:

Ken Vall (Chair) D.C, MA Ed, D Ed	Vice President, Council Chiropractic Education International, Council member World Federation of Chiropractic Formerly Principal AECC.
Mario Millan, D Public Health and Social Medicine, D Sports Science & Human Movement	Principal of Institut Franco-Européen de Chiropraxie, IFEC, France
Benito Oliva, DC	Chiropractor, Sardinia, Italy
Kristine Fink	Year 4 student University of Southern Denmark
David Burtenshaw MA, PgCE, FRGS, FEAC, MCIE	Evaluation Secretary ECCE, formerly Director Collaborative Programme Development, University of Portsmouth. Chair of Examiners, Welsh Joint Examinations Council, Cardiff.

Mr David Burtenshaw acted as Secretary to the Team, and also as a member of the team. The members of the team were allocated specific sections of the report as their areas of responsibilities before arriving at the University.

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

- 2.5 The purpose of the Evaluation Visit was to verify the SSR and other evidence presented by the university, and to evaluate the institution in terms of its compliance with the ECCE Standards in Chiropractic Education and Training (hereafter referred to as the ECCE Standards, or Standards). On the basis of the SSR and its supporting documents, and on oral and other documentary evidence given and consulted during the on-site visit, an Evaluation Report compiled by the Team was submitted to the university for correction of any factual errors, and thereafter to the Commission on Accreditation for a decision on the full accreditation of MCC.
- 2.6 All members of the Team were presented by name beforehand to the College, 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 MCC on 15-08-2015, and the final schedule agreed with MCC on 15-09-2015. A copy of the schedule is appended to this Report (Appendix 1).
- 2.8 Members of the Team arrived in San Lorenzo on 04 October 2015. The Team held a preliminary meeting prior to the on-site visit which was between 05 and 08 October 2015 (inclusive). Meetings were held with the institution over three and a half 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 (08 October) was set aside to complete the draft report and feedback orally to the institution.

- 2.9 Members of the Team were very well hosted by RCU, afforded every courtesy and had full access to documentation and to staff and students. Members of the Team and the ECCE extend their thanks and appreciation to RCU.
- 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 college for factual verification on 14 October 2015. The response was received from RCU on 26 October 2015. The Chair and Secretary finalised the Report and this was submitted to the Chair COA on 01 November 2015. The Chair of the Evaluation Team presented the Report to COA members on 27 November 2015 in Frankfurt.
- 2.11 The Report includes an Executive Summary, a description of RCU and the findings of the Team regarding compliance of RCU 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)).

### 3. **RCU Maria Cristina, Madrid College of Chiropractic**

- 3.1 RCU Maria Cristina has been accredited by the ECCE since 2012 having held Candidate Status for the previous five years. It is a private university managed by the Augustinian Order.
- 3.2 Chiropractic is one of three departments in the University; Law, Business Studies and Chiropractic. In 2014 the department retitled itself Madrid College of Chiropractic (MCC). This report will refer to MCC or 'the college' or the 'department'. Where the report refers to the university it will state RCU.
- 3.3 Real Centro Universitario's department', Madrid College of Chiropractic (MCC) is applying for accreditation of its Titulo Superior en Quiropactica and Master en Quiropactica.
- 3.4 The colour coded system outlined below was used by the evaluation team to indicate the level of compliance with each standard:

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

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

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

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

## 4. ECCE STANDARDS COMPLIANCE

### 4.1 AIMS AND OBJECTIVES

#### 4.1.1 Statement of Aims and Objectives

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

##### 4.1.1a Description

The Aims and Objectives currently in use are the ones presented when MCC first applied for accreditation, except for one modification relating to minimum patient encounters. These are now a minimum of 40 new cases and managing 400 patient encounters. The Statement of Aims and Objectives includes the World Health Organisation's definition of chiropractic and is centred on promoting chiropractic education that produces professionals that understand the complexity of today's world and are able to apply their knowledge to this reality.

##### 4.1.1b Analysis

The aims and objectives should enable the institution to produce competent and safe chiropractors. The facilities, quality of staff and the clinical experience afforded students are all evidence of compliance to this standard. It is not clear how lifelong learning is inculcated in the programme although students are involved in outreach programmes and a "science week" organised by the college with external representation. The AEQ are going to resurrect the GEP programme that should help focus students on lifelong learning in the future.

##### 4.1.1c Conclusion

MCC substantially 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 Aims and Objectives were developed by the administration of the MCC, with the primary stakeholders being the chiropractic community in Spain represented by The AEQ), the

Community of the Augustinian Order and originally, with the help of a team of educators from the Anglo European College Of Chiropractic (AECC). As is common in Spain no other stakeholders representing the community or students were involved .The programme is still based on the AECC Curriculum for the M-Chiro with modest adaptations to fit with the Spanish regulations.

#### 4.1.2b Analysis

There is evidence that the aims and objectives have been defined by the principal stakeholders but it would be appropriate to involve a wider audience of stakeholders including students and patients of the clinic in any future revision of the aims and objectives. These developments will, of necessity have to wait until the legal position of chiropractic in Spain is resolved.

#### 4.1.2c Conclusion

MCC 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

Strategic decisions for the whole university are made by the Patronate, the administrative committee of the Augustinian Order. A new Rector arrived a year ago and he has not taken it upon himself to make any changes to the programme. However, his former position at the University of Salamanca has enabled him to innovate particularly in the provision of IT support facilities. At the school level, three sub-committees have been established in the past year: Quality Assurance, Curriculum and an internal Ethical Committee. As these are quite new, it is not possible to draw conclusions about their efficiency and ability to give the programme autonomy. However, they have been created to report on the programme's progress and give advice to the Directive Council, currently responsible for academic autonomy of the programme.

##### 4.1.3b Analysis

There is ample scope at present for independent academic autonomy given the short and efficient lines of communication. The RCU is able to bestow a Titulo Proprio degree on the MCC but not a recognised state degree and would need a state university for this purpose. At the moment, the University of Complutense, Madrid performs this role at the undergraduate level. However, the university could be seen as potentially restricting MCC's autonomy. The management of MCC are aware of the risk and have taken the precaution of searching for other potential academic partnerships with the Universities of Malaga, Madrid and Salamanca.

##### 4.1.3c Conclusion

MCC 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 competencies are described in the SSR and the material available online to the prospective student. The program is well organised in terms of delivery, scheduling and assignments. It is organised as a spiral curriculum in order to reinforce the knowledge, skills and competencies during its five-year duration.

Certain subjects without solid scientific evidence have been included in the program to date such as Sacro-Occipital Technique (SOT) categories, and analysis/diagnostic using the Activator method.

##### 4.1.4b Analysis

The educational outcomes are well described in the SSR and delivered by the staff. The declared intention to develop a practitioner with the capability to work in an interdisciplinary and multidisciplinary settings is a challenge under the current Spanish health care regulations. Therefore, keeping chiropractic knowledge and skills up-to date and strongly tied to developments in the sciences should enhance the credibility of the programme and profession with the authorities and the general public in Spain.

##### 4.1.4c Conclusion

MCC substantially 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 curriculum model continues to be the spiral model first introduced by AECC. It has been slightly modified to fit the format of the Spanish educational system. Therefore, MCC has adopted the four year Titulo Superior followed by the one year Master Proprio in line with law and engineering in Spain. Basic Science and clinical subjects are taught across the years to promote integration. Teaching and learning stresses the role of the tutor as a facilitator. The students reported that they have experienced a range of teaching methods which have

changed with the introduction of modern technologies such as touch boards in the classrooms.

#### 4.2.1b Analysis

Governmental proposals for higher education in Spain might result in the pattern of education being altered from the 4+1 to a 3+2 format. Although there is a variety of teaching methods it takes the students time to get to grips with the spiral curriculum. Small class sizes make it easier for the student to seek help and to be encouraged to be self-directed learners. However, students did appear to be less enamoured with the intention that, upon graduation, they will need to undertake CPD and become life-long learners. This might reflect the current political and economic context of chiropractic in Spain.

#### 4.2.1c Conclusion

MCC substantially complies with Standard 2.1.



### 4.2.2 The Scientific Method

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

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

#### 4.2.2a Description

Scientific methods are embedded into the curriculum across the whole programme. There is a structured process throughout the five years. The final pinnacle of the programme is to be able to set a meaningful and testable research question, to find the answer by following the scientific method and to present results to colleagues. In year 1, the process starts with students being asked to present a poster to their peers. In years 2 and 3 students develop their critical reading skills. Some students are able to attend the Foundation Jimenez Diaz, to perform further research. In year 4, under supervision of a research tutor, students start preparing the Research project that they will present in Year 5.

An internal Ethics Committee has been established. Its role will be greater than the ethical control of the projects. It will check the quality of projects, their opportunity to advance knowledge and their sustainability.

#### 4.2.2b Analysis

The scientific method as it relates to research is present throughout the programme. Even if some students are reluctant to embrace this methodology, staff are willing to develop their understanding. The method is demonstrated in operation during research week, and in clinical studies. Students are expected to give scientific references in their files all of their work.

The institutional willingness to embrace the scientific method has resulted in outreach to other institutions to develop scientifically secure research, such as partnerships signed with the University of Seville, Foundation Jimenez Diaz and RIMT Melbourne.

4.2.2c *Conclusion*

RCU 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*

All of the basic biomedical sciences are taught in a range of units across the initial 4 years of the curriculum using the spiral educational model. These are summarised in Appendix H to the SSR. As students progress through the basic sciences emphasis gradually shifts to the clinical sciences. Students in the final two years found that the basic science topics became relevant especially when faced with clinical decision making. There are a variety of teaching methods used to convey basic science knowledge including the use of laboratories in the adjacent high school. With several of the basic science teachers coming from state universities, relevant research is applied where deemed appropriate. A specific Clinical Problem Solving unit has been introduced, delivered throughout the curriculum to aid the transition from the biomedical to the clinical sciences.

4.2.3b *Analysis*

The SSR provides evidence that the biomedical sciences are being taught in a manner that respects the overall objectives of the curriculum and requirements of the ECCE standards. There is evidence of integration of biomedical and clinical sciences which are reinforced by the Clinical Problem Solving units which are delivered over the first four years of the programme throughout the 4 years. Some improvements to the curriculum have been noted but there is no minuted committee minutes that records individual courses changes from year to year. It is the intention that the recently established Curriculum Committee will take on this role. Students are made aware of the importance and relevance of the biomedical sciences to chiropractic practice and stated when interviewed that they were satisfied with quality of basic science education on the programme.

4.2.3c *Conclusion*

MCC 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

Behavioural Sciences are included in the curriculum from the outset of the programme. Emphasis is placed on transferable skills that are applicable to patient contacts in a clinic setting. Psychology and Applied Psychology provide the theoretical underpinnings to understanding a variety of human conditions that are manifest in the clinic setting. An Ethics Committee has been established. Jurisprudence and areas of professional management are taught by visiting lecturers from the AEQ). Bioethics and Deontology are also taught during year 5 alongside the clinical practicum.

##### 4.2.4b Analysis

An Ethics Committee was established in 2015 in response to paragraph 5.2.2 in the 2012 Evaluation Report. The delay in establishing the committee does suggest that its inception only became critical when the current SSR was being prepared. However, the committee has started to function and to provide minutes that confirm or reject student project proposals. If a project is making use of external facilities then the ethical approval is sought from the ethics committee of a hospital in Madrid. To date there has only been one external submission which was successful. The issue of delivering a course on professional practice and jurisprudence in a country where the profession is unregulated is still present.

##### 4.2.4c Conclusion

MCC 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

Clinical science and skills are taught using the concept that there is a progressive move from Basic Science to Clinical Science, without a specific point that divides them. The spiral nature of the curriculum provides multiple levels and opportunities for integration of knowledge through a number of courses in both basic sciences and clinical skills.

Chiropractic Technique is taught with graduated increase in intensity as students progress through the curriculum exposing them to varied techniques, including the assessment and treatment of extremities.

#### 4.2.5b *Analysis*

There is good evidence that through the years leading to the final clinical year students are taught at an appropriate level to ensure they have the required knowledge to enter the clinic. The basic science teachers seem well aware of what is expected of students to become chiropractors and are well integrated in the programme. With the increased number of patients and increased quality of staff in the clinic the student have an opportunity to improve and hone their skills. The introduction of a rehabilitation facility should further enhance the student clinical skills. There are though courses such as SOT,1,2,3, that should be revised to ensure that they conform to a science based curriculum.

#### 4.2.5c *Conclusion*

MCC partially complies with standard 4.2.5.



#### 4.2.6 Chiropractic

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

#### 4.2.6a *Description*

Most staff are qualified and competent to teach a research based programme although not fully mature in its application. Throughout the program there is evidence in referenced material by teaching staff. The students are taught the historical and philosophical background to the concept of the vertebral subluxation complex. Students are shown how to integrate their biomedical sciences into chiropractic evaluation as shown in clinic procedures.

#### 4.2.6b *Analysis*

The scope of practice of the other health care professionals in Spain continues to influence procedure and terminology. Students are well educated in psychology, physical human performance and differential diagnoses but are hampered in applying it in a uniform manner when it translates in the description of patient care. There is evidence that the students are arriving in clinic with a good knowledge base but are still challenged when asked to integrate this expertise in treatment application.

Terminology has changed and is ongoing thus avoiding confusing terms outside the profession and thus reinforcing a program which is ethical and evidence based as in other areas of higher education.

#### 4.2.6c *Conclusion*

MCC substantially 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

Student exposure to patients begins in the first year of studies with a structured observation programme at the on-campus outpatient chiropractic centre. The observational programme continues through the second and third years when the students become actively involved in taking and recording patient case histories and physical examinations. During the fourth year the students progress to undertake supervised care of fellow students from within RCU. In the fourth year care is undertaken within the designated student teaching clinic. Before commencing the fifth year students must pass an OSCE examination.

MCC expects students in the fifth year clinic to see 40 new patients and carry out 400 follow up treatments over this time. Each individual student-patient encounter is supervised by a clinic tutor.

The two chiropractic centres (student and outpatient clinics) use highly appropriate software to store patient files. The paperless system helps student to structure their anamnesis, physical examination and, in general, to efficiently progress consultations. Both the students and staff confirmed that there was not a lack of patients.

In addition to supervised practice within the out-patient centre, MCC offers final year Masters students a number of other off-campus practical learning opportunities. Students participate in rotations giving care to underprivileged patients within an outreach centre in Madrid (Caritas), situated within sheltered accommodation for the homeless.

At the end of the final year all students sit an exit OCSE examination to demonstrate their physical examination and patient management competencies.

##### 4.2.7b Analysis

The chiropractic training opportunities offered to MCC students are substantial and robust. The graduated patient exposure over the first four years of the programme is well designed to develop and reinforce patient communication skills besides clinical knowledge and judgement, competencies prior to undertaking one full academic year of supervised training in chiropractic care.

However, the team did note some potential issues regarding the practical training. The chiropractic centre currently has no system in place to ensure that all students have exposure to a wide case mix of patient conditions. This could be solved either by broadening the sources of patients or by monitoring the case loads to enable all students to treat a variety of cases. The relationships with other health professionals from the local community needs to be developed. This willingness is restrained by the status of chiropractic in Spain. There is a strong desire to integrate physical therapists and medical doctors in the clinic which has already been started. The next task is to integrate psychologists and nutritionists.

Random inspection of files indicated that there was not always an obvious relationship between the diagnosis and treatments. Even where it was possible to understand the diagnosis from the clinical description and the 2 or 3 presumptions that had been made, the treatment given seemed to show no link to what had been written in the diagnosis section of the file.

In some cases tests cited in the files and some treatments based on subluxation, did not have strong supporting evidence. Student clinicians need to be aware that even if treatments are not dangerous for the patient, they might result in regrettable outcomes. As a consequence some patients with serious illness may be diagnosed late and receive delayed treatment. Student clinicians might be using and accepting out of date knowledge. Also the credibility of the College and the profession in Spain might be damaged just when chiropractors are fighting for legal recognition. However, there are some solid methods used in the clinic which can ameliorate this situation. Students are asked to give scientific references in the patient files, are asked to present case reports and to state objective outcomes measures (Oswestry, SF12 and NBI questionnaires). The system could be further improved by the introduction of a structured appraisal of patient encounters and a formal continuous professional development policy that will update knowledge and techniques among all who work in the clinics.

The care provided by some students within both the fourth year and final year is limited at present to predominantly spinal manipulative therapy rather than a more comprehensive evidence based approach to neuromuscular health care. This is despite students being exposed to integrated evidence based treatment approaches throughout their studies. This inconsistency would appear to be driven by legal status of chiropractic in Spain, rather than a fault of the programme itself. This makes integration into the wider health care community difficult and limits the training and learning opportunities.

Students are required to perform random clinical audits on their colleagues' files.

4.2.7c

*Conclusion*

MCC partially complies with the 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*

There are no national requirements for graduates to practice as a chiropractor but the programme does comply with international/European requirements. The programme has 300 ECTS points which have been tabulated in the SSR. The spiral curriculum provides ample opportunities for integration of the subject matter which is appreciated by students who have reached the Masters stage. Tables in the SSR demonstrate how the various specifications/syllabi enable taught and self-directed learning. The individual unit specifications/syllabi indicate the explicit learning outcomes that relate to the aims of the

course. The SSR provides evidence of the balance between contact time and self-directed learning for every course.

#### 4.2.8b Analysis

The proportion of self-directed learning in the programme rises as the student progress through the programme, rising from approximately 40-50% in the first year to 60-70% in year 4. Likewise the balance between clinical and basic sciences changes so that in the final years between 66% and 76% of study time is spent on the clinical sciences. Every opportunity is provided to revisit and develop material covered earlier in the programme. However, examination of the clinic area did suggest that the evidence based approach needs to be kept to the forefront of the programme in line with its status earlier in the programme.

#### 4.2.8c Conclusion

MCC 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

The programme is entirely managed by MCC on behalf of the university. As noted in the previous accreditation visit there is an informal method to adapt and improve the curriculum. However, the processes of curriculum review are being given formal status with the establishment of a Curriculum Committee. The Ethics and Quality Assurance committees will assist the process of renewal. Academic Council are already registering change in their minutes. Stakeholders, and especially the students at this time are important contributors to changes but the process could be enhanced by adding representatives from professional bodies, universities and patient groups.

#### 4.2.9b Analysis

The programme is still developing the necessary academic committee structures and membership of these is evolving. The involvement from other stakeholders within the committees is improving, even if the way of function is too recent to be evaluated. There is still an absence of external examiners reporting into the administrative structures and overseeing the functioning of the programme other than one who has reported on the OSCE examinations.

#### 4.2.9c Conclusion

MCC substantially complies with the 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

Linkage to subsequent stages of chiropractic education in Spain is hampered by the current status of the profession in Spain. The outreach clinical site, guest speakers, externship program (clinical job opportunities local and international), exchange programs with Brazil, Mexico and Japan together with humanitarian trips foster contact between the undergraduates and professionals.

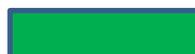
##### 4.2.10b Analysis

There is good evidence that every effort is being made to have students engage in activities outside the institution for example the growing research link with Seville University which can be further developed. Students are very excited and motivated when participating in such activities.

A growing number of CPD activities are being used to foster collaboration with AEQ available for fourth and fifth year students so as to meet professionals outside of the university. Visiting lectures from USA and Europe occur throughout the year. A new GEP program is being discussed for application in 2016/17 but has not yet been implemented. Survey of first graduate cohorts is still under planning but no official, formal feedback mechanisms are in place.

##### 4.2.10 c Conclusion

MCC substantially complies with standard 2.10.



### 4.3 ASSESSMENT OF STUDENTS

#### 4.3.1 Assessment methods

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

##### 4.3.1a Description

MCC use a variety of assessment methods over the course of the programme; written short essays, multiple choice, poster presentations, oral presentations and OSCEs. Exams are held twice a year. Examination regulations are included in the student handbook and include

provision for students with special needs and the appeal process. The criteria for progression follow a set of publicised rules and regulations concerning prerequisites, resits/make up examinations and 'Grace' examinations.

#### 4.3.1b Analysis

No reference was made in the SSR or in discussions about quality management to any evaluation of how examinations promote learning. It is incumbent on the quality assurance committee to reassure itself that the methods of assessment currently in use are appropriate for the material being examined and promote learning. The students are fully aware of the regulations for progression in the student handbook.

#### 4.3.1c Conclusion

MCC 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

The unit descriptors all provide a detailed summary of the assessment pattern for each unit. Elements of the assessments do facilitate higher level learning. The rules for progression are clearly understood by the students as are the regulations governing appeals. All of these regulations are available to the students

#### 4.3.2b Analysis

The assessments do reflect the course's learning outcomes. However, they are still influenced by the nature of the total programme that the college adopted at the outset. Because there are no members of the core staff who have strong pedagogical qualifications there has been minimal consideration of the current appropriateness of assessments. The assessment packages on each unit have been accepted as given rather than examined for equality of emphasis in relation to ECTS credits. More thought should now be given to integrating assessment in the basic sciences as this will prepare the students for clinical assessments which are more holistic.

#### 4.3.2c Conclusion

MCC substantially complies with Standard 3.2



## 4.4 STUDENTS

### 4.4.1 Admission policies and selection

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

#### 4.4.1a Description

Admissions are totally in line with the admission requirements for higher education laid down by the Ministry of Education. The SSR outlines the policies adopted by MCC for applications from students with disabilities, foreign students, students with previous university qualifications and those transferring from other chiropractic programmes. All students must sit an entrance examination which includes a psychotechnical test and a language proficiency test (see 4.4.3 below). There is a small Prospectus. Some students have been admitted from the Barcelona College of Chiropractic

#### 4.4.1b Analysis

The current legal situation in Spain necessitates that the use of a prospectus does not result in legal challenges. At present there are doubts about the profession resulting from various legal challenges in Spain which result in parental hesitancy supporting their children to study chiropractic. However, by following the Spanish HE system for applications, the college is able to undertake a thorough selection process. The psychological tests do identify students who might be a risk to the programme. These tests are very cautiously applied but there have been no problems with students that appear to be a risk to date. The regulations for students from other scientific degree programmes are covered in 4.4.2 below. The regulations for students from other chiropractic institutions are exceedingly demanding and often require the student to recommence their studies at year 1.

#### 4.4.1c Conclusion

MCC 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 programme is able to recruit up to 30 students per annum including up to 5 applicants with Advanced-status entry and/or students from outside of Spain. Advanced-status entry can be achieved if a candidate already has a degree in Health Science. It also includes students transferred from other accredited chiropractic programmes, and fulfils the requirements to study at a Spanish university. Students from non-accredited institutions have to enter the course in year 1. The majority of the students are referred from chiropractors in Spain. The number of students is determined on the basis of classroom space, technique room, and

instructors-per-student-rate. In the current academic year, 2014-2015, the cohorts ranged between 12 and 22 students. However, over the last two years the intake has decreased. There are no plans to increase enrolment until the current target number is consistently achieved.

#### 4.4.2b Analysis

The cohorts are low compared to the capacity of 30 per cohort. A challenge for the institution is to convince potential students to pay for a non-regulated education. Furthermore the institution was sued twice for promoting the school. Intensifying the marketing through the AEQ and chiropractic conferences might increase the student cohorts.

#### 4.4.2c Conclusion

MCC substantially 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

Each cohort has a member of staff attached as an “Advisor”. Students can consult the advisor regarding any matter. The responsibility of the Advisor is to take care of the individual student and report to the Executive Team and in some cases also to the Academic Council.

Furthermore, the Advisor keeps contact with the Coordinator and arranges meetings with a student if such a meeting is necessary.

Interview with a psychologist is part of the process when selecting students to the Chiropractic Programme. The psychologist points out any concerns about the student. This does not necessarily prevent the institution accepting the student, but is used as a tool in observing and taking care of the individual student. Students with any educational challenges can present their special needs to the Coordinator who takes this in to consideration.

Regarding any matters beyond the Advisors capability the institution can offer the student a referral to a licensed psychologist. The university have a religious background and therefor the students have the opportunity to consult a pastor provided by the Augustinian Order.

Financial support can be obtained through scholarships. An insurance policy covers the students on campus and in other school related activities. If choosing participation in an exchange programme, there are procedures for follow up. Furthermore, the administration is supportive of extra-curricular activities and the students of RCU are represented at the World Conference of Chiropractic Students (WCCS).

#### 4.4.3b Analysis

The teaching and administrative staff are very involved and ready to invest time to assist with the personal, social and academic needs of the students. The working environment is

stimulating and the small numbers facilitate an early detection of problems and the integration of new students. This is especially due to the Advisor whose function is well used by the students. The cohesion of the staff and of the students results in a highly stimulating and supportive environment and is reflected in the high adherence to the programme and the good cohort performance of the students.

#### 4.4.3c Conclusion

MCC 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

Each class has two representatives who act as mediators with the Advisor and the Coordinator concerning various matters. Students are represented in the Academic Council, Quality Assurance and the Curriculum Committee. The students are represented on equal terms with the other members of the committee. There are no plans of including students in the internal Ethics Committee.

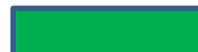
The chiropractic students are part of the political landscape in Spain forming the AEQe, Asociación Española de Quiropractica de los Estudiantes. Furthermore, the institution supports the MCC chapter of WCCS. No official chiropractic student union exists at the MCC or within RCU.

#### 4.4.4b Analysis

Including students in the various committees is still in its early stage, and can be improved. There is evidence that students are willing to actively participate in these committees. All levels of administration are easy for the students to access due to the small size and high cohesion within the programme. However, a formal structure will be necessary in the future if the student intake increases. Establishment of a student union possibly for all students at RCU, including the chiropractic students, would formalise such activities and should be considered as soon as possible.

#### 4.4.4c Conclusion

MCC substantially complies with Standard 4.41



### 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*

Since 2012 the full time staff complement has risen from 3 to 4, two of whom are active researchers. There are 16 part time faculty many of whom are employed at other universities. The part time staff are from a range of disciplines and possess PhDs and Doctor of Medicine degrees. There are seven part time clinic tutors whose expertise ranges from chiropractic to physical therapy, radiology and neuroscience. Most of the part time complement are engaged in research at their universities. The SSR did not refer to induction and handbooks.

*4.5.1b Analysis*

With continuing relatively low levels of recruitment (with the exception of the current year 4) the staffing is sufficient to deliver the programme. Despite having the capacity to grow, numbers are constant and therefore staffing is unlikely to be overstretched in the near future as was predicted in 2012. Modern technologies and social media enable all staff to interact with their colleagues and with students.

*4.5.1c Conclusion*

MCC 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*

As the MCC was not compliant with this standard at the previous accreditation event it has now established a faculty promotion and appreciation policy. MCC recognises the following non-tenured faculty titles for the purpose of identifying categories only as they are not granted by the national accrediting agency-ANECA;

- Professor: non-tenured, full time, no PhD required
- Associated Professor: non-tenured, part-time, no PhD required
- Visiting Professor: non-tenured, no PhD required
- Assistant: non tenured, no PhD required, under the supervision of a professor.

Promotion from one category to the next depends on the time employed at MCC and the academic work produced. Economic remuneration is determined according to academic title, providing incentive for faculty to seek higher academic levels through teaching, research and publications. MCC recognises excellence in teaching through quality assurance evaluations completed by all students twice a year. The institution also sponsors a residency programme

over two years for interested graduates to teach on the chiropractic programme. Two former holders of the teaching assistantships have been retained to teach on the programme.

#### 4.5.2b Analysis

Although the policy outlined above seems to be in place and there is evidence that staff are able to negotiate support for development and attending courses, there is no formal appraisal of staff. Such formal appraisal should be put in place as soon as possible. This would enable management and staff to understand future needs and aspirations of both the individuals and the institution as a whole.

#### 4.5.2c Conclusion

MCC partially 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

MCC continues to be housed in a set of listed buildings which are part of a World Heritage Site designated in 1984. All the buildings have been tastefully adapted to needs of the chiropractic program. All facilities remain in close proximity except for outreach centres and the basic science laboratories in an adjacent school. Anatomy, chemistry, physiology teaching takes place in the high school. The college is well equipped with touch boards with internet connectivity and other IT related functions. The two spacious techniques rooms contain a range of tables for practice purposes. The university library houses relevant texts and journals for the programme although exchange of materials between students and staff is mainly electronic and functions well. This space is more than sufficient for the current number of students. There are some recreational facilities including a restaurant and café open to the public, a student bar and sports facilities on site. Some of the buildings are used as a residential block with en suite rooms. Students can select to live in San Lorenzo or at home.

#### 4.6.1b Analysis:

All the buildings visited on the RCU site are all well-equipped and provide a pleasant academic environment for students and staff. All facilities conform to local health and safety standards. Some buildings have been adapted to cater for students with disabilities. Access to electronic

resources including journals, is provided by the library and supplemented by the facilities at MCC.

#### 4.6.1c Conclusion

MCC 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

MCC has three separate units for clinical training, a student clinic for year 4, a primary outpatient clinic and one chiropractic outreach unit. The student clinic has a reception desk and three adjusting rooms with a variety of chiropractic tables on the ground floor and one adjusting room, office and imaging laboratory with computers, viewing boxes and a collection of x-ray films on the first floor. The main patient clinic has 9 treatment rooms, reception area, student lounge, meeting room and staff offices. The clinic now also has a licence from the Health Department of Madrid enabling the teaching of rehabilitation and employment of other health care providers such as physiotherapists. This enables the clinic to have a firmer legal foundation within Spain.

The outreach unit operates within a Roman Catholic church charity in Madrid and cares for underprivileged people including HIV-positive individuals. Students are also able to participate in the outreach programme the MCC operates occasionally in conjunction with Palmer College, USA in the Amazonas, Nepal and Peru.

#### 4.6.2b Analysis

The financial investment in clinical facilities has been substantial including the introduction of a computer based patient management system but as the student numbers increase further investment in facilities will be necessary. Also the introduction of a rehabilitation unit will place further demands on the system.

Patient numbers have increased over the years, particularly the number of new patients, which also led to a far greater case mix. Students no longer have any problems reaching their target of 40 new patients in the outpatient clinic together with patients seen in the outreach programmes. These cannot be counted as a new patient unless specifically overseen at the outreach centre by a member of staff.

The introduction of a rehabilitation clinic has been a positive addition to the institution but given the legal issues with physiotherapy in Spain students can only assist and observe the physiotherapist.

#### 4.6.2c Conclusion

MCC 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

All RCU classrooms are fitted with Audio Visual (AV) systems, “touch boards”, projector and a computer for the teacher. IT training is provided for the faculty members. The campus as a whole has Wi-Fi connectivity allowing students and faculty to access both the inter- and intranet systems. The students do have access to computers in the school, but computer laboratories have been downsized because more students choose to access the network from their own device.

RCU makes use of the Moodle platform and all students have institutional email accounts where they can access to the webserver for e-learning resources and organisational information and examination results.

Through the library services the students have access to a large variety of scientific databases and journal resources. Access to this system is by the internet access together with unique log-in. As a result students can connect to the databases outside the institution area. The University Chiropractic Centre (CQU) is now paperless, including electronic patient files and patient scheduling service. The system is fully compliant with the EU Data Protection Directive through the Spanish Agency for Data Protection.

Currently the website is under redevelopment, and is expected to be finished in a year, with both a Spanish and an English version.

#### 4.6.3b Analysis

The use of information technology and e-learning resources are embedded within the delivery of the programme allowing for ease of access to learning resources and enhanced self-directed study. Further training of all the staff would enhance full utilisation of the IT equipment. The range of journals is relatively limited and the number of English language text books is also limited given the size of the college.

#### 4.6.3c Conclusion

RCU 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

Initially the curriculum was based on that provided by AECC and although approximately 30% of the content has been changed, its basic structure has been maintained. Staff from other universities teaching on the programme have higher degrees and pedagogical training, a requirement in the public sector universities. A large number of part-time staff still work outside RCU in the public universities and thus enrich MCC with their expertise and best practice which define higher education institutions. A new rehabilitation clinic has been initiated with a full time physiotherapist with pedagogic experience.

##### 4.6.4.b Analysis:

Educational expertise is not formally recognised but there is substantial evidence that some staff are paying greater attention to pedagogical innovations such as the touch boards. A definite evidence based imprint has begun.

##### 4.6.4c Conclusion:

MCC 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.**

##### 4.6.5a Description

RCU is managed by the Augustinian Order which provides the context of strong educational values, financial security, and generous facilities. Many structures of the RCU are common for the three faculties; Law, Business Administration and Chiropractic. The Rector, a priest in the Augustinian Order leads the Directive Council along with the Directors of the three faculties. The Executive Team administrates MCC and consists of the Director of Studies, the Coordinator and the Director of the CQU. The Director is responsible for all academic management while the coordinator takes care of the organisation and the Director of the CQU oversees all operations in the Clinical Training Programme. Furthermore the MCC has an Academic Council to oversee the committees and is presided over by the Director. The Office of International and Professional Relations is connected to the

RCU, organising exchanges and intern-ships. Further duties such as the Administrator, Secretary, Librarian, IT Office and maintenance are provided by RCU.

#### 4.6.5b Analysis

A symbiotic relationship exists between the RCU and the Chiropractic Programme, such that the administrative and technical support is provided by the RCU. The Chiropractic Faculty is given free rein to run the MCC by the Patronate of the Augustinian Order. All aspects of the programme address the aims of the institution and follow the educational ideology of the Augustinian order.

#### 4.6.5c Conclusion

RCU fully complies with Standard 6.5.



### 4.7 RELATIONSHIP BETWEEN TEACHING AND RESEARCH.

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

#### 4.7.1a Description

The department includes many staff who have been or are currently actively engaged in research. This is particularly the case with those who work at other universities in the region or have come from disciplines with a strong research ethos such as the medical sciences. There has been little time for chiropractic staff to engage in research during this initial phase of development. The use of a Clinical Problem-based learning that is taught from Year 1 to Year 4 bridges the divide between bio medical sciences and chiropractic practice.

#### 4.7.b Analysis

The students met during the evaluation were aware of the research ethos and are guided towards research as a part of their studies. Developing a research ethos among the students who have not been familiar with the links between research and learning in their previous education will take time, but staff are working to rectify this attitude that students bring with them from their previous studies. It is clear that MCC incorporates an understanding of research into the programme from an early stage. The quality of the undergraduate research output in the project might be improved. However, there is evidence that staff are working on this, leading by example, with good results.

4.7.c *Conclusion*

MCC substantially complies with Standard 7.



## 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*

MCC has established a Quality Assurance Committee (Comite de Calidad) with documented responsibilities. Membership was enhanced in 2014 -2015 academic year. It is chaired by a full time staff member and produces minutes which are submitted to the executive team. At present this committee involves itself with feedback (see Para 4.8.2 below). The Director has yet to establish an appraisal system for staff. External evaluators are noted in the SSR as members of QAC although this remains aspirational. The clinical assessments are the subject of a report to QAC and the Executive by the sole external examiner. The small scale of the institution does result in the effective use of informal mechanisms for monitoring and evaluating the curriculum focused around valid feedback questionnaires.

#### 4.8.1b *Analysis*

The minutes of QAC are descriptive rather than analytical and would benefit from definitive action points that could be subject to an audit trail. The establishment of a hierarchical appraisal system would enable links between evaluation, the responsiveness of faculty to appraisal and curriculum development. The chair of QAC reported that external assessors have yet to be appointed to QAC. When appointed their term of office needs to be extended to a 3 year period with the possibility of reappointment for a further 3 years. Semi-formal mechanisms of feedback only partially enable QAC to audit trail problems/concerns and evaluate the actions taken.

#### 4.8.1c *Conclusion*

MCC partially complies with the Standard 9.2



### 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

RCU uses a formal, anonymous, electronic student feedback system at the end of each semester. The questionnaires consist of specific questions to enable students and staff to evaluate the course and has space for extra comments. The Quality Assurance Committee (QAC) and the faculty evaluate the questionnaire responses. Faculty and students are represented in the Academic Council where feedback from stakeholders is taken in consideration as well.

Besides the student feedback the faculty evaluate each course. In the future the Curriculum Committee will maintain this role.

#### 4.8.2b Analysis

The staff encourage the students to fill out the feedback questionnaires. The students seem satisfied with the system and have seen examples of favourable responses to their evaluations. The evaluations have a significant impact on the programme's delivery and administration, but currently, it is up to the individual teacher to make this apparent to the students. A more formal approach should be considered.

#### 4.8.2c Conclusion

MCC substantially 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

The number of referrals and dropouts are low. After each exam, Moodle is used for making statistical data on the student performance, including average scores and pass and failure rates. Academic Council and the Curriculum Committee audit the data and compare the results and make changes to the curriculum if necessary.

#### 4.8.3b Analysis

The curriculum is reviewed alongside student cohort performance data and procedures to maintain this relationship exist in the administrative structure of MCC. Furthermore, the institution plans to hire an external consultant to evaluate the current curriculum. The team agree that such a step should be taken to update aspects of teaching and learning.

#### 4.8.3c Conclusion

MCC substantially 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

The program is fully integrated into RCU and its associated governance structures. The Director is a member of the institution's governing committee whose membership includes the Rector, Vice Rector and the Deans of Business and Law. The evaluation of the programme includes academic staff. This is principally via staff meetings, the Quality Assurance Committee. Student representatives are still not present at these events nor are any other key stakeholders such as patients. Students do, however, give feedback on the lecturing staff and the academic units of study via online questionnaires. This feedback is facilitated by Moodle, a virtual learning platform. Given the small cohort of students their needs are well met by the informal and semi-formal procedures.

Patients are asked for feedback on issues related to their care in the clinics through data collection instruments such as satisfaction questionnaires. Some informal discussions do take place. Patient groups or associations continue to be excluded as stakeholders in the programme. The AEQ is represented by chance because its President is a member of the teaching staff. There continues to be no chiropractors external to the programme that sit on any governance or programme level committees.

##### 8.4b Analysis:

There is now student representation in the Academic Council, the highest level of control in the MCC. The appointed delegate, a volunteer from the student body, must attend meetings of the Academic Council. Feedback is through written quality questionnaire and direct interaction by those attending the meetings. The demonstration of the Moodle platform was useful and is well integrated internally for which students can use to share and voice concerns.

The Director of the CQU has initiated an evaluation system for which patients can provide feedback on the services and care provided in the clinics. These evaluations are also considered by the Quality Assurance Committee and this process is still in development. Involvement of AEQ has changed in the last 2 years with much less involvement in program development but AEQ remains a useful resource when called upon. Professionals involved with externship program are encouraged to write reports on student clinician performance. It is evident that changes are being implemented and developed but they are still in their initial stages.

##### 4.8.4c Conclusion

MCC substantially 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 RCU is a private higher education institution affiliated with the state university, Universidad Complutense de Madrid (UCM). The UCM accredits some of the courses offered by RCU but not the chiropractic programme. This programme is accredited by the RCU itself which it has the autonomy to do..

The RCU is managed by the Augustinian Order (Madrid Province). The Province appoints the Rector who chairs the Patronate, the governing body of the RCU, and the Executive Council. The Executive Council including the Director of the chiropractic programme at MCC, meets once a month to approve budgets and other administrative issues of the institution.

The Chiropractic department was created in 2005 and renamed the Madrid College of Chiropractic (MCC) in 2014. The MCC has an executive team composed of the Director of Programme, the Coordinator and the Director of CQU. An Academic Council formed by all faculty members, a representative from the RCU administration and a student delegate reports to the executive. A Quality Assurance Committee, an Internal Ethics Committee and a Curriculum Committee reports to the Council which meets three times a year.

#### 4.9.1b Analysis

The governance of the MCC is unique to Spain and also particularly as it involves the Augustinian order. The MCC benefits from the general ethos provided by the Augustinian order without being imposed upon as regards the educational activity. The RCU has recently appointed a new Rector who seems well embedded and who appreciates the efforts of the chiropractic programme. Stakeholders such as the local community, patients, students and representatives of staff are not included in the Governing body but again this is the norm in Spain.

The MCC executive has now appointed three sub-committees, the Curriculum Committee, the Ethics Committee and the Quality Assurance Committee. Although this is work in progress it is development in the right direction which needs more formalisation.

#### 4.9.1c Conclusion

MCC 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

Academic leadership is provided by the Director of Chiropractic Studies who is responsible to RCU for the programme. The Director is a full member of the Consejo de Dirección (Executive Council) of RCU. The Director is ably assisted by the Coordinator of Studies, the Director of the Clinic and the Director of Research who form the Executive Team. The academic management structure of the chiropractic programme at RCU is clearly defined. MCC has recognised that the load on members of the executive team has increased and so the Director of Clinic's work is being divided in two. Likewise the combined work of the Director of Research and the coordinator of the programme is about to be split into two separate roles..

##### 4.9.2b Analysis

Academic leadership has developed especially in the field of research where external links are beginning to demonstrate the academic value of life-long learning. However, MCC has not responded to opportunities suggested in the last evaluation report. The stagnation of recruitment, the slow introduction of quality assurance practices and staff development are now receiving management attention and should enable the academic leaders to take MCC forward. The division of responsibilities will enable excellent academics to have more time to both teach and research their fields.

##### 4.9.2c Conclusion

MCC fully complies with the Standard 9.2.



#### 4.9.3 Educational budget and resource allocation

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

##### 4.9.3a Description

The annual budget allocation process has remained unchanged since last evaluation visit in a 2012. Chief Executive Officer of RCU sends budget to Rector and Province Treasury Council on monthly basis. The allocation of funds are then sent back to RCU and ultimately to MCC.

Student housing and utilising the facilities for conferences in RCU and in the chiropractic facilities continues to generate a significant income to RCU. There is a strong cross-college

financial support for all three faculties present on campus and this continues to function effectively at present. Requests for resources have to be approved by Office of the Rector but there is departmental freedom and any exceptional needs are considered. Textbooks for library originally provided by AEQ are now supplemented by the allocation of approximately €1000 per semester for books. Journal purchasing remains the responsibility of RCU. The institution is properly funded and stable

#### 4.9.3b Analysis

Programme budget continues to be well- managed by the CEO. There is a clear line of financial responsibility and authority throughout RCU. There is no sign of financial insecurity perceived which would place students at risk from completing the programme. . In the past RCU has run deficit budgets which were supplemented by funds provided by the Augustinian province. The new Rector is keen to move to a balanced budget within RCU.

#### 4.9.3c Conclusion

MCC 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 MCC programme maintains links with AEQ via an institutional representative and it reports formally bi-annually. MCC is a member of the WFC and the International Federation of the Catholic Universities. The externship program and the Chiro-Global Exchange Programme appear to be a promising means for students to engage with the professional sector. Research collaboration with Jimenez Diaz Research Foundation Hospital allows students to go through rotations in the research unit and is apparently functioning successfully. A signed agreement between the Department of Podiatry at the University of Seville and MCC has shown the potential benefits of a collaborative venture with other professionals. Student project research for selected students in their fifth year can result in further connections with chiropractors in the field and, for some, the professional sector.

#### 4.9.4b Analysis

There is strong evidence of a good working relationship between MCC and chiropractic profession in Spain. The lack of recognition of chiropractic education and the profession is a definite limiting factor in fostering interaction between the health care community and local and national government but there is evidence that this interaction is growing but not yet fully developed. The collaboration with external universities, exchange programs and research interests are promising. This has sparked interest in the staff and is evident in the student body thus facilitating collaboration with the broader health sector.

#### 4.9.4c Conclusion

MCC partially 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)**

### 4.10.1a Description

The programme has put procedures in place for review, evaluation and the updating of the curriculum, its delivery and assessment. This is mainly facilitated by the Quality Assurance Committee who meet formally three times a year. These matters can also be discussed at the higher level Consejo Directivo in MCC. External examiners are not used within the programme. Feedback from patients who attend the outpatient centre have been garnered but not the views of the first cohort of graduating students.

### 4.10.1b Analysis

The Department has undertaken continuous renewal since the inception of the programme. The dynamism of the staff to improve and drive the programme forwards was apparent. The team is fully aware of the need to continually improve and renew the provision. Although the programme has only completed four full cycles, there was evidence of how the curriculum is being continually improved from that originally provided by the AECC at the inception of the programme. Some units have been better integrated across the programme. However, there are still some areas where this could be further refined, particularly in the area of the teaching of basic sciences in the early years. Much of this renewal has been instigated by the Director. Whilst changes have been implemented, there is no sign that this is a structured or cyclical process, but rather more ad hoc.

The time has been reached in the evolution of MCC for a formal quinquennial review of all the provision based on the findings of the consultant and the considered opinions of the teaching and research staff. By the time of the next evaluation the team would expect there to be a new, revised curriculum in place.

### 4.10.1c Conclusion

MCC substantially complies with Standard 10.0 .



## Summary

The MCC has clearly progressed since 2012 despite the political situation of chiropractic in Spain being unresolved and the further development of MCC will continue to be difficult.

## 5. CONCLUSIONS

### 5.1 Recommendation

The Evaluation Team became aware that many of the recommendations made in 2012 were still present, often in a slightly different form, when the 2015 evaluation took place. The team

recommend to CoA that timescales are agreed with MCC for addressing the recommendations below.

## 5.2 COMMENDATIONS, RECOMMENDATIONS AND CONCERNS

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

- **Commendations (formerly Strengths)** – Areas that meet or exceed the *Standards* and are worthy of specific recognition.
- **Recommendations (formerly Weaknesses)** – Areas requiring specific attention and action by an institution.
- **Concerns** – Areas of substantial weakness/concern as to jeopardise the accreditation of an institution that require specific attention and action by the institution *as a matter of urgency*.

### 5.2.1 Commendations

- The university's ethos that places emphasis on academic and social care for the student as an individual.
- The investment in the student and public clinics so that they mirror one another and enable a seamless progression in clinical training.
- The number and broad case mix of patients in the public clinic.
- The openness and passion to learn that is present among staff and students.
- The range of initiatives to develop a collaborative education and research culture with other health professionals in a variety of institutions in Spain and abroad.
- The continuing reorganisation of the management structure which should enable staff to share responsibilities and further foster teaching, learning and research.

### 5.2.2 Recommendations

- The steps being taken to develop the management structure should be incorporated into a five year plan that provides targets for expansion and identifies risks for the future development of MCC.
- The executive team put in place rigorous procedures for the appraisal of all staff.
- MMC should appoint external examiners who approve examinations, sample assessments, participate in OSCEs and formally report to the Quality Assurance Committee in order that the course has externality and accountability.
- MCC improves its quality assurance procedures so that there are visible audit trails and accountability for academic changes.

- Perform regular curricular reviews within a five year cycle of Strategic and Management Planning that provides targets for the future growth of MCC.
- Ensure that all courses conform to an evidence-based approach particularly as it relates to clinical services.
- Enhance the semi-formal structures of student representation to establish a Students' Union that has a formal constitution, links to management and a budget for its chiropractic and social activities.

5.2.2 There were no concerns.

## APPENDIX 1 Timetable

SUNDAY 04 October			
19.00 in hotel	Preliminary team meeting in hotel	All	

MONDAY 05 October	Meeting with	Personnel	Team members	Standards
09.30	Arrival	Rector, Vice Rector, Director Chiropractic programme	All	
09.45-10.00	Private meeting of the Team	None	All	
09.30-10.00	Preliminary meeting with RCU Executive	Dean, Director and Course Coordinator	All	1.1, 1.2, 1.3, 1.4, 2.1,9.1
10.30-11.30	Tour of campus facilities to include teaching facilities and library		All	6.1, 6.3
11.30- 12.45	Meeting with students from all years	Up to 4 students from each year (apart from clinic year students) The years will be divided into smaller groups	All	4.1, 4.2, 4.3, 4.4, 6.1, 6.3, 8.2, 8.4
12.45-14.00	Meeting with clinic year students	6 students	All	4.1, 4.2, 4.3, 4.4, 6.1, 6.2, 6.3, 8.2, 8.4
14.00-15.00	Lunch with Teaching Staff		All	
15.00-16,30	Meeting with Teaching Faculty	FT & PT teaching faculty to cover all areas of basic science teaching .	All	1, 2 (with exception)

				of 2.6), 3, 5.2, 6.1, 6.3, 6.5
16.30-17.30	Quality Assurance	Key personnel	All	8.1, 8.2, 8.3, 8.4, 10
17.30-18.00	Private Meeting	None	All	

<b>TUESDAY 06 October</b>	Meeting with	Personnel	Team members	Standards
09.30-10.30	Research	Research active staff	MM/BO	3.1, 7
10.30-13.00	Visit to clinic and meeting with Clinic Faculty (chiropractic)	.FT & PT Teaching faculty to cover all areas of clinical science teaching including a module leader(s), Full-time, Part-time	KV,MM,B O,CF	1, 2 (with exception of 2.6), 3, 5.2, 6.1, 6.3, 6.5
09.45-10.15	Admissions	Key personnel	DB	4.1, 4.2 4.3,
13.00-14.00	Learning resources	Librarian/ computing experts	CF/DB/BO	6.
14.00-15.00	Lunch with students to include any with broader responsibilities in the university		All	
16.00-17.00	Programme Management	Senior programme management including Director	All	2.1, 2.9, 8, 9.1, 9.2 10
<b>WEDNESDAY 07 October</b>	Meeting with	Personnel	Team members	Standards
09.00-10.00	Subsequent stages and links to professional association	AEQ representative.	BO/MM	2.10, 8.4, 9.4
10.00-10.30	Finance and Budget	Financial official	BO/DB	9.3
10.30-11.30	Assessment and progression		DB/CF	3.1, 3.2, 8.3
11.30-18.00	Private meeting of team		All	
<b>THURSDAY 08 October</b>	Meeting with	Personnel	Team members	Standards

09.30-13,00	Private meeting of team		All	
13.00-13.30	Report back to senior staff	Senior management	All	
15.00	Depart for airport			